FAMILY THERAPISTS' LIVED EXPERIENCES OF DISCUSSING ETHNIC-RACIAL
SOCIALIZATION WITH LATINO PARENTS

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ABSTRACT

Family therapists need effective strategies to support Latino families facing continued exposure to institutional racism and discrimination in the U.S. Growing research suggests ethnic-racial socialization (i.e., parent messages to children regarding race and ethnicity) is a key contributor to mitigating the adverse effects of ethnic-racial discrimination. However, a key gap exists in the literature concerning the translation of ethnic-racial socialization practices in the therapeutic context. This study offers important empirical insight into how therapy can serve as a promoting environment where family therapists can support Latino parents through complex considerations and navigations of ethnic-racial socialization-related practices.

The purpose of this qualitative phenomenological study was to investigate therapists' experiences in facilitating ethnic-racial socialization practices with Latino parents in therapy. The sample included 20 family therapists of diverse social locations (e.g., race/ethnicity, gender, age, generational status, linguistic diversity, geographic location) who reported using culturally competent practices (as measured by the Multidimensional Cultural Humility Scale; Gonzalez et al., 2020) and experience working with Latino families. Data were collected using semi-structured interviews informed by three domains of ethnic-racial socialization: cultural socialization, preparation for bias, and immigration socialization. A rigorous thematic analysis approach was used to identify, analyze, and interpret patterns of meaning within the dataset following the tenets of Braun and Clarke (2006).

Data analysis resulted in four primary themes: 1) therapeutic relationship groundwork, 2) shift from implicit messages to explicit conversations, 3) unpack generational cultural expectations, and 4) contextual practice influences and ongoing development. Results indicated significant practices family therapists used throughout the treatment process to support Latino

parents to engage in ethnic-racial socialization conversations with their children. Key findings suggest family therapists can be key socializing agents available to support Latino parents and their children from the effects of ethnic-racial discrimination.

Several implications for future research and clinical practice were identified. The qualitative findings can inform subsequent quantitative research identifying therapist practices linked to effective outcomes for Latino families in treatment. The results are applicable to family therapists seeking to promote conversations related to race, ethnicity, culture, ethnic-racial discrimination, and immigration with Latino parents in therapy.

This work is dedicated to family therapists and their invaluable practices devoted to advocating for, supporting, and empowering the Latino parents and families they serve.

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CHAPTER 1: INTRODUCTION

Statement of the Problem

Ethnic-racial discrimination is a pervasive systemic problem that inhibits many

marginalized communities' physical, mental, and social health and well-being (Franklin et al.,

2006; Murry et al., 2001; Strmic-Pawl et al., 2018). Latinos account for approximately 18.7% of

the United States (U.S.) population (i.e., 62.1 million people; U.S. Census Bureau, 2021),

making them one of the largest ethnic minority populations. Within the U.S., Latinos and their

families are uniquely vulnerable to the effects of ethnic-racial discrimination due to historical

anti-immigration discourses that have been exacerbated following the events of the 2016 election

(Araújo et al., 2006; Ayón & García, 2019; Zong et al., 2018). Research indicates that four-in-ten

Latinos have reported exposure to targeted discriminatory practices, regardless of immigration

status, leaving them at greater risk for increased race-related stress (Gomes & Perez Huber,

2019; Lazarevic et al., 2018). For example, 38% of Latinos in the U.S. have reported being

criticized for speaking Spanish in public, had derogatory remarks said to them (i.e., told to return

to their home country), or have been called offensive names (Lopez et al., 2018). The diverse

contextual challenges Latinos and their families are exposed to leave them susceptible to

negative mental health outcomes such as psychological distress, depression, anxiety, and

substance abuse (Stein et al., 2012; Torres et al., 2018). Ultimately, the accumulation of ethnic-

racial stress from exposure to discrimination has been shown to negatively impact Latino parents

and their families across various domains, including education, the workplace, and relationships

(Alegría et al., 2008; Cross et al., 2020).

Despite these contextual challenges, recent evidence demonstrates that many Latino

parents and families can thrive in the face of significant racial discrimination (Andrade et al.,

2021; Cardoso & Thompson, 2010; Rivas-Drake & Stein, 2017). Growing research suggests that ethnic-racial socialization (i.e., parent messages regarding race and ethnicity to children) is a key contributor to supporting Latino parents and families in coping with the effects of racial discrimination (Ayón et al., 2020; Hughes et al., 2006; Kulish et al., 2019). Evidence indicates that the ability of Latino parents and children to positively adapt and build resilience against the harmful effects of racial discrimination are rooted in family cohesion, cultural factors, and community support (Cardoso & Thompson, 2010; Perreira et al., 2006). For instance, the more that parents (i.e., primary social agents) transfer positive ethnic-racial messages to their children, the greater protective influence these practices have on children's psychosocial outcomes such as academic performance and externalized behaviors (e.g., Rivas-Drake & Marchand, 2016; Umaña-Taylor et al., 2014). To protect Latino children from further effects of ethnic-racial discrimination, more support for promoting Latino parents to engage their children in ethnic-racial socialization conversations is needed.

While prior research has demonstrated the efficacy of parental promotion of ethnic-racial socialization on Latino children's health outcomes, previous investigations have been limited in their consideration of socializing agents. That is, most research has focused on the influence of parents (e.g., Ayón et al., 2019; Umaña-Taylor et al., 2014), peers (e.g., Byrd & Ahn, 2020; Chen et al., 2020), and teachers (e.g., Davidson & Roopnarine, 2021; Saleem & Byrd, 2021) on Latino children's ethnic-racial socialization. Research is beginning to explore other social agents who could be available to support Latino parents and their children (Ruck & Hughes, 2021). Yet, limited research has explored how other social agents such as family therapists can support parents to engage their children in ethnic-racial socialization conversations.

Family therapists are well-equipped to serve as social agents to support Latino parents and their families in responding to discrimination because family therapist training efforts continue to promote culturally relevant practices to consider when working with diverse populations (Davis et al., 2016; Fisher-Borne et al., 2015; Foronda, 2020). Culturally relevant practices include therapeutic integration of cultural values and norms (Reese & Vera, 2007). In the context of family therapy, scholars have identified how racial socialization can be used as an important tool for family therapists to engage families in conversations about ethnic-racial background and culture (Coard et al., 2004; Hughes, et al., 2006). However, that work has primarily focused on African American parents and families (e.g., parent training and education; Coard et al., 2004; Greene, 1992). Understanding the practices of ethnic-racial socialization applied in the therapeutic context with Latinos would allow for more intentional efforts on behalf of the family therapist to support Latino families in navigating their unique experiences with ethnic-racial discrimination. For example, existing mental health literature supports the positive association between family therapists who engage clients in conversations about race and ethnicity and an overall positive influence on treatment (Cardemil & Battle, 2003; Zhang & Burkard, 2008). Furthermore, studies have found that family therapists willing to engage in conversations about race and ethnicity with Latino clients help the relationship and alliance, allow room for depth in client disclosures, and ultimately promote positive outcomes (Bernal & Sáez-Santiago, 2006; Fisher-Borne et al., 2015). Further understanding of the specific ways in which ethnic-racial socialization can be promoted in therapy is likely to have positive benefits for parents and their children.

As mental health efforts to support Latino families continue, family therapists are social agents uniquely positioned to promote ethnic-racial resilience by fostering ethnic-racial

socialization practices with Latino parents and families in treatment (Ayón et al., 2020).

However, studies focusing specifically on how family therapists engage in ethnic-racial

socialization conversations with the goal of reducing negative mental health outcomes in the

therapeutic context remain sparse (except for Brown et al., 2012). Given the current social

context in which ethnic-racial discrimination against Latino populations is ubiquitous, it is,

therefore, critical for more research to better understand how family therapists can help promote

ethnic-racial socialization practices to promote resilience in Latino families.

The Purpose of the Study

The continued exposure to institutional racism, oppression, and discrimination faced by

Latinos and their families in the U.S. calls for increased knowledge of effective strategies family

therapists can engage in to support their clients. Previous research has called for further social

advocacy efforts to keep family therapists cognizant of structural influences from systemic

racism (Franklin et al., 2006; Torres et al., 2018; Zhang & Burkard, 2008). Given this call, the

current study can inform family therapists seeking to protect Latino populations from the effects

of ethnic-racial discrimination. Previous literature has identified that extrafamilial support

networks (i.e., peers and educators) have significantly contributed to Latino families' resilience

and coping through use of ethnic-racial socialization (González, 2006; Sonnenschein & Sawyer,

2018). Indeed, peers and educators are important socializing agents, however, family therapists

also serve as socializing agents for Latino parent and families who can also actively participate

to influence ethnic-racial messages through the use of ethnic-racial socialization practices

(Brown et al., 2012). Unfortunately, a gap in the psychotherapy literature remains concerning the

translation of ethnic-racial socialization practices into the therapeutic context (with the exception

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to Brown et al., 2012), specifically how family therapists can help facilitate ethnic-racial socialization conversations between Latino parents and their children.

Family therapists are able to support families in navigating conversations of ethnic-racial socialization, yet little is known about family therapists' perspectives of practices supporting Latino parents to engage in ethnic-racial socialization conversations with their children. To understand what is happening in the therapy context, we must allow for family therapists to voice their experiences supporting Latino parents and their families to engage in conversations about ethnic-racial socialization (Norcross & Wampold, 2018). In order to provide insight into which messages and protective ethnic-racial socialization practices may be important to incorporate into therapy, a qualitative inquiry is necessary to determine what types of racial socialization practices are facilitated by family therapists working with Latino parents and families (Creswell & Poth, 2018). Thus, the purpose of this phenomenological qualitative study is to describe the experiences of family therapists in facilitating ethnic-racial socialization practices with Latino parents in therapy. To guide this study, I propose the following overarching research question: **What do family therapists consider to be effective practices for supporting Latino parents to engage in ethnic-racial socialization conversations with their children?**

Significance of the Study

Ethnic-racial discrimination is a prevalent concern in the U.S. and has negatively impacted Latino populations (Araújo et al., 2006; Strmic-Pawl et al., 2018; Zong et al., 2018). Nevertheless, Latinos have remained resilient in navigating the adverse outcomes associated with these types of interactions by promoting ethnic-racial socialization (Kulish et al., 2019; Ruck & Hughes, 2021). According to Bernal & Sáez-Santiago (2006), mental health professionals are uniquely positioned as agents in Latino families' social contexts to promote ethnic-racial

resilience via promoting ethnic-racial socialization; however, there remains a scarcity in examining the practices that family therapists use to promote ethnic-racial socialization conversations between Latino parents and their children. A better understanding of these practices, as well as the therapeutic context precipitating and surrounding these conversations, would further the understanding of ethnic-racial socialization translation to the therapeutic context. The results of such research would provide novel insights to the ongoing efforts and practices family therapists are engaging in with Latino families to promote ethnic-racial socialization. The proposed research will deepen our understanding of practices that family therapists use to engage parents and their families in conversations about ethnic-racial socialization. The findings can inform the development of culturally relevant therapeutic practices that can help address health inequities experienced by Latino populations.

Theoretical Frameworks

Ecological Theory

The proposed study is informed by Bronfenbrenner's (1979) ecological framework. Bronfenbrenner (1979) recognized that human development does not occur in isolation; rather, it is influenced over time through exposure to social environments. Ecological theory suggests that child development, including socioemotional, behavioral, and academic outcomes, is influenced by the interactions of their relational and contextual factors (Cauce et al., 2002; García Coll et al., 1996; Hughes et al., 2006). Previous empirical ethnic-racial socialization studies have used Bronfenbrenner's ecological theory (1979) to showcase the many ways Latino parents' environments influence a child's development over time (e.g., Ayón, 2016; Priest et al., 2014). Accordingly, applying the ecological framework can help family therapists and Latino families communicate about the different levels of relevant interactions that occur and influence a

family's system. For instance, influences trickle down from the most distal context (i.e., societal influences, referred to as the *macrosystem*) to the most proximal contexts which influence development (i.e., the sustained, immediate environment referred to as the *microsystem*). As such, the ecological perspective can be applied to understand how characteristics of the dominant U.S. culture (e.g., anti-immigration sentiment, discrimination) intersect with the experiences of Latino families and affect their daily experiences, ultimately manifesting in different ethnic-racial socialization processes (Vélez-Agosto et al., 2017). It also supports the notion that the ethnic-racial exposures a person experiences in various life contexts (e.g., workplace, school, community) influence family relationships (Bronfenbrenner, 1979).

Family therapists hold an essential role to support parents in promoting positive child development related to child ethnic-racial identity by integrating ethnic-racial socialization in therapeutic conversations with Latino parents (Ayón et al., 2020; Rotheram & Phinney, 1987; Umaña-Taylor & Bamaca, 2004). As socializing agents, family therapists working directly with Latino parents may hold indirect effects to the parent's children (i.e., an interaction not involving the developing child but can be affected by what happens in this interaction is referred to as the *exosystem*). For example, Latino families are amid heightened anti-immigration policies, the risk for deportation, and exposure to discrimination, which greatly influences negative psychosocial and mental health outcomes (Findling et al., 2019; Strmic-Pawl et al., 2018). Ultimately, family therapists can help mitigate the negative mental health outcomes Latino families are exposed to by initiating more conversations with about ethnic-racial socialization (Hughes et al., 2006). These interactions can ultimately lead from conversations between family therapist and parents, to parents engaging their children in ethnic-racial socialization conversations. The multisystemic framework offered by ecological theory is well-suited to inform family therapists'

conceptualization of what Latino families are exposed to in their social environments. Additionally, the framework offers an understanding as to the role family therapists hold in their interactions with Latino families.

Critical Race Theory

Critical race theory (CRT) has been widely used across disciplines and professions to draw attention to the relationships between race, racism, and power (Crenshaw, 1991; Delgado & Stefancic, 2017; Ladson-Billings & Tate, 1995). In a society where invisible norms around racism and oppression exist, CRT elevates the voices of ethnic-racial minoritized populations who have been subjected to these discriminatory practices. Further, CRT embraces subjectivity of perspective and is grounded in "understanding race, racial micro-aggressions, and racism; to understand race, even though it is not objective, fixed, or biological, but categories that society invents and historically manipulates when convenient" (Delgado & Stefancic, 2001, p. 7). The historical perspectives and consideration of marginalized ethnic-racial minoritized populations are rooted in the experiences they encounter in a Eurocentric society.

This dissertation is based on the Latino parents and families, where they must live their lives navigating through deeply rooted historical and oppressive systemic infrastructures in the U.S. (Araújo & Borrell, 2006; Ayón, 2016). To provide appropriate treatment to diverse ethnic-racial parents and families, family therapists must be willing to challenge current societal and institutional structures. Challenging these structures are a crucial aspect of CRT and are necessary to disband further obstruction from providing effective treatment for Latino populations (Crenshaw, 1991). As such, CRT is a framework well suited to highlight the interconnection that racism, discrimination, and power hold in U.S. society, particular to Latino parents and families. To avoid further oppression, CRT posits that conversations on the

interconnected processes that exist between race, racism, and power are necessary for family therapists to work with clients to offer transformative solutions required to protect them from further experiences of discrimination (McDowell & Jeris, 2004). Given the alignment between the tenets of CRT and the aim of the proposed research, CRT is a theory I will draw upon for an examination of existing literature and research methods.

Integrating Family Therapist Lived Experiences

Family therapists' lived experiences regarding ethnic-racial socialization practices are important as they can be used to inform future practice (Osborn, 1990; van Manen, 2016). Though family therapists' experiences are not a framework, understanding the process in which they address inequity in practice is necessary (Norcross & Wampold, 2018; Zhang & Burkard, 2008). As such, the use of ecological theory (Bronfenbrenner, 1979) and CRT (Delgado & Stefancic, 2001) as theoretical frameworks offer a relevant perspective to the role family therapists play as social agents when working with Latino families. A plethora of extant research supports the promotion of ethnic-racial socialization messages to children from parents (Ayón et al., 2020; Hughes et al., 2006; Kulish et al., 2019). Further, research exists on other social agents' (e.g., peers, teachers) ERS strategies to support Latino families (Byrd & Ahn, 2020; Chen et al., 2020; Davidson & Roopnarine, 2021). However, family therapists are socializing agents who have not been considered when thinking about the application of ethnic-racial socialization in the therapeutic context. To inform future culturally relevant therapeutic practices, it is important to systematically consider family therapists' lived experiences to help us understand the ways in which family therapists use ethnic-racial socialization conversations to support Latino families' outcomes in treatment.

Terminology

The broad and largely politicized panethnic terms "Hispanic" and "Latino" are often used interchangeably in the U.S. to describe populations of Latin American or Spanish-speaking descent (Hayes-Bautista & Chapa, 1987; Martínez & Gonzalez, 2021; U.S. Census Bureau, 2021). Recent alterations to these terms such as "Latino/a," "Latinx," and "Latine" have gained momentum in academic literature and activist groups in attempts to raise awareness and inclusivity to the gender binaries encoded in the Spanish language (Logue, 2015; Salinas, 2020; Vidal-Ortiz & Martínez, 2018). The use of Hispanic/Latino/a/x/e all brings forward the complexities and heterogeneity encompassing a person's Latin American culture and identity.

There is a lack of consensus in the academic literature on the appropriate use of one term over another, which can result in controversial and, often, misleading information (Martínez & Gonzalez, 2021; Salinas, 2020). For instance, studies which include specific Hispanic or Latino populations such as Mexican Americans should specify the ethnic-racial background of their sample to avoid overgeneralization of their findings (Treviño, 1987). As a result, there is great attention needed to empower the participant voices represented in academic writing in the way they self-identify to their ethnic-racial identity, cultural background, and migration history (Comas-Díaz, 2001). Much like previous literature, my goal in this dissertation is not to challenge the coined terms primarily used in academic literature or bind individuals to a "label" or "box." Instead, I seek to raise awareness of the importance of justification and explanation for using specific terminology in academic writing. Scholars hold a great deal of privilege to provide their readers with important information and facts which may be used to inform policy and practice. As such, they have a responsibility to their stakeholders (i.e., Hispanic/Latino/a/x/e populations) to ensure accurate representation.

To model transparency and intentionality, I state here that I have chosen to predominantly use the term "Latino" to refer to populations that include Latina females and Latino males. With respect to the progression of terms, Latinx/e will also be used to match language reported in previous literature and any participants who prescribe to the use of this terminology. Additionally, efforts will be dedicated to appropriately corresponding matching language used when identifying specific Latino groups (e.g., Mexican, Cuban, Puerto Rican) as an added measure to honor the unique complexities associated with their ethnic and cultural backgrounds. My hope is, moving forward, for scholars to be mindful of the potentially harmful outcomes that come with over-generalizing or making assumptions about their participants' backgrounds or origins. Instead, it is important to embrace the complexities of these groups and affirm the experiences of all Latino identities grounded in their respective cultural background.

Summary

This chapter provides the background to the importance of this study in establishing family therapists as social agents available to support Latino parents and families navigating the negative effects of ethnic-racial discrimination in the U.S. This study's objective is to gather the participants' detailed experiences to shed light on one of the largest ethnic minority populations in the U.S. and give a voice to individuals who have experienced the identified phenomenon. The findings of this study will inform culturally relevant therapeutic practices and scholarship for family therapists (i.e., social agents) supporting Latino families to promote conversations about ethnic-racial socialization. The next section summarizes a review of the literature on the effects of ethnic-racial discrimination experienced by Latino populations, an overview of ethnic-racial socialization, and the relevance of culturally relevant practices in the therapeutic context.

CHAPTER 2: LITERATURE REVIEW

Chapter Overview

In this literature review, I discuss an overview of discrimination experienced by Latino populations and resulting mental health disparities. I then discuss how such mental health disparities have been considered in therapy by incorporating race, ethnicity, and culture. A literature synthesis includes ethnic-racial socialization and its application in previous literature with ethnic and racially diverse families, followed by an examination of ethnic-racial socialization processes with Latino families. Additionally, I highlight a gap in the literature which is that explicit ethnic-racial socialization practices in the therapeutic context with Latino families remain sparse. Finally, I review the potential benefits of incorporating family therapist practices to support parents in engaging in ethnic-racial socialization efforts with their children as part of therapy.

Effects of Ethnic-Racial Discrimination for Latino Families

The historically racist, xenophobic, and anti-immigrant cultures, values, and structures maintained in the U.S. have left Latino parents and children vulnerable to institutional racism and discrimination (Ayón & García, 2019; Perreira et al., 2006; Rayburn et al., 2021; Torres et al., 2018). As a result, Latinos are left at an extreme disadvantage due to systemic inequities in education, employment, medical care, and public safety (Alegría et al., 2002; Findling et al., 2019; Lopez et al., 2018; Rodriguez, 2021). For example, research has shown that only 70.5% of Latinos graduated with a high school diploma compared to 93.3% of their White high school counterparts in 2019 (Office of Minority Health, 2021). In the same year, 17.2% (roughly 10.6 million) of Latinos were found living in poverty compared to 9.0% of the White population (Office of Minority Health, 2021). Abundant research demonstrates that such multi-level,

systemic inequities across various contexts have detrimental effects on Latino children's development, academic outcomes, and daily experiences (Alegría et al., 2008; Cauce et al., 2002; Rayburn et al., 2021).

Latino families often contend with language, immigration, and documentation issues in terms of the socio-cultural context. Studies have shown the negative impact on the well-being of Latino families due to the increase of anti-immigration policy in the U.S. in the last several years (Ku & Matani, 2001; Perreira et al., 2006; Rayburn et al., 2021). Unfortunately, many Latino families have experienced separation from their loved ones (Lopez et al., 2018; Zong et al., 2018). Other policies have resulted in increased fears and immigration-related stress due to what feels like increased targeted prejudice and discrimination (Ayón & García, 2019; Gomez & Perez Huber, 2019). These experiences can lead to harmful mental health disparities such as anxiety, depression, and substance abuse (Araújo et al., 2006; Lazarevic et al., 2018; Stein et al., 2012). The systemic inequities Latino families face in various social contexts (i.e., education, occupation, medical care, and public safety) leave a rising concern about the long-term effects this will have on Latino children's development, family well-being, and mental health outcomes (Alegría et al., 2002; Findling et al., 2019; Rodriguez, 2021).

Race, Ethnicity, and Culture in Family Therapy

The inclusive application of race, ethnicity, and culture in therapy has proven to be a necessary contributor for ethnic-racial minoritized families seeking to foster positive adaptation among their children in the face of racism and discrimination (Domenech-Rodríguez & Wieling, 2005; Kumpfer et al., 2012; Murry et al., 2001). While the mental health field has demonstrated deference toward diversity and social justice in education and practice (e.g., American Association for Marriage and Family Therapy, 2022; American Psychological Association, 2022,

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National Association of Social Workers, 2022), many family therapists still struggle with *when* and *how* to open conversations about race and ethnicity in treatment (e.g., Combs, 2019; PettyJohn et al., 2020). However, previous research has identified that family therapists who conscientiously engage in discussions about race and ethnicity open opportunities for broader conversations, strengthen the therapeutic alliance, and ultimately increase the effectiveness of treatment (Cardemil & Battle, 2003; Laszloffy & Hardy, 2000). Clients are also more inclined to engage in discussions about culture, identity, and relevant ethnic-racial presenting problems (e.g., discrimination and immigration) with family therapists who promote an inclusive space for these discussions (Cardemil & Battle, 2003; Chang & Yoon, 2011; Owen et al., 2017). While these practices may look different for family therapists, there has been a collective understanding of the benefits of applying these ethnic-racial related conversations as part of treatment (Franklin et al., 2006; Zhang & Burkard, 2008). Open discussion about ethnic-racial similarities and differences further reduces oppressive barriers in treatment that may prevent optimal outcomes (Stein et al., 2016; Sue, 1978).

In addition to race and ethnicity, conversations about culture broaden understanding of human development and the complexities of family dynamics by focusing on family values, beliefs, and practices (Falicov, 1995; Murry et al., 2001; Soto et al., 2018). For Latino families, examples of values may include *familism* (i.e., familial support; Falicov, 1998) and *respeto* (i.e., respect; Falicov, 1998). While there are many differences and similarities across cultures, existing practices in therapy aim to enhance family therapists' knowledge and skills when working with diverse clients (e.g., multicultural competence, cultural competence; Bernal & Sáez-Santiago, 2006; Falicov, 1995; Taylor et al., 2006). When working with Latino families, there remain contextual and fluid factors in the ever-evolving therapeutic process to support

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family therapists with incorporating culture as part of treatment (e.g., Falicov, 1998; Stein et al., 2016), suggesting we will never reach a point in having a "checklist" approach when discussing culture with Latino clients (McGoldrick et al., 2005; Taylor et al., 2006). Instead, family therapists hold great responsibility in providing effective treatment, which includes the ability to remain perceptive to cultural nuances when working with diverse ethnic-racial minority populations (e.g., Murry et al., 2001; Owen et al., 2017; PettyJohn et al., 2020).

Unfortunately, barriers arise for Latino families seeking mental health services when they cannot access culturally relevant treatment (Bermúdez et al., 2010; Dumas et al., 2010; Torres et al., 2018). Difficulties in obtaining adequate resources are connected to affordable care, access to nearby mental health facilities, bilingual services, and culturally informed family therapists (Biever et al., 2002; Rastogi et al., 2012; Stein et al., 2016). Previous research has reflected Latino parents' hesitation to participate in programs they find to be irrelevant, outdated, or insensitive to the structural inequalities their families experience in terms of cultural barriers (e.g., language), income, housing, and schooling (Alegría et al., 2002; Toure et al., 2020). Research demonstrates that Latino parents are having conversations with their children about ethnic-racial background (Ayón, 2016; Hughes et al., 2006; Rivas-Drake & Stein, 2017). In a society where Latino families contend with language barriers, ethnic-racial discrimination, and immigration challenges, underlying issues in therapy are likely to be related to ethnic-racial background (McGoldrick et al., 2005). When family therapists leave the topics of ethnic-racial background and culture unexplored or pending the first move by the client, this may send avoidant messages to the client (e.g., Chang & Yoon, 2011). These client perceptions of avoidance may, in turn, further influence dropout rates in treatment. It is important for family therapists to be equipped to support parents in engaging in these conversations because

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discussions of ethnic-racial background can serve as protective factors against structural racism and oppression.

Protective Effects of Ethnic-Racial Socialization

Ethnic-racial socialization (ERS) is a process through which parents transmit information, values, and perspectives regarding race and ethnicity to their children (Hughes et al., 2006). This process has been recognized as a vital parenting method to help families of diverse ethnic and racial groups navigate societal discrimination (Anderson et al., 2019; Ayón, 2016; Hughes et al., 2006; Murry et al., 2009; Phinney & Chavira, 1995). The major dimensions of ERS have been identified in previous literature as cultural socialization, preparation for bias, promotion of mistrust, and egalitarianism (Hughes et al., 2006; Umaña-Taylor & Hill, 2020; Wang et al., 2020). *Cultural socialization* refers to the implicit and explicit promotion of cultural, racial, and ethnic pride parents use to instill within children a sense of affirmation and belonging to their cultural heritage (Hughes et al., 2006; Umaña-Taylor & Fine, 2004). *Preparation for bias* is a strategy used by parents to help children understand their inherent exposure to ethnic-racial-related discrimination and cope with such experiences (Hughes et al., 2006; Hughes & Chen, 1999). Proactive responses to discrimination are transferable skills parents illustrate to their children, which result in different forms of strength and resilience in children (Cardoso & Thompson, 2010; Phinney & Chaveria, 1995). *Promotion of mistrust* emphasizes cautionary messages of interacting with other ethnic-racial groups and, unlike preparation for bias, contains no suggestions for coping or navigating discrimination (Hughes & Chen, 1997; Hughes & Chen, 1999; Hughes & Johnson, 2001). Lastly, *egalitarianism* promotes a sense of equality among ethnic-racial groups; however, when operationalized, it is often

associated with the adoption of mainstream cultural norms (e.g., speaking English) and with fewer conversations about culture and race (Hughes et al., 2006; Hughes & Chen, 1997).

For many children, the ability to adjust to encounters of discrimination is dependent on interactions with their various social contexts, such as their family, school, and service providers (Caughy et al., 2011; Hughes et al., 2008; Martin Romero et al., 2021; Tran et al., 2017). The more children are exposed to their culture and witness cultural pride among those in their social contexts, the more prepared they are to handle responses to the discrimination they encounter (Hughes 2003; Stein et al., 2019). Ultimately, these factors protect children from adverse outcomes and promote positive parent-child relationships, cultural pride, and academic achievement (e.g., Grindal & Nieri, 2015; Rivas-Drake & Marchand, 2016). Previous research has identified the need to understand and acknowledge the different ERS considerations for Latino parents in the U.S. and how this impacts child development (e.g., Ayón, 2016; Bernal & Sáez-Santiago, 2006; Stein et al., 2016). For Latino parents and families living in the U.S., ERS strategies are helpful to mitigate the unique cultural inequities the sociopolitical climate has as they seek to foster positive adaptation among their children in the face of racism and discrimination (Andrade et al., 2021; Ayón, 2016; Bernal et al., 2009; Kulish et al., 2019).

Ethnic-Racial Socialization and Latino Families

Previous ERS research has predominantly focused on African American populations (e.g., Caughy et al., 2002; Coard et al., 2004; Hughes, 2003; Neblett et al., 2006; Murry & Brody, 2002; Stevenson, 1994); however, since Hughes and colleagues' (2006) systematic review on ERS across ethnic and racial groups, research on this topic has soared. For example, Umaña-Taylor and Hill (2020) reviewed 259 studies on ERS across diverse ethnic and racial groups from the 2010 decade, of which 77 studies included Latino participants. Ayón and

colleagues (2020) published the first systematic review focused on empirical literature targeting ERS strategies specifically found in Latinx families, which resulted in 68 identified studies. By applying Bronfenbrenner's (1979) ecological perspective, Ayón and colleagues examined parent ERS strategies and the associations between ERS practices and children's social-behavioral health and academic outcomes. Overall, Latinx parents' ERS strategies to promote children's resilience to discrimination resulted in strengthened ethnic identity, positive academic outcomes, and decreased mental and behavioral health issues (Ayón et al., 2020; see, e.g., Derlan et al., 2016; Rivas-Drake & Marchand, 2016; Umaña-Taylor et al., 2006).

The meaning of citizenship and being an immigrant in the U.S. are unique facets of ERS that have continued to arise in the literature (Ayón et al., 2020; Cross et al., 2020; Hughes et al., 2006). Contemporary scholars are engaging in discussion of the meaning of citizenship and immigrant identities in the U.S. (Ayón et al., 2020; Cross et al., 2020). As such, *immigration-related socialization* has been recognized as a salient strategy not previously identified as an ERS dimension but applicable to discussion among Latino families (e.g., Stein et al., 2016). Several empirical studies have highlighted the reoccurring burden parents hold to address the painful realities of discrimination and ethnic-racial bias (e.g., derogatory remarks related to immigration) encounters to which their children are likely to be exposed to in society (Ayón et al., 2019; Espinoza et al., 2016; Park et al., 2020). For Latino families, the ability to socialize their children with an affirming sense of their cultural heritage and racial-ethnic identity is a protective factor in children's mental health, behavioral, and academic outcomes (García Coll et al. 1996; Hughes et al., 2006; Umaña-Taylor et al., 2004). This includes attention to immigration-related socialization strategies.

ERS includes significant strategies for helping prepare children for understanding prejudice and discrimination (Ayón, 2016; Martin Romero et al., 2021; Parra-Cardona et al., 2019). Parents are primary and critical socializing agents for their children; however, "the responsibility of protecting children from the purportedly unintended consequences of immigration policy (e.g., discrimination) is not the sole responsibility of parents or the Latinx community" (Ayón et al., 2020, p. 734). This suggests responsibility for family therapists to serve as socializing agents who are uniquely positioned to support Latino parents and families in having ERS conversations with children as a means for reducing ethnic-racial related disparities. Meaning, family therapists can incorporate explicit ERS facilitative practices as part of more extensive conversations related to the families' social contexts and work toward positive treatment outcomes (Bernal & Sáez-Santiago, 2006; Rivas-Drake & Stein, 2017; Ruck & Hughes, 2021). As such, integrating practices that support ERS is necessary in the therapeutic context for family therapists working with Latino parents as they promote children's psychological and physical pride to protect them from possible adverse outcomes (i.e., behavioral problems, depression, anxiety; Bernal & Domenech-Rodríguez, 2009; Park et al., 2020).

Current State of Culturally Relevant Therapeutic Practices

Mental health literature for several decades has promoted systematic modifications to treatment across therapeutic disciplines for therapy practices to be culturally relevant for racial and ethnic minority populations (e.g., Bernal & Sáez-Santiago, 2006; García Coll et al., 1996; Griner & Smith, 2006; Rotheram & Phinney, 1987; Stevenson, 1994; Sue, 1998). The conceptual and theoretical efforts to bolster diversity and inclusion in therapeutic practices have demonstrated that attention to ethnic-racial background and culture-specific circumstances

resonate more with families and address unique issues with which they struggle, thereby

increasing the effectiveness of treatment (Coard et al., 2004; Domenech-Rodríguez & Wieling,

2005; Falicov, 1995; Parra-Cardona et al., 2019; Turner et al., 2004). Tailoring therapeutic

practices to be culturally relevant for Latino families has shown great benefits for positive mental

and behavioral health outcomes and promoting positive parent-child relationships (Ayón, 2016;

Bermúdez et al., 2010; Parra-Cardona et al., 2012). Researchers have found ways to provide

culturally relevant practices to support, engage, and retain Latino families in treatment.

Nevertheless, continued advancements in these practices are needed as ethnic-racial

discrimination remains an active contemporary issue placing Latino families in vulnerable

positions to live healthy lives in the U.S. (Lopez, 2008; Torres et al., 2018).

Advocating and Influencing

As ethnic-racial minoritized populations continue to combat an oppressive U.S. society,

scholars have continued to assert the need for social justice efforts in family therapy (McDowell

& Hernández, 2010; Rayburn et al., 2021). Rather than conforming to Westernized practices that

have traditionally catered to the White middle-class, scholars have highlighted the strengths that

come from embracing the cultural complexities across diverse ethnic-racial populations

(Constantine & Sue, 2006; Falicov, 1995; Murry et al., 2001; Szapocznik et al., 1978). Hardy

and Bobes (2016) advocate for early introduction of diversity across multiple dimensions of

training practices as an encouragement to move away from mainstream practices and put forward

intentional efforts catered to meet the needs of diverse populations. In clinical theory and

training, scholars have proposed multiple perspectives and practices to incorporating race,

ethnicity, and culture as part of treatment (e.g., Falicov, 1995; McGoldrick et al., 2005; Rastogi

& Wieling, 2004). Further, they extend our understanding of the ways in which these identities

and beliefs intersect with personal development and social environments influencing ethnic-racial minoritized populations experiences (Smith et al., 2010; Torres et al., 2018). Contributing factors such as power dynamics, intersectionality, and positionality actively influence the therapist-client alliance and treatment outcomes (Crenshaw, 1991; Morgan, 1996; Sue, 1978). The dedicated efforts of scholars who have sought to empower the voices of ethnic-racial diverse populations have transformed the ways in which family therapists conceptualize and apply culturally relevant practices in treatment (McGoldrick et al., 2021).

Cultural relevance has referred to practices consistent with the values, beliefs, and desired outcomes of diverse populations (Kumpfer et al., 2002; Reese & Vera, 2007). Many culturally relevant practices have come to be well established in evidence-based interventions (e.g., Bernal & Domenech Rodriguez, 2009; Dumas et al., 2010; Kumpfer et al., 2012). Examples such as linguistic adaptations extend the reach for enrollment and retainment of Latino families in treatment (e.g., Caal et al., 2019; Dumas et al., 2010; Parra-Cardona et al., 2012; So, 2020; Valdez et al., 2018). Interventions carried out by family therapists have gathered insights from Latino participants to adapt elements to incorporate deep structure facets such as values (e.g., respect, familismo) and customs aligned with their cultural worldviews (Caal et al., 2019; Coatsworth et al., 2002a; Parra-Cardona et al., 2012). However, not all family therapists are trained in or engage in these interventions. It is also important to consider family therapists' individual beliefs, attitudes, and identities that intersect with their applied culturally relevant practices.

Reflexivity, Curiosity, and Humility

In addition to the different approaches family therapists can use to incorporate culturally relevant practices in treatment, there have also been advances to support family therapists in

embracing the fluidity that comes with incorporating culture as part of treatment (Fisher-Born et al., 2015). For instance, clients all have their own reasons for going to therapy. Most often they seek treatment to support them in challenging the status quo (Shilts et al., 1997; Watson & Greenberg, 2000). Clients are thought of as ready for some type of change, even when the change they seek is not entirely known to them (Norcross & Wampold, 2018). As social agents, family therapists can help to navigate the change clients seek by offering new perspectives gained through their training and own experiences. Together, similarities and differences can be communicated to find a common language best suited to support their client's navigation through the presenting problem and ultimately steer toward the change they seek (Falicov, 1995; PettyJohn et al., 2020; Taylor et al., 2006). Over the years, scholars have created and adapted practices to support family therapists in the ways in which they can best support their clients by embracing the complexities that come with a client's identity and background (Chang & Yoon, 2011; PettyJohn et al., 2020).

For example, cultural humility describes a family therapist's ability to hold "an accurate perception of their own cultural values as well as maintain an other-oriented perspective that involves respect, lack of superiority and attunement regarding their own cultural beliefs and values" (Hook et al., 2017, p. 29). Since its incorporation into mental health practices (Tervalon & Murray-García, 1998), cultural humility has been shown to increase culturally relevant practices and reduce oppressive barriers which may prevent optimal treatment outcomes (Fisher-Borne et al., 2015; Foronda, 2020). Although similar approaches exist (e.g., multicultural competence, cultural competence; Ben-Ari & Strier, 2010; Fisher-Borne et al., 2015; Sue, 1998), cultural humility holds a greater emphasis on a family therapist's way of being with their clients by incorporating self-awareness and reflection about their personal values and beliefs (Ahluwalia

et al., 1999; Gushue et al., 2008; Sue et al., 2009). Cultural humility is viewed as a lifelong

growing process, not a destination meant to be reached (Hook et al., 2013; Hook et al., 2017).

Further, cultural humility extends related culturally relevant practices in that family therapists

can never fully account for all there is to know about cultural similarities and differences shared

with their clients (Hook et al., 2013; Hook et al., 2017).

Family Therapists' Role in the Promotion of Ethnic-Racial Socialization

Although a large body of literature has pointed out important practices for promoting

cultural relevance in the therapy room (e.g., Bernal & Sáez-Santiago, 2006; García Coll et al.,

1996; Sue, 1998), these have not yet included a focus on ERS. To date, one empirical study has

explored explicit ERS strategies working with individual African American clients in a sample

that included 136 African American and European American mental health practitioners (Brown

et al., 2012). The study examined group differences (i.e., ethnicity, gender, and client age) with

practitioners' self-reported racial socialization messages incorporated in practice. Holistically, all

practitioners engaged in some form of ERS strategies (whether implicit or explicit), and African

American practitioners engaged in the most explicit racial socialization practices (Brown et al.,

2012). Meaningful conversations arose for practitioners who embraced more explicit ERS

strategies with their individual clients. In turn, practitioners who validated the realities rooted in

their client's ethnic-racial background ultimately led to positive treatment outcomes.

While this study produced meaningful results regarding the intersection of family

therapist identity and their ERS strategies (i.e., culturally relevant practices), there remains a gap

in the literature of ERS strategies incorporated by family therapists with other ethnic-racial

populations (Figure 1). Extending the promotion of ERS strategies in therapy with Latinos is

necessary as they encounter their own unique ethnic-racial discrimination and seek coping

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strategies to protect their families and children. Further, family therapists working with Latino

parents and families can promote ERS strategies as an effort to support Latino parents to

communicate positive ethnic-racial messages to their children and ultimately increase the

protective strategies used to minimize negative outcomes resulting from harmful ethnic-racial

exposure in different social contexts (Ayón, 2016; Cross et al., 2020; Szkupinski Quiroga et al.,

2014; Vargas et al., 2017).

Figure 1

Translation of Ethnic-Racial Socialization Practices in Therapeutic Setting

Ethnic-Racial Socialization
- Cultural Socialization
- Preparation for Bias
- Promotion of Mistrust
- Egalitarianism
- Immigration

Culturally Relevant Practices
- Cultural humility
- Multicultural Competence
- Cultural Competence
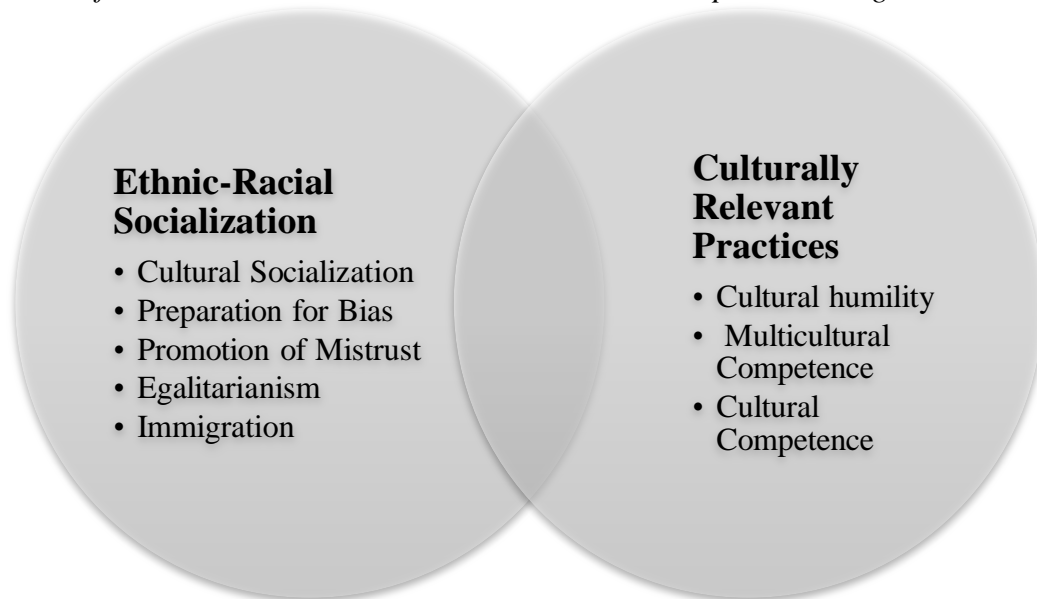
Modified Integrative Model of Child Development

The Integrative Model of Child Development (García Coll et al., 1996) was created to

understand the development of minoritized populations living in the U.S. The model was created

in 1996 by a multidisciplinary collaboration among scholars dedicated to highlighting the

diversity and strength of minoritized populations (García Coll et al., 1996). There are eight

overall constructs to the Integrative Model of Child Development: social position variables,

social stratification mechanism, segregation, promoting/inhibiting environments, adaptive

culture, child characteristics, family, and developmental competencies (García Coll et al., 1996).

In 2016, Stein and colleagues (2016) modified the Integrative Model of Child Development to

characterize the contextual influences on Latino youth development. The modified Integrative

Model of Child Development centralizes social positions and social stratification constructs,

which help consider the roles racism, discrimination, and oppression have on Latino children and

their families (García Coll et al., 1996; Stein et al., 2016).

 For family therapists working with Latino populations, it is important to consider the

social position factors (race, ethnicity, migrant status) that pose an influence on the

developmental outcomes of these ethnic-racial minoritized children and their families. To

provide the most relevant care for Latino populations, family therapists must embrace the use of

additional culturally relevant frameworks that can influence practices in treatment. For the

purposes of this dissertation, I focus on two of the eight overall constructs of the modified

Integrative Model of Child Development (García Coll et al., 1996; Stein et al., 2016): social

position factors and promoting/inhibiting environments. I first direct readers to a key tenant of

the Integrative Model – social positional factors. The variables included (i.e., race, social class,

ethnicity, gender, foreign status, undocumented status, migrant status) bring to light the indirect

impact on developmental outcomes for Latino children determined by social position variables in

U.S. society (Stein et al., 2016). Through the social position factors named in the Integrative

Model, especially ethnic-racial background, family therapists can provide adequate care by

recognizing and attending to the various indirect influences (i.e., social contexts/environments)

which may be connected to the client's presenting problems.

 The second construct identified in my dissertation will include the environments that

Latino children and families are exposed to in social contexts and are influential to child

development (García Coll et al., 1996). Inhibiting environments (e.g., inadequate health care) can result from a deficit of available resources and ultimately undermine Latino youth development (Stein et al., 2016). On the other hand, promoting environments (e.g., contextual environments that can adequately respond to social, emotional, and economic needs; García Coll et al., 1996), offer resources for Latino families to support positive child development (Fuller & García Coll, 2010; Stein et al., 2016). Previous literature has identified school, neighborhood, and healthcare as three types of promoting environments that impact child development (García Coll et al., 1996; Stein et al., 2016). I believe therapy can be another relevant promoting environment for Latino families, where family therapists can be positive social agents who dedicate efforts to promote inclusion through culturally relevant practices (Hook et al., 2017; Laszloffy & Hardy, 2000; Sue, 1998). Based on the different application of culturally relevant practices family therapists use in treatment, therapy can be a promoting or inhibiting environment for Latino families. The proposed study seeks to learn about how family therapists can be a promoting environment for Latino families around ERS.

Summary

Unfortunately, discrimination is heavily rooted as part of the dominate U.S. culture (Araújo et al., 2006; Ayón & García, 2019; Strmic-Pawl et al., 2018). While there is no end in sight to fixing this problem, family therapists can mitigate the negative effects of discrimination with Latino parents and families. As identified in this chapter, therapy is most effective when it is culturally relevant (Falicov, 1995; Kumpfer et al., 2012; Reese & Vera, 2007). While there are many ways therapies continue to advance to remain culturally relevant, there remains a glaring gap of ERS in therapy. Family therapists who support the application of ERS strategies with their Latino clients may be better equipped to work with Latino parents and families facing

discrimination and immigration issues. These family therapists can help Latino parents and families facing these issues navigate the different social contexts in which they live (Cooper et al., 2020). Thus, to adapt and inform future culturally relevant practices, we must examine how ERS is included in therapy and what practices family therapists use to support Latino parents seeking to have these conversations with their children. Doing so will help address mental health disparities caused by systemic oppression and discrimination.

CHAPTER 3: METHODOLOGY

Research Aim

This study explored and documented the lived experiences of family therapists who have worked with Latino parents in therapy. The following overarching research question was used to guide this study: **What do family therapists consider to be effective practices for supporting Latino parents to engage in ethnic-racial socialization conversations with their children?** This research will advance intervention science by generating knowledge regarding family therapists' perspectives of practices supporting Latino parents to engage in ethnic-racial socialization conversations with their children. This is a critical objective currently missing in the ethnic-racial socialization literature, specifically with regard to Latino populations. The findings will add to the literature regarding the development of culturally relevant therapeutic practices that can help address health inequities experienced by Latino populations. Family therapists' contributions in the current study will support the growing bodies of research on ERS social agents (e.g., parents, peers, teachers) available to support Latino parents and their children as they navigate their daily lives in a Eurocentric society.

Research Design

This study utilized a qualitative research design. Given the limited existing understanding of family therapists' experiences in facilitating ethnic-racial socialization practices with Latino parents in therapy, a qualitative research design was an ideal mechanism to support the aim of the proposed study (Creswell & Poth, 2018; Umaña-Taylor & Bamaca, 2004). Qualitative research methods are valuable for exploring complex social or human problems and providing rich descriptions based in the meanings participants attribute to an experienced phenomenon (Creswell & Poth, 2018; Lincoln & Denzin, 2008). Qualitative approaches are well-positioned to

advocate for social change and empower "individuals to share their stories, hear their voices, and minimize the power relationships that often exist between a researcher and the participants in a study" (Creswell & Poth, 2018, p. 45). Further, qualitative research offers an approach to scientific inquiry capable of fostering change in multiple contexts (i.e., professional, personal, and political) and producing research set to promote social justice and inclusion (Lincoln, 1995). Complex conversations, such as those focused on ethnic-racial socialization, require in-depth examination of multiple participant perspectives to better understand the prevalent practices that family therapists consider to be effective for promoting ethnic-racial socialization with Latino parents, and ultimately support parents to engage their children in these conversations.

Interpretive Frameworks

Social Constructivism

Social constructivism is a paradigm centered around the notion of understanding through subjective interpretation of the experiences in the world in which we live and work (Creswell & Poth, 2018). In contrast to objectivism, where reality is viewed as existing as one universal truth that can be applied to all people, social constructivism posits that each person constructs their own subjective reality (Neimeyer, 1995). Humans are subjective beings influenced by contextual factors (e.g., social position factors, promoting/inhibiting environments) and interactions between systems (Bronfenbrenner, 1979; García Coll et al., 1996; Stein et al., 2016). Constructing meaning from these experiences leads researchers to look for the complexities that come from participant experiences (Creswell & Poth, 2018; Guba & Lincoln, 1989). Social constructivism depends heavily on the participants' view of the phenomenon being studied. As such, understanding the lived experiences of family therapists is important as their own experiences intersect with training and knowledge gained from education regarding culturally

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relevant practices. Their own personal, cultural, and historical experiences carry influence on the interpretation and collaboration with the families they treat. The comprehension of socially constructed realities also lends itself to the contextual, historical, and systemic considerations that come with understanding a person's unique experiences. Given its focus on learning and uncovering meaning in participant responses through interpretation, a social constructivist paradigm was fitting for the phenomenological approach of this study. Social constructivism is a well-established paradigm that has been applied successfully in prior research, including research on culturally relevant mental health practices (Cattone, 2001; 2007).

Phenomenology

Phenomenology is a specific method of qualitative research used to explore the commonalities and uniqueness in how a heterogenous group of people experience a particular phenomenon (Creswell & Poth, 2018; Polkinghorne, 1989). As phenomenology is the study of lived experiences, there is room for "insightful descriptions of the way we experience the world pre-reflectively, without taxonomizing, classifying, or abstracting it" (van Manen, 2016, p. 9). This means that we seek to understand the lived experiences of participants without filter or influence. In conducting qualitative research, we can offer retrospective inquiry on experiences that have already happened (van Manen, 2016). As family therapists are the target population for the current study, phenomenology is a descriptive methodology appropriate to investigate aspects of their lived experiences in a clinical context and offer a valuable source of knowledge (Osborne, 1990). In the present study, the phenomenon being examined was family therapists' experiences engaging in conversations about ERS with Latino parents in therapy.

To address the research question, a qualitative, hermeneutic phenomenological research approach was used in an effort to capture the essence of family therapists' experiences in

working with Latino parents in the U.S. The study was guided by van Manen's (1997, 2016) hermeneutic phenomenology, which included textual reflection and interpretation on the lived experiences of persons. This process included moving beyond description from participants and instead encouraged an interpretive process by researchers to make thoughtful meaning of the lived experiences (Elliot et al., 1999; Osborne, 1990). That is, instead of merely stating participant quotes verbatim, this approach allowed researchers to draw upon their own knowledge and experiences in order to contextualize the meaning of participant experiences. This, in turn, allowed for research with a certain degree of depth and richness to be produced (van Manen, 2016). Furthermore, researchers were encouraged to move beyond mere comprehension of the identified phenomenon and really understand "from the inside" (van Manen, 2016, p.8).

While the goal of hermeneutic phenomenology is to gain a full picture of the phenomenon being studied, it is just as important to remain aware of the complexities that come with lived experiences (Bronfenbrenner, 1979; van Manen, 2016). To account for the subjectivity that comes with this approach, hermeneutic phenomenology challenges researchers to bracket themselves as a means to identify and discuss a researcher's personal experiences with the phenomena (Creswell & Poth, 2018; Polkinghorne, 1989). This process of bracketing allows for the researcher to acknowledge where some assumptions of their meaning making of participant experiences arise (Osborne, 1990). Hermeneutic phenomenology was well-suited for the current research study given my insider-status as an active family therapist who has worked with Latino parents and prioritizes culturally relevant practices in treatment.

Positioning the Research Team

Aligning with Hook and colleagues' (2017) definition of cultural humility, it is important to acknowledge one's own values and positions in ethical research practice. Qualitative research requires researchers to position themselves through *reflexivity* in order to understand their own potential influence on the research process (Creswell & Poth, 2018; Elliot et al., 1999; Levitt et al., 2018). As part of the reflexivity process, researchers are able to "convey their background (e.g., work experiences, cultural experiences, history), how it informs their interpretation of the information in a study, and what they have to gain from the study" (Creswell & Poth, 2018, p. 44). Researchers are beings who are situated within the social, political, and cultural contexts of their participants, which allows for closer attention to the interpretive nature of inquiry (Creswell & Poth, 2018). As such, there is no separating us as individuals from our research that includes human participants (van Manen, 2016). The transparency of understanding where the researcher's knowledge comes from allows readers the ability to make an informed judgement about the perspective being illuminated in the study phenomenon (Levitt et al., 2018; Osborne, 1990; Valle & King, 1978; van Manen, 2016).

Melissa Yzaguirre

As the primary investigator in this study, I was primarily responsible for executing all aspects of the research process. I came into the role of the primary investigator as a cisgender, heterosexual female, bilingual second-generation Mexican American, and first-generation college graduate. I have roughly six years of experience as a family therapist. I identify with many of the similar positions and practices as the family therapists in this study in that I have experience providing individual, couple, and family therapy for clients of diverse backgrounds (e.g., gender, sexual orientation, race/ethnicity, generation status, and language), including

services for English and Spanish-speaking Latino populations. This study was intended to fulfill requirements for my doctoral program of research based on my specified interest to advance culturally relevant practices among family therapists working with Latino families through an inclusive systemic application. Further, I acknowledge my commitment as a three-time recipient of the AAMFT Minority Fellowship Program that intentionally seeks to increase the number of culturally competent marriage and family therapists available to offer inclusive practices to underserved minority populations.

Dr. Kendal Holtrop

Dr. Kendal Holtrop is my major professor and served as the primary advisor for this study. Dr. Holtrop identifies as a White, non-Hispanic, cisgender, heterosexual female. She is a faculty member in a CFT doctoral program, an AAMFT-approved supervisor, and a licensed marriage and family therapy. Her research focuses on parenting and parenting interventions, with a particular emphasis on expanding the reach of evidence-based parenting interventions among underserved populations. She has conducted community-based research with Latino immigrant families, families experiencing homelessness, and other marginalized populations. Dr. Holtrop's expertise also extends to qualitative approaches. Consequently, she provided methodological oversight and advising throughout the research process. Dr. Holtrop also served as an auditor of this study's data collection, analysis, and reporting processes and products.

Method

Selection of Participants

In order to understand what family therapists consider to be effective practices for supporting ethnic-racial socialization based on their lived experiences working with Latino parents in therapy, I recruited active family therapists working with Latino families for this

research study. To be eligible for the study, family therapists needed to meet the following inclusion criteria: (1) had earned a graduate-level degree from a mental health-related field (e.g., couple and family therapy, counseling, psychology, social work), (2) self-identified as a family therapist in the U.S., (3) had completed at least 200 direct relational therapy hours (e.g., worked directly with couples and/or family systems), (4) had worked with at least 2 Latino parents in the past six months, (5) reported implementing therapy practices meeting the study definition of culturally relevant practices, and (6) be are at least 18 years old.

Recruitment

Participants were recruited via an email that described the study's aim along with a flyer attachment (Appendix C) that described the purpose of the study, informed participants that their responses would remain confidential and stated that participation was entirely voluntary. Individuals interested in participating in the study were instructed to use the weblink provided to access the online eligibility screening survey created using Qualtrics. Prior to beginning the screening survey, participants were prompted to read and sign the informed consent to inform them about the research study, convey that participation was voluntary, explain the risks and benefits of participation, and explain why they might or might not want to participate and empower them to make an informed decision. Participants were not able to proceed to the screening survey unless they provided informed consent and confirmed they were over the age of 18. Upon completing the informed consent, participants were assessed for inclusion criteria.

Participants were recruited from mental health-related governing bodies. For example, the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE, 2021) website (http://www.aamft.org) includes contact information for directors from accredited C/MFT training programs and alumni from the Minority Fellowship Program (MFP;

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AAMFTRED, 2021). The Minority Fellowship Program (MFP) is carried out through the American Association for Marriage and Family Therapy (AAMFT) Research and Education Foundation. The MFP is funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) to support masters and doctoral level marriage and family therapists across the country in their interest in fields of substance abuse and mental health services to minority and underrepresented populations. Nearly 600 MFP alumni work in the field of MFT as researchers, instructors, and practitioners. Directors from training programs and MFP staff were contacted via email and asked to forward the study flyer to alumni. Additional participants were sought out for recruitment from various divisions of the American Psychological Association (https://www.apa.org): Division 17 Society of Counseling Psychology, Division 43 Society for Couple and Family Psychology, and Division 45 Society for the Psychology Study of Culture, Ethnicity and Race.

Additional recruitment strategies were employed by using therapy service-related websites (e.g., PsychologyToday, Therapy.com) to contact family therapists via email. Filter settings (i.e., culturally competent, Latino populations) were included to target family therapists who identified an interest or specialty in utilizing culturally relevant practices and working with Latino populations. An excel spreadsheet was created to track and document each identified family therapist's name, state, and email address. The search results yielded 345 family therapists whose emails were provided on their websites. Family therapists from 17 heavily Latino-populated states in the U.S. were contacted as added means to ensure the inclusion of family therapists outside of academic settings (e.g., private practice, medical, community-based clinicians) and capture lived experiences of the "boots on the ground."

Snowball Sampling. In addition to the recruitment methods described above, I employed snowball sampling (Creswell & Poth, 2018; Noy, 2008), soliciting the support of participants who completed the screening survey to assist in recommending family therapists who they believed would be willing to participate in the study. Snowball sampling is a method employed as a unique way to reach potential participants who may not be easily accessible (Naderifar et al., 2017; Noy, 2008). Specifically, participants were encouraged to forward the flyer of the study to family therapists they know who work with Latino parents.

Compensation

The sample included family therapists who reported implementing culturally relevant practices and had worked with Latino populations in the last six months. Thus, an appropriate compensation of $100 was provided to participants. This amount was determined to be appropriate as I sought practicing family therapists who would need to take time out of their workday to complete a 60-to-90-minute interview with the potential for follow-up. Participants were compensated $100 for completing this research study via an electronic Amazon gift card.

Sample Size

Consistent with the tenets of hermeneutic phenomenology, saturation and sample size are subjective and cannot be definitively determined prior to data analysis (Braun & Clarke, 2021). During data analysis, the researcher was responsible for determining when saturation was achieved in order to inform determinations of sample size and must justify this decision. Aligning with hermeneutic phenomenology, Braun & Clarke (2021) posit, "meaning resides at the intersection of the data and the researcher's contextual and theoretically embedded interpretative practices – in short, that meaning requires interpretation" (p. 210). These interpretations of meaning encourage qualitative researchers to provide their conceptualization of

saturation (Braun & Clarke, 2021). As such, the proposed study defined saturation as information

redundancy where no new discoveries in the data are made related to the research question

(Ando et al., 2014; Lincoln & Guba, 1985). Following Polkinghorne's (1989) recommendation

for phenomenological inquiry, I aimed to recruit a minimum of 20 participants, with a targeted

sample size of 20 to 25 participants.

For this study, saturation was achieved when no additions or modifications to existing

codes and domains were warranted. The process of conducting participant interviews, reviewing

participant transcripts, and generating initial codes occurred in tandem. This process allowed for

multiple opportunities to ensure potential new observations were discovered. No novel codes or

domains were discovered after analyzing the targeted 20 interviews and it was determined that

saturation was reached.

Participants

Screening

A total of 106 people accessed the online screening demographic survey. Thirty-eight

individuals who accessed the survey did not complete the survey questions. Twenty-seven

individuals who accessed the survey did not meet eligibility criteria because they either did not

identify as a family therapist ($n = 7$), did not have at least 200 relational hours completed ($n = 10$), or had not worked with Latino parents in the last six months ($n = 10$). Two individuals who

accessed the survey and met eligibility criteria chose not to provide their contact information.

The remaining 39 people (i.e., those who met eligibility criteria and provided contact

information) were contacted via email and invited to participate in the semi-structured interview.

Fourteen individuals did not respond to initial invitations or the two attempted follow-up

invitations. After thorough screening procedures, five individuals were determined not to be

family therapists and were therefore excluded from study participation. This resulted in 20 participants proceeding with study participation.

The final sample ($n = 20$) included family therapists with clinical experience from 10 different states represented, and most (75%) identified as marriage and family therapists. The ages of participants ranged from 26 to 61 years old, with a mean of 34.4 years ($SD = 10.8$). Over half of the sample self-identified as Hispanic/Latino/a/x (55%), along with 30% identifying as Caucasian/White, and 15% multiracial/multiethnic. Cis-gender women made up 65% of the sample, with 25% of participants identifying as cis-gender men, and 5% identifying as gender-fluid or non-binary. Eighty-five percent of participants were heterosexual, while 15% were LGBQ+. The generational immigration status varied across participants with 20% identifying as first generation, 45% as second generation, and 35% third generation. Half of the sample spoke English as their primary language, while the other half spoke Spanish as their primary language. Further, the majority of participants (75%) identified as bilingual. Twenty percent of participants indicated no religious affiliation, 10% preferred not to disclose their religious affiliation, and the remainder of the sample represented four different religious faiths. Clinical experience ranged from 2 years to 36 years of practice, with a mean of 8.1 years ($SD = 9.0$). Aggregated data on participant demographics are provided in Table 1.

Table 1

Participant Demographics

	M	*SD*	% (n)
Age	34.40	10.08	
Gender			
Cis-Gender Women			65 (13)
Cis-Gender Men			25 (5)
Gender Nonconforming[1]			10 (2)
Sexual Orientation			
Heterosexual			85 (17)
LGBQ+[2]			15 (3)

Table 1 (cont'd)

	M	*SD*	% (n)
Ethnicity			
Caucasian/white			30 (6)
Hispanic/Latino/a/x			55 (11)
Multiracial/multiethnic[3]			15 (3)
Generation Status			
First Generation			20 (4)
Second Generation			45 (9)
Third Generation			35 (7)
Primary Language			
English			50 (10)
Spanish			50 (10)
Linguistic Skills			
Monolingual			15 (3)
Bilingual			75 (15)
Multilingual			10 (2)
Religion			
Buddhism			5 (1)
Catholicism			40 (8)
Latter-day Saint			20 (4)
Protestantism			5 (1)
No Affiliation			20 (4)
Other/Prefer not to disclose			10 (2)
Degree Type			
Counseling			10 (2)
Marriage & Family Therapy			75 (15)
Psychology			5 (1)
Social Work			10 (2)
Years Practicing	8.05	9.00	

Note:

[1]One participant identified as non-binary. Another participant preferred to self-describe as using she/they pronouns but did not exclusively identify as a woman.

[2]Lesbian, bisexual, and queer included.

[3]Multiracial/multiethnic family therapist race/ethnicity indicates participants who reported multiple racial/ethnic backgrounds.

Latino Client Demographics

The total active cases when completing the initial screening survey for participants

ranged from 0 to 60, with a mean of 22.4 cases (*SD* = 17.3) per participant. It should be noted

that one participant reported 0 cases because they had just relocated to a different state and were

in the process of starting a new practice. Of their total cases, Latino clients made up between 0 and 55 of those cases, with a mean of 11.8 Latino clients (*SD* = 13.4) per participant. Within their Latino clients, relational cases (i.e., Latino parents, Latino families) ranged from 0 to 32, with a mean of 6.6 cases (*SD* = 9.0). Collectively, family therapists identified experience working with Latino populations representing 16 ethnic groups, including Mexican (*n* = 17), Salvadorian (*n* = 8), Puerto Rican (*n* = 7), and Guatemalan (*n* = 7). Half of the participants had experience solely working with domestic Latino clients, two participants had experience solely working with international Latino clients, four participants had experience working with domestic and international Latino clients, and five family therapists were unsure of the nativity status of their Latino clients. The generational status varied across Latino clients, with 85% identified as first generation, 70% as second generation, and 30% third generation; additionally, 5% of participants were unsure of their Latino clients' generational status. The majority of participants (75%) conducted bilingual services, while the remaining 25% conducted therapy solely in English. Aggregated data on participant Latino client demographics are provided in Table 2.

Table 2

Latino Client Demographics

	M	*SD*	% (n)
Participant Caseload			
Total Cases	22.4	17.3	
Latino Cases	11.8	13.4	
Latino Relational Cases	6.6	9.0	
Ethnicity*			
Argentinian			10 (2)
Chilian			5 (1)
Columbian			20 (4)
Cuban			15 (3)
Dominican			15 (3)
Ecuadorian			10 (2)
Guatemalan			35 (7)

Table 2 (cont'd)

	M	*SD*	% (n)
Honduran			15 (3)
Mayan			5 (1)
Mexican			85 (17)
Nicaraguan			5 (1)
Puerto Rican			35 (7)
Paraguayan			5 (1)
Peruvian			15 (3)
Salvadorian			40 (8)
Venezuelan			20 (4)
Nativity Status*			
Domestic			70 (14)
International			30 (6)
Don't Know/Unsure			25 (5)
Generation Status*			
First Generation			85 (17)
Second Generation			70 (14)
Third Generation			30 (6)
Don't Know/Unsure			5 (1)
Linguistic Services			
Monolingual			25 (5)
Bilingual			75 (15)

Note: *Total percentages are higher than 100% as participants identified all Latino client ethnic backgrounds, Latino client nativity statuses, and Latino client generation statuses on their caseload

Procedures

Prior to study initiation, the Institution Review Board (IRB) of the Michigan State University Human Research Protection Program approved the study (STUDY00007739, Appendix A).

After a potential participant had successfully completed the online screening survey, I contacted them via email and invited them to participate in this study (Appendix B). The initial contact with potential participants explained the study's purpose, the requirements to participate, and confirmed a date and time to conduct the interview. The descriptive email content also served as an intentional effort to establish rapport with the participant (van Manen, 2016). The

initial contact was intended to streamline communication with participants and avoid potential

attrition. Once participants responded and agreed to participate in this study, I confirmed a date

and time for their interview based on their desired schedule.

During the course of reviewing the online screening surveys and conducting these initial

contacts, I identified a subset of potential participants whose reported data appeared incongruent

with real-world practice (e.g., number of clinic hours did not correspond to years practicing)

and/or whose participation context did not align with the inclusion criteria for the study (e.g.,

participating from outside the U.S.). In these instances, I further discussed the inclusion criteria

with the potential participant to assess eligibility. In instances ($n = 5$) where eligibility criteria

could not be confirmed, I did not invite the potential participant to continue in the study.

Data Collection

Online Survey. Participants completed an initial online survey prior to their scheduled

interview. This survey collected family therapist demographic information, information about the

Latino populations they had worked with, and screened for culturally relevant practices.

Demographic Information. Data collection included a series of demographic questions

that asked about various aspects of each family therapist's personal identity. I gathered family

therapists' basic demographic information including, age, gender, sexual identity, race/ethnicity,

nativity status, generation status, language(s) spoken, religion, highest degree earned, family

therapist degree, year highest degree earned, state of highest degree earned, licensure status, state

they were currently practicing, and the number of years practicing.

Participants were also asked questions about the Latino populations they had experience

working with, including the percentage of clients who identified as Latino parents, Latino parent

ethnicities, nativity status, generation status, and language(s) spoken. The demographic information instrument is included as Appendix D.

Family Therapist Cultural Humility. The Multidimensional Cultural Humility Scale (MCHS; Gonzalez et al., 2020) was used to measure clinicians' self-evaluation of their culturally relevant practices (Appendix D). The MCHS was an ideal scale to identify family therapists who implemented culturally relevant practices because cultural humility captures both the importance of culturally relevant skills and self-reflection that comes with family therapists' different identities and influences carried over when working with diverse ethnic-racial populations (Hook et al., 2013; Hook et al., 2017). The scale contains 15 items comprising 5 subscales: openness, self-awareness, ego-less, self-reflect and critique, and supportive interactions. For the purposes of this study, I administered the openness, self-awareness, and ego-less sub scales. The Openness subscale evaluates a clinician learning more about their diverse clients (3 items; example item: *I am comfortable asking my clients questions about their cultural experience*). The openness subscale demonstrated acceptable internal consistency (alpha = .76). The Self-Awareness subscale evaluates a clinician's own skills and knowledge (3 items; example item: *I am known by colleagues to seek consultation when working with diverse clients*). The self-awareness subscale demonstrated acceptable internal consistency (alpha = .66). The Ego-Less subscale evaluates a clinician's ability to eliminate power differentials (3 items; example item: *I ask my clients about their cultural perspective on topics discussed in session*). The ego-less subscale demonstrated acceptable internal consistency (alpha = .77). Participants responded using a 6-point Likert-type scale (1 = *strongly disagree*, 2 = *disagree*, 3 = *slightly disagree*, 4 = *slightly agree*, 5 = *agree*, 6 =*strongly agree*). Higher scores represented greater levels of cultural humility (Gonzalez et al., 2020).

I sought to identify culturally relevant family therapists who are dedicated to being positive social agents for Latino families. Therefore, to meet eligibility criteria, a participant must have responded affirmatively (i.e., slightly agree, agree, or strongly agree) to all items on the three subscales. I believed this eligibility criteria would help identify culturally relevant family therapists committed to fostering a promoting environment for facilitating conversations of ERS (Hook et al., 2017; Laszloffy & Hardy, 2000; Stein et al., 2016).

However, to remain attentive to participant experiences, those who responded with any form of disagreement were provided the opportunity to explain their response. Offering participants an opportunity to provide an explanation allowed for a greater contextual understanding of their interpretation of the scale question and understanding of their disagreement. Special consideration for participation in the current study was given to three participants who disagreed with at least one item on the scale but offered explanations that indicated awareness of culturally relevant issues. I made the initial determination and generated an explanation for why I believed these participants met eligibility criteria (e.g., participant open ended response clearly articulated intentional cultural background exploration with clients when relevant to presenting problem). These explanations were then presented to a member of my dissertation committee for final determination. Upon a mutual decision that the participant should be included, participants were then invited to participate in the study.

Semi-Structured Interviews. As the principal investigator of the proposed study, I conducted all interviews with participants. In qualitative research, conducting interviews is a data collection technique used to engage participants in conversation by asking questions related to the research study (deMarrais, 2004; Merriam, 2009). Conducting individual interviews with family therapists was a fitting method as I aimed to capture rich description from the

experience's family therapists had working with Latino parents in therapy (Merriam, 2009; van Manen, 2016). To accomplish this, I began interviews with reviewing the nature of the study with participants and establishing rapport prior to recording the interview. After obtaining informed consent, each participant was asked to verbally respond to a series of interview questions. I conducted semi-structured interviews, using a combination of more and less structured questions, using an interview guide to capture the rich descriptions of family therapists' experiences with the phenomenon being studied (Merriam, 2009).

In developing the interview guide, I used three domains of ERS to inform the overarching structure for the interview questions: cultural socialization, preparation for bias, and immigration socialization. These domains were relevant to the current study as they are the most researched, most relevant to family therapists working with Latino parents, and most appropriate given the current political climate (Ayón et al., 2020; Cooper et al., 2020; Szkupinski et al., 2014; Zong et al., 2018). For this reason, the interview guide drew upon these three domains to contextualize and situate family therapists' experiences facilitating ERS conversations with Latino parents in therapy. The remaining domains (i.e., promotion of mistrust and egalitarianism) were not included in the study for distinct reasons. Less is known about how Latino parents engage in promotion of mistrust and egalitarianism compared to the other ERS domains (Ayón et al., 2020; Hughes et al., 2006; Ruck & Hughes, 2021). For this reason, I focused on cultural socialization, preparation for bias, and immigration socialization as further research was needed on the remaining domains.

The initial interview guide I developed had been pilot tested with six individuals, and reviewed by my primary advisor, Dr. Holtrop. Peer review reflections and recommendations were used to revise the interview guide. The final interview guide is included in Appendix E. As

stated, the interview guide followed the three previously discussed ERS domains: cultural socialization, preparation for bias, and immigration socialization. For each domain, a broad question soliciting lived experiences was asked (e.g., *When working with the Latino parents in your example, did conversations of race, ethnicity, or culture come up; or not so much? Did these conversations include their children?*). The flexibility in these open-ended questions allowed for greater exploration to the overall aim of the study (i.e., family therapists' experiences engaging in ethnic-racial socialization practices with Latino parents in therapy). Each broad question was then followed by several probing questions to gather rich description (e.g., *Did conversations of race, ethnicity, or culture ever prompt parents to extend these conversations to their children? Based on your experience, what recommendations would you have to promote conversation about race, ethnicity, and culture for future family therapists working with Latino parents?*). Probing questions ensured the participants felt heard and understood, while avoiding any potential for bias and assumptions (Merriam, 2009). Finally, for responses requiring further elaboration, I asked participants to expand or clarify their responses.

Semi-structured interviews conducted ranged from 52 minutes to 98 minutes ($M = 77.10$; $SD = 12.88$) via Zoom, a secure web conferencing application. Conducting interviews via Zoom held benefits as it allowed family therapists from anywhere in the country to participate (Nicholas et al., 2010). Additionally, Zoom offered an automatic transcript generator that was enabled during interviews and downloaded once interviews had concluded. This additional feature offered further accessibility during interviews for participants who would benefit from the closed caption feature. Finally, there was an added security measure in that automatic transcripts can be saved directly to an encrypted hard drive.

Data Handling Procedures

The "record" feature on Zoom was used to record the audio data. A reputable and reliable transcription service (i.e., TranscribeMe!) was used to ensure timely and accurate transcription. I used this professional service to ensure participants' responses were accurately transcribed verbatim. I was involved in the transcription process by reviewing every transcript for completeness and accuracy.

After each interview, the recorded audio file and preliminary transcript was downloaded to an encrypted hard drive and kept confidential. Participant responses were stored with a participant ID number and any identifying information was removed and stored separately as an extra security measure. These procedures helped ensure participant confidentiality. The lead researcher kept a record linking participants to their participant ID numbers in a separate and secure excel file with password protection. This information was used in case participants need to be contacted in the future. The lead researcher and her dissertation committee had access to participant data such as interview audio files and transcripts. Video files were not maintained as a measure for protecting participant confidentiality.

Qualitative Analysis

In alignment with hermeneutic phenomenology (van Manen, 2016), the process of identifying messages and themes in the interview transcripts was done using MAXQDA (http://www.MAXQDA.com), a qualitative software program used to systematically evaluate and interpret qualitative text. The current study utilized Braun and Clarke's (2006) six-step model of thematic analysis to review and analyze the qualitative data. This method is used to identify, analyze, and interpret patterns of meaning (or "themes") within a given dataset (Braun & Clarke, 2006). In phenomenology, themes can be used to identify patterns to answer the

overall research question systematically and meaningfully from participant experiences (van

Manen, 2016). The use of the thematic analysis approach was most appropriate for the study

given its reflexive approach and design coherence (Braun & Clarke, 2006; 2019).

Thematic analysis is a non-linear, iterative process that requires intentional reflexivity

and forward thinking from the researcher (Braun & Clarke, 2019; Braun et al., 2022). Successful

outcomes are not guaranteed by following a rigid approach and prioritizing the steps in

chronological order. Instead, providing evidence of the thoughtful use of thematic analysis is

encouraged to give readers a better understanding of the analytical process. Further, offering rich

description of the analytical approach contributes to the diversity that comes with qualitative

research (Braun & Clarke, 2019). To honor the growing conceptualization of thematic analysis

and call for more evidence of thoughtful use (Braun et al., 2022), the following steps are defined

and provide the analytic activity that took place concurrently in the current study (See Figure 2).

Figure 2

Conducted Qualitative Thematic Analysis
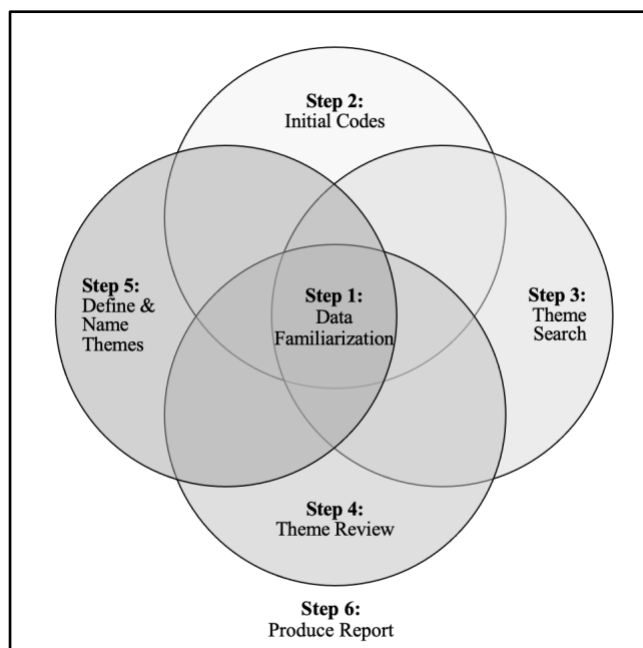
Note. Adapted from Braun and Clarke's (2006) six-step model of thematic analysis

Step 1: *Familiarizing yourself with your data*. In thematic analysis (Braun & Clarke, 2006), the first step involved becoming familiar with the data. In this study, I conducted all interviews with participants and took notes during each interview. The notes taken during interviews allowed me to document my initial thoughts, observations, and reactions to participant responses. Most of the reflexive notes were primarily recorded on my personal process during the interview, such as reactions to participant responses or general thoughts triggered by participants. Additional notes used quotation marks to identify specific details that participants shared and stood out in that moment. These quotes provided room for potential follow-up questions where participants were asked to expand on their initial response. The notes taken during the interview were uploaded to a secure excel sheet associated with the participant ID post interview. The experience of conducting the interviews allowed for some prior knowledge before conducting the initial analytic process.

As interview transcripts were completed, initial read-through and re-reading of the data (with audio recordings) of the participants' responses were conducted to further familiarize myself with the data. To ensure I continued to actively familiarize myself with the data, a separate set of notes (i.e., separate tab in secure excel sheet) were included to document analytic observations that arose (i.e., memos). In this phase, it is encouraged to be curious and ask questions of the data (Braun & Clarke, 2019). As such, I ensured that any questions that arose were noted, along with any additional reflexivity unpacked along the way (Braun & Clarke, 2019; Morrow, 2005). Memos conducted in this phase were distinct from the initial interview notes in that observations went from focusing on internal processing (i.e., my thoughts and reactions) to more analytical observations (e.g., family therapists' shared experiences). Once

general notes were documented and transcripts were verified for accuracy, I uploaded transcripts to MAXQDA.

Step 2: *Generating initial codes*. The second step involved generating concise labels for important features revealed from the data (Braun & Clarke, 2006). As I worked through familiarizing myself with the data, I conducted open coding using the coding feature in MAXQDA. Open codes were generated from observations that stood out from the data and offered a systematic and thorough review in the initial codes identified. The "comment" feature was utilized with open codes on larger sections of content in order to create concise labels while maintaining the integrity of the surrounding context of the identified segment. Questions that arose were noted; however, data were not analyzed in this phase to avoid interpretation or assumptions about the identified segment (Braun & Clarke, 2006; Morrow, 2005). Instead, I identified data segments using a "reflexivity" code in MAXQDA to capture any segments that evoked questions. This allowed for as many patterns as possible to arise, be an added measure to aim for data inclusivity, and revisited for potential relevance to identified themes in later steps. Further, it was an added measure to reflect on potential reactions and biases I carried with the relevant quotes. These codes were later reviewed and discussed with Dr. Holtrop as part of the triangulation process.

In alignment with van Manen (2016), my priority with conducting the open coding process was to maintain the authenticity of the participants' responses without filter or influence. Roughly six transcripts in, I began to notice distinctions in participant responses where, in addition to sharing their *own* lived experiences, they were also describing their interpretations of their *clients'* experiences with them in therapy. That is, participants were extending their

50

responses by also including the voices of their Latino clients (i.e., parents, children, and families).

The inclusion of the Latino clients' voices as part of participants' overall shared experiences increased the complexity in responses. The willingness of participants to heighten the silenced voices (i.e., Latino clients) and the role these clients had in treatment influenced the overall coding process moving forward. The reflection around this moment of capturing the multiple voices and ensuring accurate representation of the experiences led to a refinement in the coding approach (as encouraged by Braun & Clarke, 2019). Thus, to ensure I accurately represented participants' experiences and their clients' experiences in relation to the identified research question, the "highlight feature" in MAXQDA was utilized to distinguish the voices represented throughout the transcripts. Specifically, family therapists, Latino parents, Latino children, and Latino families were each assigned separate colors using the highlight feature. This feature became relevant in later steps as it helped to identify the roles participants held in consideration to the research question.

Step 3: *Searching for themes*. The third step involved identifying interesting features and meaningful patterns that stood out in the data (Braun & Clarke, 2006). Concurrently with Step 2, domains were generated as part of the open coding process. Domains are codes that share a common topic and are useful for organizing summaries of data (Braun & Clarke, 2019). Specifically, as I worked through the open coding process, I considered how the various codes fit under overarching domains. Domains were helpful in keeping the data organized and distinguished the complexity that came with the multiple voices represented in the data (i.e., family therapist, Latino parents, Latino children, Latino families). The development of domains continued until all transcripts were reviewed for open codes (i.e., until Step 2 was completed).

Next, the initial code names, short descriptions, and identified domains were used to visually organize initial codes into potential themes. Unlike domains (i.e., shared common topics), themes share meaning in the data and aim to capture a diverse perspective in relation to the study phenomenon (Braun & Clarke, 2019). At this point, I began to formally analyze the data and consider how different codes and domains may be combined to create overarching themes and subthemes (Braun & Clarke, 2006). To ensure themes offered relevant insight to the study phenomenon, thoughtful reflection was conducted (see Step 4).

In relevance to theme construction, notes and thematic maps (i.e., Code Map feature on MAXQDA; see Figure 3) were created as tools for visual representation to highlight the ways in which themes were generated from the data (Morrow, 2005). The initial thematic map (i.e., Figure 3 in its entirety) shows all constructed themes and sub-themes included for analysis. The developed portion of the thematic map (i.e., dashed lines, dashed concepts) identifies sub-themes combined, refined, or discarded in the analysis process (i.e., Step 4). Dashed and solid lines represent the connections or shared commonalities among concepts. The final thematic map is represented by the solid lines and solid line concepts in Figure 3, which show this study's final themes and sub-themes (Step 5; Braun & Clarke, 2006).

Figure 3

Preliminary Themes Thematic Map
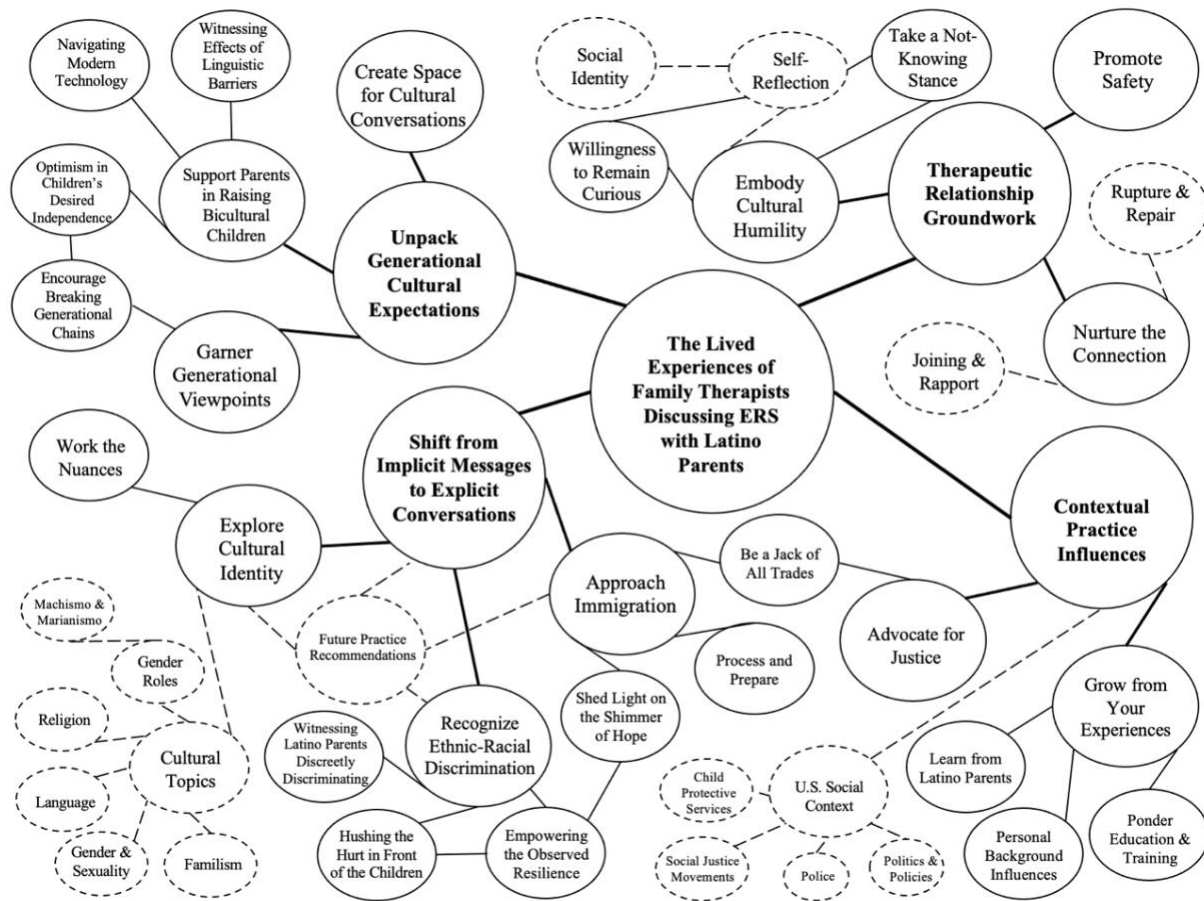
Step 4: *Reviewing themes*. The fourth step involved reflection "on whether the themes tell a convincing and compelling story about the data and begin to define the nature of each individual theme, and the relationship between the themes" (Clarke & Braun, 2013, p. 2). Throughout the generating process of preliminary themes (i.e., Step 3), I reread the interview questions and responses, identifying "significant statements" aligned with the preliminary themes. This included a two-level process in which themes were extracted and identified in relation to the coded extracts (Level 1) and the entire data set (Level 2). To do this, a codebook (i.e., Step 5) was generated from MAXQDA to include the names and descriptions of the preliminary themes. Codes within these preliminary themes were then reviewed using

MAXQDA features such as the Smart Coding Tool, Code Explorer, and Document Comparison Chart. These features offered visual representation for the coded extracts at the individual participant level and across the data set. I refined themes based on the amount of supporting data identified in this iterative process.

Step 5: *Defining and naming themes.* The fifth step involved conducting and writing the essence of what each definitive theme captured (Braun & Clarke, 2006). A codebook, or descriptive manual of the data, was created to keep track of codes and themes (Ando et al., 2014; Clarke & Braun, 2021). When the data were well-represented with the identified themes, I worked on naming, defining, and providing textual examples of each theme, using significant statements extracted from participant responses. To do so, I engaged with the data by asking myself reflective questions (e.g., What story does the theme tell? And how does the theme fit with the overall story of the data?) (Clarke & Braun, 2013). Additionally, audit trails of the theme development process were discussed and reviewed with Dr. Holtrop through several meetings to ensure thoughtful consideration was given to capturing the participants' lived experiences in relation to the study phenomenon.

Step 6: *Producing the report*. The sixth step involved writing up the analytic narrative produced by the data extracts and coherently contextualizing the findings for the reader (Braun & Clarke, 2006). The write-up of the final analysis of the selected extracts is included in the results section of my dissertation and includes exemplary quotes as identified.

Trustworthiness

Methodological choices were made throughout the design and analysis process to bolster trustworthiness in the proposed study (Lincoln & Guba, 1985). In qualitative research, trustworthiness refers to the credibility and confidence the reader has that the research study,

data, and findings are representative of participants' lived experiences (van Manen, 2016). Over the years, researchers have worked to construct standards and approaches to achieving rigor in qualitative methods (see Creswell & Poth, 2018 for examples).

Therefore, I used various strategies to ensure the data collection and analysis process remained authentic and representative to the experiences shared by participants in this study (Guba & Lincoln, 1989). I began with establishing credibility, which is described to be the efforts researchers make to ensure the *truth* of participant experiences is represented in the findings (Lincoln & Guba, 1985). To do so, I began with identifying researcher bias and reflexivity (Creswell & Poth, 2018). Personally, I stepped into the role of primary investigator as a second generation Mexican American with an immigrant parent. I am a Latina with several Latino family members, friends, and colleagues who have challenged and expanded their understanding of what their ethnic background means to them and for their families living in the U.S. Professionally, I am a marriage and family therapist with over 6 years of clinical experience (services provided in the West and Midwestern U.S.). I have worked with numerous Latino parents and families in English and Spanish. I prioritize culturaly relevant practices and remain active in training opportunities that will help provide skills for more inclusive systemic application. My insider-status as a family therapist passionate about providing relevant treatment to Latino parents and families allowed me to establish trust with my interviewees. While there are many strengths that come with my personal and professional experience with Latino populations, I remained attentive to the biases that had the potential to influence the current study (Creswell & Poth, 2018).

To account for these biases, I used memoing (bracketing) and triangulation for the current study. Memoing refers to reflexive notes throughout the research process and how interpretation

occurs (Braun & Clarke, 2006; Morrow, 2005). As I do identify with the population I studied, I intentionally reflected my thoughts throughout the data collection and analysis process. I overtly bracketed any personal reactions I had in response to the data and acknowledged them in thorough descriptions. This allowed for thoughtful reflection and review of the potiential influence these reactions may have had thoughout the coding process.

Additional processes to support trustworthiness involved keeping an audit trail and using triangulation. An audit trail was documented in this process from beginning to end in the data analaysis section. As mentioned earlier, I employed thematic maps (i.e., a visual representation with descriptions of identified themes). Simultaneously, notes on how this process came to be were documented, along with potential influence notes originally identified in participant transcripts. Triangulation was also employed as an added measure to allow for multiple sources to shed light on the data analysis process (Creswell & Poth, 2018). Dr. Holtrop and I held several meetings to discuss themes as they emerged and I documented our discussions using an "audit trail." This process occured to ensure there was clear documentation of all research decisions and activities made pertaining to the current study (Creswell & Miller, 2000).

Ethical Considerations

Human Subject Considerations

This study implemented the procedures necessary for reducing the risks to research participants who agreed to participate. Before initiating any research with participants, the study was approved (i.e., determined Exempt) by the IRB at Michigan State University. Consent for participants was obtained prior to beginning the screening survey and the recorded interview. Consent stated the purpose of the research study and informed participants of potential risks and benefits. Ethical considerations for the present research included the possibility of distress that

may be caused due to the sensitive nature of family therapists exploring their clinical experiences with Latino parents. To minimize this risk, participants were informed that participation was entirely voluntary and that they may withdraw from the study at any time. The consent information was reviewed at the beginning of each interview to remind family therapists that they can stop their participation in the study at any time without penalty.

Audio recordings and transcripts were stored in a safe place and encrypted to help ensure confidentiality. The personally identifiable data was only accessible to myself and the primary advisor of my dissertation committee. No information from interviews collected in this study was shared with individuals outside of the committee in a way that could identify a study participant. To ensure confidentiality, responses were de-identified from any personal information (i.e., email) provided, removing any possibility to link participants to their data. Family therapists' responses were stored only with a participant-ID number.

Summary

A qualitative, hermeneutic phenomenological research approach was useful for capturing the complex lived experiences of family therapists who have supported Latino parents to engage in ERS conversations with their children. In this chapter, the research aim, design, and interpretive frameworks were discussed, as well as researcher positionalities and study methodology. I then described the robust thematic analysis process used to capture the rich nuances and complexities in participant responses. As the primary researcher in this study and a family therapist passionate about supporting Latino parents and families, I transparently embraced my active role and subjective influence on the data analysis process. My experiences as a family therapist allowed me to identify the systemic responses offered by participants and in turn, provide an enhanced analytic approach with the data. Trustworthiness was established

through extensive reflexivity, triangulation, and audit trails. The next chapter will move into the results of this qualitative study.

CHAPTER 4: RESULTS

Description of Findings

The current study used a qualitative, hermeneutic phenomenological research approach to explore and document the lived experiences of family therapists who have worked with Latino parents in therapy. A sample of 20 family therapists from 10 different states participated in in-depth, semi-structured interviews. The interviews were recorded via Zoom and averaged 77 minutes in length. A rigorous thematic analysis approach informed by Braun and Clarke (2006; 2019) was used to analyze the qualitative data, through several steps of coding, which yielded a number of themes and subthemes. In this chapter, I will report key findings from the study, utilizing quotes and rich descriptions, as they relate to the study research question: **What do family therapists consider effective practices for supporting Latino parents to engage in ERS conversations with their children?**

Data Reduction Process

The data analysis process employed in this study evidenced robust data, yielding over 3,000 open codes. While these data offered rich insight into the analytic process, the wide range of experiences shared by family therapists across the U.S. exceeded what could be sufficiently considered within the scope of this dissertation. That is, after extensive review using a rigorous reflexive process, several domains of identified codes were considered outside of the scope of the current study.

The focus of this study was to explore family therapists' experiences engaging in ethnic-racial socialization practices with Latino parents in therapy. Thus, codes that identified participants working primarily with children that did not include parents as part of the treatment process were deemed beyond the scope of the phenomenon being examined. Another extraneous

coding domain included future practice recommendations that were offered based on the family

therapist's theoretical orientation and/or hypothetical future scenarios instead of based on the

lived experiences of participants in the current study. These codes were also excluded from the

current study because they did not align with the stated research purpose. I plan to consider these

excluded data in future studies. In line with my research question, I, therefore, focused on a

subset of the overall body of data that captured the essence of participants' lived experiences in

working with Latino parents in therapy.

Overview of Themes

The results of this study illustrate the complex ways family therapists came to think

about, make meaning, and interpret their implementation of ethnic-racial socialization practices

with Latino parents in therapy. Conceptually, participants extended beyond sharing their own

experiences by including their interpretations of their Latino clients (refer to chapter 3). To honor

the participants' intricately interwoven reflections, 758 codes were created to identify and

distinguish between their voices and their interpretations of the voices of the Latino parents,

children, and families they worked with. These distinctions provide a rich context to the

following themes encompassing participants' practices used to promote ethnic-racial

socialization conversations with Latino parents, to plant seeds for Latino parents to engage in

ethnic-racial socialization conversations with their children, and to ultimately contribute to

supporting Latino parents and families exposed to ethnic-racial discrimination (Figure 4).

Four primary themes were constructed as a result of the rigorous qualitative analyses

completed for this study: 1) therapeutic relationship groundwork, 2) shift from implicit messages

to explicit conversations, 3) unpack generational cultural expectations, and 4) contextual practice

influences and ongoing development. Several subthemes characterize each primary theme (see

Figure 4). The four themes and their sub-themes are presented in this chapter, along with extracts

in the form of quotations from participant interviews to illustrate how the themes were developed

and to support the findings.

Figure 4

Family Therapist Promotion of Ethnic-Racial Socialization Practices
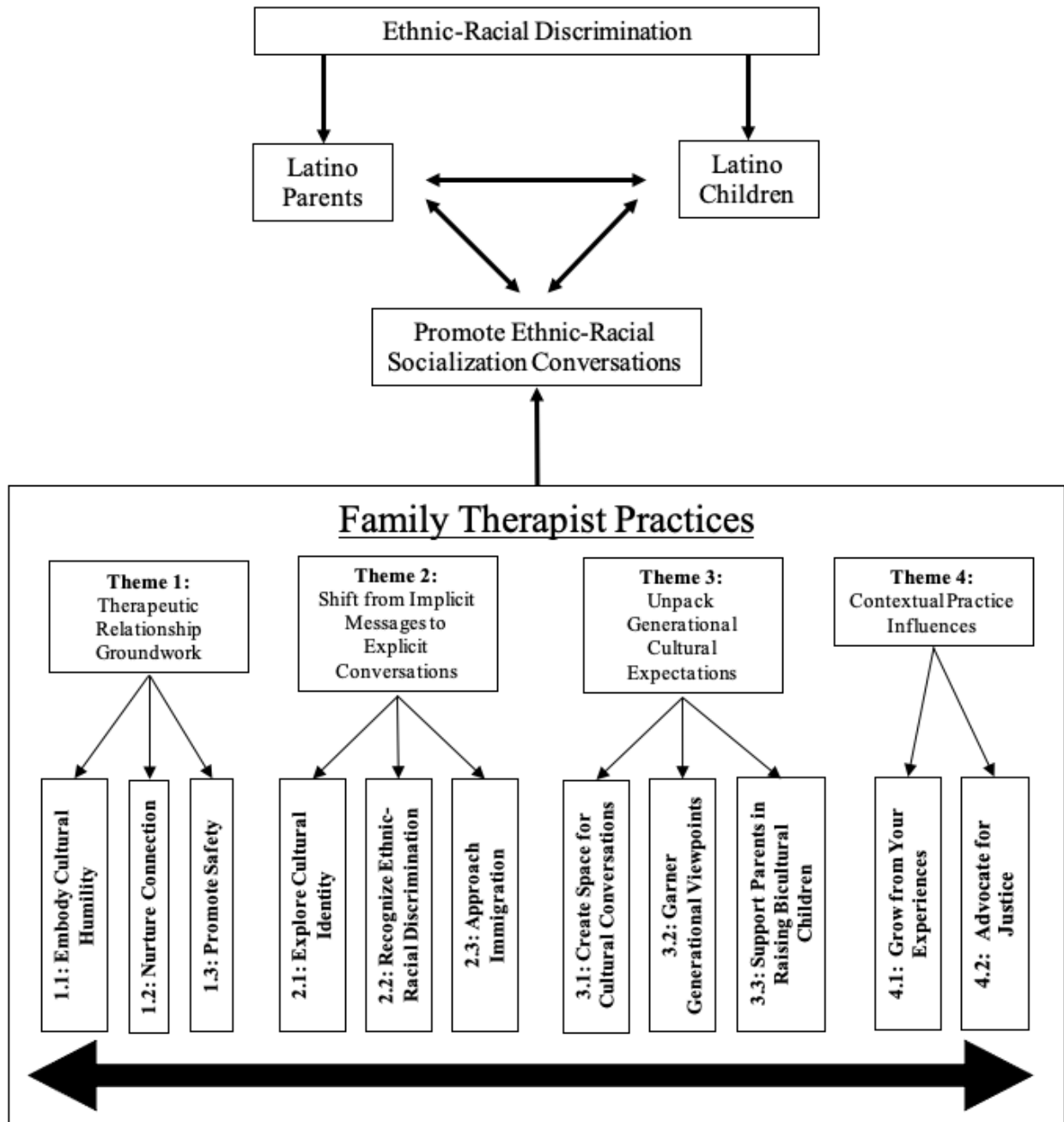
Theme 1: Therapeutic Relationship Groundwork

The first theme, *therapeutic relationship groundwork*, captures what participants in this study unanimously described as foundational practices needed to work effectively with Latino parents in therapy. Collectively, this theme captures the indispensable elements participants named to establish and maintain therapeutic buy-in from Latino parents *before* engaging in deeper conversations relevant to ethnic-racial socialization.

At the beginning of the interview, participants were asked to share a little about themselves and their approach to therapy. In addition to participants describing different parts of their social identities and the theories they draw from to inform their therapeutic approaches; participants spoke a great deal to fostering positive therapeutic relationships with their Latino clients. Responses to other questions throughout the interview process often included participants referring back to the therapeutic relationship with their clients as a relevant component of their individual practices to approach ethnic-racial socialization-related conversations with Latino parents.

Intentional observations were made by participants regarding the hesitations they noticed in their Latino parent clients about attending therapy. Participants found the initial stages of treatment to "have its ups and downs because the parents may not be super bought into treatment just yet" and pointed out that investing in the therapeutic relationship was a beneficial way to promote buy-in from Latino parents. These investments were referenced throughout the interview, given that conversations about ethnic-racial socialization were not taken lightly. Participants felt entrusted with personal information tied to their Latino parent client's unique experiences. As one participant emphasized,

> [family therapists] working with [Latino] families is a privilege. As a therapist, being
> entrusted with the emotional lives, the historical lives of these Latino families, that is a

privilege and not your right as a clinician. Don't take that lightly. Show up for them. Show up for your people. Show up for those who are making intentional efforts to break generational cycles and patterns. Just show up, be human. Don't be technical, don't be an unskilled therapist. Just be human. Your humanity is going to get you far with these people, and they will trust you more. So, show up and address these things. Don't overlook them. So important. Don't overlook them.

Given the complexity that comes with establishing and maintaining therapeutic relationships with Latino parents, the following sub-themes were developed to describe the key elements that aligned with the practices used by participants in the current study: 1.1) embody cultural humility, 1.2) nurture the connection, and 1.3) promote safety.

Sub-Theme 1.1: Embody Cultural Humility

This sub-theme, *embody cultural humility*, captures participants' dedication to gathering a humble perception of their Latino parent clients' unique experiences aligned with their cultural background, values, and beliefs. Given the complexity of working with clients with similar or different ethnic, racial, and cultural backgrounds from their own, participants placed high regard on remaining aware of the unique experiences faced by Latino parents. As one non-Latino participant described, "awareness is not only [being] aware of what you're feeling, and what you're going through, but also realizing that you aren't them and you haven't experienced what they have." Here, the participant reflected on how they internally checked in with themselves as a reminder that their own experiences were separate from those of their clients.

Inviting culture-related discussions was beneficial for participants to identify the similarities and differences shared with Latino parent clients. However, by inviting these culture-related conversations in therapy, a Latino participant recommended:

> Take a not knowing, growth mindset stance, and recognize that you don't know it all…you're not going to get it right every freaking time…you may say the wrong things. Use those moments to grow as a clinician, repair that relationship with your client, and model what a healthy repair could look like.

To ensure respect for their Latino clients' identities and experiences, participants enacted cultural humility through their willingness to remain curious and take a not-knowing stance.

Willingness to Remain Curious. Remaining curious was explained as participants' efforts to avoid assumptions by intentionally posing questions to better understand the unique experiences of their Latino parent clients. To better understand their Latino parent client's cultural background, values, and beliefs, one participant posed questions such as:

> Why is this important to your family? Why is this specifically important to you? What would it mean for your child to know this or to learn this? How would your family change if they didn't know this or didn't know that?

Participants described that remaining curious and asking intentional questions was an effective approach used to help their Latino parent clients feel seen and heard.

Take a Not-Knowing Stance. This included humbling oneself to accept that family therapists cannot know all there is to know about all diverse ethnic-racial populations. As one participant shared, "I think it's going to be okay to not have all the answers and be the learner, willing to ask the hard questions even if it means embarrassing yourself and labeling your ignorance." Instead, participants prioritized remaining present for their Latino parents by expressing their desire to listen and learn. While it is common for family therapists to "want to ignite their own wisdom" onto clients, participants in the current study normalized taking a one-step-down approach to demonstrate the desire to thoroughly understand their Latino parent clients by learning from their lived experiences.

Sub-Theme 1.2: Nurture the Connection

Another salient process characterizing the *Therapeutic Relationship Groundwork* theme described by participants was to *nurture the connection* with Latino parents. This sub-theme speaks to the importance of establishing and maintaining a trusting relationship with clients.

Throughout the interview, participants described their practices to build authentic relationships with Latino parents. These practices from participants were meant to demonstrate to Latino parents, "we're working together as a team and reassuring [Latino parents] that they're doing the best that they can, and they love their child." Others felt similarly and offered insight into what these demonstrated approaches look like for them. One participant described themselves as, "a big proponent of a level playing field. I really think that any good therapist is going to be on the ground with [Latino parents] in the trenches through their hardships, not yelling from the top-down." Essentially, there was a greater chance of fostering a positive relationship with Latino parents by starting at the beginning with them. In doing so, participants connected with their Latino parent clients and reinforced that they were on this therapeutic quest together. Another participant felt similarly in that to have a solid foundation in the relationship, "I need to actually be in a relationship with [Latino parents] and get to know them and help them feel like they can trust me so that we can actually do some work."

While participants each had their own approach to fostering the connection with their Latino parent clients, these efforts were not always considered enough. For instance, one participant shared an observation about their Latino parent clients appearing hesitant to receive services due to stigmas behind going to therapy (e.g., not wanting to be viewed as crazy, or speaking about family matters to a stranger). To address these concerns, the participant explained that "first and foremost, just giving [Latino parents] some background as to what therapy consists of." These practices helped promote trust by taking the time to break down the stigmas of seeking services. Further, offering a background to therapy by explaining informed consent, socially locating themselves, and describing their therapeutic practices helped participants ease the concerns witnessed in their Latino parent clients. In essence, these practices further extended

opportunities for participants to foster a positive connection with their Latino parent clients by taking the time to introduce new information and attend to the concerns held by Latino parents.

Sub-Theme 1.3: Promote Safety

Participants identified *promoting safety* as a necessary practice in treatment to ensure Latino parents felt comfortable, heard, and understood. Safety encompassed Latino parents' ability to confide in their family therapist and to openly express their thoughts and feelings (i.e., "*desahogarse*") free of risk or judgment. For one participant, therapy symbolized "providing a very comfortable space and a safe place for [Latino parents] to be able to kind of talk about issues that are going on at home." Prompting conversations about safety throughout the course of treatment was named as necessary, especially when sensitive topics were approached. Participants emphasized the need for family therapists to be courageous in engaging Latino families in difficult topics, even when it may feel uncomfortable. However, to be in a position to challenge and elevate Latino parents, it was critical that safety be present. As one participant shared, "Before I can do any work, and encourage, and empower, and challenge my clients, we have to have safety." The participant met the Latino parents where they were at by mirroring similar language used before extending the conversation to other terminology that may have been present (i.e., conversations related to cultural identity, ethnic-racial discrimination, or immigration).

Participants expressed that when Latino parents felt safe, they used the therapeutic setting as an open space for vulnerability. Participants would recall Latino parent clients pushing down their own traumas in an attempt to protect their children from encounters of bias and discrimination. Using therapeutic intuition, participants encouraged Latino parents "to be vulnerable and not feel like they need to be perfect." Reinforcing that therapy is a safe space to

let their guard down was seen as helpful for the Latino parents to process some of their own traumas experienced in their lives. This was a salient finding within the *Therapeutic Relationship Groundwork* theme, given that therapy was often the first time Latino parents ever spoke about their past traumas with anyone. Participants honored that the vulnerable experiences Latino parents shared in treatment would "show up when it needs to show up." The participant went on to explain:

> What I found is that vulnerability invites vulnerability, [and] authenticity invites authenticity. If I'm able to be authentic and congruent, I think there is a sense of safety from the very beginning. I trust the people that I work with, and I say that explicitly.

In essence, participants were mindful of Latino parents' desires to protect their families and still attended to providing a secure space for moments of vulnerability to manifest.

Theme 2: Shift from Implicit Messages to Explicit Conversations

The second theme, *shift from implicit messages to explicit conversations*, describes the intricate practices participants identified to label and offer meaning to externalized ethnic-racial socialization-related experiences discussed with Latino parents. That is, participants described first broaching ethnic-racial socialization conversations with Latino parents by naming the presenting topic using direct language. In many ways, participants identified that exploring cultural identity was often an extension of *embodying cultural humility*. Meaning, participants often initiated culture-related conversations to gather an unbiased perspective. Latino parents would then respond to culture-related questions beginning with, "well, in my culture, we blah blah blah. [Latino parents] label it in that way. That happens pretty often." These moments were open opportunities for participants to understand what was done in the Latino parents' culture and what those values meant for their own cultural identity.

However, unlike cultural identity, other topics discussed required added efforts from participants to externalize the messages picked up from their Latino parent clients. For instance, what Latino parents often viewed and digested as "normal" occurrences (e.g., being called offensive names) were interpreted and overtly labeled by their family therapist as experiences of discrimination. In response, participants would respond to Latino parents with, "oh no, this was discrimination, and it wasn't okay." Other participants, who worked with undocumented Latino parents, described the parent's responses to be, "That's what I have to put up with, right? I should be grateful that I'm in this country, that I have an opportunity." The participant validated where the Latino parent was coming from and pushed against accepting the discrimination by telling the parent, "Just because you're undocumented, it does not mean you're not valuable or that you don't have a voice or have the right to be assertive." Essentially, when participants noted Latino parents normalizing the exposure to discrimination, they would explicitly redirect the conversation to remind them that those injustices were unacceptable.

Participants unanimously agreed that introducing conversations using explicit language surrounding ethnic-racial socialization was important to be able to offer new perspectives to parents. One participant reflected on their rationale for using explicit language with Latino parents and families and explained,

> As therapists, I don't think we realize that a lot of the knowledge we have, that's just common knowledge for us [and] isn't common knowledge for everybody. I think even for myself, I've noticed when I see something in the room or I pick up on something in regards to their culture or how their values or their beliefs might influence them, I just point it out now, even if I'm wrong.

This participant was comfortable with Latino parents agreeing or disagreeing with them when it came to making observations assumed to be connected to the Latino parents' cultural values or beliefs. Their focus remained on attending to using explicit language to help identify the

relevance of the conversation as it related to their culture. Other participants felt that naming

these topics was part of their responsibilities as family therapists to connect the relevance to

future generations (i.e., the Latino parent's children). As one participant described, "the next

generation doesn't know the trials and tribulations of the previous one unless they share them. I

feel like the less [children] know about those things, the more likely we all are to repeat some of

those patterns." Essentially, the participant explained that without explicitly talking about these

conversations, it was more likely that future generations would experience and accept the

injustices happening to them. Connecting the occurrences through use of overt language

demonstrated new ways for Latino parents to engage in these heavier topics with their children.

The following three sub-themes were identified as the practices used by participants to

make ethnic-racial socialization conversations explicit when working with Latino parents and

families: 2.1) explore cultural identity, 2.2) recognize ethnic-racial discrimination, 2.3) approach

immigration.

Sub-Theme 2.1: Explore Cultural Identity

This sub-theme, *explore cultural identity*, illustrates the diverse interpretations

participants gathered in relation to culture-related conversations with Latino parents. Participants

agreed that their Latino parent clients' culture was present in the room because it was part of their

identity. However, when it came to identifying and acknowledging some of the pieces that make

up cultural identity, one participant shared,

> I think [naming parts of cultural identity] was new to them. I think in a way for
> themselves, they know, obviously, that they have cultural identity. There's obviously
> cultural aspects that influence their identity. But when it comes to them talking about it
> and being open about it, I [didn't] really see that with my clients.

Participants acknowledged that culture was a broad topic and felt that each Latino parent had

their own views about what culture meant to them. Rather than confine culture, participants

posed broad questions to understand better what was encompassed in their Latino parent client's interpretation of culture. To ensure participants were gathering an accurate understanding of Latino parents' cultural identity, they would ask, **"**questions about their [clients'] experiences, their culture, what food, what music, what spirituality they practice […] each of them has their own experience, so [it is] important to ask the questions." Another participant agreed and shared, "I thoroughly ask about culture, and I ask about value systems, and beliefs, and practices, and I believe that those things are at the core of who people are." Ultimately, this approach helped participants to engage in cultural topics relevant to Latino parents and connect how their views on those topics impacted their cultural identity.

Participants who took the time to foster conversations around cultural identity resulted in a better understanding of Latino parents' views surrounding topics related to family loyalty, language, gender roles, sexuality, and religion. Once participants identified the relevant topics their Latino parents associated with their cultural identity, they gathered more insight into the parents' values and beliefs on these topics. Participants extended these conversations as they related to the Latino parents' children by asking questions such as, "What does it mean to you that your child identifies in this way? How is it different from your cultural values? How does it affect your relationship with them?" During the interviews, participants caught themselves reflecting on the value held in naming the cultural values and beliefs being described to them by Latino parents. That is, engaging Latino parents in these conversations helped to provide them with a new perspective on the meaning that cultural identity holds when these conversations are spoken about explicitly.

Work the Nuances. Participants described how the explicit conversations exploring Latino parents' cultural identity often included cultural nuances. Latino participants disclosed

feeling they had an "advantage" working with Latino clients based on their social identity and ability to understand particular cultural nuances compared to their non-Latino colleagues. For example, one participant went on to share,

> I firmly believe there's so much benefit to Latino clients sitting with a Latino therapist because regardless of the different lived experiences we've had, there's this similar understanding that we hold. There's different experience, but we just understand certain behaviors. We understand that you have to clean the house on Saturday mornings [laughter], right, or whatever it is. There's just this beautiful understanding, and I think it's beneficial because I think it destigmatizes therapy for our community.

Participants with Latino identities shared that having the representation and understanding of their clients' backgrounds helped to discuss specific nuances tied to the Latino culture organically. At the same time, the representation and understanding of cultural nuances simultaneously fueled the *Therapeutic Relationship Groundwork*. Non-Latino participants also pointed out this similar observation. One participant noted, "I've watched other therapists that speak Spanish that are […] Latino themselves-- and I feel like they're able to pick up on things that I'm not able to because I can't identify with that culture in the same way." Though this non-Latina participant spoke Spanish as a second language, she faced obstacles when it came to understanding cultural nuances that came more organically for her Latino family therapist colleagues. Non-Latino bilingual participants noted that it was not always enough to speak the language (i.e., direct translation). A level of awareness came with knowing the culture that helped to understand certain *dichos* (i.e., sayings) or gestures when working with Latino parents. That level of awareness was often needed to make conversations about culture and cultural identity explicit. Another participant described his practices of using nuances to break the ice and explicitly touch on culture with Latino parents:

> I use, a lot of using *modismos* and the slang. I use *chancletazo* [i.e., use of flip flop to spank] all the time. Even though no one gives their kids a *chancletazo* here, that's what they kind of do down there. That's a common word. I always get the laughter and I can

always see the light in [the Latino parents] eyes like, 'Okay, he gets it.' So, picking up on phrases that don't come from educated college-level Spanish, but just words that in phrases that are used, like a *chancletazo*, when they're misbehaving and using those kinds of things, I get the nuances of the culture. And you have to get the nuances because that's what they're looking for, the nuances. Not just that you understand Latino culture. The nuances.

Sub-Theme 2.2: Recognize Ethnic-Racial Discrimination

The *recognize ethnic-racial discrimination* sub-theme captures the practices used by participants to identify and navigate conversations of ethnic-racial discrimination with Latino parents. This subtheme includes participants' thoughtful considerations of *if, when,* and *how* these conversations took place with their Latino clients. When participants were initially asked if conversations of ethnic-racial discrimination came up with their Latino parents and if these conversations extended to the children, 95% of participants initially said "no". However, when probing questions were asked (e.g., "*Did these topics feel relevant to the case?", "Was your impression that families were already having conversations about ethnic-racial discrimination, or that this was new to them?"*), 75% of participants reflected on experiences that did in fact include discrimination.

Based on the data, the conversations around ethnic-racial discrimination were characterized according to the different strategies used as well as if the discrimination was directed *to* or *from* the Latino clients. On the one hand, 55% of participants described what happened *to* Latino parents and their families when they were the ones exposed to experiences of discrimination. On the other hand, 20% of participants also addressed the ways in which discrimination-related practices came *from* their Latino parents toward other Latino and non-Latino populations. The following three sub-theme categories describe these findings.

Hushing the Hurt in Front of the Children. For participants who worked with Latino parents on the receiving end of ethnic-racial discrimination, emphasis was placed on the parent's

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desire to protect their children from the adverse effects of the discrimination by minimizing or deflecting away from past exposures. For example, one participant shared an encounter with a Mexican parent in a family therapy session:

> One of the reasons why I think perhaps the parents diminish it, it's because the kids were present in the therapy room, and they just want to protect them. Whenever I will try to dig deeper into that, [Latino parents] were like, 'You know what? It's just not worth it to talk about. It's fine. We are going to be fine.' I feel that the parents would not give me a chance to explore it with the kids present because they really don't want to harm them in any way or make it heavy for them. So, they would not go there if the kids were there.

While the participant attempted to continue this meaningful conversation, they witnessed and respected the Mexican parents' attempt to shield their children from the harmful realities they had encountered in the past. As a result, participants gathered that Latino parents labeled this topic "hush hush" as a measure to prevent further hurt to come from those experiences. Another participant found themselves sharing a similar experience and reflected,

> It's interesting because I haven't really conceptualized it much. So now I'm going back […] parents will often share more about racial oppression, microaggressions with me when we're doing the parent sessions, more than it shows up when the child is there. Sometimes we then facilitate the conversation with the child. But historically, as I'm thinking about it, it hasn't often been that all three of us are there.

Participants validated their Latino parent clients' silenced voices on this topic after understanding the desire to protect their children. However, the implicit nuances picked up from Latino parents left participants in a position to name the topic being hushed explicitly. After labeling and discussing exposure to discrimination, a participant asked their Mexican parent clients, "Do you think you can talk to your child about this?" The participant revisited the affirmative response from the Mexican parents in this example in a later therapy session. Looking back, the participant went on to share, "I think that was a huge support for them [to] know that there's somebody that's going to give them [the] opportunity also to process how the conversation may have gone."

In comparison, not all participants worked with clients ready to open these conversations with their children. In these instances, a participant shared,

> If it just didn't seem appropriate for the kid to understand more, I would see [if there] was history of trauma or something else. I can tell there's something back there, but I'm not going to ask [the Latino parents] in front of their kids. Then maybe it would be a phone call in a couple of days, or if I can snag them afterwards or whatever, […] I'll be like, 'You want to sit in my office for a little bit? Are you doing okay? I know this is hard stuff. I'm proud of you for being here with your kids and helping them, but have you thought about talking to somebody for yourself?' Again, just placing those seeds.

Empowering the Observed Resilience. Naming and normalizing being able to discuss ethnic-racial discrimination in therapy was perceived as a step in the right direction for Latino parents willing to engage in these conversations in and outside of the therapeutic context. In addition to making these conversations explicit, participants found themselves working with Latino parents to identify different responses to exposed ethnic-racial discrimination experiences. One participant empowered the resilience they observed in their Latino parent clients by reframing the conversation and posing questions such as, "What legacy do you want [your children] to have? What strength do you think [your children] would take with them into adulthood that will help them be successful?" Another participant validated their immigrant Latino client's decision to quit their job after experiencing discrimination in the workplace. The choice to stand up for themselves was highlighted by the participant in that, "More times than not, it's that permission of admitting and acknowledging this was racism and also that we can share that with generations." Here, the participant was referring to the Latino parent being open with their children regarding leaving one job for another due to experiencing racism in the workplace.

In comparison to those who took a more leading role in these conversations, other participants took a step back to follow the lead of their Mexican parent clients. The participant provided a space for the Mexican family to process allowed and recalled,

> In one family, […] they were coming in because their child was being bullied and had been called a lot of racial and ethnic slurs. [The Latino parents] didn't really know what to do about it, and I frankly didn't really know what to do about it. […]
> I think the conversation, thinking back-- the dad said something that was pretty cool. […] It was something along the lines of very validating, validating in the sense of like, 'We care and love you no matter what.' I could feel it. It was very genuine. I know the son - the one that was getting bullied - also felt it. I think it went into [the father saying], 'We shouldn't be ashamed.' He said, 'You shouldn't be ashamed of who you are and where you come from. And if people choose to make fun of you for that, then that's their own problem.' Coming from a dad that really believed in his son and loved him, and to hear that, I think that went really far with [the son]. […]
> I think [the son] really internalized a little bit of that pride within himself of like, 'Yeah. I am Mexican. And that's not a bad thing, right? [Bullies] say it is, but it's actually not. [They are] just jealous,' kind of creating a different narrative around it. Before, it was like, 'Oh, yeah. I'm Mexican. And that's the worst because all of the things that go with it, all of the stereotypes.' But then shifting it so that all those stereotypes are then positives rather than negative things. I didn't bring that up, but that was what the dad bought up. I thought that was pretty cool.

Participants humbly accepted that they may not always have the knowledge or practices to address conversations related to ethnic-racial discrimination properly. However, regardless of whether participants had an active or passive approach to ethnic-racial discrimination conversations, both practices were considered effective in setting Latino parents up for success to engage in these conversations with their children.

Witnessing Latino Parents Discretely Discriminating. This theme is characterized by experiences during which participants found their Latino parent clients to make discriminatory remarks towards others. This was a salient and important theme in the data described by 20% of participants.

Some examples highlighted within-group discrimination. In response, one participant tapped into human values when working with their Cuban parent clients making derogatory remarks about non-Cuban Latino groups. They went on to explain,

> I rely on if they have religious or spiritual values, using those as a unifying force or unifying principle for them to work from, to borrow from, because it just seems like there's really no other way to go to me in terms of being relational, going back to the way I was trained, being relational about what is the lesson you want them to take away from here? Is it what they believe or how they treat people?

Other participants described experiences with Latino parents that included discriminatory remarks to non-Latino populations. For another participant, ethnic-racial discrimination was brought up after an encounter against their child occurred in school. The participant shared what they recalled the Mexican parent's response to be, "*Es que son Morenos*. It's because they're Black." In response, the participant redirected the parent by stating, "no, this is because they're a bully and they're a person that's bullying your child." Modeling different language for the Mexican parents represented an educational opportunity without offending or attacking the Latino parent's use of race as the defining factor of their child's bully. While the interview questions were more directed to the forms of discrimination faced by Latino parents and families, participants were transparent in naming the realities of how these conversations look when Latino clients are the ones discriminating against other groups of people.

Sub-Theme 2.3: Approach Immigration

This sub-theme, *approach immigration,* describes the practices participants used to broach conversations related to immigration with Latino parents. Given that participants had worked with Latino parents from undocumented to third-generation status, the level of relevance the topic of immigration had for Latino parent clients differed based on their historical context. Depending on the Latino parents' generational status, immigration conversations were described

by participants as ranging from "Parents don't talk about their immigration experience. They bury it" to others saying, "Oh, yes, those are conversations that for sure have taken place in my therapy room most of the time, like with all of my clients." In response, participants considered immigration a relevant and vital topic to address, especially regarding ethnic-racial socialization conversations.

For the 40% of participants who worked primarily with immigrant and first-generation Latino parents, participants revisited the significance of the *Therapeutic Relationship Groundwork* held in relation to immigration-related conversations. Participants acknowledged the fear and hesitation observed surrounding the topic of immigration when working with immigrant and first-generation Latino parents. In response, approaching the topic of immigration included "reinforcing confidentiality, letting them know what confidentiality entailed, letting them know that we were not associated with immigration and that it was just we were there as mental health professionals to help support." The implicit presence of immigration in therapy was noted by one participant who went on to share:

> They're constantly dancing around these topics. And there's a sense of unity that can come when we are able to talk about these things, we're able to explore them. We're able to know what it was like for whoever it is, our ancestors, what it was like for them. I think that has a way of binding families together and creating strength. So that's my bias with these topics. I think if we're able to talk about them, we're able to engage in some sort of dialogue. It becomes a strength rather than a weakness.

For the remainder of the participants working with Latino parents of later generations, immigration was not discussed with much urgency as Latino parents did not have to actively negotiate immigration issues as part of their day-to-day living.

Process and Prepare. Talking about immigration explicitly often included processing its impact across multiple generations. Participants provided Latino parents space in therapy to openly discuss the impact immigration had on them. Through this process, participants were able

to gather a better understanding of the concerns Latino parents had surrounding immigration. For

example, one participant talked about how the consequences of deportation rippled across three

generations. The participant went on to describe his Latina parent client's situation:

> She has a one-year-old, and her stepfather, who was basically her father, was recently deported. She was struggling to know how to talk about this one day with her child, because she felt that her mom hadn't really ever talked about immigration and their family experience with coming to America. It had always been sort of a hush-hush or a taboo topic. Essentially, with that client, what I was doing is helping them think through and talk about-- it probably sounds funny. Her child is only one-year old, but she's really, she's a very concerned parent. […] With her, we talked about what the messages were that she received from her parents, what was beneficial about those, what she hoped for in the future for her own children and her own family, what they wanted to learn or understand. It's another way of saying, how are we interpreting the previous generation's experiences? How can we learn from them, still be our own person, and choose what our path is going to be in the future as much as we can?

While the participant acknowledged how early this Latina mother was preparing to have an

immigration-related conversation with her one-year-old child, they understood her desire to be

prepared. The Latina client struggled with the experience of her stepfather being deported, and

the participant observed her desire to shield her child from facing similar experiences in the

future. As such, the participant posed questions to help the Latina mother prepare for if and when

this conversation would come up with her daughter in the future.

Shine Light on the Shimmer of Hope. Others found themselves in different situations

where the immigration process worked out in the Latino parent's favor. As one participant

shared,

> I think it can quickly transform into a topic that is actually very positive for parents. Because as soon as they get that yes of, "Okay, we were approved for a green card," for example, it turns into, "Okay, how can we help manage some of the stress that you feel because of the fear of being deported?" to, "How can we now keep using those skills but celebrate that you now have achieved something really great in your life?

Another participant held similar views reinforcing the idea that Latino parents can be, and are,

"such a strength to their children, can help them, can help guide them, and help them understand

the things that they're experiencing in the world, and can continue to be a resource for them for years to come." Essentially, these participants saw the Latino parent's immigration stories as opportunities to share these experiences with their children in a positive light and look forward to a hopeful future free of immigration concerns.

Be a Jack of All Trades. This theme speaks to the span of skills and knowledge participants utilized in and out of the therapy room to support their Latino parents regarding immigration-related issues. Regardless of the direction in which immigration conversations were taken, participants stressed being ready, "in terms of how you respond to those disclosures, because it's not like the parents need to actually be sharing that stuff with you, but they will be sharing that stuff with you if they feel comfortable." In addition to attending to immigration experiences, participants stressed that their work with Latino parents and their families is not completed at the end of the therapy session. Instead, advocating and getting informed were additional steps taken to offer tangible resources to Latino parents and families facing immigration issues. As one participant shared, "I built connections with immigration lawyers, and they tell me, they direct me to resources. They direct me to places that are knowledgeable, and then I just relay that to clients and it just kind of goes from there." For another participant, advocacy meant their Latino parent clients "have my cell phone number, and we have defined what's an emergency and what's an issue, but they want more access to you than other people do." Relatedly, other participants described supporting Latino parents on phone calls outside of session by being a translator or empowering Latino parents to use their voice when it came to obstacles faced in school or hospital settings. Additionally, three participants who worked predominately with immigrant and first-generation Latino parents went as far as getting special certifications to conduct immigration evaluations and support their Latino parent clients in visa

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applications. When probed about their motivations to get certified, one participant expressed, "…as far as helping their parents gain legal status, I don't have any power in that. I do have the ability to hold space for them and be able to provide the empathy, support, and the resources."

Theme 3: Unpack Generational Cultural Expectations

The third theme, *unpack generational cultural expectations*, illustrates the complex ways participants navigate cultural differences across Latino parent and child generations. That is, participants described addressing ethnic-racial socialization with their Latino parent clients by unpacking some of the generational culture-related messages being transmitted to their children. Given that the interviews were conducted with family therapists providing culturally relevant services, participants spoke to the influence of culture and time when it came to differences observed by Latino parents and their children. A key theme observed by participants was the clash between Latino parents' past exposures to environmental influences and their children's present experiences. Participants reflected that this went beyond parents making "back in my day" comparisons between their own experiences and those of their parents. Rather, participants noticed that parents held so tightly to the memories of their own upbringings that they were not considering the social evolution that was co-occurring in their country of origin during that time period. That is, the Latino parents were comparing their experiences in their country of origin in the *past* to the experiences of their children in the *current* U.S. context – focusing only on the difference in country context but without also acknowledging the significance of difference in time. In considering some of the Latino parent's resistance to the differing views their children had from their own, one participant shared:

> My gut feeling is parents are feeling panicked at the loss of their identity and the identity of their children. Their culture is very important for them. Being Latino is very important to them, and they see their children wanting to color their hair and do all [this] stuff, and

they forget that these things are occurring still in Mexico [or country of origin] right now. They're just from another generation.

In essence, the interpretations gathered by this participant were that parents were stuck in what they knew from their home country at the time they lived in their home country, without realizing that the changes they saw happening in their children are also occurring in their country of origin.

Participants unpacked the Latino parent's upbringing to gain more information and understand what led them to have these expectations for their children. The practices used to explore and shift these conversations are captured by the following three sub-themes: 3.1) create space for cultural conversations, 3.2) garner generational viewpoints, 3.3) support parents in raising bicultural children. Participants shed light on the practices used to support Latino parents and their children to find a common ground that honored their ethnic identity and embraced the complexity of balancing multiple cultures.

Sub-Theme 3.1: Create Space for Cultural Conversations

The sub-theme, *create space for cultural conversations*, highlights the intentional ways participants created space during their therapist-parent sessions with Latino parents to process topics that parents found difficult to engage in with their children. In considering what the family therapist's role is in supporting Latino parents to engage in conversations related to ethnic-racial socialization with their children, one participant expressed:

> You're the expert in the techniques and strategies that can help [Latino parents] out of the problem or that may offer a solution to the problem that they are dealing with, but they are the expert in whatever it is that they're going through, or whatever it is that they went through. You're here to listen, validate their experience, and then put that power back on them.

One participant named their approach to put the power back on their Latino parent clients by validating and attending to the fears they faced in order to make space for new perspectives and growth. As one participant who specialized in working with LGBTQ+ populations shared:

> Sometimes things like pronouns, gender exploration, family support can be really scary and intimidating. Part of my clinical practice is sometimes I work just with the parents. We talk through what's feeling scary about using they/them pronouns or *elle*. Shifting some of the language. Or what does it mean for [them] to have a child who is wanting to marry a woman and is a cisgender woman? How do we unpack some of these cultural aspects in a safe place that doesn't then impact the young human, who hearing their parents cry because they're not going to get grandchildren could be really hard and harmful. I utilize kind of my queer identities and my Latine/*elle* identity to better create an environment where they can be authentic and ask the questions.

Ultimately, guiding and facilitating conversations such as these exposed Latino parents to modeling, role-play, and space to ask questions without judgment. One participant described their role as, "It's just me providing those tools, providing those communication skills, providing the ways to how to talk to kids about things that they see or the things that they hear." Another participant who engaged in similar practices stated, "If you do it in a therapy room, and if you do well in the therapy room, [Latino parents are] more likely to do it at home." In essence, the participant described planting a seed so Latino parents could engage in these conversations with their children and continue to unpack some of their similarities and differences.

Sub-Theme 3.2: Garner Generational Viewpoints

The next sub-theme, *garner generational viewpoints*, sheds light on the patterns that Latino parents were raised with and how much those patterns differed from the interactions they are now facing with their children. Acknowledging these conversations offered space for parents to decide what they wanted to change, even though it meant stepping into new, unknown, and often uncomfortable territory. As one participant shared,

> I think sometimes the parents feel scared because it's so new, the concept of mental health and talking about these things. They feel kind of helpless in those moments

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because maybe past generations, it hasn't been focused on. They don't really know how to talk about these things, but they want to. I see that desire and that care and the emotion behind it. Like I said, almost all of them are sobbing in my office because they care so deeply about their kids. I think that's really beautiful.

Other participants spoke to the witnessed tension that came along with working with multiple generations at the same time. Another participant spoke to the generational hardships faced in Latino families while working with a Mexican family that included an immigrant grandmother, a first-generation mother, and a second-generation teenage daughter:

For grandmother, grandmother was very stuck in the past and in how she grew up within Mexico, where her views [to her daughter] were, "Okay, you have to be the woman of the household. You have to care for your children." There was a lot of criticism of, "Why aren't you cooking? Why aren't you cleaning? I know you got six children, but you should be able to do it all."
[The] mother was more that stance of like, "Okay, both myself and my husband are working. Yes, there are six children. I'm doing the best that I can." [The mother] identifies being more of, from her words, more of the American culture, where she was doing everything for her kids, but she also worked, and was understanding that she couldn't do it all. There was a lot of guilt associated with not being able to appease her mother and her mother's cultural views.
Then there was [the teenage daughter] that always shared feeling stuck between the two, having that sense of loyalty for her mom and for her grandmother, and not wanting to see the arguments happen.

Regardless of whether or not multiple generations were present during the therapy session, participants spoke about the weight of the expectations Latino parent clients held from past generations. In turn, one participant spoke to their desire to, "help [Latino parents] get to a place where they recognize the things on their own that they'd like to work on, and then help validate them in how much they have done and how good they are doing."

Encourage Breaking Generational Chains. Unfortunately, generational disagreements in values often led to a split road in determining what values Latino parents would maintain and what new values would be embraced. However, to navigate the shift in conversations, participants supported Latino parents by starting at the beginning. Participants identified

historical patterns from the Latino parents' upbringing and helped them re-evaluate the expectations they wanted to pass down to their children. A participant working one-on-one with an immigrant mother from Mexico reflected how the client mentioned,

> that her mom was very cold, lacked a lot of emotion in how they would share experiences, and how they would talk. She didn't want that to happen to the relationship that she had with her only daughter at the time. Something that she would constantly bring up is how she wanted to break that chain and not have to hit her child, not have to yell, not have to be so cold.

In essence, this participant took the relationship and conversation examples the Mexican mother provided from her past and took time to reflect on how that impacted her relationship with her child. This allowed the Mexican mother the opportunity to decide what type of relationship she wanted with her daughter and what legacy shift she wanted to pass down to her children. Another participant had similar experiences and expressed, "help [Latino parents] get to a place where they recognize the things on their own that they'd like to work on, and then help validate them in how much they have done and how good they are doing." Other participants also took note of their Latino parent clients' shifting prior transgenerational patterns and choosing to do something different for the sake of their children. Another participant was ignited by their Latino parent client's desire for change and expressed,

> I want to empower the hell out of these families. I want them to know that life can be different, and I want to validate their lived experience. […] it's really rewarding to see these families make pivotal changes in their lives. It changes the trajectory of their life.

Sub-Theme 3.3: Support Parents in Raising Bicultural Children

This sub-theme, *support parents in raising bicultural children,* highlights the modern-day obstacles participants faced to support their Latino parent clients in the task of raising children in the U.S. As one participant described, "[Their kids have] grown up as Latinos, but they feel American, and they are kind of torn between the two cultures." The more children acculturated

to living in the American culture (e.g., speaking English, independence), the more parents

struggled with the disconnect from their Latino identity, traditions, and values. This often led to

participants reminding Latino parents of the reality that their children are being raised in the U.S.

culture. In addition to validating the Latino parents' desires to stay true to their roots, participants

also described providing gentle nudges to parents to consider the positions in which their

children were placed. One approach used when working with a multi-generational family was,

> helping the parents understand that [their children] are in some sort of cultural shock to
> some degree, that they don't feel like they fit in 100% as Latino, and they don't feel that
> they fit in 100% as American. They have brown skin, they speak English, and some of
> them have terrible Spanish.

Another participant executed a similar approach and sought to balance the multigenerational

perspectives of raising children in the U.S. by acknowledging:

> We're navigating a whole different monster here. Your kids are growing up in an
> American school with American kids, but I understand you want to hold on to that
> culture, and you want to instill those cultural beliefs, those values like Latinos are big on
> family. We're big on this. We're big on that. You can still do that. You can still
> incorporate these things with your kiddos. However, there has to be a balance. […] We
> have to find this balance that works well for you guys in the family, where allowing your
> child to figure out who they are and what they want to do, what they want to grow up,
> how they want to live their life.

Here, the participant emphasized to parents that they did not have to give up their Latino culture,

values, and beliefs. Instead, focus was placed on the Latino family navigating these transitions

together and defining new values that could reconnect the Latino parents and their children.

Witnessing Effects of Linguistic Barriers. Though participants worked with Latino

parents to face the reality of raising children in the U.S., there remained additional obstacles

facing these Latino parents and families. Participants noted that while they worked with Latino

parents who were bilingual, there were multiple Latino parents who felt their English was not

good enough. As a result, participants interpreted imbalances in "the power that the parents were

giving to the kid[s]" related to the levels of autonomy and independence the Latino children were given. Other participants noted the dire issues caused by language gaps observed from one generation to the next. The inability of Latino parents (who spoke predominately Spanish) and their children (who predominately spoke English) to communicate often led to greater observations of disconnect between family members. While bilingual family therapists navigated sessions by translating, they raised concerns regarding the gap for these Latino families and their inability to communicate with one another. As one participant shared, "How do I help the parents navigate-- that? They only speak Spanish and then navigating with a child that only speaks English because they refuse to speak Spanish, and that's a whole different thing, too."

Navigating Modern Technology. Participants identified technology as another issue parents faced in feeling disconnected from their children. For example, technology was a barrier for a participant working with Spanish-speaking Latino parents, "because they don't know what their kids are doing online, and they don't understand it or how to control it or how to fix it, or they don't know anything about it." The barriers Latino parents faced to communicate with their children and keep up with modern technology only increased the gap between Latino parents and children. One participant shared a Latino parent's frustration who said, "*es que siempre esta en el telefono, yo no se como moverle, o como quitarlo*. [the child is always on the phone, and I do not know how to navigate it or take it away]." In these instances, participants reflected feeling their hands were tied beyond offering space for the Latino parents to process the frustrations that came with these modern-day barriers.

Optimism in Children's Desired Independence. Participants discussed how Latino parents reacted to their children wanting to live more independent lifestyles. Through these discussions, one participant reflected on a Latino parent's response, that, "we don't do things the

way Americans do things. We don't just move out at 18. It's not how we operate." Participants described the level of individuation Latino children sought was at a different level than Latino parents could digest. Unfortunately, the children's desire to live outside of the Latino parent's norms often left Latino parents sharing that they "must have failed as a parent. My child doesn't want to live anywhere near me." However, participants worked with Latino parents to realize they were still able to maintain a "connection, still love each other, and not have to be tied at the hip." This participant offered a new perspective by describing the Latino parent's success in raising their child who was prepared to navigate their lives on their own.

Theme 4: Contextual Practice Influences and Ongoing Development

The fourth theme, *contextual practice influences and ongoing development*, captures what participants in the current study identified as the multifaceted influences from their different social environments that contributed to their evolving practices with Latino parents over time. While participants explained the effectiveness of the practices they utilized with Latino parents and families in treatment (i.e., Theme 1, Theme 2, Theme 3), they also acknowledged their continued efforts to learn from these experiences and build their practices. That is, in addition to sharing their practices during the interview process, participants also contextualized where these practices came from and how the exposure to different social environments motivated their continued efforts to improve for their Latino clients. As one participant described, "I think it's a spectrum of experiences. I don't think one experience can cover everything." Thus, to understand participants' ethnic-racial socialization practices in the therapy room with Latino parents, it is necessary to recognize that these processes have evolved over time and been influenced by exposure to their different social environments. As such, this theme describes the reflexive ways in which participants remained cognizant of the various influences,

inside and outside of the therapy room, that would continue to impact their practices moving forward. The following two sub-themes were identified: 4.1) Grow from Your Experiences; 4.2) Advocate for Justice.

Sub-Theme 4.1: Grow from Your Experiences

The sub-theme, *grow from your experiences*, speaks to how different social environments influenced participants' growth and development as family therapists promoting ethnic-racial socialization-related conversations with Latino parents. Regardless of the degree to which conversations about race, ethnicity, culture, discrimination, and/or immigration were relevant for their Latino parent clients, participants agreed on the importance of self-reflection in relation to these topics. That is, participants felt encouraged to further promote and learn about these topics as they continued to be exposed to new experiences. One participant shared, "It was through experiences that I learned how to work with Latinx communities better." Ultimately, participants credited their past experiences from their own upbringings, education, training, and working with diverse Latino clients as critical for supporting them in approaching these conversations in therapy.

Personal Background Influences. All participants reported that their upbringings and exposure to different social environments significantly influenced the practices they carried out in the therapeutic setting with their Latino clients. When probed about examples of these influences, one participant shared, "some of it's my own upbringing, my family culture, friends I grew up with." The 70% of participants who self-identified as Latinos spoke to resonating with their Latino parent clients based on their own lived experiences. Regarding her influence to have conversations regarding culture, race, and ethnicity with Latino parents, one Mexican American participant reflected,

I think a lot of it is personal experience for me because having lived through a lot of these situations lets me know how important they are, how important it is to have them. […] I don't know if I would be having these conversations or having the awareness that I have about the importance of these conversations if I hadn't gone through it. So, for me, it's personal experience and kind of reflecting back on what I've gone through, that I'm like, 'okay, it's important to have these.' I wish growing up that my parents and I would have had some of these conversations, knowing that they would have made an impact or a difference in some way in our personal lives.

While the remainder of the participants acknowledged they could never fully understand what it means to be a Latino living in the U.S., it did not stop them from continuing to be lifelong learners surrounding these conversations. They spoke about seizing opportunities that allowed them to expand their horizons and learn more about Latino culture, especially outside of the therapy room. For example, a non-Latino participant shared,

For me, my wife, she speaks Spanish. She lived in El Salvador for a number of years. Because of that, I was exposed to, and we intentionally sought out different opportunities and different experiences within our community to engage with the Latino population. She's worked and been a part of the Hispanic coalition here in our local area, and that's involved us with some of these communities. I think it's helped me to be able to connect with and understand and work with families, sort of in that sense, in a different way than I would in maybe a therapy room. I think being able to expose ourselves outside of just the therapy room to families is really important. I think that's the first piece, is trying to find ways within our communities that we can be involved with people from different walks of life. I don't think it's only in the therapy room or in our training that we receive those experiences. I think it should become an extension of who we are.

Ponder Education and Training. Participants reflected on how their master's education informed their practices with Latino clients. Responses on educational influence working with Latino clients ranged from participants saying, "to be honest with you, not really, because I don't even think we really had much of that other than our little diversity class," to others describing, "My master's program was very heavy on culture, on diversity, and ensuring that culture is incorporated into treatment." For participants who felt less prepared to work with Latino parents during or after their master's program, there were reflections shared on seeking opportunities to learn outside of their program. One participant described, "I've actively sought out decolonized

therapeutic perspectives. As I've shared spaces and wisdom with incredible therapists who are doing this work, it's really helped me to recognize where the gaps in my knowledge and my skill set are." While the participant felt less prepared initially working with Latino parents, they continually sought out resources to fill in the training gaps they felt still existed. Other participants described having different experiences, where they could apply the teachings they were exposed to in their program. One participant shared,

> We had an opportunity in the master's program to have a piece where everybody shared their genogram and was able to share all of their cultural background and how it informed their life. So I got to see, including in my own, how the cultural piece informed values, lifestyle, belief systems. So with that experience in the master's program, I was able to carry that into treatment. I have seen how valuable it is to clients and understanding them.

Here, the participant connected a relevant educational opportunity with a practice they could carry out with Latino parents to gather more information on cultural background. Despite their education or training, participants recognized that there was no one correct approach that could make them feel fully prepared to work with Latino clients. As another person acknowledged, [P12] "I think school can't prepare you for everything, and you have to get some hands-on experience and learn more and do things on your own to learn more."

Learn from Latino Parents. In addition to their own upbringing and educational training, participants highlighted the Latino clients themselves as influential in shaping their practices. The Latino clients' impact on the participants influenced their motivation to grow as family therapists to provide the best care possible. One participant explained, "The more you work with a certain population, the better you understand that population, the better you are prepared to work with them." Others acknowledged a level of professional growth that came from addressing heavier topics with Latino clients compared to other demographic groups. As one participant reflected

> Before starting to provide treatment, I hadn't really put too much thought into immigration and the role it plays in families. As I've been providing treatment, it's something that came to light for me, that sense of, like, 'It's there and it's not being talked about.' If it is, it's being viewed in a very negative light versus having open discussions. So, it definitely shed some light for me.

The more participants continued to work with Latino parents and families, the more exposure they got to different ethnic-racial socialization-related conversations. Given that these conversations were present across their Latino parent clients in one way or another, participants reflected on how these interactions influenced their future practices. One participant reflected,

> I go home, and I'm like, how can I probably explain this better to a parent next time? It's like, how can I, as a therapist, do a better job of providing this information to the parent next time? Or maybe either next time I see them or to a different family that are going through similar things.

These interactions were described as influential because participants were actively learning from their experiences with their Latino clients. Ultimately, these experiences led to the participants considering ways to improve future interactions with their Latino parent clients.

Sub-Theme 4.2: Advocate for Justice

The final sub-theme, *advocate for justice,* describes participants' social advocacy efforts to address contextual inequities impacting Latino clients. In this sub-theme, participants reflected on systemic U.S. structures and environments they found to be influencing Latino family systems (e.g., policies, politics, schools, work, neighborhood, healthcare). As one participant described,

> I think nowadays, what's happening, even just around us and then what we hear in the news and in social media and things like that, it's very culturally relevant, where we can bring up these conversations regarding culture and race and ethnicity.

The more current events that occurred, especially related to ethnic-racial discrimination, the more participants were compelled to bring these issues into the therapy room with Latino parents. Participants emphasized, "there's discrimination on the global level" and it is no longer

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enough to have real-world events occur and not talk about them in therapy. For example, participants identified events such as the Black Lives Matter movement, policies perpetuated by the Trump administration, and disproportionate impacts due to the COVID-19 pandemic as relevant topics to address with Latino populations. Participants expressed the importance of prioritizing Latino parents in these advocacy-related conversations. As one participant explained,

> Explore that in a way that's helpful for them and what they need, right, within your limits. You can't just change policy overnight, but how can you be an advocate for them, and show them that these things are important to you as a clinician?

Though participants spoke about how these advocacy efforts showed up in the therapy room, they also remained cognizant to how these practices translated for them outside of therapy. In exploring their rationale for initiating these conversations, participants shared wanting to be an ally for their Latino clients. As one biracial participant described,

> [these practices] can't just be in the therapy room. We need to be mindful of what policies we are supporting, where we're putting our energy outside [of therapy], because it's not enough for us to say, like, 'oh, I work with Latino families' and then vote for policies that impact us deeply. Yeah, that's bullshit. So, I think that's also part of it, is really being engaged in larger system exchange, because I also think that that opens up our understanding of the real impact of these policies, right?

Ultimately, being a social advocate for Latino parents meant being an advocate both in and outside the therapeutic setting. The more cognizant participants were in relation to the social contextual influences around them, the more efforts they dedicated to continuing to develop their ethnic-racial socialization-related practices for Latino parents.

Summary of Themes

The findings from the current study yielded four major themes and 11 subthemes exploring the lived experiences of 20 family therapists who have worked with Latino parents in therapy. These themes and subthemes capture the practices that participants in the current study utilized to promote ethnic-racial socialization-related conversations with their Latino parent

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clients (Table 3). First, participants introduced the necessary groundwork before engaging in

deeper discussions with Latino parents. Next, participants spoke about the approaches to

identifying and explicitly naming ethnic-racial socialization-related topics with Latino parents.

Then, participants described the practices they utilized to understand and help Latino parents

conceptualize the generational culture-related messages transmitted to their children. Finally,

participants highlighted various social influences that prompted their desire to continue

advancing their promotion of ethnic-racial socialization conversations with Latino parents in

therapy. Table 3 presents an overall summary of the study findings.

Table 3

Themes and Sub-Themes

Themes/ Definitions	Sub-Themes

1) Therapeutic Relationship Groundwork
   - The first theme speaks to what family therapists described as necessary foundational work needed to effectively work with Latino parents.
	1.1) Embody Cultural Humility
	   - Willingness to Remain Curious
	   - Take a Not-Knowing Stance
	
	1.2) Nurture the Connection
	1.3) Promote Safety

2) Shift from Implicit Messages to Explicit Conversations
   - The second theme describes the intricate practices used to label and offer meaning to externalized ERS topics identified by participants.
	2.1) Explore Cultural Identity
	   - Work the Nuances
	2.2) Recognize Ethnic-Racial Discrimination
	   - Hushing the Hurt in Front of the Children
	   - Empowering the Observed Resilience
	   - Witnessing Latino Parents Discreetly Discriminating
	2.3) Approach Immigration
	   - Process and Prepare
	   - Shed Light on the Shimmer of Hope
	   - Be a Jack of All Trades

Table 3 (cont'd)

Themes/ Definitions	Sub-Themes

3) Unpack Generational Cultural Expectations
- The third theme illustrates the complex ways participants navigate cultural changes noted across Latino generations living in the U.S.
	3.1) Create Space for Cultural Conversations
	3.2) Garner Generational Viewpoints
	  - Encourage Breaking Generational Chains
	3.3) Support Parents in Raising Bicultural Children
	  - Witnessing Effects of Linguistic Barriers
	  - Navigating Modern Technology
	  - Optimism in Children's Desired Independence

4) Contextual Practice Influences and Ongoing Development
- The fourth theme captures the multifaceted influences participant's own lived experiences had on future therapeutic practices with Latino parents.
	4.1) Grow from Your Experiences
	  - Personal Background Influences
	  - Ponder Education and Training
	  - Learn from Latino Parents
	4.2) Advocate for Justice

Summary

This chapter presented qualitative findings regarding the practices participants considered effective in supporting Latino parents to engage in ethnic-racial socialization conversations with their children. Four major themes were identified: therapeutic relationship groundwork, shift from implicit messages to explicit conversations, unpacking generational cultural expectations, and contextual practice influences. Participants offered interpretations of their interactions with Latino parents in therapy and recalled the nuances surrounding ethnic-racial socialization-related conversations. The next chapter will discuss the study findings in relation to the current literature on ERS (e.g., social agents of change available to support Latino parents and their families in the face of ethnic-racial discrimination in the U.S.). Further, study strengths and limitations will be presented, followed by clinical and research implications.

CHAPTER 5: DISCUSSION AND IMPLICATIONS

Summary of the Study

The aim of this qualitative study was to explore and document the lived experiences of family therapists working with Latino parents in therapy. While this dissertation was originally guided by one initial research question (i.e., What do family therapists consider to be effective practices for supporting Latino parents to engage in ethnic-racial socialization conversations with their children?), the findings captured broader contextual therapeutic mechanisms that must be in place in order to engage Latino parents and families in ethnic-racial socialization conversations effectively. That is, findings in this study provide complex insight into the therapeutic context precipitating and surrounding these conversations for family therapists inside and outside of the therapeutic setting (i.e., Theme 1, Theme 4). Existing mental health literature provides helpful insight regarding the benefits of promoting ethnic-racial socialization practices to support Latino parents and families to address the effects of ethnic-racial discrimination (Ayón et al., 2020; Cross et al., 2020; Hughes et al., 2006). However, less ethnic-racial socialization research has focused on family therapists as one of the socializing agents available to support Latino parents and their families. Findings from the present study describe how family therapists can serve as socializing agents, equipped to support Latino parents and their children as they navigate their lives within the current societal and institutional structures in the U.S. (Bronfenbrenner, 1979; Crenshaw, 1991; McDowell & Jeris, 2004).

The guiding theoretical frameworks for the present study were Bronfenbrenner's ecological theory (1979) and critical race theory (Crenshaw, 1991; Delgado & Stefancic, 2017; Ladson-Billings & Tate, 1995). These frameworks offer a relevant perspective to the effective practices that family therapists reported using to support Latino parents to engage in ethnic-racial

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socialization conversations with their children. Specifically, the findings highlight a complex

integration of practices that family therapists used to promote conversations about race, ethnicity,

culture, ethnic-racial discrimination, and immigration with Latino parents. Additionally, this

research demonstrates how therapy can serve as a promoting environment (García Coll et al.,

1996; Stein et al., 2016), where family therapists systematically conceptualize and implement

supportive practices related to ethnic-racial socialization throughout treatment with Latino

parents. These findings are relevant for enhancing the ways in which family therapists (i.e.,

socializing agents) engage in culturally relevant practices to support Latino parent clients and

their families (Norcross & Wampold, 2018; Stein et al., 2016; Zhang & Burkard, 2008).

To achieve the aim of this study, semi-structured interviews were conducted via Zoom

with 20 family therapists. Guided by Braun and Clarke's (2006) six-step process of thematic

analysis, four main themes were identified: a) therapeutic relationship groundwork, b) shift from

implicit messages to explicit conversations, c) unpack generational cultural expectations, and d)

contextual practice influences. The following sections will discuss findings critical to

considering the impact of family therapists' experiences working with Latino parents and how

the results of the present study compare to the extant literature. I will then go on to discuss how

the findings offer nuanced considerations regarding how family therapists working with Latino

parents and families can implement ethnic-racial socialization practices with families in the

therapeutic context.

Therapeutic Relationship Groundwork

The first theme, *therapeutic relationship groundwork,* explains the deliberate practices

family therapists engage in to foster an authentic therapeutic relationship with Latino parents in

therapy. Rather than placing emphasis on techniques or therapeutic models, family therapists in

this study prioritized identifying ways to connect with their Latino parent clients. This is similar to what has been described as promoting therapists cultural competency when working with clients of diverse backgrounds in the literature on common factors (Blow et al., 2007; Holyoak et al., 2020; D'Aniello et al. 2016; Fife et al., 2014). This finding is congruent with previous literature indicating that a positive therapeutic relationship established and maintained by therapists with culturally diverse clients is an influential element in promoting therapeutic change (Bernal & Sáez-Santiago, 2006; Bordin, 1979; Cardemil & Battle, 2003). While the focus of this study centered on family therapists' practices to promote ethnic-racial socialization with Latino parents, therapeutic practices centered on developing a positive relationship with Latino parents were identified as essential precursors of this work. Suggestions for establishing a positive therapeutic relationship included discussions tailored to gathering a humble perception of Latino parent clients' unique cultural backgrounds and experiences, fostering an authentic relationship, and promoting therapy as a safe space to express thoughts and feelings freely. Similar to what has been suggested in prior work, considerations pertaining to the development of the therapeutic relationship were described as necessary milestones to have in place before engaging in these deeper conversations (Bordin, 1979; Taylor et al., 2006; Walsdorf et al., 2019). Essentially, without this theme, family therapists in the present study could not see how their practices to engage in deeper conversations with Latino parents would be effective.

Family therapists participating in this study remained cognizant of structural influences from systemic racism, oppression, and discrimination faced by their Latino parent clients living in the U.S. (Crenshaw, 1991; McDowell & Jeris, 2004; Wieling et al., 2020). Aligning with the tenants of critical race theory, family therapists recognized the invisible norms around racism and oppression (Crenshaw, 1991). As such, family therapists intentionally *embodied cultural*

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humility practices to acknowledge and embrace the cultural complexities of working with diverse Latino groups (Bean et al., 2001; Bernal & Sáez-Santiago, 2006; Hawkins et al., 2021; Sue et al., 1992). These findings are supported by previous research indicating the importance of remaining curious and taking a learning stance when working with Latino parent clients of diverse cultural backgrounds (Fisher-Borne et al., 2015; Hook et al., 2017; Walsdorf et al., 2019). While a great majority of family therapists felt they had some knowledge about Latino culture, they were conscious of attending to the unique experiences in relation to their Latino parents' cultural background. That is, family therapists approached identity-related conversations by asking thoughtful questions and acknowledging that every client has their own unique experiences associated with their background. Further, the knowledge gathered from these conversations offered family therapists the ability to recognize the similarities and differences shared with their Latino parent clients (Friedlander et al., 2006; Hook et al., 2013; Platt, 2012).

Additional practices used to establish and maintain a positive therapeutic relationship with Latino parents included *nurturing the connection*. In this study, family therapists prioritized breaking down stigmas associated with seeking mental health services and providing a comfortable space (i.e., a promoting environment; García Coll et al., 1996; Stein et al., 2016) for Latino parents to speak openly. These practices are especially pertinent to the overall findings, given that the family therapists recognized that many of their Latino parent clients remained hesitant about engaging in treatment. Participants identified that for many of their Latino parent clients, this was their first time in therapy, or they lacked prior exposure to culturally sensitive family therapists. That is, family therapists picked up on their Latino parent clients' socio-cultural concerns (e.g., language differences, the therapist's limited understanding of cultural nuances) with treatment (Biever et al., 2002; Rastogi et al., 2012; Stein et al., 2016). While

previous studies have identified similar reservations on the part of Latino parents seeking mental health services (Bermudez et al., 2010; Uebelacker et al., 2012), the present findings extend knowledge of the role family therapists can play in addressing these reservations and promoting therapeutic engagement with their Latino parent clients. Specifically, family therapists in the present study fostered a positive therapeutic relationship with their Latino parents by helping acclimate them to the process and possibilities for therapy and taking the time to attend to client concerns throughout treatment.

Family therapists identified *promoting safety* as a relevant practice when working with Latino parents. These findings align with a plethora of research indicating that feeling safe in therapy, and with one's therapist, are critical factors for promoting client retention and positive outcomes with Latino clients (Escudero et al., 2008; Griner & Smith, 2006; Romero, 2019). Given that Latino culture traditionally values keeping personal matters within the family (Abdullah & Brown, 2011; Falicov, 2017; Kapke & Gerdes, 2016), family therapists in the present study reported needing to work to build trust and to earn the disclosures shared by their Latino parent clients. That is, family therapists made intentional efforts to support their Latino clients in experiencing therapy as a space to feel heard, understood, and supported. Family therapists in the present study held high regard for providing their Latino parent clients with a space to unburden themselves from the experiences they previously withheld from others.

Shift From Implicit Messages to Explicit Conversations

The second theme identified in the present study was a *shift from implicit messages to explicit conversations*. This theme articulates the ways in which family therapists acknowledged ethnic-racial socialization-related topics emerging in conversations with Latino parents and the practices used to address these conversations overtly. Existing literature suggests that cultural

socialization and preparation for bias are the most commonly explored ethnic-racial socialization domains in Latino populations (Cooper et al., 2020; Szkupinski et al., 2014; Zong et al., 2018). Immigration socialization has been identified as a rising ethnic-racial socialization domain relevant to Latino populations (Ayón et al., 2020). The current study, therefore, used these three domains to contextualize and situate the practices used by family therapists to engage in these conversations with Latino parents. While previous literature has identified socializing agents available to support Latino parents and families (Byrd & Ahn, 2020; Chen et al., 2020; Davidson & Roopnarine, 2021), less scholarship has focused on family therapists as socializing agents available to offer new perspectives on ethnic-racial socialization conversations. The present study expands existing literature on the modified integrative model of child development by highlighting that therapy can serve as a promoting environment (García Coll et al., 1996; Stein et al., 2016) and how family therapists can serve as positive socializing agents available to navigate ethnic-racial socialization conversations with Latino parents and their families.

The first subtheme was *exploring cultural identity*. This subtheme extends from the practices therapists used to lay the *therapeutic relationship groundwork* (Theme 1) with clients, which often included using broad conversations related to culture as a way to engage with Latino parents. In alignment with existing research, the family therapists in this study recognized that Latino parents are very aware of their cultural identity (Bean et al., 2001; McGoldrick et al., 2005; Quintana & Scull, 2009; Parra-Cardona et al., 2008). As such, these conversations were thoughtfully extended by using terms like "values" and "beliefs" to make cultural identity-related conversations explicit. Through such practices, family therapists supported Latino parents in overtly identifying and discussing their views on cultural topics such as family loyalty, language, gender roles, sexuality, and religion. Consequently, family therapists purposefully linked these

cultural conversations as they related to the similarities or differences shared between Latino parents and their children. However, the ability of family therapists to systematically navigate these cultural identity-related conversations was influenced by their social identity and level of awareness of Latino cultural nuances. Past researchers have shared mixed interpretations of the influence that similar and different therapist-client social identities have on treatment outcomes (Cabral & Smith, 2011; Flaskerud, 1990; Ibaraki & Hall, 2014). Yet, the present study shows that the intersection of social identity and cultural awareness held an influence on the family therapists' ability to acknowledge, navigate, and offer a different perspective on the presented cultural topics. Taken together, these experiences are in accord with a rise in the literature advocating in favor of more culturally relevant practices and training to equip family therapists to engage clients effectively in treatment (Ertl et al., 2019; Keeling & Piercy, 2007; Smith et al., 2022; Taylor et al., 2006).

The second subtheme, *recognizing ethnic-racial discrimination,* includes the strategies family therapists used to broach and process discrimination-related conversations overtly according to where the Latino parents stood in relation to encounters of discrimination. That is, family therapists navigated conversations related to discrimination happening *to* or *from* Latino parent clients. When Latino parents were the ones exposed to experiences of discrimination, family therapists observed and honored the parents' desire to protect their children through their passive and protective responses (Ayón & García, 2019; Eyal, 2022). Family therapists also supported their Latino parents by empowering them not to internalize the unacceptable and unjust encounters of discrimination (Ayón et al., 2018; Torres, 2004). The family therapist's ability to intervene before Latino parents could internalize these negative encounters align with the principles of critical race theory that encourage family therapists to challenge societal

structures surrounding racism and oppression (Crenshaw, 1991; Delgado & Stefancic, 2017; Ladson-Billings & Tate, 1995). While family therapists prevailed in validating their Latino parent clients' experiences with discrimination, this study speaks to the ways family therapists feel unprepared or like they are falling short in navigating these conversations. Further research aimed to equip family therapists with practices to address ethnic-racial inequities and promote efforts to resist discrimination when working with diverse Latino parents and their families is needed (Andrade et al., 2021; Ayón et al., 2019; Laszloffy & Hardy, 2000).

An interesting finding described by family therapists in the present study is their willingness to acknowledge the realities of navigating these conversations when Latino parents were the ones who were carrying out discriminatory practices. While abundant literature exists on the adverse effects on Latino populations exposed to ethnic-racial discrimination (Andrade et al., 2021; Ayón, 2016; Cobb et al., 2018; Umaña-Taylor, 2016), a dearth of scholarship has explored the consequences of Latino parents engaging in intra- and intergroup discriminatory practices (Ayón & Becerra, 2013; Córdova & Cervantes, 2010). Family therapists in this study prioritized not wanting their Latino parents to feel shamed or attacked for making derogatory remarks toward other groups. Instead, practices included redirecting the conversation to focus on the presenting problem or modeling the use of different language with the Latino parents. These findings contribute to the literature by naming the realities of conversations encountered by family therapists when working with Latino families and the ability to navigate those conversations that are productive for the Latino parents' treatment process. However, more scholarship is needed on prevention or early intervention efforts targeting Latino discriminatory practices, given that no one is immune to the perpetuation of discrimination (Bartoli & Pyati, 2009; Sue et al., 2007).

The third subtheme, *approaching immigration*, includes family therapists reflecting on their practices to broach conversations related to immigration based on their Latino parent client's historical context. Immigration socialization has been recognized as a unique facet of ethnic-racial socialization relevant to Latino parents and families (Ayón et al., 2020; Cross et al., 2020; Stein et al., 2016). The findings in the present study align with previous research, especially as they relate to immigrant and first-generation Latino parents. Family therapists shared unfortunate experiences faced by Latino parents related to immigration, including family separation and discrimination (Ayón & Becerra, 2013; Eyal et al., 2022). Several experiences were shared in regard to the multisystemic trickling effects Latino parents and their families faced when it came to discrimination (Bronfenbrenner, 1979). In these instances, family therapists reflected on practices that offered support and space for Latino parents to process these experiences. Further, the findings in the present study highlight the added responsibilities family therapists took on to provide resources for their Latino parents and their families (Falicov, 2017; Parra-Cardona, 2019; Wieling et al., 2020). That is, family therapists conducted advocacy efforts in and out of the therapy room to remain informed and offer as many valuable resources to their Latino parents as possible (Walsdorf et al., 2019). Further research is needed to understand the types of resources family therapists can be trained in or obtain to be well-equipped to support Latino parents and families in navigating larger sociopolitical contexts.

Unpack Generational Cultural Expectations

Unpacking generational cultural expectations was the third theme in the present study. Whereas the second theme identified practices used to name and offer meaning to ethnic-racial socialization-related topics explicitly, this theme describes the ways family therapists consciously unpacked generational cultural differences between Latino parents and their

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children. Aligning with the modified integrative model of child development (García Coll et al., 1996; Stein et al., 2016), family therapists identified ways to highlight the diversity and strengths that stem from the Latino families' cultural roots. To navigate and appropriately find balance in these conversations, family therapists were attentive to their Latino parent clients' cultural values of respect and family (Chang & Liou, 2009; Falicov, 2017; Gonzalez & Méndez-Pounds, 2018). This finding contributes to the literature on the power family therapists hold to validate Latino parents in their upbringing experiences and respectfully shift their perspective to acknowledge the current social context in which they raise their children.

The first subtheme, *creating space for cultural conversations*, describes how family therapists utilized therapist-parent sessions to process topics that Latino parents found difficult to engage in with their children (e.g., gender, sexuality, immigration status). Having these conversations in therapist-parent sessions was intentionally executed by family therapists to protect the family system from any potential ruptures in relationships (Calzada, 2010; Parra-Cardona et al., 2009). The topics discussed centered on cultural values and the concerns held by Latino parents that their cultural values differed from those of their children. In these instances, family therapists used strategies such as modeling, role-play, and intentionally creating an inclusive space for parents to ask questions free of judgment (Barnett et al., 2016; Parra-Cardona et al., 2012). Previous research has named similar strategies in culturally relevant evidence-based practices to support, engage, and retain Latino parents when children are absent in treatment (Parra-Cardona et al., 2017; Parra-Cardona et al., 2009). Findings in the present study support strategies identified in previous literature to engage Latino parent subsystems in treatment and offer insight into continued avenues to explore.

The second sub-theme, *garnering generational viewpoints*, depicts the practices family therapists carried out to understand how their Latino parent clients viewed the generational expectations held for their children. This finding is supported by previous transgenerational trauma scholarship identifying the consequences transmitted down through generations when cultural expectations are unmet (Meléndez Guevara et al., 2021; Nelson et al., 1993; Phipps & Degges-White, 2014). Family therapists in this study gathered a thorough family history to detect different transgenerational patterns and interactions. This approach helped therapists to understand how these experiences have affected their clients, so they were better able to support Latino parents who sought to make positive changes in their relationship with their children. This finding highlights the practices that family therapists used to empower Latino parents for their willingness to step into these uncomfortable conversations with them. Further, family therapists heightened the fact that Latino parents were breaking generational chains by applying new approaches they hoped could spark a new legacy with their children. This is especially important when considering the observed willingness of Latino parents to make pivotal cultural changes (e.g., seek mental health services, re-evaluate cultural expectations) to strengthen their parent-child interactions and relationships (Bernal & Flores-Ortiz, 1982; Perreira et al., 2006). These findings align with the growing body of transgenerational trauma scholarship dedicated to tailoring practices to support Latino parents in identifying, processing, and overcoming these generational chains that often stemmed from traumas (Meléndez Guevara et al., 2021; Phipps & Degges-White, 2014).

The third theme, *supporting parents in raising bicultural children*, articulates how family therapists supported Latino parents through modern-day obstacles while raising their children in the U.S. context. In a four-decade review, Safa and Umaña-Taylor (2021) identified the

adjustments Latino families in the U.S. face when integrating their cultural systems rooted in their heritage (e.g., Latino) and nationality (e.g., American). In the current study, participants described their Latino parent clients as being more enculturated (i.e., wanting to maintain their Latino culture; Gonzales et al., 2002) and their Latino children as being more acculturated (i.e., adapting to U.S. culture; Berry & Sam, 2006). While disagreements between parents and children were common, family therapists in this study emphasized concern over Latino parents feeling a sense of loss from their roots when disagreements about culture with their children occurred. Similar to previous findings, family therapists in this study sought balance to shift the conversation to biculturalism and help Latino parents see the strengths of endorsing both cultures (Gonzalez & Méndez-Pounds, 2018; Safa & Umaña-Taylor, 2021). Two results within this subtheme merit comment regarding the crossroads Latino parents faced in finding a balance between their heritage and nationality related to generational language gaps and the Latino children's desire for independence.

First, a growing concern identified by family therapists in this study was the witnessed gap in families unable to communicate with one another due to language gaps. Recently, Cox and colleagues (2021) have denoted this phenomenon as shared language erosion, which describes the process of parents acquiring national language (i.e., English) at a slower rate than their children, who are losing their heritage language (i.e., Spanish) as they improve their English skills. These findings align with the current study identifying the added stressors placed on Latino parent-child relationships and barriers to communication. Further, family therapists shared their Latino parent clients' frustrations regarding their difficulty in effectively communicating with their children and feeling unable to support them outside of session. Much work remains to be done before fully understanding the extent to which shared language erosion

impacts Latino families and the contemporary issues that lie ahead without proper resources and support measures in place (Cox et al., 2021).

Second, family therapists recognized Latino parents' concerns regarding their children's desire for independence. That is, the more children sought independence, the more Latino parents internalized this as a disconnect from their children. For example, in non-collectivist cultures, parents would typically see their children's desire to move away in adulthood as an accomplishment in preparing them to navigate society (Greenfield, 2016; Huppert et al., 2019). However, the family therapists in this study shared that their Latino parents disclosed feeling like failures as parents when their children expressed a desire to move away. This finding aligns with an abundant amount of research, especially as it pertains to Latino cultural values surrounding familism (Cahill et al., 2021; Falicov, 1998; Stein et al, 2015). Family therapists were mindful in validating the Latino parents' experiences and offered a new perspective to help parents see the success of their parenting in raising their children to feel empowered enough to navigate U.S. society on their own. In these instances, family therapists supported Latino parents in finding a balance in the bicultural and multigenerational perspectives brought forward in raising children in the U.S. (Gonzalez & Méndez-Pounds, 2018).

Contextual Practice Influences and Ongoing Development

The final theme identified in the present study includes *contextual practice influences and ongoing development*. This theme illustrates the evolving growth family therapists took upon themselves to reflect on the influences that different social environments had on their therapeutic practices. As posed by Bronfenbrenner's (1979) ecological framework, human development is influenced over time by exposure to different social environments. Given that life is full of exposure to new experiences, family therapists in the present study leveraged their awareness of

these influences to adapt and evolve their clinical practices with Latino parents. This theme

provides an important complement to our knowledge of the ethnic-racial socialization practices

identified in this study by supplying vital information about how these practices came to be and

continued to grow. That is, therapists acknowledged that practices related to ethnic-racial

socialization are not a craft that can be mastered. Instead, it is an evolving process that must

influence their practices to continue to support their Latino parents effectively (Davis et al.,

2016; Fisher-Borne et al., 2015; Hook et al, 2017). This finding aligns with an abundance of

culturally relevant approaches identified in the literature to support family therapists seeking to

strengthen their inclusive practices (Ben-Ari & Strier, 2010; Davis et al., 2016; Fisher-Borne et

al., 2015; Sue, 1998; Hook et al, 2017). As such, this salient theme contributes to our

understanding of the process of developing and maintaining best practices for supporting Latino

parents and families in therapy.

The first subtheme, *grow from your experiences*, accounts for what family therapists

described as a commitment to maintaining reflexivity with regard to their day-to-day experiences

and applying what they learned from these contextual influences inside and outside the therapy

room. In this study, family therapists reflected on life encounters that influenced their practices

surrounding conversations about race, ethnicity, culture, discrimination, and immigration with

Latino parents. This pattern of results is consistent with the previous literature documenting

one's personal history, and its relationship to therapeutic practices carried out by family

therapists (Aponte & Kissil, 2014; Paris et al., 2006). In addition to one's personal history,

family therapists in this study also spoke to education and training influences on their therapeutic

practices with Latino parents. These findings have been well documented in the literature,

especially concerning diversity-related curricula and training aimed to equip family therapists to

work with diverse Latino populations (Erolin & Wieling, 2021; Yzaguirre et al., 2022). Further, this study affirms previous literature identifying the strengths of diversity-related training and the need for family therapists to access education and training opportunities beyond graduate studies to further their therapeutic development (Parra-Cardon et al., 2005; Singh et al., 2020).

While family therapists in this study agreed that there is no one correct approach to learning effective practices working with Latino parents, they also spoke to the need to identify learning opportunities to grow. One approach emphasized was embracing the influences that stem from hands-on experience in treatment. These findings shed light on how Latino parent clients helped shape the family therapists' practices. Much scholarship has been dedicated to teaching and emphasizing the importance of cultural inclusivity in treatment (e.g., Bernal et al., 2009; Hardy & Bobes, 2016; PettyJohn et al., 2020). However, this study bolsters the *how-to* execution of inclusive practices for family therapists by empowering the voices of and learning from Latino parent clients to improve interactions with future Latino parent clients. Given the trajectory of increased ethnic-racial representation in the U.S. (U.S. Census Bureau, 2021; Zong et al., 2018) and unfortunate continued contemporary issues related to discrimination and immigration (Gomes & Perez Huber, 2019; Lazarevic et al., 2018; Wieling et al., 2020), it is imperative that family therapists find avenues of growth to engage in ethnic-racial socialization-related conversations with Latino parents. This study suggests that learning from Latino parent clients' experiences can and should be an influential factor in the continued process of growth and development for family therapists.

The second subtheme, *advocate for justice*, acknowledges the contextual inequities family therapists observed their Latino parent clients facing in different social environments (e.g., politics, schools, workforce, healthcare) and practices used to promote social advocacy

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efforts. Family therapists are not immune to the historical and oppressive systemic

infrastructures in the U.S. (Norcross & Wampold, 2018; Zhang & Burkard 2008), and

participants in this study were vocal about engaging in advocacy efforts in and outside of the

therapeutic context for their Latino clients. Aligning with critical race theory, family therapists

were willing to question and challenge current societal and institutional structures adversely

impacting their Latino parent clients (Araújo& Borrell, 2006; Ayón, 2016; Crenshaw, 1991).

These findings are consistent with the American Association for Marriage and Family Therapy

Code of Ethics preamble on the "Commitment to Service, Advocacy and Public Participation,"

which states that family therapists

> are defined by an enduring dedication to professional and ethical excellence, as well as
> the commitment to service, advocacy, and public participation. The areas of service,
> advocacy, and public participation are recognized as responsibilities to the profession
> equal in importance to all other aspects. Marriage and family therapists embody these
> aspirations by participating in activities that contribute to a better community and society,
> including devoting a portion of their professional activity to services for which there is
> little or no financial return. Additionally, marriage and family therapists are concerned
> with developing laws and regulations pertaining to marriage and family therapy that serve
> the public interest, and with altering such laws and regulations that are not in the public
> interest. Marriage and family therapists also encourage public participation in the design
> and delivery of professional services and in the regulation of practitioners. Professional
> competence in these areas is essential to the character of the field, and to the well-being
> of clients and their communities. (American Association for Marriage and Family
> Therapy, 2015)

Further, these findings align with a rising claim that it is necessary for family therapists to

appropriately navigate conversations about relevant current events that may directly or indirectly

have an influence on their client's well-being (D'Arrigo-Patrick et al., 2017; McGoldrick &

Hardy, 2019). It is imperative that future research document and disseminate the advocacy

approaches family therapists utilize in treatment with Latino clients to continue to dismantle the

interconnected inequities stemming from racism, discrimination, and power held by U.S. society.

Study Limitations and Strengths

Limitations

It is important to acknowledge the limitations of this study. First, although family

therapists from 10 different states in the U.S. were represented in this study sample, this study is

not meant to represent the work of all family therapists across the country; nor are the study

findings meant to be generalizable to the practices of all family therapists working with Latino

parents in therapy. Generalizability is a measure often used to assess the extent to which the

results of a study apply broadly to different populations (Braun & Clarke, 2021). However,

hermeneutic phenomenological research is not meant to be generalizable, as its mission is to

capture the unique essence of the lived experiences of its participants (van Manen, 2016). This

interpretive methodology is a critical philosophy of action that "radicalizes thinking and the

acting that flows from it" (van Manen, 2016). Instead of generalizability, this study focused on

generating awareness of the application of ethnic-racial socialization in the therapeutic context

with Latino parents and families with the goal of identifying meaningful intervention strategies

that can advance therapeutic practice. This is important given the ever-changing environments

Latino populations are exposed to in their social environments (Bronfenbrenner, 1979; Delgado

& Stefancic, 2001; García Coll et al., 1996; Stein et al., 2016). Although these results support the

experiences of a limited number of family therapists in the U.S., they make an important

contribution by suggesting focal practices to examine in future studies designed to better

understand the translation of ethnic-racial socialization in the therapeutic context.

Another limitation of this study is the potential biases rooted in participant responses. For

example, my social identity as a second-generation bilingual Latina may have influenced

participant responses. Given my identity as a Latina, and my insider status as a fellow family

therapist, it may be possible that participants were influenced by a social desirability bias and may have sought to provide answers that they thought I would find agreeable. To protect against this bias, time was dedicated before starting the interview to establish a participant-research relationship so that participants would feel comfortable speaking honestly about their experiences working with Latino parents. Further, participants were reminded several times throughout the interview process that there were no right or wrong answers. While the possibility of social desirability bias must be acknowledged, my identities also provided me with an insider status with regard to the examples provided by participants (Nigar, 2020; Olive, 2014). Participants did not have to pause and explain cultural nuances while providing examples of their work with Latino parents, which likely allowed for more authentic reflections and fewer disruptions in the interview. Still, future research examining alternative methodological approaches, such as observational studies, may shed additional light on the ethnic-racial socialization-related practices carried out by family therapists working with Latino parents.

Finally, this study sought to identify effective practices based on what family therapists reported to be effective practices when working with Latino parents. While research-supported domains of ethnic-racial socialization guided the semi-structured interviews, no measures for therapeutic practices associated with effectiveness were utilized in this study. Future studies could use outcome data to target effective practices using various data collection methods such as case records (e.g., progress notes), observational data, or therapist self-reports to identify the practices implemented with these families.

Strengths

A vital strength of the present study is its focus on the lived experiences of family therapists working with Latino parents across the U.S. The representation of diverse identities

held by the participants included race/ethnicity, gender, sexual identity, age, generational status, and linguistic diversity. Given that 55% of participants identified as Latino/a/x and 15% identified as multiracial/multiethnic, the findings in the present study elevate the voices of Latino family therapists and the Latino communities they serve. Additionally, the study sample composition responds to calls to increase the representation of ethnically-racially diverse participants in couple and family therapy intervention research (Dwanyen et al., 2022; Erolin & Wieling, 2021; Wieling & Rastogi, 2004). The willingness of these participants to share their experiences provides novel insight to advance culturally relevant therapeutic practices when working with Latino populations. Further, participants represented diverse geographic locations and a wide range of years working with Latino parents. The different levels of exposure to working with Latino parents in different parts of the U.S. provided rich nuance to the types of ethnic-racial socialization conversations that were most relevant for Latino parents and families (e.g., therapist observation on ethnic-racial discrimination directed *to* or *from* Latino parents). Intentional recruitment strategies using therapy service-related websites (e.g., PsychologyToday, Therapy.com) were performed to capture the voices of family therapists representing diverse identities. Future researchers seeking to capture diverse family therapists could benefit from this recruitment approach to reach those working in private practices, medical settings, and community-based organizations.

Next, in addition to the diversity in demographics among the participants, there was great diversity in the demographics of the Latino parent clients represented in the data. Family therapists were mindful to avoid making blanket assumptions by addressing the complexities and heterogeneity encompassing their Latino parent client's cultural identity (Martínez & Gonzalez, 2021; Salinas, 2020). When family therapists described specific case examples, they included

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details about their client's ethnic background (e.g., Mexican, Cuban American), migration history (i.e., generation status), and language preference (Comas-Díaz, 2001). These details provided by family therapists were intentionally included in the results to avoid over-generalizing the encounters they experienced with their Latino parent clients, similar to the therapeutic recommendations put forward by Adames and Chavez-Dueñas (2016). Further, this information was helpful in identifying unique similarities and differences family therapists observed from Latino parents of diverse ethnic backgrounds related to the explored ethnic-racial socialization domains.

Finally, this study was intended to explore the role family therapists may play as social agents of change available to support Latino parents to engage in ethnic-racial socialization conversations with their children. Family therapists appeared engaged in the interview process and emanated passion and allyship while sharing their experiences of working with Latino parents, children, and family clients. The combination of their shared expertise and the heightening of their Latino clients' voices helped me gain a full picture of the organic inclusion of ethnic-racial socialization in the treatment process. That is, family therapists acknowledged that their Latino clients play a critical role in the types of interactions they had, which influenced their therapy practices. Given the rich detail offered by participants, part of the analysis process included distinguishing the family therapists' experiences and client "voices" (i.e., family therapists interpretations of their client's perspectives) found in transcripts. The "voice" distinctions were critical to the data analysis process to capture an accurate representation of the family therapists' experiences and practices. This was a strength for two reasons. First, the qualitative approach used to collect and analyze these data enabled a more nuanced and complex examination of the data than would have been possible through data collection by means of a

quantitative assessment. Second, this attention to identifying and analyzing the data most relevant to the research question enhanced the validity of the study findings. In terms of future research, it would be useful to gather data from multiple informants, including from family therapists, Latino parent clients, and their children, to further understand the implementation of ethnic-racial socialization conversations in the therapeutic context.

<div align="center">**Study Implications**</div>

Future Research

This study contributes to empirical research examining family therapists as socializing agents available to support Latino parents and their families in using ERS practices to mitigate the adverse effects of exposure to ethnic-racial discrimination (Bernal & Sáez-Santiago, 2006; Ruck & Hughes, 2021; Torres et al., 2018). The majority of empirical work on ERS with Latino populations has focused on parents as key social agents of change for children (Ayón et al., 2020; Umaña-Taylor et al., 2014). However, researchers have called for more scholarship to identify other social agents of change available to support Latino populations (Ruck et al., 2021). The current study responds to this call by identifying family therapists as social agents of change and identifying potentially effective approaches for family therapists to use when seeking to engage in culturally relevant practices. As such, future research can continue to expand upon these findings in several ways.

First, findings from this study highlight the importance of empirical research in translating ethnic-racial socialization into the therapeutic context when working with Latino parents and families. The identified family therapist practices in this study have significant implications for moving these findings into a pilot training intervention. A pilot training intervention could be useful for family therapists in diverse therapeutic settings (e.g., training

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clinics, private practice, community organizations) that seek to implement tailored culturally relevant practices with Latino parents and families. To build on and empirically validate the effectiveness of the suggested findings, the pilot training intervention could include quantitative measures (e.g., pre-posttest) to identify therapists practices linked to effective outcomes for Latino families in treatment. Such an intervention study would be beneficial to support future development and understanding of the relevance different ethnic-racial socialization topics have in treatment. The pilot study could also inform the types of training family therapists already have to equip them to engage in ethnic-racial socialization-related conversations, as well as the gaps that remain in order to tailor training intervention strategies to address those needs.

Second, future research should continue to explore making ethnic-racial socialization conversations applicable to Latinos by generational status. Findings in this study highlighted how different domains of ethnic-racial socialization held different degrees of relevance for Latino parents and families depending on their generational status in the U.S. For example, immigration socialization held higher relevance for immigrant and first-generation families than it did for later generations. Further examination of the degree to which ethnic-racial socialization domains apply to Latinos could inform more modifiable practices for future family therapists working with Latino parents and families.

Third, future research using alternative methodological approaches to gather data, make observations, and record longitudinal effects of ethnic-racial socialization practices would make for several valuable contributions to the research. An area of research that should be further explored is the longitudinal outcomes for Latino parents and families who received ethnic-racial socialization-related practice information from family therapists. This information would be beneficial for understanding the types of influences these practices hold for Latino parents and

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families, as well as helping continue to tailor the types of practices carried out to help Latino families most effectively. In addition, the multifaceted perspectives included by different parts of the family sub-systems may be beneficial for observing the potential bi-directional effects of ethnic-racial socialization conversations across generations.

Finally, another important area of research could investigate the impact that engaging in ethnic-racial socialization practices with clients has on the ongoing therapeutic development of family therapists. This could offer new insight into real-world processes that facilitate lifelong learning experiences about culturally relevant practices.

Clinical Practice and Training

In addition to providing implications for future research, the findings of this study can also inform clinical practice and training efforts for family therapists. These findings offer practice recommendations that can be applied throughout treatment to support family therapists working with Latino parents and families. Specifically, Table 4 includes suggestions that aim to offer practices that can promote ethnic-racial socialization conversations in treatment. However, family therapists are encouraged to approach these suggestions through an iterative process that includes self-reflection as they continue to develop their clinical craft. Given that there is no one correct way to engage in ethnic-racial socialization conversations, these suggestions offer thoughtful considerations for family therapists seeking to expand their application of culturally relevant practices when working with Latino parents and families in treatment.

Table 4

Practices Recommendations to Promote Ethnic-Racial Socialization in Therapy

Themes	Sub-Themes and Family Therapist Practice Recommendations

Therapeutic Relationship Groundwork	1. Invest in the therapeutic relationship before engaging in deep and personal dialogue.
	2. **Embody Cultural Humility**. Remain open and curious about the complexities of Latino clients' cultural backgrounds.
	    a. Familiarize and expand knowledge on cultural humility.
	    b. Avoid assumptions and acknowledge the unique experiences of Latino clients.
	    c. Ask thoughtful identity-related questions and take a not-knowing stance.
	    d. Recognize and learn from similarities and differences shared with Latino clients.
	3. **Nurture the Connection**. Identify opportunities to establish and promote trust in the therapeutic relationship.
	    a. Offer Latino clients the reassurance that you are on the same team (i.e., working toward common goals).
	    b. Provide background to therapy (e.g., explain informed consent, policies, procedures, socially locate yourself, describe therapeutic practices).
	4. **Promote Safety**. Safety should be prioritized early, so Latino clients feel comfortable, heard, and understood.
	    a. Remind Latino clients that therapy is confidential (i.e., engage in explicit conversations about confidentiality).
	    b. Revisit conversations about safety when sensitive topics are approached.

Shift from Implicit Messages to Explicit Conversations	1. Broach ethnic-racial socialization conversations using direct language and define introduced terminology.
	2. **Explore Cultural Identity**. Identify opportunities to have in-depth conversations about cultural identity.
	    a. Identify and explore Latino clients' cultural identities using broad questions (e.g., experiences with culture, food, music, spirituality, gender norms).
	    b. Strengthen conversations by including terms like "values" and "beliefs" with associated cultural topics.
	    c. Consider cultural nuances in examples provided by Latino clients (e.g., physical gestures, sayings).
	3. **Recognize Ethnic-Racial Discrimination**. Normalize talking about ethnic-racial discrimination in treatment.
	    a. Identify Latino clients' comfort with discussing discrimination, racial oppression, or microaggressions.
	    b. Validate Latino clients' experiences and promote efforts to resist unacceptable and unjust encounters.

Table 4 (cont'd)

Themes	Sub-Themes and Family Therapist Practice Recommendations
	c. When Latino clients discriminate against others, redirect conversations by tapping into human values and modeling the use of non-discriminatory language.
	4. **Approach Immigration***. Invest in training opportunities and seek resources related to immigration.
	a. Revisit and reinforce confidentiality as it relates to immigration.
	b. Acknowledge level of knowledge pertaining to immigration and problems related to immigration status.
	c. Gather historical context related to immigration experience to understand level of influence immigration issues play on Latino clients day-to-day living.
	d. Hold therapeutic space for Latino clients to process immigration related experiences.
Unpack Generational Cultural Expectations	1. Support Latino clients in navigating cultural similarities and differences across generations.
	a. Acknowledge social context and environmental influences over time (i.e., social evolution).
	b. Gather family history (e.g., cultural genogram).
	2. **Create Space for Cultural Conversations**. Extend therapeutic space for Latino parents to process topics that may be difficult or uncomfortable to address with children in the room.
	a. Guide and facilitate conversations using modeling, role-play, and offer opportunities to ask questions.
	3. **Garner Generational Viewpoints**. Acknowledge generational shifts in types of conversations and relationships observed in Latino families.
	a. Validate upbringing experiences and gather insight to the changes they seek with future generations.
	b. Promote breaking generational chains and offer support in re-evaluating the expectations Latino parents would like to pass down to their children.
	4. **Support Parents in Raising Bicultural Children**. Discuss experiences raising bicultural children.
	a. Explore avenues to find balance in cultural expectations, while remaining respectful of Latino parents' cultural values and beliefs.

Table 4 (cont'd)

Themes	Sub-Themes and Family Therapist Practice Recommendations

Contextual Practice Influences and Ongoing Development	1. **Grow from Your Experiences**. Consider multifaced social environment influences to learn from experiences and build therapeutic practices.
	    a. Engage in self-reflection (i.e., personal upbringing experiences) in relation to ethnic-racial socialization topics.
	    b. Seek continuing education and training opportunities aimed to increase knowledge on culturally relevant practices.
	    c. Reflect on the interactions and influences Latino clients have in shaping your therapeutic practices.
	2. **Advocate for Justice**. Increase understanding of systemic U.S. structures and environments influencing Latino family systems (e.g., policies, politics, schools, work, neighborhood, healthcare).
	    a. Demonstrate allyship and become informed about social justice issues.
	    b. Explore legal partnerships (i.e., immigration lawyers) to stay informed with immigration procedures.
	    c. Identify certification opportunities to support Latino clients to conduct immigration evaluations.
	    d. Promote social justice advocacy in local and national governing bodies.

Note: *Family therapists are encouraged to engage in self-reflection regarding comfort and competency levels related to immigration prior to engaging in these conversations with Latino clients.

The translation of these practice recommendations have numerous multisystemic implications that can serve family therapists personal and professional development. At the micro level, family therapists can engage in self-reflection to identify areas of growth related to ethnic-racial socialization topics (Fisher-Borne et al., 2015; Gonzalez et al., 2021). One approach for this could be for family therapists to engage in culturally relevant training opportunities to avoid crystalizing their practices. As highlighted in this study, family therapists were committed to being lifelong learners to adapt their practices to the needs of their Latino clients and provide the best services possible. Additionally, family therapists should continue to advocate for empowering the voices of their Latino parents and family clients. While clinical training and research offer great recommendations for the effective practices family therapists should engage

in (e.g., Bernal & Sáez-Santiago, 2006; García Coll et al., 1996; Griner & Smith, 2006; Sue, 1998), the actual practice of working with Latino parents and families offer tremendous learning opportunities. Family therapists should remain open to learning from their Latino clients as their unique experiences are what offer new perspectives to consider in practice. There are strengths in recognizing that Latino clients live with an array of encounters in their day-to-day lives, and learning from their shared experiences can help inform future therapeutic practices. Further, gaining this knowledge from Latino clients can offer greater insight into the existing training and research available for future practicing family therapists.

At the exo level, family therapists can indirectly influence Latino clients by developing relationships through exposure to different supports and resources in their surrounding communities (e.g., translation services, legal counsel, certificates to support the immigration process). These efforts to seek out resources can directly (i.e., micro level) influence the family therapists by promoting that inner growth and self-reflection work. This can ultimately lead to family therapists equipping themselves with additional tools and resources to extended to their Latino clients (i.e., mesosystem). Bridging these connections can influence and foster positive therapeutic relationships by demonstrating advocacy practices family therapists engage in to remove oppressive barriers faced by their Latino clients.

At the macro level, family therapists must commit to promoting advocacy efforts in and outside of the therapeutic context. The findings in this study highlight that it is no longer enough to acknowledge topics of culture, race, and ethnicity in therapy. Family therapists must be willing to engage in intersecting conversations that address and challenge the societal and institutional structures adversely impacting their Latino clients (Araújo& Borrell, 2006; Crenshaw, 1991; Watson, 2019). For some, this may include staying up to date with

contemporary issues occurring in society (e.g., immigration policies) in order to appropriately time the relevance of these conversations with clients. For others, this may include active participation in social justice efforts to demonstrate solidarity with disenfranchising the oppressive U.S. infrastructures impacting their Latino clients (Wieling et al., 2020). Whatever form of advocacy family therapists engage in is a step in the right direction to promote the societal change they wish to see over time. The contributing social justice efforts at different levels of self-reflection, exposure to resources, and continued work with Latino parents and families can continue to influence the types of advocacy work family therapists to carry out with their clients over time (i.e., chrono level).

Family therapists hold valuable roles and responsibilities as socializing agents of change to support Latino parents and families navigating exposure to ethnic-racial discrimination in the U.S. To empower family therapists to continue to challenge the systems that perpetuate structural racism and discrimination, ethnic-racial socialization practices should be included as part of their education and training. Suggestions from this study include the active desire from family therapists to learn and grow from their encounters working with Latino parents and families. Training efforts to meet these demands are needed in order to equip family therapists with the necessary practices to support their Latino clients in the constant state of changes they face living in the U.S. Specific trainings can include education on the relevance of ethnic-racial socialization topics with Latino populations, when and how to plant the seed for these conversations to occur in treatment, and opportunities for family therapists in training to practice these conversations before executing them with their clients.

Final Summary/Conclusion

The current study aimed to explore and document the lived experiences of family therapists working with Latino parents in therapy. Specifically, this investigation focused on the effective practices family therapists used to support Latino parents to engage in ethnic-racial socialization conversations with their children. Twenty family therapists from ten states across the U.S. were interviewed via Zoom. Guided by Braun and Clarke's (2006) six-step of thematic analysis, four main themes were identified (i.e., therapeutic relationship groundwork; shift from implicit messages to explicit conversations; unpack generational cultural expectations; contextual practice influences) along with 11 more specific sub-themes. Key findings suggest the identified practices family therapists used to engage Latino parents in ethnic-racial socialization-related conversations make them valuable social agents of change well-equipped to support Latino parents in these conversations. Future research should be dedicated to monitoring, exploring, and documenting the outcomes of these conversations to support the health and well-being of Latino parents and families. Future research should also consider strategies for developing and maximizing culturally relevant practices from the insight brought forward by Latino parents and families in treatment.

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APPENDIX A: IRB APPROVAL LETTER FOR INTERVIEWS

MICHIGAN STATE
U N I V E R S I T Y

EXEMPT DETERMINATION
Revised Common Rule

May 23, 2022

To: Kendal Nichole Holtrop

Re: **MSU Study ID:** STUDY00007739
        Principal Investigator: Kendal Nichole Holtrop
        Category: Exempt 2ii
        Exempt Determination Date: 5/23/2022
        Limited IRB Review: Not Required.

Title: Family Therapists' Lived Experiences of Discussing Ethnic-Racial
Socialization with Latino Parents

This study has been determined to be exempt under 45 CFR 46.104(d) 2ii.

Principal Investigator (PI) Responsibilities: The PI assumes the responsibilities
for the protection of human subjects in this study as outlined in Human Research
Protection Program (HRPP) Manual Section 8-1, Exemptions.

Continuing Review: Exempt studies do not need to be renewed.

Modifications: In general, investigators are not required to submit changes to the
Michigan State University (MSU) Institutional Review Board (IRB) once a research
study is designated as exempt as long as those changes do not affect the exempt
category or criteria for exempt determination (changing from exempt status to
expedited or full review, changing exempt category) or that may substantially
change the focus of the research study such as a change in hypothesis or study
design. See HRPP Manual Section 8-1, Exemptions, for examples. If the study is
modified to add additional sites for the research, please note that you may not
begin the research at those sites until you receive the appropriate
approvals/permissions from the sites.

Please contact the HRPP office if you have any questions about whether a change
must be submitted for IRB review and approval.

New Funding: If new external funding is obtained for an active study that had been
determined exempt, a new initial IRB submission will be required, with limited
exceptions. If you are unsure if a new initial IRB submission is required, contact the
HRPP office. IRB review of the new submission must be completed before new
funds can be spent on human research activities, as the new funding source may
have additional or different requirements.

**Office of
Regulatory
Affairs**
**Human Research
Protection Program**

4000 Collins Road
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APPENDIX B: SAMPLE RECRUITMENT EMAIL

I hope this email finds you well. My name is Melissa Yzaguirre, and I am a doctoral candidate at Michigan State University in East Lansing, MI. With the support of my advisor Dr. Kendal Holtrop, I am conducting a research study entitled: ***Family Therapists' Lived Experiences of Discussing Ethnic-Racial Socialization with Latino Parents***, in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

The purpose of the study is to explore and document the experiences of family therapists who have worked with Latino parents in therapy. I am particularly interested in understanding how therapists can support Latino parents to engage in conversations with their children regarding race and ethnicity (i.e., ethnic-racial socialization).

I am recruiting up to 25 family therapists that can represent culturally relevant practices in my study. Culturally relevant practices include therapeutic integration of cultural values, beliefs, and norms. **Because my study is focused on family therapist who implement culturally relevant practices, I want to ensure that a diversity of voices – including racially and ethnically diverse family therapists – are included in the sample**.

Family therapists interested in participating in the research study will:
1) Be asked to complete the online screening survey with questions about their background. The online screening survey should take no longer than 15 minutes to complete.
2) Be contacted via email to schedule time for a 60- to 90-minute-long video-recorded interview if the study eligibility criteria are met. Interview questions will include asking about their experiences as a family therapist working with Latino parents in therapy.

I am providing $100 gift cards for reimbursement of time and effort for participants who meet eligibility criteria and complete the 60-to-90-minute research study interview. There is no compensation provided for completing the online screening survey.

The flyer for the study is attached, and this is the link to the Qualtrics survey for interested family therapists: https://msu.co1.qualtrics.com/jfe/form/SV_dhGILTznXlocZyS

I would greatly appreciate if you would circulate this information to family therapists you believe will be willing to participate in the study.

This study has been determined to be exempt by the MSU IRB (STUDY00007739). Please feel free to contact me with any questions or concerns you have. Thank you in advance for your support.

Melissa Yzaguirre, M.S., LLMFT
Doctoral Candidate, Couple and Family Therapy
Department of Human Development and Family Studies
Michigan State University
Pronouns: she/her/ella

MICHIGAN STATE
UNIVERSITY

STUDY ON THERAPISTS' EXPERIENCES WORKING WITH LATINO PARENTS IN THERAPY

The purpose of this study is to understand how therapists can support Latino parents to engage in conversations with their children regarding race and ethnicity (i.e., ethnic-racial socialization).

Family therapists interested in participating in the research study will:
1) Complete a brief 15-minute online screening survey about their background.

2) Participate in a 60- to 90-minute-long video-recorded interview via Zoom if study eligibility criteria are met.

Eligible participants will be compensated $100 via an electronic Amazon gift card for completing the 60-to-90-minute research study interview.

To participate, please click **HERE** to complete the online screening survey.

CONTACT
Researcher: Melissa Yzaguirre, M.S.   Faculty Advisor: Dr. Kendal Holtrop
yzaguirr@msu.edu   holtropk@msu.edu

ELIGIBILITY CRITERIA

In order to participate, you must:

1) Have earned a graduate-level degree from a mental health-related field (e.g., couple and family therapy, counseling, psychology, social work)

2) Self-identify as a family therapist in the U.S.

3) Have completed at least 200 direct relational therapy hours (e.g., worked directly with couples and/or family systems)

4) Have worked with at least 2 Latino parents in the past six months

5) Have implemented culturally relevant therapy practices (e.g., practices consistent with the values, beliefs, and desired outcomes of diverse populations)

6) Be at least 18 years old

This study has been deemed exempt by the Institutional Review Board at Michigan State University.

APPENDIX D: PARTICIPANT QUESTIONNAIRE (QUALTRICS)

Therapist Characteristics

1. How old are you?
   a. [Dropdown Selection]
2. What is your gender?
   a. Woman
   b. Man
   c. Trans Woman
   d. Trans Man
   e. Non-binary
   f. Prefer to Self-describe: [Open Text]
   g. Prefer not to say
3. Sexual identity (choose all that apply)
   a. Asexual
   b. Bisexual
   c. Gay
   d. Straight (heterosexual)
   e. Lesbian
   f. Pansexual
   g. Queer
   h. Questioning or unsure
   i. Identity not listed. Please specify: [Open Text]
   j. Prefer not to disclose
4. Please indicate your race/ethnicity (choose all that apply)
   a. African American/Black
   b. American Indian or Alaskan Native
   c. Asian
   d. Hispanic/Latino/a/x
   e. Native Hawaiian or Pacific Islander
   f. White
   g. Other: [Open Text]
5. In the United States, are you considered a U.S. citizen?
   a. Yes
   b. No
   c. Prefer not to disclose
6. Please indicate your generation status
   a. First generation (i.e., individual who is foreign-born)
   b. Second generation (i.e., individual with at least one foreign-born parent)
   c. Third generation (i.e., individual with two U.S. native parents)
   d. Other: [Open Text]

7. What is your mother tongue (primary language)?
   a. English
   b. Spanish
   c. Other: [Open Text]
8. Please identify the languages you consider yourself fluent in:
   a. English
   b. Spanish
   c. Other: [Open Text]
9. What religion do you identify yourself most close to?
   a. Buddhism
   b. Catholicism
   c. Hinduism
   d. Judaism
   e. Mormonism
   f. Islam
   g. Protestantism (e.g., Methodist, Baptist, Presbyterian, etc.)
   h. Sikh
   i. Any other religion (Please specify): [Open Text]
   j. No Religion
   k. Prefer not to disclose
10. Please indicate the highest degree you have earned.
    a. Masters
    b. Doctorate
    c. Other: [Open Text]
11. Please specify your highest degree type.
    a. Counseling
    b. Psychology
    c. Social Work
    d. Marriage and Family Therapy
    e. Other: [Open Text]
12. Please indicate the year you received your highest degree.
    a. [Dropdown Selection]
13. What type of license(s) do you hold? (Please spell out any acronyms)
    a. [Open Text]
14. Do you identify as a family therapist in the U.S.?
    a. Yes
    b. No
15. Are you currently practicing in more than one state?
    a. Yes
    b. No

c. Not currently Practicing
16. Please identify which state(s) you are currently practicing.
  a. [Multiple choice[3]]
17. Please indicate the total number of years you have been practicing.
  a. [Open Text]
18. Please indicate the total number of relational hours you have completed.
  a. [Open Text]

Latino Parent Client Characteristics

Please respond to the following questions thinking about the Latino parent populations you have worked with.

1. What is the total number of active cases you currently have?
  a. [Open Text]
2. How many of your active case include clients that identify as Latino/a/x?
  a. [Open Text]
3. How many of your cases include Latino parents/families?
  a. [Open Text]
4. Have you worked with at least 2 Latino parents/ families in the last 6 months?
  a. Yes
  b. No
5. Please indicate the ethnicities of Latino parents you have worked with in the United States (choose all that apply)
  a. Mexican
  b. Puerto Rican
  c. Salvadorian
  d. Cuban
  e. Dominican
  f. Guatemalan
  g. Columbian
  h. Honduran
  i. Ecuadorian
  j. Peruvian
  k. Don't Know/Unsure
  l. Other: [Open Text]
6. Please indicate the nativity status of Latino parents you have worked with in the United States (choose all that apply)
  a. Domestic
  b. International
  c. Prefer not to disclose
  d. Don't know/Unsure

7. Please indicate the generational status of Latino parents you have worked with (choose all that apply)
    a. First generation (i.e., individual who is foreign-born)
    b. Second generation (i.e., individual with at least one foreign-born parent)
    c. Third generation (i.e., individual with two U.S. native parents)
    d. Other: [Open Text]
8. Please identify the languages you have conducted therapy in with Latino parents (choose all that apply)
    a. English
    b. Spanish
    c. Other: [Open Text]

Multidimensional Cultural Humility Scale

Instructions: Please take a moment and read each of the following statements. Then, rate the level of agreement for which each statement best reflects your work with clients from diverse cultural backgrounds.

1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, 6 =strongly agree

Openness
1. I am comfortable asking my clients questions about their cultural experience
2. I seek to learn more about my clients' cultural background
3. I believe that learning about my clients' cultural background will allow me to better help my clients

Self-Awareness
4. I seek feedback from my supervisors and/or colleagues when working with diverse clients
5. I incorporate feedback I receive from colleagues and supervisors when I am faced with problems regarding cultural interactions with clients
6. I am known by colleagues to seek consultation when working with diverse clients

Ego-less
7. I ask my clients about their cultural perspective on topics discussed in session
8. I ask my clients to describe the problem based on their cultural background
9. I ask my clients how they cope with problems in their culture

Adapted from Gonzalez, E., Sperandio, K., Mullen, P., & Tuazon, V. (2020). Development and initial testing of the multidimensional cultural humility scale. *Measurement and Evaluation in Counseling and Development*, 1 - 16. https://doi.org/10.1080/07481756.2020.1745648

Before recording has begun:

SCRIPT: Welcome and thank you for your participation today. My name is Melissa Yzaguirre (she/her) and I am a researcher at Michigan State University. I will be conducting your interview today. At this time, I am not recording and would like to take the time to answer any questions you may have before we start the interview.

Introduction – talking points:
- The goal of this research is to understand therapists' experiences working with Latino parents in therapy.
- We are particularly interested in understanding how therapists can support Latino parents to engage in ethnic-racial socialization conversations with their children
    - ERS: process through which parents transmit information, values, and perspectives regarding race and ethnicity to their children (Hughes et al., 2006).
- Culturally Relevant practices –has referred to practices consistent with the values, beliefs, and desired outcomes of diverse populations (Kumpfer et al., 2002; Reese & Vera, 2007).

SCRIPT: The interview should last between 60-90 minutes. There are no 'right' or 'wrong' answers to these questions and if at any time during the interview you wish to stop the recording or the interview, please feel free to let me know. What questions do you have for me at this time?

{Pause for answering questions}

I will start the recording now.

{Start Recording}

1. **Introduction: Get to know the participants and build rapport**
    a. Please tell me a little bit about yourself and your approach to therapy.
        i. When you are joining or building alliance with clients, what do you think is important? What are you mindful of?
        ii. How do you join with clients who do not match your identity or background?
    b. What context are you practicing in right now and where?
        i. Can you give me a broad overview of all the clients you see (intersectionality, geographical, demographics)?
    c. Please tell me about your experience working with Latino parents in therapy. *Talk to me about when you started working with Latino parents.*
        i. What have been your general impressions working with Latino parents? Latino family systems (parent-child relationship)?

     ii. How has your work with Latino parents/families changed or evolved over time?

2. **Latino Parent Case Conceptualization:** Think of a family case that involved you working with Latino parents (can be longest or most change you have seen).
    a. Tell me a bit about the case that comes to mind (looking for context – e.g., demographics, presenting problem, ages of their children, immigration status, ethnic/racial heritage, duration of treatment, what year did you start seeing them).
    b. What were some general thoughts working with this case?

Transition: Thank you for sharing this case example. As we continue, feel free to reference this particular case. If you think of a different case that is better suited to a question I ask, feel free to draw upon those experiences as well.

3. **Cultural Socialization**: *I am interested in the ways therapists might support Latino parents to have conversations related to race, ethnicity, and culture with their children.*
    a. When working with the Latino parents in your example, did conversations of race, ethnicity, or culture come up; or not so much? Did these conversations include their children?
        i. Yes - How did the convo go? How did you tie it back to presenting problem? Who initiated these conversations? What went well? What did not go well?
        ii. No – Can you elaborate? Did these topics feel relevant to the case?
    b. *Sometimes clients respond how we want them to/expect them to and sometimes not.* How do you feel parents received these conversations?
        i. Did conversations of race, ethnicity, or culture ever prompt parents to extend these conversations to their children?
    c. How have these experiences with Latino parents discussing race, ethnicity, and culture impacted your thinking about the Latino family system (e.g., interactions between Latino parents and children)?
    d. Based on your experience, what recommendations would you have to promote conversation about race, ethnicity, and culture for future therapists working with Latino parents?

4. **Preparation for Bias**: *I am interested in the ways therapists might support Latino parents to have conversations related to ethnic-racial discrimination with their children.*
    a. When working with the Latino parents in your example, did conversations of ethnic-racial discrimination come up; or, not so much? Did these conversations include their children?

       i. Yes - How did the convo go? How did you tie it back to presenting problem? Who initiated these conversations? What went well? What did not go well?

      ii. No – Can you elaborate? Did these topics feel relevant to the case?

b. *Sometimes clients respond how we want them to and sometimes not*. How do you feel parents received these conversations?

       i. What were some responses the Latino parents had (e.g., coping, resilience, protective factors)? What were some responses you had, if any?

      ii. Did conversations of ethnic-racial discrimination ever prompt parents to extend these conversations to their children?

c. How have these experiences with Latino parents discussing ethnic-racial discrimination impacted your way of thinking about the Latino family system (e.g., interactions between Latino parents and children)?

d. Based on your experience, what recommendations would you have to promote conversation about ethnic-racial discrimination between parents and children for future therapists working with Latino parents?

5. **Immigration**: **Continue with the case example provided.** *I am interested in the ways therapists might support Latino parents to have conversations related to immigration (immigration status or immigration experiences) with their children.*

a. When working with the Latino parents in your example, did conversations of immigration come up; or, not so much? Did these conversations include their children?

       i. Yes - How did the convo go? How did you tie it back to presenting problem? Who initiated these conversations? What went well? What did not go well?

      ii. No – Can you elaborate? Did these topics feel relevant to the case?

b. *Sometimes clients respond how we want them to and sometimes not*. How do you feel parents received these conversations?

       i. Did this ever prompt parents to extend these conversations to their children?

c. How have these experiences with Latino parents discussing immigration impacted your thinking about the Latino family system (e.g., interactions between Latino parents and children)?

d. Based on your experience, what recommendations would you have to promote conversation about immigration for future therapists working with Latino parents?

6. **Conclusion:** *Thank you. Your case example(s) description(s) was very helpful. We are now approaching the end of the interview.*

a. Is there anything you would like to share with me about your experiences supporting Latino parents to engage in conversations related to race, ethnicity, or culture with their children?

Script:

That concludes our interview. Thank you for taking the time to share your experiences with me. I will end the recording.

Once the recorder has been turned off: Script

Again, that you for participating. Before we end, I'd like to know if you have any final questions about the interview or the study itself?

Compensation: You will receive a $100 electronic Amazon gift card via the email listed on your survey within the next 5 days.

Verify email. Is this still an appropriate email address to send the electronic Amazon gift card? If not, may I have an email address you prefer to have this electronic Amazon gift card sent to?