



Prejudice Regarding Latinx-Americans

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Abstract

Despite the growing immigrant and native-born Latinx population in the United States, the documentation of Latinx experiences of oppression, prejudice, and discrimination is limited in the field of clinical psychology. The lack of information on multiracial, sexual minorities, and older Latinx populations is most pronounced. This chapter focuses on the research that has been done to document the prevalence of self-perceived discrimination and the deleterious effect of microaggressions on the mental health of Latinx individuals. In addition, this chapter emphasizes the lack of Latinx representation in professional domains and the growing need for social justice training in clinical psychology graduate programs. Recommendations are provided for assessing and conceptualizing experiences of oppression, prejudice, and discrimination for Latinx populations. Furthermore, this chapter argues that other fields of psychology have developed models and guiding frameworks that can help clinical psychology become more

responsive to the needs of Latinx students, faculty, and clients.

Keywords

Latinx/Latino/Hispanic · Clinical psychology · Racial/ethnic discrimination · Microaggressions · Mental health · Immigrant · Social justice · Advocacy · Multicultural

Regarding Latinx-Americans

The Latinx population currently makes up approximately 18% or 59.2 million of the US population, and projections estimate the population will double by 2060 (U.S. Census Bureau, 2018; Vespa, Armstrong, & Medina, 2018). A closer review of Latinx representation reveals that those of Mexican origin comprise the largest subgroup in the United States (63%) followed by Puerto Ricans (10%), Cubans (4%), Dominicans (3%), and Guatemalans (2%; U.S. Census Bureau, 2017a). Latinx individuals make up the largest ethnic minority group and Spanish has become the second most-spoken language in the country; 72% of Latinx speak Spanish at home (U.S. Census Bureau, 2017b). Despite the fact that the U.S.'s ethnic and racial composition grows more diverse, Latinx experiences of discrimination and prejudice are widespread. These experiences of individual and institutional

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discrimination permeate the lives of Latinx people and impact several domains: employment, housing, medical care, and education (National Public Radio, Robert Wood Johnson Foundation, & Harvard T. H. Chan School of Public Health, 2017).

The current political climate of the United States has been characterized by a push for stricter immigration laws, the construction of a wall at the US–Mexico border, and rhetoric against Latinx immigrants. The focus of which has been the migrant caravans fleeing violence in Central America and the living conditions at immigration detention centers. Research has shown that Latinxs who live in states with more anti-immigration laws and policies report more experiences of perceived discrimination regardless of immigration status (Almeida, Biello, Pedraza, Wintner, & Viruell-Fuentes, 2016). For example, state laws such as Arizona’s SB 1070, Alabama’s HB 56, and Texas’ SB 4 (also known as the “show me your papers” law) allowed local officials to act as federal immigration officers in their ability to hold a person if they were found to be undocumented even during traffic stops. These laws contributed to fears of police harassment, racial profiling, and deportation, even for those who were victims of crime. In addition, media representations of the Latinx community continue to perpetuate the myth of Latinx individuals as criminals or cheap labor (Négron-Muntaner, 2014). Collectively, these portrayals of Latinx people in the media have left many to be targets of oppression, racism, and prejudice. Researchers have documented the harmful psychological and physiological toll that perceived discrimination places on Latinx youth and adults (Cobb, Xie, Meca, & Schwartz, 2017; McClure et al., 2010; Sawyer, Major, Casad, Townsend, & Mendes, 2012). However, the experiences of discrimination and prejudice toward Latinxs have been far less researched in comparison to White–Black relations (Dovidio, Gluszek, John, Dittmann, & Lagunes, 2010). In this chapter, we attend to the context of these experiences of oppression, prejudice, and discrimination. In addition, we will highlight the implications of experiences of oppression, prejudice, and discrimination on the

mental health and well-being of Latinx individuals in the United States, both as consumers and as those working professionally in the field of psychology. We examine the role of our institutional structures on conceptualizing and responding to these issues for the Latinx population and take a critical view of the profession and its support of Latinx psychologists.

Latinx Experiences of Oppression, Prejudice, and Discrimination

There is limited research on the prevalence of oppression and prejudice that Latinxs encounter. Most research has focused primarily on prevalence rates of perceived ethnic discrimination. To our knowledge, there have been five published studies on Latinx experiences of discrimination using nationally representative surveys: the National Latino and Asian American Study (NLAAS; Pérez, Fortuna, & Alegría, 2008), the Hispanic Community Health Study/Study of Latinos Sociocultural Ancillary Study (HCHS/SOL; Arellano-Morales et al., 2015), the “Discrimination in America Survey” (National Public Radio et al., 2017), the National Latino Health Care Survey (NLHCS; Almeida et al., 2016), and the National Survey on Latinos (NSL; Pew Research Center, 2018). Together, these studies report 24% to 80% of US Latinx populations experience some form of ethnic/racial discrimination, but differ in terms of their measurement of discriminatory experiences. For example, the NLAAS and NLHCS reported on interpersonal experiences of discrimination that occur in daily interactions, while the NSL reported generally on any experience of unfair treatment and discrimination in the *past year*. In addition, the HCHS/SOL examined experiences of racism and discrimination over the *lifetime* for self-identified Cuban, Dominican, Mexican, and Puerto Rican adults. Lastly, the “Discrimination in America Survey” studied the prevalence of both institutional and individual forms of discrimination.

In the last two decades, studies on discrimination and the Latinx community have focused on

whether prevalence rates differed by sociodemographic variables. Areas of research have focused on variables such as gender (e.g., Arellano-Morales et al., 2015; Nadal, Mazzula, Rivera, & Fujii-Doe, 2014; Otiniano Verissimo, Gee, Iguchi, Ford, & Friedman, 2013), socioeconomic status (e.g., Williams, Mohammed, Leavell, & Collins, 2010), acculturation status (e.g., Anderson & Finch, 2017), and Latinx subgroups (e.g., Lee & Ahn, 2012; Pérez et al., 2008). Relatedly, the experiences of individuals who occupy more than one socially disadvantaged status are more at risk for experiencing discrimination and prejudice (Cole, 2009). Research on intersectionality among Latinos and other socially disadvantaged statuses has primarily focused on the experiences of lesbian, gay, bisexual, transgender, questioning, intersex, and/or queer (LGBTQIQ) Latinxs (e.g., Cerezo, 2016; Díaz, Ayala, Bein, Henne, & Marin, 2001; Ibañez, Van Oss Marin, Flores, Millett, & Diaz, 2009; Kim & Fredriksen-Goldsen, 2017; Reisen, Brooks, Zea, Poppen, & Bianchi, 2013).

A growing, but still small, movement in the literature has begun to examine the concept of intersectionality to determine whether experiences of discrimination and prejudice differ for multiracial Latinx individuals (Chavez-Dueñas, Adames, & Organista, 2014; Chavez-Dueñas, Adames, Perez-chavez, & Salas, 2019; Golash-Boza & Darity, 2008). Still, our overall understanding of the frequency of prejudice and discrimination against multiracial Latinxs is limited at this time. One reason why information is lacking in this area is that researchers have traditionally treated ethnicity and race as one construct and have categorized all Latinx individuals into one homogenous group. Another reason why there is little information available on this population is due to the approach that the United States uses to classify Latinxs. For instance, in the 2010 US Census, 37% of Latinx identified themselves as Some Other Race, and most of the written responses for this category included “Latino,” “Mexican,” or other nationalities (Ennis, Ríos-Vargas, & Albert, 2011). Not surprisingly, most Latinx individuals identify with their nationality or family’s country of origin

rather than a pan-ethnic identity (Lopez, Gonzalez-Barrera, & López, 2017). Clearly, Latinx identity is not being captured adequately by our current census methods and requires a more multifaceted approach to conceptualizing identity.

Impact of Prejudice, Oppression, and Discrimination on the Mental Health of Latinxs

The impact of discrimination and oppression on the mental health of racial/ethnic minorities in the United States has been well documented (Gee, Ryan, Laflamme, & Holt, 2006; Lopez, LeBrón, Graham, & Grogan-Kaylor, 2016; Williams, Kanter, & Ching, 2018). Research has suggested that exposure to social stressors, such as overt discrimination and more subtle micro-aggressions, places an added burden on racial/ethnic minority individuals which contributes to elevated rates of mental illness (Held & Lee, 2017; Schwartz et al., 2015; Torres & Taknint, 2015; Williams et al., 2018). Specific to Latinx individuals, many unique environmental factors, such as immigration and lack of access to appropriate care in their native language, can increase exposure to prejudice and magnify its impact on mental health throughout their lifetime (Garcia & Lindgren, 2009; Gee et al., 2006; Torres & Taknint, 2015). When Latinx persons do access mental health services, the efficacy of treatment can also be impacted by stigma within the community and experiences of discrimination during mental health treatment itself. Nevertheless, researchers have also described factors that may mediate the relationship between experiences of discrimination/oppression and negative mental health consequences among Latinxs. Some of these factors include strong ethnic identity (Brittian et al., 2015; Pérez et al., 2008; Torres & Ong, 2010), self-efficacy (Umaña-Taylor, Tynes, Toomey, Williams, & Mitchell, 2015), and positive family dynamics (Ponting et al., 2018). In the following sections, we review the existing literature on the impact of prejudice and discrimination on Latinx mental health, the

mechanisms of which have been largely understudied.

Early-Life Impact of Discrimination

The impact of discrimination among Latinxs can begin from a young age, even when they are not directly the target of discrimination. For example, Tran (2014) identified the role of family context in shaping the mental health of young children, such that parental experiences of discrimination and parental mental health were significant mediators of childhood mental health among Latinx youth, regardless of socioeconomic background. Latinx children also often experience additional unique cultural stressors, particularly if they are children of immigrant parents with limited English-language fluency. In a qualitative study exploring mental health stressors among Latinx immigrant families, Garcia and Lindgren (2009) identified fear of deportation as a unique stressor for families in which a parent was undocumented. Both adolescents and parents reported this stressor, although this was more a focus of discussion for parents. Per the researchers, “Mothers spoke of fears surrounding the threat of deportation, giving examples of friends who had been deported. Parents described attempts to keep children from knowing about deportation but indicated that this was difficult” (Garcia & Lindgren, 2009, p. 8). Given our current political climate, fear of deportation is on the rise and can significantly contribute to parenting stress (Berger Cardoso, Scott, Faulkner, & Barros Lane, 2018).

Another unique contributor of cultural stress within Latinx immigrant families occurs when there is a difference in the rate of acculturation among family members. In other words, youth often gain English-language skills and cultural understanding more quickly than their parents, which leads to a shift in family dynamics. The typical power differential in the family is, therefore, shifted from parents to children, such that parents rely on their children to translate for them in different situations. This power differential becomes most pronounced in adolescence and

can lead to family stress, parents feeling less effective, and can contribute to adolescent substance use (Martinez, 2006) and increased depressive symptoms (Nair, White, Roosa, & Zeiders, 2013). Indeed, cultural stressors such as discrimination can exert negative effects on Latinx adolescents over time (Schwartz et al., 2015). Lopez et al. (2016) identify a link between experiences of discrimination and depressive symptoms among adolescents. They also identify differential impacts related to the source of discrimination, such that a stronger impact on mental health was observed when discrimination came from a teacher or a peer. Additionally, the researchers identified that co-ethnic discrimination (i.e., discrimination that comes from your own ethnic group on the basis of Spanish-language use, immigrant status, documentation status, and physical features) had the strongest negative impact on the mental health of Latinx youth. Lack of connectedness even with your own ethnic group can, therefore, have a detrimental effect on mental health of Latinx youth in addition to the other cultural stressors described above.

Latinx Adult Mental Health

For Latinx adults, unique factors associated with living in the United States appear to be linked to higher rates of psychiatric disorders. Research has highlighted that US-born Latinxs have higher lifetime rates of most mental health disorders when compared to foreign-born immigrant Latinxs (Alegría et al., 2008), consistent with the “immigrant paradox” observed in health-related outcome studies (Franzini, Ribble, & Keddie, 2001; Suárez-Orozco, Rhodes, & Milburn, 2009). The prevailing theory behind this observation is that there are factors about immigrants prior to immigration that are protective against mental health and other health conditions. However, Alegría et al. (2008) noted differences in the applicability of the paradox for mental health disorders across Latinx subgroups, noting that the immigrant paradox is only reliably observed for depression and anxiety disor-

ders in Mexican immigrants. With regard to substance abuse, the paradox was observed across most of the Latinx subgroups, including Mexicans, Cubans, and other Latinxs from Central and South America. However, no evidence of the paradox was observed for Puerto Ricans, who are a unique group of Latinxs with US citizenship and considerable exposure to US culture. The researchers emphasize the importance of not assuming that there is a protective effect of nativity for all Latinx immigrants in the United States.

Among US-dwelling Latinxs, sociopolitical factors can also mitigate increasing risk for mental health disorders. For example, Alegría et al. (2008) noted that perceived level of neighborhood safety is associated with lower risk for substance use disorders, even when controlling for individual socioeconomic status. Research also suggests that neighborhood composition can impact mental health of Latinxs, with increased Latinx neighborhood concentration contributing to lower depressive symptoms among residents, but only for those who are English speaking (Shell, Peek, & Eschbach, 2013). Perceived discrimination and stress also moderated the relation between Latinx neighborhoods and mental health outcomes, such that this effect was more pronounced among those with higher levels of stress and experiences of discrimination. Additional factors such as strong ethnic identity and self-efficacy have also been proposed as moderating the effect of discrimination and stress on mental health outcomes (Pascoe & Smart Richman, 2009).

Impact of Macroaggressions and Microaggressions among Latinxs

Past research has found a significant relation between ethnic discrimination and increased traumatic stress symptoms among Latinxs (Flores, Tschann, Dimas, Pasch, & de Groat, 2010). Ethnic discrimination, particularly macroaggression (e.g., racial profiling, anti-immigrant sentiment), has been linked to traumatic stress symptoms, given the overt hostility of the aggressor and sense of lack of control from the victim (Flores et al., 2010).

Over the last two decades, interest has also grown in the concept of ethnic microaggressions, a term coined by Sue et al. (2007) to describe “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (p. 1). While the impact of microaggressions on the mental health of racial/ethnic minorities continues to be explored, investigators have proposed that repeated exposure to microaggressions can induce emotional dysregulation and elicit trauma-like symptoms in some individuals. Borrowing from the research of Hatzenbuehler, Dovidio, Nolen-Hoeksema, and Phills (2009) on sexual minorities, Wong, Derthick, David, Saw, and Okazaki (2014) adapted a model delineating the ways in which microaggressions impact the mental health of racial/ethnic minorities.

The model highlights the direct relationship between microaggressions and emotional dysregulation (i.e., increased rumination, increased impulsivity), which then leads to increased risk for depression, anxiety, substance abuse, and other negative health outcomes. It also includes factors that are proposed to moderate this relationship, including coping strategies, social environment, and existing negative cognitions that predate microaggressions. In a recent study, Torres and Taknint (2015) tested a similar model to explore the impact of ethnic microaggressions on depression among Latinxs. Their model included moderating and mediational pathways to explain the link between ethnic microaggressions and depression among Latinxs. Their model was fully supported in a study, suggesting that microaggressions are associated with increased traumatic stress symptoms, which, in turn, relates to elevated depression. Additionally, the magnitude of traumatic stress symptoms was moderated by the individual’s level of ethnic identity/general self-efficacy. This research is promising, as it delineates a direct path through which microaggressions can impact emotional regulation (traumatic stress symptoms), and individual

resources that could mitigate this response. It opens the door for further research targeting ways to reduce the impact of everyday discrimination, such as microaggressions, on the mental health of Latinx individuals during this stressful time in US history.

Gaps in the Literature

Despite a growing body of literature identifying the ways in which prejudice and discrimination impacts Latinx individuals in the United States across the lifespan, there are still several areas where further exploration is necessary. We believe that research exploring the impact of microaggressions among multiple identities found in Latinx subcultures would be beneficial. Such groups include LGBTQIQ Latinx and afro-Latinx individuals, whose intersecting identities are very rarely the focus of research. Because of their different minority identities, these individuals may be at greater risk for negative mental health outcomes related to discrimination. For example, a recent study found that lifetime experiences of discrimination and victimization were significant risk factors for mental health problems among LGB older adults (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013). In addition, research suggests that individuals from multiracial heritage often experience isolation and exclusion from their families and communities (Nadal, Sriken, Davidoff, Wong, & McLean, 2013). Given that strong ethnic identity and self-efficacy can be protective, these factors may place multiracial individuals at particular risk for negative mental health outcomes in the face of discrimination. Researchers in this area should aim to explore the intersectionality present in our complex communities as we work to understand and mitigate the impact of discrimination among all cultural minorities.

We also emphasize the need to explore the experiences of prejudice, oppression, and discrimination among US older Latinx adults. Relatively little attention has been directed to the experiences of elderly Latinxs, except for the field of social work and sociology which has

explored the impact of institutional racism and oppression on the functional impairment, chronic conditions, and the financial resources of this population (Angel, 2009; Angel, Angel, & Hill, 2015; Min, 2005). Clearly, the physical and economic consequences of experiences of immigration, acculturation, and barriers to care are pronounced in older Latinx adults, but more information is needed to identify the mental health impact of life-time experiences of prejudice and discrimination, especially among US-born Latinx elderly who report lower life satisfaction than their foreign-born counterparts (Calvo, Carr, & Matz-Costa, 2017).

Addressing Clients' Experiences of Prejudice, Discrimination, and Microaggressions

As the number of Latinxs grows in the United States, it is increasingly important for psychologists to know how to provide culturally competent services and to identify the institutional/individual forms of discrimination that Latinx clients face in their daily lives. As a field overall, there has been a movement for psychologists to promote equity and social justice as a way to tackle oppression, prejudice, and discrimination (Goodman et al., 2004; Rosenthal, 2016). For instance, the American Psychological Association's (APA, 2002) first set of multicultural guidelines promoted diversity and multiculturalism across all domains of the profession, including education, training, research, practice, and organizational change. A whole 10 years before this, Sue, Arredondo, and McDavis (1992) proposed a set of multicultural guidelines for the field of counseling psychology with a special emphasis on developing culturally skilled counselors who are aware of how oppression, racism, discrimination, and stereotyping affect their work with clients. Although multicultural guidelines exist, there is little information on *how* clinical psychologists ought to respond to oppression, prejudice, and discrimination experienced by clients. Additionally, the multicultural guidelines do not provide specific direction on the most

pressing issues for many of our Latinx clients (i.e., prejudice against Spanish speakers and undocumented Latinx immigrants). Nonetheless, the multicultural guidelines provide a foundation for general practice recommendations. The purpose of this section is to provide additional recommendations for clinical psychologists addressing Latinx client experiences of prejudice and discrimination.

In the context of therapy, psychologists should be mindful of contextual factors that may influence a client's reported difficulties and objectives for treatment. Ideally, this should begin during the pretreatment assessment phase. We recommend that clinical psychologists specifically ask about client experiences of oppression, prejudice, and discrimination. As previously mentioned, evidence suggests that these experiences can deteriorate both physical and mental health (Garcini et al., 2018; Pascoe & Smart Richman, 2009). Although a psychologist could wait until a client brings up these issues in therapy, we recommend a proactive approach because it allows for an open discussion about these matters from onset. This also can communicate to the client that the psychologist acknowledges the existence of social disparities and that they are welcomed to be discussed in therapy. An open discussion of these experiences can provide valuable data and insight, which can later be used to generate a more accurate case conceptualization. For psychologists who utilize cognitive-behavioral approaches, these discussions may also clarify whether the presenting problem is primarily environmental, cognitive, or both, and help identify appropriate interventions for managing oppressive environments.

During the pretreatment assessment phase, we also recommend asking foreign-born Latinx clients about immigration experiences. The immigration process to the United States can be stressful and potentially traumatic, particularly for undocumented immigrants (DeLuca, McEwen, & Keim, 2010; Pumariega, Rothe, & Pumariega, 2005). For example, qualitative studies document the experiences of Latinx immigrants in transit to the United States who are threatened, kidnapped, and physically or sexually

assaulted (DeLuca et al., 2010). For undocumented immigrants who cross the US-Mexican border by foot, there is also risk of dehydration, harsh weather conditions, and death. As before, we recommend specifically asking about these immigration experiences because they may go undetected, even when using standardized assessments that inquire about traumatic experiences (de Arellano et al., 2018).

In addition to asking about potentially stressful events like prejudice and discrimination, we recommend asking clients about their strengths. Exclusively using a deficit-focused model of assessment limits the range of information received from clients and ultimately reduces the amount of information considered in one's case formulation. Consequently, a deficit-focused model hinders our ability to identify resources and competencies that can be built upon when developing a treatment plan. Therefore, we recommend assessing strengths, skills, and personal accomplishments that help us understand the client as a whole and how they have managed experiences of prejudice and discrimination. There are many strategies to conduct strength-based assessments, including structured interviews, checklists, and targeted questions (for a review, see Tedeschi & Kilmer, 2005).

Throughout the duration of therapy, the psychologist can address racism and discrimination in various ways; however, tackling these issues can be difficult and uncomfortable, and specific guidelines on addressing these issues are lacking. Cardemil and Battle (2003) provide recommendations including avoiding assumptions that the client is like others from their racial and ethnic group, and openly discussing how power, privilege, and racism can affect the therapeutic process. Relatedly, psychologists should be aware of their own prejudices and biases and inadvertent use of microaggressions. For example, we recommend reviewing the updated Multicultural and Social Justice Counseling Competencies, which highlight the interaction of privileged and marginalized statuses belonging to both the counselor and their impact on the counseling relationship (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016). Additionally, the

Healing Ethno And Racial Trauma (HEART) framework assists psychologists in dually addressing the consequences of oppressive systems and psychological distress for Latinx individuals and communities (Chavez-Dueñas et al., 2019).

How the Field Has Responded to Latinx Experiences of Prejudice and Discrimination

Immigration policies under our current administration disproportionately impact Latinx families who represent 19.4 million of the foreign-born population and account for almost half (45%) of the immigrant population in the United States (U.S. Census Bureau, 2017c). As psychologists who serve those affected by the current anti-immigrant sentiment, forced separations at the border, forced deportations, and the resulting psychological trauma, we must become familiar with the policies in place that can impact the mental health of our Latinx clients. Indeed, updated APA multicultural guidelines in 2017 provided a much more specific guideline aimed at addressing the need for social justice and the recognition of experiences of oppression:

Guideline 5. Psychologists aspire to recognize and understand historical and contemporary experiences with power, privilege, and oppression. As such, they seek to address institutional barriers and related inequities, disproportionalities, and disparities of law enforcement, administration of criminal justice, educational, mental health, and other systems as they seek to promote justice, human rights, and access to quality and equitable mental and behavioral health services. (APA, 2017)

What has the field of clinical psychology done to address these experiences of oppression and discrimination for Latinxs? Some might say too little, while others may believe we are doing now more than ever. The APA has taken an increasingly public stance on issues impacting Latinxs. For example, in 2017 after President Trump terminated the Development, Relief, and Education for Alien Minors (DREAM) Act, then APA President, Dr. Antonio Puente, wrote an op-ed piece in *USA Today* describing his personal experience

as an undocumented immigrant from Cuba. Later in 2018, the APA sent a letter to President Trump urging for the end of forced detention and family separation at the US–Mexico border. More specifically, this letter identified the need for culturally competent psychological services in the family detention centers, especially by Spanish-speaking therapists with trauma-informed backgrounds and training in diversity. Other psychological associations, such as the National Latinx Psychological Association (NLPA) and APA’s Society for Clinical Psychology, have also released statements condemning the separation of asylum-seeking families escaping violence in Central America. To fill the need for clinical guidelines where none exist, and in an effort to enhance the mental health of Latinxs, the NLPA developed the *Guidelines for Detention Center Personnel Working with Unaccompanied Asylum-Seeking Minors* (Torres Fernández, Chavez-Dueñas, & Consoli, 2015).

At the client-provider level, psychologists have an ethical responsibility to advocate for client needs, but when it comes to social justice issues and public advocacy, it is clear that clinical psychology falls behind the training provided by other fields (e.g., multicultural, counseling, and community psychology). In regard to doctoral training, the University of Tennessee Counseling Psychology Program developed the first scientist–practitioner–advocate (SPA) training model accredited by the APA (Mallinckrodt, Miles, & Levy, 2014). The SPA model calls for psychologists who can engage in social-action research, advocate at the policy level, and empower clients at the individual level. In order to respond more adequately to the experiences of oppression, prejudice, and discrimination of Latinxs, the field must make social justice an objective infused throughout the training of clinical psychologists, the research examining the experiences of Latinxs, and the provision of culturally competent services.

Given the growth of the Latinx population in the United States, the field of psychology has severely lacked the workforce necessary to meet the needs of this population. According to the

APA's Center for Workforce Studies, Latinxs make up only 6% (5,826) of the US psychology workforce, an increase of 107% since 2007 (APA, 2018c). In terms of service providers, a 2015 survey of licensed psychology health service providers revealed that Latinxs represented only 4.4% of licensed doctoral-level psychologists and 5.5% of respondents were able to provide services in Spanish (APA, 2016a). The shortage of culturally and linguistically competent psychologists is often cited as a barrier to mental health treatment for Latinx clients (Alegría, Alvarez, Ishikawa, DiMarzio, & McPeck, 2016; Bridges, Andrews, & Deen, 2012; Kim et al., 2011; Sentell, Shumway, & Snowden, 2007; Villalobos et al., 2016). Indeed, the inability to access a provider who speaks your language or who understands your culture is a social justice issue, one which places Latinxs with mental health problems at a greater risk for the negative sequelae that result from untreated mental illness. The diversification and expansion of the Latinx clinical psychology workforce is one avenue to increasing access to appropriate care.

Moreover, Latinxs represent only 10% of graduate students in Master's and Doctoral programs and 12% of psychology doctorates awarded (APA, 2016b, 2018b). These statistics do not specifically report on graduate students studying clinical psychology, and thus, numbers reported here may not reflect our actual representation in the field. In order to increase the number of culturally and linguistically competent clinical psychologists, the field must also ensure that Latinx, and non-Latinx students alike, receive specialized training to meet the needs of the Latinx community (e.g., William James College provides a Latinx mental health concentration for their Clinical Psychology PsyD program; APA, 2018a).

Impact on Professionals

Clinical psychologists and trainees who identify as Latinx are not immune to experiences of oppression, prejudice, and discrimination in professional contexts. Clinical psychologists and

trainees often take on various roles in the same day, such as instructor, student, supervisor, and clinician. Although one might assume professionals, particularly those in psychology, do not discriminate or have negative biases about others, this is not the case. Unconscious and subtle attitudes are prevalent even among well-intentioned individuals and organizations (Dovidio et al., 2010). For instance, the APA Presidential Task Force on Enhancing Diversity reported that the APA was "unwelcoming" to ethnic minority psychologists, citing patronizing behavior, stigmatizing language, and stereotyping (Suinn et al., 2005). The purpose of this section is to provide a snapshot of what we know about Latinx clinical psychologists and trainee experiences with oppression, prejudice, and discrimination.

To our knowledge, there has been only one article that specifically focused on describing the Latinx clinical psychology trainee experience with oppression, prejudice, and discrimination. Noyola (2017) discussed personal experiences of microaggressions throughout the graduate school admission process and their time in a clinical psychology program. Similarly, other articles that discuss this topic are retrospective autobiographical life narratives of several US Latinx faculty/psychologists. Delgado-Romero, Unkefer, Capielo, and Crowell (2017) examined the narratives of 18 Latinx psychologists and conducted a thematic analysis that identified overarching themes. Under the theme of *cultural identities*, many narrative authors wrote about multiple experiences of oppression, racism, and discrimination across their academic careers (undergraduate, graduate, and faculty experiences). For instance, Miguel Gallardo (2014) reflected on being a faculty member of color and contemplated on how to change the admission process that he believed unfairly discriminated against students of color. Steven Lopez (1993) wrote about his interactions with colleagues who called him derogatory and racist names. Melba Vasquez (2001) discussed the impact affirmative action had on her ability to become a psychologist.

Through their thematic analysis, Delgado-Romero et al. (2017) also identified mentorship as a crosscutting theme. Specifically, many

narratives discussed the importance of Latinx faculty who serve as advocates and mentors. Latinx faculty were seen as beacons of hope, support, and examples that Latinxs can succeed in academia. Many narrative authors also discussed the impact of not having Latinx mentors on their professional identity. For example, Bianca Guzman (2012) discussed leaving a position because there were no individuals who looked like her. The lack of Latinx representation is also apparent in leaders of professional organizations. For example, since the APA's inception in 1892, there have only been two Latinx presidents; in 2011, Melba Vasquez became the first Latina president of the APA, followed by Antonio Puente in 2017.

It is clear from there is still much to learn about the experiences of Latinx psychology professionals. What is needed are more studies that examine the experiences of injustice that Latinx psychology professionals experience. With the current literature available, it is difficult to assess the magnitude and severity of this issue, even though we know that these incidents occur to many of us – including all three Latinx authors of this chapter. Without documentation of the prevalence and consequences of these negative experiences, it is difficult to create large, organizational change. Thus, it is important for future studies to shed light on these incidents so we can continue to grow as a field.

Summary

As researchers, clinicians, and social justice advocates all working in the field of clinical psychology, it is imperative that we, and the institutions that represent us, do more to attend to the experiences of Latinx populations. Research on the specific mental health impact of oppression, prejudice, and discrimination on Latinx populations is lacking and warrants further investigation. Given the cultural and linguistic variability in this population, nuanced information can help inform our clinical practices and shape advocacy efforts at the individual and institutional levels. As Latinx populations are confronted with

increasingly overt acts of discrimination and prejudice, enhancing access to mental health services and outlets for Latinx voices is critical to overcoming these experiences. *Sí, se puede* (Yes, we can)!

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