



Theses and Dissertations

---

2019-07-01

## A Content Analysis of Ethnic Minorities in the Professional Discipline of Clinical Psychology

Pedro L. Perez Aquino  
*Brigham Young University*

Follow this and additional works at: <https://scholarsarchive.byu.edu/etd>



Part of the [Social and Behavioral Sciences Commons](#)

---

### BYU ScholarsArchive Citation

Perez Aquino, Pedro L., "A Content Analysis of Ethnic Minorities in the Professional Discipline of Clinical Psychology" (2019). *Theses and Dissertations*. 7585.  
<https://scholarsarchive.byu.edu/etd/7585>

This Thesis is brought to you for free and open access by BYU ScholarsArchive. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of BYU ScholarsArchive. For more information, please contact [scholarsarchive@byu.edu](mailto:scholarsarchive@byu.edu), [ellen\\_amatangelo@byu.edu](mailto:ellen_amatangelo@byu.edu).

A Content Analysis of Ethnic Minorities in the Professional Discipline  
of Clinical Psychology

Pedro L. Perez Aquino

A thesis submitted to the faculty of  
Brigham Young University  
in partial fulfillment of the requirements for the degree of

Master of Science

Roy A. Bean, Chair  
Patrick R. Steffen  
Alyssa Jane Banford Witting

School of Family Life  
Brigham Young University

Copyright © 2019 Pedro L. Perez Aquino

All Rights Reserved

## ABSTRACT

### A Content Analysis of Ethnic Minorities in the Professional Discipline of Clinical Psychology

Pedro L. Perez Aquino  
School of Family Life, BYU  
Master of Science

A more diverse population in the United States calls for the inclusion of REC minority populations in research to improve treatment and clinician cultural awareness. A content analysis is proposed to analyze the inclusion level of REC minority groups in the Journal of Clinical Psychology. Five questions are explored to organize and present the findings of the content analysis. Results demonstrate the low level of inclusion of REC minority groups as well as congruence between most studied topics and each REC minority group in the Journal of Clinical Psychology. These results should encourage researchers and clinicians to push for more inclusion of REC minority groups in research to accommodate the increasingly diverse population of the United States. This study should be used as evidence that demonstrates the low level of inclusion of REC minorities among research and clinical treatment. Additionally, this study should demonstrate the importance of REC inclusion among both research and treatment.

Keywords: REC minorities, inclusion, research, culture

## TABLE OF CONTENTS

ABSTRACT.....	ii
LIST OF TABLES.....	iv
A Content Analysis of Ethnic Minorities in the Professional Discipline of Clinical Psychology..	1
Literature Review.....	3
Ethnic Minorities in Clinical Psychology .....	3
Previous Content Analysis Findings .....	4
Summary.....	6
Methods.....	9
Results.....	11
How Many Minority Focused Articles Were There for Each REC Group? .....	11
Was There a Change in the Percentage of Articles Focused on REC Groups? .....	12
What Were the Most Frequently Studied Topics for Each REC Group?.....	13
For Funded Studies, What Were The Most Frequently Studied Topics for Each REC Minority Group?.....	13
Out of Total REC Focused Articles, How Many Contained A Measure of Ethnic Identity and/or Acculturation? .....	14
Discussion.....	14
Limitations and Conclusions.....	19
References.....	25

LIST OF TABLES

Table 1 Most Frequently Studied Topics by REC Group (articles may have as many as five topics): n (%) ..... 21

Table 2 Most Frequently Studied Funded Topics by REC Group (articles may have as many as five topics): n (%)..... 23

A Content Analysis of Ethnic Minorities in the Professional Discipline  
of Clinical Psychology

The United States is rapidly becoming more diverse, with indications that minority groups will be a large contributor to the population expansion (Pew Center, 2015). Coupled with this anticipated growth in U. S. minority groups is the projected continuation of a 40-year decline in fertility rates for the white European American majority (Colby & Ortman, 2014). Because of these two conditions, the United States population is projected to become more racially and ethnically diverse in the coming years (Colby & Ortman, 2014).

With said growth of U.S. minority groups – referred to here as racial/ethnic/cultural groups (REC, Lewis-Fernandez et al., 2013) – clinicians are more likely to encounter a diverse set of clients seeking treatment. Consequently, it is important to have established and culturally valid treatment options for REC minorities. Therefore, it is essential to include REC minorities in research studies in order to obtain information on their unique counseling preferences and treatment needs. The crucial need for additional clinical guidelines is, however, frustrated by lack of minority participant inclusion and the other cultural/methodological hurdles to data collection (e.g., Moradi, Mohr, Worthington, & Fassinger, 2009; Alvidrez & Areán, 2002; Williams, 2005; Gelman, Faul, & Yankeelov, 2013).

A statement by the Center for Substance Abuse Treatment (2014) exemplifies the need for improved cultural competence by noting that a lack of [cultural] awareness can influence a counselor's initial and diagnostic impressions of clients. This is often a function of the clinician's lack of awareness about how their own cultural backgrounds, beliefs, values, and attitudes influence clients. A lack of knowledge of one's own culture as well as that of REC minority groups can materialize as disparities in REC minority mental health, including reduced access to

treatment, less engagement in treatment, higher rates of discrimination, and in general poorer quality of services compared to Whites (Alegria et al., 2008; Cook et al., 2014; Holden & Xanthos, 2009; Holley, Tavassoli, & Stromwall, 2016; Lin & Kressin, 2015).

There have been many “calls” to increase the inclusion of REC minorities in mental health-related research disciplines and for clinical psychology, in particular (Pomerantz, 2017). The American Psychological Association (APA) has established professional standards to heighten awareness of diversity issues and to help psychologists see that the inclusion of REC minorities in research/clinical samples is an important criterion for ethical practice and scholarship. As additional evidence for the profession’s commitment to REC groups, the APA has also set guidelines to help psychologists provide appropriate psychological services to the growing diverse population (American Psychological Association, 2002).

Taken together, the continued growth in U.S. minority populations and the profession’s increased and overt investment in REC groups suggest that it is important to analyze the extent to which REC minorities are being included in clinical psychology research and how they are being included. Although there have been numerous statements about the importance of including ethnic minorities in research in order to improve the existing knowledge base (Brown, Marshall, Bower, Woodham, & Waheed, 2014; Cheung & Snowden, 1990), the quantity and quality of research including participants from REC minority groups remains largely unanalyzed. In order to more fully describe the quantity and quality of REC minority-focused studies, this content analysis was undertaken to review the published literature in a key journal considered to be indicative of some of the scholarship appearing in top outlets for clinical psychology research.

### **Literature Review**

A content analysis is an important research technique in the social sciences which Krippendorff (2004) defines as “a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use” (p. 18). As such, its use here is designed to discover and describe clinical psychology’s attention, as a discipline, to REC minority populations and topics. In a prior content analysis of the counseling psychology field, Carter, Akinsulure-Smith, Smailes, and Clauss (1998), outline the growing need for REC-minority focused research, given that relatively little research in the field was devoted to ethnic minorities.

Overall, the literature related to REC minorities is severely limited while, at the same time, population estimates point towards a more diverse United States (Pew Center, 2015). The resulting lack of inclusion and access of research participants adds to the difficulty to find appropriate representation in research studies. In addition, systemic levels of REC-related discrimination create a disregard for REC minority groups, which consequently, limits representation in research, public policy, clinical service, and community/government outreach (Coleman, Chapman, & Wang, 2013) check this citation.

### **Ethnic Minorities in Clinical Psychology**

According to Hartmann et al. (2013), past studies have highlighted the marginalization of REC minority research in terms of publication trends thereby risking a lack of generalizability in key discoveries to members of these groups. For example, treatment options and outreach opportunities for REC clinical populations are limited because of the lack of generalizable evidence that these resources can be appropriately applied (Brown et al., 2014). Accordingly,

while there is increased need for therapy among REC minorities, recent reviews note that these groups have been largely absent from research on evidence-based treatments (Hall, 2001; 2006).

This absence also appears in low publication numbers for articles focused on REC minority and cross-cultural groups in the American Psychological Association (APA) and American Psychological Society journals (Hartmann et al., 2013). When comparing data from two time periods (1993-99 and 2003-09), Hartman et al. (2013) noted that REC minority issues continue to be underrepresented in research published in top-tier journals as denoted by impact factor. Although there are many journals that publish on REC minority issues, many of these would be considered specialty journals, with lower subscription and citation levels (e.g. *Hispanic Journal of Behavioral Sciences*, impact factor 1.0; *Cross Cultural Management*, no impact factor).

Concerning the underrepresented status of REC minorities in clinical psychology, Case and Smith (2000) stated that with limited studies of REC minorities, it will be difficult to ensure that appropriate services are being implemented with people of different backgrounds. Baker, Buchanan and Spencer (2010) also adds that given the absence of REC minorities in research, there has been insufficient attention to how race, ethnicity, gender, sexual orientation, and social class influence one another to impact well-being. REC minority groups are not receiving the necessary attention in both research and treatment, although encouraging results demonstrate the increase inclusion of REC minority groups in research samples.

### **Previous Content Analysis Findings**

Several content analyses have reported findings related to the level of REC minority inclusion in the clinical psychology field. First, Iwamasa, Sorocco, and Koonce (2002) examined the extent to which the published clinical psychology literature (as found in *Clinical Psychology*

*Review, Journal of Abnormal Psychology, Journal of Clinical Psychology, Journal of Clinical and Consulting Psychology, and Professional Psychology: Research and Practice*) has responded to the rapidly changing demographics of the United States. Their findings indicated that 29.3% of articles contained REC minority participation, but only 2% of studies focused on specific minority groups (e. g., Latinos, African Americans). Furthermore, the articles that did focus on specific REC minority groups were found to deal more with assessment than with treatment. The gap between research and its application to treatment limits the advancement REC minority mental health treatment as well as the usefulness of clinical psychology research in general. It is important to include REC minority groups in research to understand the barriers that exist between research and treatment.

In another content analysis, Imada and Schiavo (2005) examined six psychology journals for empirical articles on African Americans, Latinos, Asians, and Native Americans (1990 to 1999). Results revealed that only 4.7 percent of articles studied REC minority populations; however, publication rates did increase over time from 3.2% to 5.3% in 1999. As was the case with Iwamasa et al. (2002), the content analysis findings from Imada and Schiavo (2005) are now dated and thus it is essential to regularly provide updated reviews of recent publications specific to the discipline of clinical psychology.

Lastly, Cundiff (2012) carried out a content analysis of four diverse areas of psychology (developmental, social, clinical, and biopsychology), investigating the representation of women and members of REC minority groups as editors, senior authors, and participants. The content analysis indicated that Native American/Alaska Native, Black/African American, and Hispanic/Latino populations were underrepresented as research participants while Asian/Pacific Islanders were marginally overrepresented. Although the clinical psychology area was included

in Cundiff (2012), a deeper, more detailed analysis of the field of clinical psychology would be beneficial in understanding the current status of REC minority inclusion.

All three content analyses reviewed here indicate the low level of inclusion of REC minority groups in various psychology journals. Additionally, Iwamasa et al. (2002) found that articles focused on REC minority groups were focused mainly on the assessment of issues, rather than providing any recommendation for the treatment of REC minorities. Furthermore, Imada and Schiavo (2005) found that a contributing factor for the percentage of publications of REC minority focused researchers themselves. If researchers are not submitting REC-inclusive research, then Journals are not able to publish REC-inclusive studies. It is the responsibility of researchers to include these groups in their samples. Combined, these findings further clarify the value in researchers obtaining more experiences among REC minorities to better understand better ways to recruit, study and treat individuals and families from among these groups.

### **Summary**

As the United States population becomes more diverse, it is crucial to have diverse populations represented in clinical psychology. The current status of REC minority research shows an unacceptably low level of inclusion of these groups within the clinical psychology field. Specific content analyses highlight current efforts to include diverse populations in research, although many are limited as a function of: (a) their analysis of an older or outdated body of literature (i.e., Graham, 1992; Carter et al., 1998) , (b) their broad take on the psychology field, (c) their limited description of methodology. This proposed study is designed to address these inherent limitations by: (a) providing a detailed description of the coding methodologies used (in contrast to Iwamasa et al. (2002), who only provided information about

coding categories) and (c) updating the timeframe to analyze publications through 2017 (20 more years of journal articles).

A current content analysis is necessary to further explore efforts and motivate the professional field of clinical psychology to see inclusion as a crucial objective to advance treatment and ethical work among REC minorities. The following questions were used to organize and present the findings of this content analysis. In addressing each question, SPSS (25.0, IBM Corporation, 2018) was utilized to analyze the data through crosstabs and multinomial regression.

1. How many focused (REC minority group was a part of the study's design or conceptual discussion) articles were found for each REC minority group (African American, Latino, Asian American, Native American, and "other")?

In order to understand how often REC minorities are being studied, it is necessary to analyze how many articles are focused on each group. These findings can then be used to help guide research recruitment efforts and can help funding agencies and researchers to know what groups are under-researched. It is important to note that there is not a group that is more important than another, this simply suggest that it is necessary to take all groups into consideration.

2. Was there a change (across time through the year 2000 to 2018) in the percentage of articles focused on REC groups?

Researchers can gain a better understanding of how well the *Journal of Clinical Psychology* is keeping up with the changing demographics of the United States by observing the change across time.

3. What were the most frequently studied topics for each REC minority group?

Researchers may gain a better understanding of the congruence between the most pressing issues in each REC minority group and those present in published articles. Researchers may also obtain more information on the specific topics relevant to each REC minority group to better help these clinical populations. Gaining a better understanding of the most frequently studied topics can also provide insight on issues specific to each REC group, encourage future research on these matters, and generate a push for inclusion of REC groups in research.

4. For funded studies, what were the most frequently studied topics for each REC minority group?

Similar to the previous question, researchers may gain a better understanding of the congruence between the most pressing issues in each REC minority group and those present in published and funded articles. Furthermore, knowing what topics are funded can aid the field of clinical psychology in knowing where to appropriately direct funds to REC-inclusive research. Furthermore, it is important to analyze whether some of the most studied topics for each REC group do, in fact, match the most pressing issues for each group.

5. Out of total REC focused articles, how many contained a measure of ethnic identity and/or acculturation?

Given that acculturation and ethnic identity are important predictive and/or contextualizing factors for REC minorities, an investigation into their level of inclusion in clinical psychology studies can be viewed as another means of cataloging the field's sensitivity and awareness of REC minorities. Furthermore, if researchers are regularly measuring these constructs, these findings would be indicative of (and would serve as a proxy measure of) researcher sensitivity

and awareness. Finally, by obtaining a better understanding of REC groups and their cultural experience in the United States (considering their acculturation levels and/or strength of ethnic identity), researchers have the possibility to improve treatment options and sampling methods.

### **Methods**

Following the example of researchers who have used content analyses to analyze important topics in their respective fields (e.g., Bean, Crane, & Lewis, 2002; Levesque, 2007), the present study provides a status report on the representation of REC minorities in the *Journal of Clinical Psychology* (JCP, 1990 to 2017). This journal was selected for examination because of its: (a) readership among clinical psychologists, psychotherapists, counselors, and other mental health professionals; (b) prominence and respectability as a high-ranking journal (5-year impact factor = 3.149, InCitation Report); and (c) primary reliance on U. S.-based samples (given the study's examination of U. S. REC-minority groups). Finally, the journal regularly publishes many articles (averaging 140 articles per year, with 1905 total articles since 2000), offering a large sample size to analyze in evaluating the field's research strengths and weaknesses.

Articles were included for content analysis if they examined U.S.-based samples and were empirical or conceptual in nature; thereby excluding book reviews, feedback pieces, and editor notes. Articles examining international populations were also excluded from analyses, in order to report more exactly on the status of U.S. REC minorities. In this paper references to REC groups utilized the common terms of "White", "African Americans", "Asian Americans", "Latinos" and "Native Americans" (Lewis-Fernandez et al., 2013). It is important to note that although references to "white" populations exist, whites were not included in REC groups/minorities. When referencing all groups collectively, the terms "REC minorities" or

“REC groups” were used, not to communicate that these groups are somehow less valuable, but rather to describe their demographic position as less than 50% of the U.S. population.

Each article was coded independently by two student coders, following an intensive and ongoing training process that included: (a) enrollment in an upper division research practicum (after fulfilling prerequisites, including a research method course; (b) weekly supervision and instruction on coding procedures; (c) tests of understanding of coding procedures; (d) successful completion of practice articles; and (e) weekly quality control meetings. The two coders worked independently from one another and their responses were compared. Any incongruent codings were totaled and an inter-rater reliability (IRR) percentage was calculated for each variable – for this study, the IRR percentage (between coders, averaged across all variables) was calculated to be 91.6%. Additionally, where coding incongruencies were noted, advanced coders reviewed the original article to determine the appropriate response/code and corrected the data. Qualification for advanced coders included completion of a two-month training program, which included practice articles, quizzes, and weekly training meetings. Also, a graduate student and faculty member supervised the advanced coders throughout the data analysis process.

Articles were first classified into two categories: (a) focused, or (b) not focused. Articles were coded as “focused” when REC groups were examined as a principal part of the study’s design or conceptual discussion – a determination made when the article’s title, abstract, or PsycINFO subjects (topical keywords) indicated an emphasis on ethnicity/race/culture or a specific ethnic minority group. In contrast, articles were classified as “not focused” when their title, abstract and subjects lacked mention of ethnicity/race/culture or a specific REC minority group.

Journal articles were coded for the specific research topics using a process that began with the indexed categories (or subjects) as found in the PsycINFO database. At this first step, as many as five topics were recorded for each article using the PsycINFO subjects list, excluding general demographic identifiers (e.g., human females; children, ages 6-12). Second, inexact or nebulous topics were omitted from considerations (e.g., adult development, attitudes, psychology) in order to provide more specific and useful findings. These exclusions were judged justifiable given that each article would still have three-to-four other PsycINFO subjects that could be used to identify its topical focus. Third, consistent with Prior (2014), topics were ordered by frequency aiding in the identification of the primary topics for the field of clinical psychology. Topics were then organized into concept clusters, based on categories derived in previous content analyses (i.e., Bean, Handy, Yorgason, & Miller, 2018; Smithee, Bean, Limb, & Holmes, 2017), with attention to conceptual overlap, synonyms, and diagnostic groupings. As examples, social anxiety was grouped with phobias and generalized anxiety into the larger category of anxiety disorders, and “racial and ethnic differences” and multiculturalism were among the PsycINFO subjects that were recoded as “diversity and culture topics.” The categorization process was performed by the second author and confirmed by other research team members including the first author, with over 60 different categories resulting.

## **Results**

### **How Many Minority Focused Articles Were There for Each REC Group?**

There were a total of 1520 JCP articles coded, with the majority categorized as “not focused” (1453 or 95.5%) meaning there was no indication in the articles’ title, abstract, or associated PsycINFO-listed subjects of any emphasis on REC minority populations or topics. The remaining 66 “focused” articles constituted a mere 4.3% of the total number of articles

published in this journal over the 18-year timespan - a noteworthy absence of articles addressing racial/ethnic/cultural issues in the practice/research of clinical psychology. The largest group among REC focused articles was African Americans with 17 (25.7%) articles. Next, as one of the quickest growing REC minority groups in the United States, the Latino group followed with 15 (22.7%) articles. Although the Asian population is large in the United States, the Asian group consisted of 7 (10.6%) articles. Lastly, Native Americans were unfortunately a focus of only one (1.5%) article. The group of REC focused articles also included an “other” REC minorities (e.g., multiracial) group which consisted of 24 (36.3%) articles.

### **Was There a Change in the Percentage of Articles Focused on REC Groups?**

Multinomial regression analyses were conducted in order to test for a statistically significant change (across the 2000-17 timespan) in the number of articles for each specific REC group and in the total number of focused articles (all REC groups combined). Non-focused articles were utilized as the reference group to control for any changes (increases/decreases) in REC publication numbers that might be more accurately a function of overall changes in publication numbers for the journal. Characterized by very low publication numbers across the 18-year timespan, regression findings were non-significant for each specific REC group (African Americans, Latinos, Asian Americans, Native Americans). However, a small but significant increase was noted in the case of the “other” category ( $\beta = 0.15$ ,  $df(1)$ ,  $p < .001$ ; Odds Ratio (OR) = 1.17), and for REC-focused articles as a whole ( $\beta = 0.07$ ,  $df(1)$ ,  $p < .001$ ; OR = 1.08). These findings indicated that the average number of focused articles neither increased nor decreased over the 18-year time period for most ethnic groups. As stated, the number of articles increased only for the “other” group and for total REC focused articles.

**What Were the Most Frequently Studied Topics for Each REC Group?**

Among the non-focused articles, the most studied topics were therapy techniques and models, individual therapy, mental illness and psychopathology. For African Americans the most studied topics were couple/adult trauma, mental illness and psychopathology, depression, and individual therapy. For Latinos, the topics most often researched included: psychometrics/specific measures, the REC experience (e.g., discrimination), depression, and therapy models and techniques. For Asian Americans, the most prominent topics included the REC experience (discrimination), mental illness and psychopathology, and depression. One lone article with a sample of Native Americans emphasized the topics of therapy techniques/models, couple/adult trauma, and multi-/cross-cultural therapy.

Among other content analysis studies, the percentage of REC focused articles was similar to the results of the present study. In their study of the *Clinical Psychology Review*, *Journal of Abnormal Psychology*, *Journal of Clinical Psychology*, *Journal of Clinical and Consulting Psychology*, and *Professional Psychology: Research and Practice*, Iwamasa et al. (2002), showed that 29.3 percent of articles contained REC minority participation. Although both studies analyzed the *Journal of Clinical Psychology*, the number of journals used were the biggest difference between this and the present study. Furthermore, Imada and Schiavo (2005) found that only 4.7 percent of journal articles focused on REC minority populations.

**For Funded Studies, What Were the Most Frequently Studied Topics for Each REC Minority Group?**

Among funded studies, most studied topics varied by REC minority group. The most studied topics for African Americans were group therapy, psychometrics/specific measures, and developmental and psychosocial issues. Similarly, for Latinos psychometrics/specific measures

was a relevant topic. In addition, immigration/acclturation and substance abuse were also some of the most studied for this group. The most studied topics for Asians were therapy techniques and models, discrimination, and psychometrics/specific measures. Lastly, the most studied topics for the “other” group, which also included combined ethnic groups, were multi-/cross-cultural therapy, therapy techniques and models, and discrimination.

### **Out of Total REC Focused Articles, How Many Contained A Measure of Ethnic Identity and/or Acculturation?**

Acculturation and ethnic identity-focused studies, although small in number, was seen among REC focused articles. Measures of acculturation were found to be used in eight (.5%) REC focused articles. In addition, measures of ethnic identity were found to be used in four (.3%) of REC focused articles.

### **Discussion**

The majority of articles (95.5%) analyzed among the 18-year period of the study were categorized as non-focused. Like Imada & Schiavo (2005), the percentage of REC minority focused articles was quite low (4.5%). The amount of focus on REC minorities is discouraging seeing as only 4.5 % were minority-focused, however, there is a small but significant increase in REC-focused articles. This slight increase may exemplify a greater commitment of the *Journal of Clinical Psychology* to focus on cultural awareness and sensitivity.

Among the most studied groups was African Americans (25.7% of REC focused articles) who are currently the second largest minority group in the United States (United States Census Bureau, 2018). The most studied topics among African Americans were trauma, depression, and mental illness. Din-Dzietham, Nembhard, Collins, & Davis (2004) state that race-related stress has been linked to symptoms of hypertension and heart disease in African Americans.

Psychological symptoms of race related stress include symptoms of depression and anxiety (Bowen-Reid & Harrell, 2002). These topics are perhaps the consequence of African Americans being the group that reports the highest levels of race-related stress among all REC minority groups (Coleman et al., 2013). African Americans have also been found to report feelings of mistrust and even fear in connection to the use of mental health services (Keating & Robertson, 2004), which may also influence the perception of mental illness among the African American community. It is encouraging to see, however, that despite the small number of articles focused on this minority group, that the study topics appear relevant to African Americans when considering the topical focus of other extant research.

Among Latinos, the topic of immigration is not a new phenomenon. The increase in the Latino population, as well as, new immigration and enforcement of existing policies in the United States will give rise to topics such as immigration, acculturation, and adjustment (Becerra, Androff, Cimino, Wagaman, & Blanchard, 2013). Results of this content analysis are encouraging as they demonstrate that immigration and acculturation are a focus of 5.1% of articles focused on the Latino population. In this study the ranking of this topic among Latinos as 5<sup>th</sup> (tied with stress/risk factors and substance abuse). The preceding four topics (Discrimination, Psychometrics/specific measures, and therapy techniques/models) Similarly, the topics found for Asian Americans such as immigration, acculturation, and adjustment can also be important topics (Paik, Kula, Saito, Rahman, & Witenstein, 2014).

For Native Americans educational and acculturation concerns, alcohol and substance abuse, domestic violence, and suicide have been often cited as relevant issues (Sue & Sue, 2013; Office of Minority Health, 2018). Hilton, Betancourt, Morrell, Lee, and Doegey (2018), states that research has identified numerous risk and protective factors for substance abuse in Native

Americans. It is discouraging to see results within the current content analysis that demonstrate no focus among these topics within the one article that focused on Native Americans.

The topic of substance abuse is a relevant issue among various REC minority groups. According to Sharma & Kanekar (2008), substance abuse is an issue among African Americans, Latinos, and Asian Americans. Results from this content analysis show both encouraging and discouraging results. Substance abuse was a topic studied among some articles for African Americans and Latinos, but not for Asian Americans or Native Americans. Sharma & Kanekar (2008) pointed out the paucity of competent researchers in this area, and therefore a change is required in order to adequately study the epidemiology and correlates of substance abuse among REC minority populations.

Another important topic for various REC groups is discrimination (Becerra et al., 2013; Coleman et al., 2013; Franklin, Boyd-Franklin, Kelly, 2006). For REC groups, discrimination can be a daily issue that can eventually lead to a phenomenon called the invisibility syndrome. “Symptoms of the syndrome are an outcome of psychological conditions produced when a person perceives that his or her talents and identity are not seen because of the dominance of preconceived attitudes and stereotypes” (Franklin et al., 2006, p. 13). Results of this content analysis demonstrate that discrimination was a prominent topic among various REC groups. The topic of discrimination was a focus of four articles among African Americans, eight articles among Latinos, five articles among Asian Americans, and zero among Native Americans.

Similarly, another discouraging observation was how little time is devoted to the study of multi-/cross- cultural therapy. This topic was a focus of only one article among African Americans, two articles among Latinos, one among Asian Americans, and zero among Native Americans. It was one of the most studied topics in minority-focused articles but does not appear

itself at the top of most studied topics in general. The fact alone that REC minority groups are less likely to seek and to receive mental health care (American Psychiatric Association, 2017) should demonstrate the importance of studying multi/cross-cultural therapy.

The combination of therapy techniques/models and individual therapy produces was mentioned in only 18.8% of non-focused samples and only 11.3% of focused REC minority samples. Articles that focus on this topic have the possibility of providing essential information for clinicians to provide culturally competent services. The American Psychological Association (2003) has produced a brochure in response to the need of culturally competent therapeutic services as well as ethnic psychological associations' concern of the cultural appropriation among the theory and psychological treatment of REC minority populations. An example of this would be the fact that training for mental health professionals is often limited to white middle class populations, knowledge of REC minority groups is limited (American Psychological Association, 2003).

Among funded studies, most studied topics vary by REC minority group. The most studied topics for African Americans were group therapy, psychometrics/specific measures, and developmental and psychosocial issues to name a few. Similarly, for Latinos psychometrics/specific measures was a relevant topic. Immigration/acclulturation and substance abuse were also the most studied for this group. The most studied topics for Asian Americans were therapy techniques and models, discrimination, and psychometrics/specific measures. Lastly, the most studied topics for the "other" group, which also included combined ethnic groups, were multi-/cross-cultural therapy, therapy techniques and models, and discrimination.

The topics in funded studies among each REC minority group were very similar to those of unfunded studies. Results also demonstrated congruence between topics studied and pressing

issues faced by each REC minority group. The most studied topics for African Americans among funded studies were group therapy, psychometrics/specific measures, and developmental and psychosocial issues. The most studied topics for Latinos were psychometrics/specific measures, immigration/acclimation and substance abuse. The most studied topics for Asians were therapy techniques and models, discrimination, and psychometrics/specific measures. The most studied topics for the “other and combined ethnic groups” group were multi-/cross-cultural therapy, therapy techniques and models, and discrimination. Although it is important to understand how congruent these topics are among pressing issues in the “other” group, it is not possible because of the sampling method of the articles where “other” groups were present. In some cases, articles used terms such as “multiracial” and it is therefore impossible to know how congruent these topics are for such an ambiguous group. It is encouraging to see the topic of psychometrics and specific measures as a common topic among all groups. This commonality perhaps indicates the attempt at understanding REC minority groups in relation to mental health. Specifically with the *Journal of Clinical Psychology* this common topic demonstrates the Journal’s commitment to understanding REC minority populations and how clinicians can help clients with REC minority backgrounds.

Among Latinos and Asians, pressing issues are represented in funded studies. For example, the topic of immigration and acculturation is a pressing issue for both Latinos and Asian Americans and thus time should be devoted to the understanding of this topic. The issue of discrimination is a relevant topic among all REC minority groups and it is hopeful that funded studies are bringing the issue forward.

Measures of ethnic identity and acculturation show up in REC focused articles in small numbers. Measures of acculturation are seen in eight REC focused articles, where measures of

ethnic identity are seen in four. Considering the low number of total REC focused articles, it is not surprising to see low numbers in acculturation and ethnic identity measures. This low percentage of measures among REC focused articles should be a call to researchers and clinicians to include culturally appropriate measures. Not only does the inclusion of these measures have the possibility of increasing better understanding of REC minorities in research (Williams & Husk, 2013), they may also help improve mental health services and therapist cultural competency by increasing competency when diagnosing and treating clients.

### **Limitations and Conclusions**

Results from this study should be interpreted with certain limitations in mind. First, only one journal clinical psychology journal was analyzed. Although the *Journal of Clinical Psychology* is considered prominent, one journal does not adequately represent the field of clinical psychology in its entirety. Second, the coders went through rigorous training, but subjectivity and bias may still be present. Finally, journals can only publish what is submitted to them. It is important to realize that although REC minority focused research may be low among journals, it is the researcher's role to not only include this population among their research but to submit said research as well.

As stated by Iwamasa et al. (2002), the training that many clinical psychology graduate students receive is inadequate as it relates to REC minorities. There must be more opportunities for students to study and treat REC minority groups within their program of study or through other opportunities provided by their graduate program. Additionally, appropriate course work (within clinical psychology programs) should be developed to include both well-studied REC topics (e.g., trauma experiences among African Americans) and the types of questions that still must be addressed in relation other REC topics/groups (e.g., How is the REC minority

experience different from the majority experience; How do psychological issues differ in REC minority groups).

It is particularly important for the field to realize that many research articles focus on problems, and thus have the possibility of reinforcing REC minority stereotypes (Imada & Schiavo, 2005). This would require mental health professionals from all areas to focus on REC minority experiences to avoid the reinforcement of stereotypes and increase the knowledge of these groups.

Although a promising increase in REC minority focused research was demonstrated, it is important to match the increase of REC minority population growth, which would mean a faster increase in research. In order to develop culturally valid treatment options and increase the cultural competence of those providing these treatment options, inclusion of REC minority populations in research is necessary.

Table 1 Most Frequently Studied Topics by REC Group (articles may have as many as five topics): n (%)

<u>Topic(s)</u>	<u>Not Focused</u>	<u>Focused</u>	<u>AA<sup>a</sup></u>	<u>L<sup>a</sup></u>	<u>AsA<sup>a</sup></u>	<u>NA<sup>a</sup></u>	<u>Other<sup>a</sup></u>
Therapy Techniques/Models	<u>636 (11.8)</u>	<u>19 (7.7)</u>	<u>2 (2.9)</u>	<u>5 (8.6)</u>	<u>2 (6.6)</u>	<u>1 (2.5)</u>	<u>9 (10)</u>
Individual Therapy	<u>377 (7.0)</u>	<u>9 (3.6)</u>	<u>4 (5.8)</u>	<u>2 (3.4)</u>	<u>0 (0.0)</u>	<u>0 (0.0)</u>	<u>4 (4.4)</u>
Mental Illness/Psychopathology	<u>350 (6.5)</u>	<u>17 (6.9)</u>	<u>6 (8.8)</u>	<u>1 (1.7)</u>	<u>3 (10)</u>	<u>0 (0.0)</u>	<u>5 (5.5)</u>
Psychometrics/Specific Measures	340 (6.3)	14 (5.6)	3 (4.4)	6 (10.3)	0 (0.0)	0 (0.0)	5 (5.5)
Therapy Process and Outcomes	273 (5)	11 (4.4)	2 (2.9)	1 (1.7)	2 (6.6)	0 (0.0)	0 (0.0)
Depression	166 (3.1)	13 (5.2)	4 (5.8)	5 (8.6)	2 (6.6)	0 (0.0)	2 (2.2)
Stress/Risk factors	163 (3)	6 (2.4)	0 (0.0)	3 (5.1)	1 (3.3)	0 (0.0)	2 (2.2)
Couple/Adult Trauma	155 (2.8)	10 (4.0)	8 (11.7)	2 (3.4)	0 (0.0)	1 (2.5)	0 (0.0)
Anxiety Disorders	149 (2.7)	2 (0.8)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (2.2)
At-Risk Groups (e.g. SES)	140 (2.6)	7 (2.8)	3 (4.4)	2 (3.4)	0 (0.0)	0 (0.0)	2 (2.2)
Wellbeing/Adjustment	87 (1.6)	2 (0.8)	0 (0.0)	1 (1.7)	0 (0.0)	0 (0.0)	1 (1.1)
Substance Abuse	57 (1.0)	7 (2.8)	1 (1.4)	3 (5.1)	0 (0.0)	0 (0.0)	3 (3.3)
Self-Concept, Identity, Esteem	36 (0.6)	3 (1.2)	0 (0.0)	0 (0.0)	1 (3.3)	0 (0.0)	2 (2.2)
Discrimination, REC Experience	22 (0.4)	22 (8.9)	4 (5.8)	8 (13.7)	5 (16.6)	0 (0.0)	7 (7.7)

Multi-/Cross-Cultural Therapy	4 (.07)	13 (5.2)	3 (4.4)	1 (1.7)	0 (0.0)	1 (25)	8 (8.8)
Immigration, Acculturation	1 (.01)	11 (4.4)	0 (0.0)	3 (5.1)	2 (6.6)	0 (0.0)	6 (6.6)
Ethnic, Racial Identity	0 (0)	6 (1.6)	1 (1.4)	2 (3.4)	1 (3.3)	0 (0.0)	3 (3.3)
Totals (for all topics studied)	5,353 (100)	246 (100)	68 (100)	58 (100)	30 (100)	4 (100)	90 (100)

<sup>a</sup>AA=African American. L=Latino(a), AsA=Asian American, NA= Native Americans, Other=Other REC groups (combined or not specified). When studies included both African Americans and Latinos, the count was added to both groups.



Wellbeing, adjustment	10 (3.0)	1 (6.6)	0 (0.0)	1 (16.6)	0 (0.0)	0 (0.0)	0 (0.0)
Medical-TX	9 (2.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Criminal/aggressive beh.	9 (2.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total (for all topics studied)	323 (100.0)	15 (100.0)	3 (100.0)	6 (100.0)	2 (100.0)	0 (100.0)	4 (100.0)

<sup>a</sup>AA=African American. L=Latino(a), AsA=Asian American, NA= Native Americans, Other=Other REC groups (combined or not specified). When studies included both African Americans and Latinos, the count was added to both groups.

## References

- Alegria, M., Chatterji, P., Wells, K., Cao, Z., Chen, C., Takeuchi, D., Jackson, J., & Meng, X. (2008). Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatric Services*, *59*(11), 1264-1272.
- Alvidrez, J., & Areán, P. A. (2002). Psychosocial treatment research with ethnic minority populations: Ethical considerations in conducting clinical trials. *Ethics & Behavior*, *12*(1), 103–116. [https://doi.org/10.1207/S15327019EB1201pass:\[\]7](https://doi.org/10.1207/S15327019EB1201pass:[]7)
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, *57*, 1060 –1073. <http://dx.doi.org/10.1037/0003-066X.57.12.1060>
- American Psychological Association. (2003). *Psychological Treatment of Ethnic Minority Populations [Brochure]*. Washington D.C., WA: Author.
- American Psychiatric Association. (2017). *Mental Health Disparities: Diverse Populations*. Retrieved from <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Diverse-Populations.pdf>
- Baker, A., Buchanan, N., & Spencer, R. (2010) Commentary: Disparities and social inequities: Is the health of African American women still in peril? *Ethnicity & Disease*, *20*(3), 304 – 309.
- Bean, R. A., Handy, K., Yorgason, J., & Miller, R. (2018). A Content Analysis of the Journal of Adolescent Health: Using Past Literature to Guide Healthcare Research of U.S. Ethnic Minority Adolescents (Unpublished Master Thesis). Brigham Young University, Provo, Utah.

- Bean, R. A., Crane, D. R., & Lewis, T. L. (2002). Basic research and implications for practice in family science: A content analysis and status report for US ethnic groups. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, *51*(1), 15–21. <https://doi-org.erl.lib.byu.edu/10.1111/j.1741-3729.2002.00015.x>
- Becerra, D., Androff, D., Cimino, A., Wagaman, M. A., & Blanchard, K. N. (2013). The impact of perceived discrimination and immigration policies upon perceptions of quality of life among Latinos in the United States. *Race and Social Problems*, *5*(1), 65–78. <https://doi-org.erl.lib.byu.edu/10.1007/s12552-012-9084-4>
- Bowen-Reid, T., & Harrell, J. (2002). Racist experiences and health outcomes: An examination of spirituality as a buffer. *Journal of Black Psychology*, *28*, 18-36.
- Brown, G., Marshall, M., Bower, P., Woodham, A., & Waheed, W. (2014). Barriers to recruiting ethnic minorities to mental health research: A systematic review. *International Journal of Methods in Psychiatric Research*, *23*(1), 36–48. <https://doi-org.erl.lib.byu.edu/10.1002/mpr.1434>
- Carter, R. T., Akinsulure-Smith, A. M., Smailes, E. M., & Clauss, C. S. (1998). The status of racial/ethnic research in counseling psychology: Committed or complacent? *Journal of Black Psychology*, *24*(3), 322-334. doi:10.1177/00957984980243004
- Case, L., & Smith, T. B. (2000). Ethnic representation in a sample of the literature of applied psychology. *Journal of Consulting and Clinical Psychology*, *68*(6), 1107-1110. doi:10.1037/0022-006X.68.6.1107

- Center for Substance Abuse Treatment (US) (2014). *Improving Cultural Competence*. Rockville, MD: Substance Abuse and Mental Health Services Administration (US); (Treatment Improvement Protocol (TIP) Series, No. 59.) 2, Core Competencies for Counselors and Other Clinical Staff. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK248422/>
- Cheung, F. K., & Snowden, L. R. (1990). Community mental health and ethnic minority populations. *Community Mental Health Journal*, 26(3), 277–291. <https://doi-org.erl.lib.byu.edu/10.1007/BF00752778>
- Colby, S. L., & Ortman, M. J. (2014) Projections of the Size and Composition of the U.S. Population: 2014 to 2060, *Current Population Reports*, P25-1143, U.S. Census Bureau, Washington, DC.
- Coleman, M. N., Chapman, S., & Wang, D. C. (2013). An examination of color-blind racism and race-related stress among African American undergraduate students. *Journal of Black Psychology*, 39(5), 486–504. <https://doi-org.erl.lib.byu.edu/10.1177/0095798412469226>
- Cook, B. L., Zuvekas, S. H., Carson, N., Wayne, G. F., Vesper, A., & McGuire, T. G. (2014). Assessing racial/ethnic disparities in treatment across episodes of mental health care. *Health Science Research*, 49(1), 206-229.
- Cundiff, J. L. (2012). Is mainstream psychological research 'womanless' and 'raceless'? An updated analysis. *Sex Roles*, 67(3-4), 158-173. doi:10.1007/s11199-012-0141-7
- Din-Dzietham, R., Nembhard, W., Collins, R., & Davis, S. (2004). Perceived stress following race-based discrimination at work is associated with hypertension in African Americans. The Metro Atlanta Heart Disease Study, 1999-2001. *Social Science & Medicine*, 58, 449-461.

- Franklin, A. J., Boyd-Franklin, N., & Kelly, S. (2006). Racism and invisibility: Race-related stress, emotional abuse and psychological trauma for people of color. *Journal of Emotional Abuse, 6*(2–3), 9–30. [https://doi-org.erl.lib.byu.edu/10.1300/J135v06n02\\_02](https://doi-org.erl.lib.byu.edu/10.1300/J135v06n02_02)
- Gelman, C., Faul, A. C., & Yankeelov, P. A. (2013). Intervention research with minority older adults: Challenges encountered, solutions enacted, and implications for future work. *Journal of Applied Gerontology, 32*(2), 207–225. <https://doi.org/10.1177/0733464811416812>
- Graham, S. (1992). 'Most of the subjects were White and middle class': Trends in published research on African Americans in selected APA journals, 1970–1989. *American Psychologist, 47*(5), 629–639. doi:10.1037/0003-066X.47.5.629
- Hall, G. N. (2001). Psychotherapy research with ethnic minorities: Empirical, ethical, and conceptual issues. *Journal of Consulting and Clinical Psychology, 69*(3), 502–510. doi:10.1037/0022-006X.69.3.502
- Hall, G. C. N. (2006). Diversity in clinical psychology. *Clinical Psychology: Science and Practice, 13*(3), 258–262. <https://doi-org.erl.lib.byu.edu/10.1111/j.1468-2850.2006.00034.x>
- Hartmann, W. E., Kim, E. S., Kim, J. J., Nguyen, T. U., Wendt, D. C., Nagata, D. K., & Gone, J. P. (2013). In search of cultural diversity, revisited: Recent publication trends in cross-cultural and ethnic minority psychology. *Review of General Psychology, 17*(3), 243–254. doi:10.1037/a0032260

- Hilton, B. T., Betancourt, H., Morrell, H. E. R., Lee, H., & Doegey, J. A. (2018). Substance abuse among American Indians and Alaska Natives: An integrative cultural framework for advancing research. *International Journal of Mental Health and Addiction, 16*, 507 – 523. <https://doi-org.erl.lib.byu.edu/10.1007/s11469-017-9869-1>
- Holden, K.B., & Xanthos, C. (2009). Disadvantages in mental health care among African Americans. *Journal of Health Care for the Poor and Underserved, 20*(2), 17-23.
- Holley, L. C., Tavassoli, K. Y., & Stromwall, L. K. (2016). Mental illness discrimination in mental health treatment programs: Intersections of race, ethnicity, and sexual orientation. *Community Mental Health Journal, 52*(3), 311-322.
- IBM Corp. (2018). IBM SPSS Statistics for Windows, Version 25.0. Armonk, NY: IBM Corp.
- Imada, T., & Schiavo, R. S. (2005). The use of ethnic minority populations in published psychological research, 1990-1999. *The Journal of Psychology: Interdisciplinary and Applied, 139*(5), 389-400. doi:10.3200/JRLP.139.5.389-400
- Iwamasa, G. Y., Sorocco, K. H., & Koonce, D. A. (2002). Ethnicity and clinical psychology: A content analysis of the literature. *Clinical Psychology Review, 22*(6), 931-944. doi:10.1016/S0272-7358(02)00147-2
- Keating, F., & Robertson, D. (2004). Fear, black people and mental illness: A vicious circle? *Health & Social Care in the Community, 12*(5), 439–447. <https://doi-org.erl.lib.byu.edu/10.1111/j.1365-2524.2004.00506.x>
- Krippendorff, K. (2004). *Content analysis: An introduction to its methodology (2nd ed.)*. Thousand Oaks, CA: Sage.
- Levesque, R. J. R. (2007) The ethnicity of adolescent research. *Journal of Youth and Adolescence, 36*, 375-389.

Lewis-Fernández, R., Raggio, G. A., Gorritz, M., Duan, N., Marcus, S., Cabassa, L. J., & ...

Hinton, L. (2013) GAP-REACH: A checklist to assess comprehensive reporting of race, ethnicity, and culture in psychiatric publications. *Journal of Nervous & Mental Disease*, 201(10), 860-871. doi:10.1097/NMD.0b013e3182a5c184

Lin, M., & Kressin, N. R. (2015). Race/ethnicity and Americans' experiences with treatment decision making. *Patient Education and Counseling*, 98(12), 1636-1642.

Moradi, B., Mohr, J. J., Worthington, R. L., & Fassinger, R. E. (2009). Counseling psychology research on sexual (orientation) minority issues: Conceptual and methodological challenges and opportunities. *Journal of Counseling Psychology*, 56(1), 5–22.  
<https://doi.org/10.1037/a0014572>

Office of Minority Health. (n.d.). *Minority Population Profiles*, Retrieved June 27, 2018, from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlID=26>

Paik, S., Kula, S., Saito, L. E., Rahman, Z., & Witenstein, M. (2014). Historical perspectives on diverse Asian American communities: Immigration, incorporation, and education. *Teachers College Record*, 116(8), 1–45. Retrieved from <http://search.ebscohost.com.erl.lib.byu.edu/login.aspx?direct=true&db=psyh&AN=2014-32969-008&site=ehost-live&scope=site>

Pew Research Center, (2015). *Modern immigration wave brings 59 million to U.S., driving population growth and change through 2065: Views of immigration's impact on U.S. society mixed*. Washington, D.C.: September.

Pomerantz, A. M. (2017). *Clinical psychology: Science, practice, and culture., 4th ed.* Thousand Oaks, CA, US: Sage Publications, Inc

- Sharma, M., & Kanekar, A. (2008). Substance abuse in minorities. *Journal of Alcohol and Drug Education, 52*(3), 3–8. Retrieved from <http://search.ebscohost.com.eri.lib.byu.edu/login.aspx?direct=true&db=psyh&AN=2011-08765-001&site=ehost-live&scope=site>
- Smithee, L., Bean, R. A., Limb, G., & Holmes, E. (2017). Social work in review: An analysis of twenty-six years of ethnically-focused research. Manuscript in review.
- Sue, D. W., & Sue, D. (2013). *Counseling the culturally diverse: Theory and practice (6th edition)*. John Wiley and Sons, Inc, Hoboken, NJ.
- United States Census Bureau. (2018). *U.S. Census Bureau: Quick facts*. Retrieved from <https://www.census.gov/quickfacts/fact/table/US/IPE120217#qf-headnote-a>
- Williams, M., & Husk, K. (2013). Can we, should we, measure ethnicity? *International Journal of Social Research Methodology: Theory & Practice, 16*(4), 285–300. <https://doi-org.eri.lib.byu.edu/10.1080/13645579.2012.682794>
- Williams, C. C. (2005). Ethical considerations in mental health research with racial and ethnic minority communities. *Community Mental Health Journal, 41*(5), 509–520. <https://doi.org/10.1007/s10597-005-6358-y>