

Pepperdine University
Graduate School of Education and Psychology

EVALUATING THE EFFECTIVENESS OF THE TRAINING AND SUPERVISION
PROVIDED TO SPANISH/ENGLISH BILINGUAL GRADUATE STUDENTS

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

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This clinical dissertation, written by

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under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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DEDICATION

This dissertation is dedicated to the people in my life who have provided their support throughout this journey and believed in my potential making, it possible for me to complete this program. To my parents Bertha and Guillermo Venegas, who came to this country to provide a better life and future for your children. For your hard work, guidance and support throughout my childhood leading me to the place where I am today. Thank you to my brother, Guillermo Jr., my sister, Adriana, and my sister-in-law, Fabiola, for your words of encouragement and moments of laughter when I needed them the most. Lastly, thank you to my husband, Adan, for making my days easier by helping me in whatever ways you could and providing me with the boost I needed when I faced obstacles and felt discouraged. You have all helped me reach this point, and I am grateful to have you in my life.

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I would like to acknowledge those who provided their guidance through this dissertation process. I would like to recognize and thank Dr. Gallardo, my dissertation chairperson, who provided his support and challenged me, leading to my best work. His support throughout this dissertation allowed me to further my interest and research in the areas which interest me. His assistance during this process allowed me to recognize the capacity of my work and the impact my dissertation can have on my community. I would also like to acknowledge my committee members. Dr. Harrell, who has previously served as my clinical supervisor and a role model for providing services through culturally informed treatment models and to Dr. Sayyedi, who provided feedback to expand the implications of my research.

VITA

EDUCATION

Pepperdine University Los Angeles, CA
 Doctorate Degree in Clinical Psychology Expected 05/20

Pepperdine University Los Angeles, CA
 Master of Arts in Clinical Psychology 05/09-05/11

California State University, Northridge (CSUN) Northridge, CA
 Bachelor of Arts in Psychology 08/04-05/08

LANGUAGE SKILLS

Fluent in spoken and written Spanish

CLINICAL & WORK EXPERIENCE

Children's Institute, Inc. (CII) Los Angeles, CA
Psychology Intern 09/19-Present

Supervised by Irma Ocegueda, Ph.D.

- Provide individual and dyadic therapy for English and Spanish-speaking adult and child clients utilizing Cognitive Behavioral Therapy model and Parent-Child Interactive Therapy (PCIT) for various domains, including mood, trauma, and anxiety.
- Weekly participation in group and individual supervision meetings.
- Completion of initial clinical interviews for English and Spanish-speaking patients.
- Participation in trainings related to early childhood and trauma.

Institute for Applied Behavior Analysis (IABA) Los Angeles, CA
Senior Clinical Manager 07/15-Present

Supervised by Laura Hernandez, Psy.D.

- Oversee the management team to ensure Applied Behavior Analysis (ABA) treatment is implemented accordingly, and authorizations, as well as progress reports, are submitted by deadlines.
- Review data and reports prepared by clinical supervisors for clients in the Child & Adolescent Services department within the California region.
- Complete assessments utilizing Vineland assessment tools.

Case Manager 07/11-07/15

Supervised by Elizabeth Hughes, Ph.D.

- Developed and supervised Child and Adolescent Services in Northern California.
- Provided individual and group supervision to staff and managed clinical team meetings.
- Completed intakes and quarterly progress reports throughout Los Angeles School District, regional centers, and insurance companies for each client on caseload.
- Provided one to one ABA services (ages 3 to 23) and parent collateral sessions in English and Spanish to provide psychoeducation regarding child development and treatment.

Persona Neurobehavior Group

Pasadena, CA

Psychological Assistant

09/17-08/19

Supervised by Marcel O. Pontón, PhD

- Provided brief and long-term therapy for English and Spanish-speaking adult and child patients utilizing primarily Cognitive Behavioral Therapy models for various domains, including mood, trauma, anxiety, substance abuse, personality disorders, and acculturation difficulties.
- Provided culturally sensitive adaptations to treatment targeted for Latino and African-American adults presenting with mood disorders and acculturation difficulties.
- Weekly participation in group and individual supervision meetings.
- Completion of initial clinical interviews for English and Spanish-speaking patients.
- Administered neuropsychological assessments for English and Spanish-speaking patients with head injuries, acute and chronic pain, memory and learning disorders, and severe mental illness.
- Neuropsychological assessment experience includes scoring and report writing.

Children's Hospital Los Angeles (CHLA)

Los Angeles, CA

The Saban Research Institute - Neuropsychology Extern

07/18-07/19

Supervised by Sharon O'Neil, Ph.D.

- Developmental and neuropsychological assessments to English and Spanish-speaking patients (ages 9 months to 19 years).
- Diagnoses included sickle cell disease, brain tumors, epilepsy, congenital heart disease, optic nerve hypoplasia, and preterm birth.
- Weekly attendance in a multidisciplinary neural tumor team meeting with oncologists, psychologists, neuropsychologist, social workers, radiation oncologist, pharmacist, and nurse care practitioners.
- Weekly participation in pediatric neurology case conferences and brain cutting with neuropathologist
- Weekly neuropsychology didactics with topics including functional neuroanatomy, cultural issues in assessment, child development, epilepsy, stroke, and preterm birth.

Division of Plastic Surgery

Supervised by Alessia Johns, Ph.D.

09/18-10/18

- Co-facilitated Craniofacial Differences Social Skills Group 8-week long therapy group for girls (ages 5 to 13) with craniofacial differences to enhance positive adjustment, self-esteem, coping skills, and social skills.

Pepperdine University Community Counseling Center

Los Angeles, CA

Student Clinician

02/17-03/19

Supervised by Shelly Harrell, Ph.D.

- Provided individual short-term and long-term psychotherapy for English and Spanish-speaking adult clients utilizing primarily Cognitive Behavioral Therapy and Multicultural models (e.g., Relational Cultural Therapy and culturally informed therapies) in various domains including acculturation difficulties, vocational counseling, coping with the stresses of daily life, mood, anxiety, trauma, and personality disorders.
- Conducted intake interviews and develop treatment goals with clients.

LAC + USC Medical Center, Neurology Department

Los Angeles, CA

Psychology Extern

09/17-08/18

Supervised by Nora Jimenez, PhD

- Conducted initial intake interviews and administered neuropsychological assessments for English and Spanish-speaking adults with Epilepsy, brain tumors, memory and learning disorders, and severe mental illness.
- Neuropsychological assessment experience included scoring and report writing.
- Weekly participation in individual supervision meetings.

South Los Angeles Trauma Recovery Center, St. Francis Hospital

Lynwood, CA

Student Clinician

09/16-07/17

Supervised by LaTonya Wood, Ph.D.

- Provided Trauma Focused Cognitive Behavior Therapy (TFCBT), short-term therapy, crisis management, and risk assessments for English and Spanish-speaking clients affected by community and interpersonal violence in hospital, clinic, and school settings (ages 12 to 65).
- Collaborated with school and community personnel to increase the community use of mental health services through presentations for school staff and parents on psychoeducation and mental health services.
- Co-facilitated after school life skills groups for students at a probation high school.
- Trained in the ARC model orienting intervention for minority, low-SES, and gang affiliated victims of crime.

Loss and Grief Support Group

Los Angeles, CA

Psychological Assistant

10/13-03/14

Supervised by Laura Hernandez, Psy.D.

- Co-facilitated group therapy for adults focusing on bereavement to help group members through coping with the loss of family members (males ages 30-55).
- Developed session topics and activities to educate group on the grieving process.
- Met with supervising clinical psychologist to address factors and topics from sessions.

Conway Agency for Children & Families with Special Needs

Sherman Oaks, CA

DTT Case Supervisor

08/08 – 06/11

Supervised by Elizabeth Hughes, Ph.D.

- Co-facilitated and set up weekly relationship-building skills group for children.
- Supervised and managed DTT and supportive behavior management programs.
- Provided parent collateral sessions for English and Spanish-speaking families while implementing one-to-one behavioral intervention and adaptive skills to children with special needs across environments to help generalize skills.

Senior Consultant

08/07 – 08/08

- Helped manage DTT programs and cases while providing one-to-one behavioral intervention to children with Autism across environments.

Associate Consultant

10/06 – 08/07

- Provided one-to-one behavioral intervention to children with Autism in their homes and community settings (i.e., school, MyGym, and after school program).
- Trained in Applied Behavior Analysis (ABA) and Discrete Trial Teaching (DTT).

RESEARCH EXPERIENCE

Graduate School of Education and Psychology, Pepperdine University Los Angeles, CA
Research Assistant 09/17-07/18

Supervised by Carrie Castañeda-Sound, Ph.D.

- Completed literature review and literature tables regarding research topics
- Completed data analysis on qualitative data examining factors and barriers in training for doctoral students providing bilingual mental health services.

South Los Angeles Trauma Recovery Center, St. Francis Hospital Lynwood, CA
Research Assistant 09/16-07/17

Supervised by Stan Huey, Ph.D.

- Trained in the administration and scoring of measures assessing trauma and gang involvement for the orienting intervention of minority, low-SES, and gang-affiliated victims of crime.
- Administered measures in English and Spanish, assessing trauma and gang involvement of patients referred from St. Francis Hospital and The Bureau of Victim Services.

PUBLICATIONS

Castañeda-Sound, C., Sanchez, J., Moyers, S., **Venegas, S.** (manuscript in preparation). Training Experiences of Bilingual Graduate Students.

Hughes, E.C., **Venegas, S.**, LaVigna, G.W., Willis, T.J. (2014, September). Effective Practices for Children with Challenging Behavior: Using Positive Behaviour Support. *The Association for Child and Adolescent Mental Health (ACAMH)*. (32) 79-88.

PRESENTATIONS

Castañeda-Sound, C., **Mezquita, S.**, Sanchez, J., Moyers, S., Diaz, D. (2018, October). Exploring the Clinical Skill Development of Bilingual Trainees. 2018 National Latina/o Psychological Association Biennial Conference. San Diego, CA.

Sharp, S., **Venegas, S.**, Williamson, J. (2017, June). The Basics About Trauma. Cesar Chavez Middle School. Lynwood, CA.

Venegas, S. (2015, August). From Bad to Brilliant: A Longitudinal Look at the Implementation of a Multi-element Model Plan with an Elementary School Student. IABA's 8th Invitational International Conference. Tasmania, Australia.

Castañeda-Sound, C., Sanchez, J., Moyers, S., **Venegas, S.** (2015, June). Training Experiences of Bilingual Graduate Students. Pepperdine GSEP Research Symposium. Malibu, CA.

Hughes, E.C., **Venegas, S.**, LaVigna, G.W., Willis, T.J. (2013, October). Positive Behavior Practices: Reducing Severe Behaviors without the Use of Punishment Contingencies. Association for Behavior Analysis International (ABAI). Merida, Mexico.

ABSTRACT

Spanish/English bilingual graduate students ($n = 7$) completed interviews evaluating language variables, training variables, and supervision related experiences. Experiences were gathered through the use of open-ended questions which focused on participants' linguistic abilities, program coursework, training experiences, and supervision experiences. A phenomenological research design was applied to analyze the collected data from the qualitative interviews. A phenomenological research design uses the collection of qualitative (open-ended) data in response to the research question (Mruk, 2010). Results indicated that the most common areas in the program which graduate students identified as most helpful in preparation for working with Spanish-speaking Latinx clients were the clinical courses taught in Spanish, program curriculum, and the supervision provided in a Spanish/English bilingual format. The most common program recommendations included increased exposure to Spanish, expanding on the topics taught, and increasing the availability of the Spanish-based practicum class.

INTRODUCTION

The demographics of the United States have changed and are projected to continue changing in the coming years. These population shifts have resulted in the increased need for mental health professionals trained across methodologies, cultures, and linguistic capacities. In 2000, Latinx communities comprised about 12% of the U.S. population (U.S. Census Bureau, 2001a, 2001b). By the year 2016, Latinx communities comprised 17.8% of the U.S. Population, increasing more than five percent from the year 2000. According to the U.S. Census Bureau assessed in 2016, the Latinx population is projected to comprise 28% of the U.S. population by the year 2050 (U.S. Census Bureau, 2016). Specifically, Los Angeles County was comprised of 47% Latinx population during the 2010 Census. This number is projected to increase to 55% by the year 2050 (U.S. Census Bureau, 2016). The U.S. Census Bureau reported that Spanish and Chinese were the top non-English languages spoken in the United States in 2015, reinforcing the importance for training and supervision of mental health providers in additional languages. It was determined that 40% of the U.S. population spoke English less than “very well” and that at least 21% of the U.S. population spoke a language other than English. Additionally, approximately 44% of the Spanish-speaking population in Los Angeles County spoke English less than “very well” (U.S. Census Bureau, 2016).

Latinx communities have become the largest ethnic/racial minority group in the United States, comprising 16.3% (50.5 million) of the population, surpassing African Americans (38.9 million) (Humes, Jones, & Ramirez, 2011). The rapid change in demographics and the increasing percentage of the Spanish-speaking communities who reported speaking English less than “very well” highlights the importance of addressing the training and supervision of professionals providing mental health care for the Latinx communities. This need for new and expanded

psychological research across cultural adaptations of treatment and increasing linguistic competence of therapists is depicted in the American Psychological Association guidelines to ensure the clinical competence of mental health providers (APA, 2003, 2017).

Furthermore, research available has identified multiple barriers the Latinx community has faced over the years, and the impact those barriers had on the underutilization of mental health services. Some of the significant barriers to treatment identified for the Latinx community included socioeconomic background, differences in cultural beliefs between the client and therapist, the stigma of mental health conditions or diagnosis, acculturation, and language (Dumas, Arriaga, Begles, & Longoria, 2010; Gonzalez-Prendes, Hindo, & Pardo, 2011; Kouyoumdjian, Zamboanga, & Hansen, 2003; Tummala-Narra, 2015; Zayas, 2010).

LITERATURE REVIEW

Previous research and literature addressing mental health services geared toward the Latinx community focused on the disparities of mental health services and the need for those services within the Latinx communities (Ruiz & Padilla, 1977; Woodward, Dwinell, & Arons, 1992). Most of the research focused on this area was conducted in the 1960s through the late 1990s. Research administered during this period demonstrated the deficit of culturally responsive treatment approaches and the roles they played in the inadequate quality of service delivery to the Latinx communities. The majority of the therapists providing mental health services to the Latinx communities during those years had received training primarily developed for the majority group, inadvertently missing multicultural therapy issues. Research by Ruiz and Padilla (1977) and Sue, Zane, Hall, and Berger (2009) indicated that the use of culturally insensitive techniques when working with ethnoculturally diverse clients was likely to produce client dissatisfaction with mental health services. Traditional treatment approaches (i.e., nondirective, future-oriented) were often used with Latinx clients in the course of treatment; however, these approaches may not be equally effective for all individuals requiring a need for culturally adaptive therapies. Since the implementation of culturally responsive therapies has only recently gained more attention, many clinicians continue to focus on treatment approaches that have been primarily empirically validated on Caucasian clients (Hall, 2001; Kouyoumdjian et al., 2003; Valencia-Garcia & Montoya, 2018).

Cultural adaptations for working with Latinx clients involve incorporating cultural values into treatment, which include family values and *familismo*, *personalismo*, religion and spirituality, dignity and *respeto*, and *machismo* (Gonzalez-Prendes et al., 2011). Zayas' (2010) assessment of models and methods for cultural adaptation of interventions further demonstrated

that modifications in the interventions utilized with Latinx clients are needed to provide treatment that is congruent with some of the characteristics of the Latinx groups served. For instance, Zayas noted that therapist found higher levels of a client's receptivity and commitment to completing an intervention when the therapist had insight into the role of their values regarding *familismo*, the beliefs centering around one's obligation to the family, emotional and physical closeness, and about protecting one's family. This work poses the question, whose behavior should change when adapting interventions? Studies addressing cultural adaptation suggest utilizing culturally informed interventions that place greater emphasis on shifting the therapists' behaviors to adapt to their clients' needs (Dumas et al., 2010; Zayas, 2010).

The information gained from Dumas et al. (2010) and Zayas' (2010) research demonstrated the difference in values of the Latinx culture and variation in the expectations Latinx clients had of their therapists compared to clients of different ethnic groups. For instance, previous research suggests that Latinx may prefer a more directive and formal approach to therapy than a non-directive approach that is often used by therapists (e.g., Sue et al., 2009). Kouyoumdjian et al., (2003), suggest that Latinx clients tend to focus on the present instead of being past or future-oriented, possibly impacting treatment. Having information on the treatment modalities and adaptations that are congruent with Latinx values has provided insight into what Latinx clients can benefit from and how mental health providers should modify their approaches to treatment to meet their client's needs (Domenech Rodriguez, Baumann, & Schwartz, 2011).

Language

Language presents several challenges in the utilization of mental health services by Latinxs and has been noted as a barrier to mental health treatment in various studies (Domenech Rodriguez et al., 2011; Dumas et al., 2010). Some of the culturally based interventions found to

be helpful with Latinx clients include the use of *dichos* or proverbs, metaphors, and utilizing language switching throughout sessions (Clouse, 2010). Many mental health providers are unable to effectively communicate with their clients due to a lack of Spanish-speaking abilities. Therefore, they are unable to aid them in addressing their needs (Garcia-Joslin et al., 2016). The lack of English language proficiency may limit Latinx community members' awareness of available mental health services in their communities, decreasing the likelihood of their utilization of services (Kouyoumdjian et al., 2003; Solway, Estes, Goldberg, & Berry, 2010). Additionally, if the services are not available in the client's preferred language, the individual may feel uncomfortable conveying his or her thoughts or feelings, and the individual may gain poor attitudes or expectations toward mental health services. In contrast, clients who prefer to speak in Spanish during sessions and who are allowed to express their emotions in Spanish can experience a sense of empowerment and engagement in their services (Kouyoumdjian et al., 2003; Pérez-Rojas, Brown, Cervantes, Valente, & Pereira, 2019).

Failure to take into consideration the linguistic preferences of bilingual clients may lead to negative consequences for clients and has the potential for early treatment dropout rates emphasizing the importance in utilizing the client's preferred language in sessions. Language is often central to comprehending the client's worldview including influences on their decision to seek treatment and symptom attribution, which can impact the recall and interpretation of events, and the client's emotional expression in sessions that can create a possible barrier to treatment (Biever, Gómez, González, & Patrizio, 2011; Clouse, 2010; Fuertes, 2004; Pérez-Rojas et al., 2019; Valencia-Garcia & Montoya, 2018; Vaquero & Williams, 2019). In 1999, Ramos-Sánchez, Atkinson, and Fraga explained that the lack of availability of bilingual therapists could correlate to the underutilization of services for linguistic minorities living in the United States. Similar

findings were reiterated in the research conducted by Biever et al. (2011) which indicates that mental health providers who are proficient in Spanish are limited, impacting the availability of services to monolingual Spanish-speaking Latinx or Latinx who prefer Spanish-based services (Biever et al., 2011; Clouse, 2010). Fewer therapists who are proficient in Spanish are available, leading to a limited number of therapists to provide services for Spanish-speaking clients. Additionally, the limited number of Spanish-speaking therapists highlights the need for training and supervision in the area of the linguistic competence of therapists providing care to Spanish-speaking clients (Pérez-Rojas et al., 2019). It is significant to note that more than ten years after Ramos-Sánchez et al., (1999) reported the scarcity of bilingual therapists as an essential area of focus, it still needs to be addressed to continue to increase utilization of the services of the Latinx communities.

Valencia-Garcia and Montoya (2018), reported that language barriers continue to hinder the quality of mental health treatment received by Spanish-speaking Latinx clients. Specifically, language has been reported as an important factor to consider in the training of mental health providers since people who are bilingual have been found to associate emotions in their first language. Studies have also demonstrated the importance of utilizing language switching in sessions to establish rapport and utilize as a tool in sessions to target trauma-related experiences in a client's second language first to slowly transition into emotionally charged material and slowly aide the client to utilize their first language to completely access their traumatic experiences (Pérez-Rojas et al., 2019; Valencia-Garcia & Montoya, 2018; Vaquero & Williams, 2019).

Although research completed after the year 2000 adjusted some of its focus from primarily looking at the underutilization of mental health services in the Latinx community and

placed greater emphasis on the training and supervision of mental health professionals, there are currently few programs that address the linguistic competence of mental health providers who work with Spanish-speaking clients. The low number of therapists who are proficient in Spanish within a professional setting continues to be a barrier to services for many Latinx. Biever et al. (2011) recommend a higher emphasis on the training and supervision for bilingual mental health providers to increase their abilities to work with the Latinx communities.

Training of Mental Health Professionals Working with Latinx Communities

According to the APA's *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality, 2017* psychologists should attempt to gain an awareness of the psychological, social, cultural, political, historical, and economical material specific to the particular ethnic group being served to address the needs of these populations more appropriately and effectively by seeking out educational and training experiences (APA, 2017a). The majority of psychology training programs in the U.S. prepare students in English with access to English speaking populations. However, access to Spanish-speaking clients is often limited during training programs depending on the site, whether due to a lack of available Spanish-speaking supervisors or training models available, resulting in a lack of training experiences for trainees. The insufficient emphasis placed on training students to work with Spanish-speaking clients may pose an issue for mental health practitioners when serving the Spanish-speaking Latinx communities after completing their training programs.

Furthermore, there is minimal research on the experiences and training needs of bilingual providers (Clouse, 2010). Previously, research had addressed issues regarding the responsiveness of psychological services to the needs of ethnic minority populations. Although these issues have addressed increasing the cultural competency of therapists by incorporating some of the Latinx

cultural traditions or values into treatment (e.g., utilizing *dichos*, *familismo*, *curanderismo*, etc.), they have overlooked the training and supervision needs for those specifically providing bilingual mental health services (Clouse, 2010; Zayas, 2010). According to Benuto, Casas, and O'Donohue (2018), training programs focusing on cultural competency place emphasis on the discussion, utilization of case scenarios, cultural immersion programs, service learning, interactions with diverse clients, and role-play activities to expand on curriculum regarding work with diverse individuals. Competency training evaluated indicated that individuals could gain substantial knowledge regarding how to work with people from various cultures but, a streamlined curricular method for establishing cultural competency training has not been established (Benuto et al., 2018). Few training programs in the United States have addressed the training needs of mental health providers who deliver services in languages other than English, highlighting the need for specific courses and supervision that target the linguistic components of therapy when working with the Latinx communities (Clouse, 2010; Verdinelli & Biever, 2009a, 2009b).

U.S. Mental Health Training Programs

In 2012, the National Resource Center for Hispanic Mental Health (NRCHMH) presented a list of fifteen programs that address the training needs of bilingual mental health providers in the United States. The NRCHMH reported the following training and educational sites with an emphasis on the Latinx community in the United States:

- Two academic centers,
- Six doctoral programs,
- Four master's programs,
- Two certificate programs,

- One educational exchange program,
- Three practicum and field sites, and
- One program that provides classes in Spanish.

These programs addressed the needs of students who provided mental health services in Spanish by emphasizing the following items:

- Training students in how to effectively work with the Latinx community through in-depth exposure as evidenced by coursework,
- Practicum placements with appropriate supervision,
- Research projects, and
- Immersion experiences.

The programs in the list target the establishment of a solid knowledge base on issues relevant to the culturally and linguistically responsive delivery of behavioral health services to Latinx communities (National Resource Center for Hispanic Mental Health, 2012). This list of 15 educational or training programs is a small percentage of the over 300 APA accredited Clinical Psychology and Counseling programs in the United States based on the information provided in 2017 (APA, 2017b). The statistics indicate that less than 5% of the programs or training available in the U.S. place a focus on the training mental health providers may need to work competently with the Latinx communities. The American Psychological Association published the same list of 15 programs in the United States that place emphasis on culture and language as part of clinical training for mental health providers (APA, 2018). The publication made by the APA in 2018, 6 years after the NRCHMH had originally compiled the list, demonstrate the lack of emphasis and slow progress made toward the development of adequate training for bilingual mental health providers in the United States.

Verdinelli and Biever (2009b) addressed the training concerns of mental health providers by assessing the training they received to provide services in languages other than English during their programs. The participants of the study indicated that they perceived their training as “inadequate” in preparing them to provide services in Spanish. Some of the participant quotes gathered during the study contributed to this theme, which included concerns with training during their doctoral studies and concerns about the supervision received within their training sites. Other participants reported they were asked early in their graduate program to provide services in Spanish with minimal training or experience in providing services in a language other than English. Additionally, they reported being asked to do many different tasks related to their skill of speaking Spanish (e.g., assessment in Spanish, translation of documents or treatments, translating for other students, etc.).

Similar concerns regarding receiving minimal or inadequate training before working with bilingual or monolingual Spanish-speaking clients were expressed across studies exploring the supervision and training experiences of trainees (Vaquero & Williams, 2019). An additional concern regarding the limited training received by bilingual mental health providers is that training programs often “assume” that providers who work with Spanish-speaking clients are competent to work with the Spanish-speaking communities solely based on their perceived linguistic abilities (Vaquero & Williams, 2019). The assumptions on perceived linguistic abilities are further creating barriers to increasing the training mental health providers need when working with Spanish-speaking Latinx clients. Academic institutions or agencies may not emphasize the training students need if they assume the students hold the skills necessary to work with Spanish-speaking clients.

Supervision of Mental Health Professionals Working with the Latinx Community

An additional area considered a limitation or barrier of increased competency for bilingual mental health providers is supervision. Supervision is regarded as an essential method of clinical training (APA, 2017a). The majority of doctoral programs in the field of counseling and clinical psychology require pre-doctoral supervised practice to ensure adequate training and ethical practice. Literature has established the need for supervisors to address cultural differences and issues in clinical training and supervision. Although most programs have developed their curriculums to meet this need, Spanish-English bilingual (SEB) supervisees and mental health providers experience clinical supervision in a way that is different from their English monolingual counterparts (Verdinelli & Biever, 2009a). Spanish-English bilingual trainees have distinctive clinical supervision needs because their counseling experience is divergent from their counterparts. These needs are typically not readily met by current clinical supervision models and practices (Perry, 2016; Vaquero & Williams, 2019).

Previous studies assessing the support and supervision of trainees providing Spanish-language services found that trainees reported receiving poor support or supervision and indicated feeling that they were left on their own to make decisions regarding client care. The research indicated the trainees did not have the means to evaluate the quality of their Spanish-language services and doubted their clinical abilities when providing Spanish-language services (Perry, 2016; Verdinelli & Biever, 2009a, 2009b, 2013). In 2004, a study conducted by Engstrom and Min found that work environments were not always receptive to the needs of bilingual social workers from San Diego County, working with second-language English speakers. The participants in their study reported having an increased amount of work-related issues stemming from their bilingual skills and an increased workload when compared to their monolingual

counterparts. Research studies suggest that the supervision of bilingual trainees may be different and more challenging than the supervision of monolingual trainees (Verdinelli & Biever, 2009a, 2009b).

One difference between the supervision of monolingual and bilingual trainees includes the observation of sessions. Generally, audiotape and videotape reviews of therapy sessions are utilized to improve clinical supervision. By reviewing tapes of supervisees' work in session, clinical supervisors can objectively assess supervisees' skills. Clinical supervisors then have the opportunity to address concerns presented by supervisees as well as any identified while viewing therapy sessions. The use of videotapes enables supervisors to examine areas not addressed by supervisee self-report (Perry, 2016). A review of audio or videotapes was an area identified as problematic or lacking by participants in Verdinelli and Biever's study in 2009. In their assessment of trainees of mental health services, Verdinelli and Biever concluded that participants working with Spanish-speaking clients were often supervised by supervisors who did not speak Spanish. Participants reported a general level of dissatisfaction with the supervision of their work in Spanish. Most participants stated that they did not receive supervision in Spanish in their training sites or in their graduate programs. The majority of the participants who reported receiving supervision in Spanish had supervisors with limited Spanish-language skills or supervisors who were highly assimilated and misunderstood diversity issues and denied the value of biculturalism (Verdinelli & Biever, 2009a).

Additionally, participants reported that their work with English-speaking clients tended to "be supervised more often and more thoroughly." Participants experienced receiving less direction and feedback regarding their therapeutic sessions with Spanish-speaking clients. The majority of participants reported that in the process of translating, the dynamics of what

happened in the session were “lost.” Participants reported that the supervision they received seemed to “meet the minimum requirements” in terms of ensuring client safety; however, they did not receive relevant feedback that would enhance their development as therapists.

Participants expressed that their supervisors tended to ignore the issues and difficulties that evolved when providing Spanish-language services. Furthermore, participants disclosed that they often attempted to educate their supervisors about the differences they encountered when providing bilingual therapy sessions (Verdinelli & Biever, 2009a).

Specific supervisory approaches have been suggested to accomplish the proper delivery of supervision to meet the different needs of bilingual trainees. Most significantly noted is the value of Spanish-language supervision of services provided in Spanish (Fuentes, 2004; Rivas, Delgado-Romero, & Ozambela, 2004; Perry, 2016; Vaquero & Williams, 2019; Verdinelli & Biever, 2009a, 2009b). Vaquero and Williams (2019) found that Spanish-speaking Latinx and non-Latinx mental health providers reported supervision conducted in Spanish as important training to work with Spanish-speaking Latinx clients. The participants who received Spanish or bilingual (English and Spanish) supervision reported that it was helpful as they perceived their Spanish-speaking supervisors to have a better understanding of the barriers or difficulties related to managing bilingual therapy sessions (Vaquero & Williams, 2019). Participants in other studies assessing the training experiences of bilingual mental health providers reported receiving more specific and direct feedback, which included receiving guidance on the words and phrases needed to transmit the ideas and concepts to their clients (Verdinelli & Biever, 2009a, 2009b). Studies assessing the supervision experiences of bilingual trainees demonstrate that supervision is most effective and beneficial to trainees if the supervisor understands what the client needs or wants, how the provider can address the client's needs and can observe sessions via videotape,

audiotape, or in person. These factors highlight the importance of utilizing the Spanish language in supervision for trainees providing Spanish-based therapy (Perry, 2016; Vaquero & Williams 2019; Verdinelli & Biever, 2009a, 2009b).

Linguistic Competency

Since the linguistic diversity of the population in the United States is increasing, providing therapy in a language other than English requires specialized knowledge regarding vocabulary, culture, and values of the Latinx community. Linguistic diversity has led to a recent increase in research focusing on the relationship between language and professional training of bilingual mental health professionals (Clouse, 2010). Additionally, the American Psychological Association noted the impact and limitations in utilizing translators during psychotherapy sessions as it can impact the psychotherapeutic relationship (APA, 2017a).

According to the APA Guidelines, therapists should be aware of specific strategies that are known to be conducive to working with their client's culture which includes utilizing the client's preferred language when communicating, which may be a language different from English (APA, 1990). The Guidelines are designed to provide recommendations to psychologists in working with ethnic, linguistic, and culturally diverse populations. Written information should be provided in a language understandable to the client whenever possible (APA, 2003; 2017a). The APA Guidelines states that psychologists should interact in the language requested by the client and, if this is not feasible, they should make an appropriate referral to prevent problems from arising when the linguistic skills of the psychologist do not match the language of the client (APA, 1990; 2017a).

Issues of language may further complicate the already complex supervision and therapeutic processes. Although the language is an essential aspect of multicultural services, it is

typically overlooked in discussions of multicultural training and supervision (Biever et al., 2002; Perry, 2016; Valencia-Garcia & Montoya, 2018). The aspects related to language that are often evaluated or deemed important in treatment fall under the category of linguistic competency. Linguistic competency has been described as being comprised of verbal fluency, receptive vocabulary, literacy, narrative use of evaluative devices, and narrative structure (Beck, Kumschick, Eid, & Klann-Delius, 2012). Linguistic competency has also been named as an important factor to evaluate mental health trainees who are providing bilingual mental health services (Valencia-Garcia & Montoya, 2018; Vaquero & Williams, 2019). It is significant to note the difference between cultural competence and linguistic competence as they are not the same and have been evaluated in previous research when working with the Latinx communities. Cultural competence has been described as the process that prevents therapists from making premature conclusions of clients and decreases the use of stereotyping while addressing the client's individual needs and personal identity. Evaluating a mental health provider's cultural competence would be different than assessing their linguistic competence given that cultural competence focuses on the person's ability to focus on the sociocultural aspects of the client's life that may impact the therapeutic process (Tummala-Narra, 2015). A therapist may be deemed culturally competent but lack competency in the area of linguistics or vice versa and both cultural and linguistic competence are important qualities in mental health providers working with the Spanish-speaking Latinx communities as having competency in both would allow clients to receive the best treatment possible. Having a culturally and linguistically competent provider would increase the appropriate level of care clients would receive, a mental health care provider who would be able to speak to them in their preferred language, understand the nuances of their native language, and have a greater sense of comprehension regarding the client's

experiences and cultural context (Tummala-Narra, 2015; Valencia-Garcia & Montoya, 2018; Vaquero & Williams, 2019).

Biever and colleagues (2009) found that the majority of the therapists who speak Spanish received limited formal language training and learned it in the home. Therapists who were primarily educated in English and learned Spanish through interaction with family and community, referenced in some studies as "heritage speakers," were noted as the majority of mental health providers currently working with Spanish-speaking clients (Verdinelli & Biever, 2009a, 2009b). The limited education and training received in Spanish for providers could have influenced some of the concerns and barriers to providing adequate mental health services for Spanish-speaking clients mentioned across studies.

Numerous factors mentioned as limitations in providing therapy to Spanish-speaking clients included therapists being concerned over applying psychological concepts in Spanish and their vocabulary. Biever and colleagues (2004), found that some concepts do not translate while conducting therapy in two languages, specifically, the psychological or technical language in Spanish requires a distinctive level of competency, and there are various rhythms in conducting therapy in one language versus another through exploring the use of Spanish for bilingual therapists. Therapists expressed that courses in methods or techniques for bilingual treatment, culture, and bilingual assessment would help develop competency when working with Spanish-speaking clients. Researchers found various benefits for bilingual and bicultural therapists, some of those benefits consisted of being able to acquire a better understanding of the worldview of their clients and holding feelings of pride in delivering services in Spanish. Some of the challenges for bilingual and bicultural therapists included struggling with lack of training, therapists feeling like they lived in two worlds and difficulties with the differences in Spanish

spoken by the clients highlighting issues related to their linguistic abilities (Biever et al., 2004; Clouse, 2010; Perry, 2016).

A qualitative study by Verdinelli and Biever (2009) at Our Lady of the Lake University examined Spanish-language supervision experiences of professionals and bilingual graduate students during their graduate training. Participants reported having minimal training or supervision to help them develop the language skills necessary to provide competent services in Spanish, leading them to rely on networking and peer support to cope with the many challenges they faced. Participants struggled in developing the language skills necessary for using Spanish in professional settings and with their language proficiency. Participants also reported struggling with communicating psychological concepts and theories. For instance, participants indicated that certain concepts, which are commonly used in English, do not correspond with a direct translation in Spanish. Additional areas of difficulty included the translation of psychological assessment reports and giving feedback using the technical terms to clients. Various participants indicated that their monolingual English-speaking supervisors did not demonstrate an understanding of why it was challenging to express theoretical or psychological concepts in Spanish (Verdinelli & Biever, 2009a, 2009b).

Recommendations to Improve Mental Health Provider Competency/Training

Several recommendations can be applied to improve the training and linguistic competency of mental health providers who provide services in bilingual settings. Recommendations made in Verdinelli and Biever's (2009) study, included having programs assess the linguistic proficiency of trainees who offer Spanish-language services and providing the resources to improve their language skills through elective classes in the Spanish language or similar type of training. Additional recommendations included that mental health professionals

address the professional development and training needs of bilingual therapists through Spanish-based supervision and training focused on topics related to bilingual services ensuring competency in meeting the psychological needs of clients (Clouse, 2010; Perry, 2016).

Fuertes (2004) provided guidelines for supervisors who speak Spanish, which included:

- Assessment of the language proficiency of the supervisee,
- Providing supervision in the same language as the services to improve the therapeutic process,
- Monitoring language mixing and language switching, and
- Being aware of the cultural meanings implanted in languages and how the use of language reflects the client's values and cultural beliefs.

These guidelines provide a framework for understanding problems involved in supervising bilingual services; however, Fuertes' framework is based on the assumption that supervisors of bilingual services are bilingual themselves. Although the clinical and empirical literature examining these issues has grown steadily, there are many more issues to be explored and services to be developed and provided (Clouse, 2010; Kouyoumdjian et al., 2003; Perry, 2016; Verdinelli & Biever, 2009a, 2009b).

Specific Aims

This study sought to gain a better understanding of the supervision and training needs of Spanish/English bilingual graduate students in a Marriage and Family graduate program during their training roles. More specifically, it examined the role of language. It identified any problems and preferred ways of conducting the supervision of bilingual and Spanish language services through the following research questions:

- Research Question #1: What specific areas (through courses and practicum sites) prepared bilingual (Spanish/English) graduate students in working with bilingual (English/Spanish) and Latinx patients?
- Research Question #2: What specific areas in the supervision that graduate students received through their practicum sites and the program assisted them to work with bilingual (English/Spanish) and Latinx patients?
- Research Question #3: What recommendations do participants have for the graduate program to better address the needs of students providing therapy in Spanish or in a bilingual (English/Spanish) format?

Implementation of the study occurred under the supervision of Pepperdine University's Graduate School of Education and Psychology (GSEP) Department in California. The participants included in this study were current and previous students of a private graduate school in Southern California that trains students to work specifically with Latinx communities. In particular, the program incorporates clinical courses taught in both English and Spanish, multicultural curriculum (which includes theories of counseling and psychotherapy with an emphasis in the Latinx community, multicultural counseling, and individual, couple, and family therapy with Latinx families), and an immersion program (which allows students to participate in workshops and clinical training in different Latin American countries each year). The training program also provides Spanish language supervision and practicum courses to prepare students to work with Latinx communities.

METHOD

Setting and Participants

The participants were drawn from a private graduate school in Southern California that trains students to work with Latinx communities and its recent graduates. Participants in this study were recruited using a recruitment flyer (see Appendix D). The recruitment flyer was sent via email by the program director to current and previous students and the faculty. The participants consisted of Spanish-speaking students gathered from previous cohorts. A total of 14 potential participants contacted the primary investigator to participate in the study (10 were scheduled to interview). All participants selected for this study met the following criteria:

- At least 19 years of age to provide informed consent,
- Enrolled in the identified school,
- Enrolled in the Spanish language courses,
- Had started or completed the practicum course, and
- Had started or completed the clinical training.

Three of the participants interviewed did not meet criteria due to not having current clinical experience, thus not meeting all of the selection criteria. The data collected for these three participants were not included in this study. A total of seven of the 14 participants met all selection criteria, were interviewed, and their data were included in this study (see Table 1).

Information about the consent form for participation in the study was distributed via email, given that all participants elected to complete the interview via telephone. After the consent was read and the agreement was indicated, participants were directed to the interview. Theoretical saturation was obtained after the seven participants were interviewed due to no new themes reported.

Participants who qualified for the study consisted of seven self-identified Latinx females between the ages of 26 and 43 years old. Clinical experience for the participants used in this study ranged from less than 1 year to 3 years. All participants indicated that Spanish was their primary language (defined as the first language they learned) and reported being “very comfortable” speaking Spanish outside and within therapy sessions with Latinx clients. Four participants (57%, $n = 4$) indicated that they spoke English 60% of the time and Spanish 40% of the time. Two participants (29%, $n = 2$) reported that they spoke English 50% of the time and Spanish 50% of the time. One participant (14%, $n = 1$) stated that she spoke English 80% of the time and Spanish 20% of the time.

Table 1

Participant Demographics Overview

| Participant Number | Age | Gender | Identified Ethnicity | Primary Language | Reported Daily Language Breakdown | Clinical Experience |
|--------------------|-----|--------|----------------------|------------------|-----------------------------------|---------------------|
| 01 | 30 | Female | Latina | Spanish | 60% English; 40% Spanish | 1 Year |
| 02 | 30 | Female | Latina | Spanish | 50% English; 50% Spanish | 2 Years |
| 03 | 43 | Female | Latina | Spanish | 60% English; 40% Spanish | 3 Years |
| 04 | 26 | Female | Chicana | Spanish | 60% English; 40% Spanish | 2.5 Years |
| 05 | 33 | Female | Mexican-American | Spanish | 60% English; 40% Spanish | <1 Year |
| 06 | 30 | Female | Latina | Spanish | 50% English; 50% Spanish | <1 Year |
| 07 | 31 | Female | Mexican | Spanish | 80% English; 20% Spanish | <1 Year |

Instrumentation

The materials used for the present study included an informed consent agreement with the Institutional Review Board's approval (see Appendix A), a demographic questionnaire (see Appendix B), and a set of interview questions used for the interviews conducted by the primary

investigator (see Appendix C). The initial five interview questions focused on the area of the participants' experiences and reported competency related to language during their graduate and post-graduate training. The second set of five interview questions focused on the experiences associated with the training participants received to work with Latinx clients in a Spanish or bilingual format. The final five interview questions targeted the type and level of supervision participants received in the program (individual and/or group supervision, Spanish/English bilingual format and/or English only, etc.). The final interview question was related to participants' program recommendations to better prepare upcoming cohorts for working with Spanish-speaking Latinx clients.

Informed consent. The elements of the informed consent were based on Creswell's (2007) guidelines. Specific elements to be included were as follows: (a) The central purpose of the study; (b) Procedures to be used in data collection; (c) Confidentiality of participants; (d) The right of participants to voluntarily withdraw from the study at any time; (e) Potential risks of participating in the study; (f) Expected benefits of the study; and (g) The signature of the participant as well as the researcher. All participants were told that their names would remain confidential. After participants consented to participate, they received a copy of the Informed Consent form.

Data collection procedures

Qualitative interviews addressing the participants' training and supervision experiences were completed. Interview dates were determined based on the participants' availability (between July 2019 and November 2019). Participants were provided with an emailed informed consent prior to the set interview date to allow them sufficient time to review the documents. The interviews were conducted (via the telephone) for 45 to 60 minutes. At the beginning of the

interview, the informed consent was reviewed, and participants were given an opportunity to ask any questions they had about the study. Participants and the researcher signed the informed consent (via electronic signature) before beginning the interview.

Participant identification numbers were provided by the principal investigator (PI) to each participant upon obtaining the signed informed consent to protect the identity of the subjects. Additionally, the participants were asked not to provide the names of supervisors or professors with whom he/she had experiences described to maintain confidentiality. All data were kept in a password-protected computer file and locked cabinet in the PI's office. The hard copies of the data were destroyed through the use of a secure shredding service.

Audio recording and transcription. All interviews with participants were digitally audio-recorded utilizing a password-protected audio recording phone application (saved under the participant identification number to increase confidentiality). The principal investigator (PI) used a phone application "Voice Recorder" that provides a Touch ID and passcode feature to ensure that the recordings were only accessible to the PI. During the interview, participants were asked pre-written, open-ended questions. Participants were encouraged to expand on topics arising during the interview by utilizing this semi-structured interview format. The recordings were transferred to a password protected electronic file within 24 hours of being recorded. Once the audio recordings were transferred to the password-protected electronic file, they were removed from the phone application. The audio-recorded interviews were transcribed and reviewed by the researcher for accuracy and reliability.

Data Analysis

A phenomenological research design was utilized to analyze the collected data from the qualitative interviews. A phenomenological research design uses the collection of qualitative

(open-ended) data in response to the research question (Mruk, 2010). The phenomenological method places emphasis on having participants describe their experiences through the use of open-ended and semi-structured interviews to obtain a narrative of a person's experience (Creswell, 2014; Mruk, 2010). The transcribed interviews were analyzed by summarizing the information to significant statements or quotes, writing a description of the experiences described, and combining the statements into themes. Next, the researcher selected themes that occurred with higher frequency across all of the participants and assessed how the themes related to one another and the context. The information from the common themes allowed the researcher to present a narrative and an argument to the research questions. The quotes utilized in the results and discussion sections were slightly modified to provide a better flow of the participants' responses.

RESULTS

Program Strengths

The overarching themes reported by participants as program strengths or program areas found as “helpful” in working with Spanish-speaking Latinx clients (addressing research questions 1 and 2) included:

- Spanish language classes,
- Program curriculum,
- Spanish-speaking supervision,
- Immersion program (in which students travel to a different country to participate in workshops and training are focused on providing mental health to the Latinx community and provided in Spanish), and
- Additional topics (such as experiences with professors from the program and engaging in community outreach).

The most common theme from the interviews was the Spanish clinical courses provided through the program (85%, $n = 6$) (see Table 2).

Spanish language classes. Specifically, participants indicated that the Spanish courses prepared them the most for providing Spanish-based services to the Latinx communities. The Spanish-courses were reported as helpful due to the resources reviewed [vocabulary lists, textbook, and Spanish Diagnostic and Statistical Manual of Mental Disorders (DSM)], role-play activities in Spanish within the courses to receive feedback in Spanish, and the emphasis placed on the use of Spanish for the completion of written coursework and oral presentations.

Participant 1 shared – *I think that I probably would have had more issues with the clinical language, but the program went over that; therefore, I feel pretty confident when speaking to my*

clients – when talking about the Spanish courses offered through the program. Participant 5 stated – *We did all of the readings in Spanish, all of the class discussion was in Spanish, all of our papers were in Spanish, so it really pushed me to get comfortable with Speaking in Spanish* – when answering the question related to her level of comfort utilizing Spanish in a therapy session with clients, referring to the Spanish-based courses.¹

Program curriculum. The overall program curriculum was also noted as helpful by several participants in the study (71%, $n = 5$). For instance, Participant 5 reported the general curriculum as one of the factors that prepared her the most in working with the Latinx clients – *I think that the classes that are specifically designed for XXXX were the most beneficial in terms of providing therapy with the Latinx community.* Other participants provided examples of how the program’s curriculum emphasized the use of culturally appropriate ways to introduce topics in therapy and the application of theories while taking into consideration the client’s needs. For instance, Participant 1 shared – *The courses were helpful because they generally left us very well prepared to work with any minority since they focused on ethnic humility and cultural sensitivity that I feel that the general MFT program lacks.*

Spanish-Speaking Supervision. The third most common theme identified during the interviews was the supervision utilizing a Spanish or bilingual format (57%, $n = 4$). Participants expressed the value of Spanish-based supervision and the increased level of feelings of competency when they had a bilingual supervisor as opposed to having a non-Spanish speaking supervisor. Participant 2 shared her experience related to having a Spanish-speaking supervisor after having an English-speaking supervisor – *I remember feeling different to what I was feeling in my individual primary supervision...because I was using the clients' words in Spanish.*

¹ All direct quotes in this chapter refer to data collected from the participants of this study.

Additionally, Participant 5 reported that Spanish-based supervision was a helpful because it – *was a great source of help for being able to talk to my supervisor about things that would come up and her ability to understand relevant cultural issues in comparison to other supervisors who were only English speaking.*

Immersion Program. Three of the participants (43%, $n = 3$) indicated that the experiences they obtained while participating in the immersion program held in a Latin American country had assisted them in working with Spanish-speaking Latinx clients. Participant 3 reported – *Something that I found very beneficial was doing the immersion program going to XXXX. Doing that was definitely beneficial because we took the workshops in Spanish and we would talk in Spanish probably the entire time.* Additional participants reported that the immersion program helped develop their clinical skills for working with Spanish-speaking clients; they reported feeling that the immersion program had increased their linguistic abilities. One participant indicated that it had been helpful to see how "they do therapy over there" (when referring to how therapy is used in Latin American countries in Spanish). Specifically, Participant 1 shared – *The immersion trip to XXXX was also really great. I enjoyed my experience there and seeing how they do therapy over there. I was also really happy that they went to XXXX this time because it would be helpful to see how they do therapy with indigenous cultures* – when asked about the strengths associated with the graduate program and how it was helpful when working with Spanish-speaking clients.

Additional Topics. Additional topics mentioned as helpful in working with Spanish-speaking Latinx clients included the Spanish-based practicum course (29%, $n = 2$) and the professors (teaching modalities and experience providing bilingual and Spanish-based services) (29%, $n = 2$). For instance, Participant 3 indicated that the Spanish-based practicum course was

helpful because - *We were able to present our clients in Spanish and get feedback in Spanish so it prepared us to work with our clients in Spanish* – while Participant 4 stated – *I was more impacted by the professors than the courses because I felt connected with them [the professors] through their understanding of how people of color benefit from treatment*. One participant reported community outreach as helpful during the interviews (14%, $n = 1$).

Table 2

Themes Reported as Program Strengths

| Themes Related to Program Strengths/Helpful in working With Spanish-Speaking Latinx Communities | Total Times (theme) Used |
|--|---------------------------------|
| Spanish Language Classes | 6 |
| Program Curriculum | 5 |
| Spanish-Speaking Supervision | 4 |
| Immersion Program | 3 |
| Spanish Practicum Class | 2 |
| Professors | 2 |

Program Recommendations

When asked about program recommendations to better support upcoming cohorts for working with Spanish-speaking Latinx clients (addressing research question 3), participants reported the following themes during their interviews (see Table 3):

- Increased exposure to Spanish,
- Expansion of the material covered,
- Increased Spanish-speaking practicum courses, and
- Additional recommendations (such as financial assistance, mentorship, and different locations for the immersion program).

The top themes reported as program recommendations were increased exposure to Spanish (71%, $n = 5$), expanding on the courses to include additional topics related to providing therapy with Latinx clients (71%, $n = 5$), and increasing the availability of practicum courses offered (43%, $n = 3$).

Increased Exposure to Spanish. One of the top themes reported as program recommendations for working with Spanish-speaking Latinx communities was increasing exposure to Spanish throughout the program (71%, $n = 5$). Examples provided by participants to increase their experiences associated with speaking Spanish included having additional courses in Spanish as part of the curriculum as was suggested by Participant 7 – *including more Spanish in some of the classes, I understand that there might be students that don't speak Spanish, but it would be helpful to have more practice*. While other participants recommended hosting gatherings, socials or mixers to provide a space for participants to practice their Spanish, such as Participant 6 who stated – *Holding socials in Spanish or things like that where we come into a space to practice Spanish because I noticed that some of my colleagues were not as comfortable [speaking Spanish], including myself if I don't keep practicing. I noticed that some of us are a little more hesitant to speak Spanish or don't have the opportunity to speak it*.

Expansion of material covered. Participants also reported a desire for further exposure to topics related to culture and its role when addressing human sexuality and faith with Latinx clients. Participant 5 stated that it would be beneficial – *Thinking of what cultural things would influence our sessions and having these considerations in couples therapy, how to talk about sex if it were to come up with a client and it's almost taboo...being able to tie [in] some of those cultural things – during the courses*.

An additional expansion of the material included expanding on risk assessments in Spanish. Two of the participants shared that although they had received some training for completing risk assessments in Spanish, it would be beneficial to increase the exposure to the matter to increase a trainee's competency. For instance, Participant 2 reported – *When it comes to assessing for suicide, that can go in different ways on how the client understands the questions because most of the information I have for risk assessments is in English and when I go to talk to client, to ask [regarding suicide] sometimes I don't know if they're getting the questions because I'm translating it from English to Spanish. Now recently, I had to do a risk assessment, and I've gotten comfortable to understand what I'm asking. It was through practice. This is something that could definitely be covered more [in the program]. This is something that I do remember doing in the program because we did have exercises in asking questions, but I think that within suicide, in general, it's scary translating it in Spanish. The process to report like we talk about it in the consent forms, but it would help to have the conversation in Spanish.*

Increased Spanish-speaking practicum courses. The third most common recommendation noted from the interviews was to increase the availability of the Spanish-based practicum courses (43%, $n = 3$). Some participants indicated that having Spanish-based practicum courses available in the evenings or across campuses would facilitate access for students who lived further away from the program's main campus or worked during the day. Participant 1 shared – *I live in XXXX, so to me, to go an extra day to Irvine is really difficult because of work, but now they are offering it [the Spanish-speaking practicum course] in West LA, which I thought was really useful.* Similarly, Participant 5 reported having difficulty enrolling in the Spanish-based practicum course due to location – *I only did the Spanish supervision at my practicum site because of my schedule. I couldn't make it down to Irvine for*

the practicum class offered through XXXX. Both Participant 1 and Participant 5 stated during their interviews that the program was now offering Spanish-based practicum courses at two different campuses, which would have been beneficial for them when they were enrolling in the classes.

Additional recommendations. Additional recommendations provided during the interviews included financial assistance (29%, $n = 2$) through program funded scholarships. Participant 6 provided recommendations for the program that included – *...more scholarships would be helpful. I know XXXX offers some [scholarships] but even within my summer research when I was trying to find more scholarships related to our specific program there wasn't any. I think there was only one that was really out there.* Similarly, Participant 7 stated – *I know they always do a trip to another country and it would be helpful if they had some kind of scholarship opportunity for people who maybe can't afford it...* Mentorship programs (29%, $n = 2$) and modifying the locations of the immersion program to reflect the current Latinx communities served through the program (29%, $n = 2$) were also reported as recommendations. Only one participant (14%, $n = 1$) indicated mental health resources for students as a program recommendation.

Table 3

Themes Reported as Program Recommendations

| Program Recommendations for Working with Spanish-Speaking Latinx Communities | Total Times (theme) Used |
|---|---------------------------------|
| Increased Exposure to Spanish | 5 |
| Expansion of Material Covered | 5 |
| Increased Spanish-Speaking Practicum Courses | 3 |
| Financial Assistance | 2 |
| Mentorship | 2 |
| Immersion Program - locations | 2 |

DISCUSSION

The purpose of this study was to assess the language related variables (such as linguistic abilities, difficulty providing services due to language barriers, resources or materials in Spanish that impacted the participants' experiences, etc.), training variables, and supervision related experiences of Spanish/English bilingual graduate students ($n = 7$) through interviews. Experiences were obtained through the use of open-ended questions focused on participants' training experiences, program coursework, and supervision experiences. There are paucity training models in preparing mental health professionals for working with the Spanish-speaking Latinx communities. This study could help provide a level of insight on how to better support and prepare student's level of linguistic abilities and cultural responsiveness when working with the Spanish-speaking Latinx communities.

A phenomenological research design was utilized through the collection of qualitative (open-ended) interviews in response to research questions (Mruk, 2010). Results demonstrated that the most common areas identified by graduate students as most helpful in preparation for working with Spanish-speaking Latinx clients were the program curriculum, clinical courses taught in Spanish, and supervision provided in a Spanish/English bilingual format. The identified areas from this study corresponded with the guidelines noted by Fuertes (2004) for supervising bilingual services, which emphasized the importance of providing supervision in the same language as the services that are provided and having an awareness of cultural meanings, beliefs, and values. These results also demonstrated that incorporating the recommendations made in previous studies, such as providing classes in Spanish to improve graduate students' linguistic abilities and the use of videotape for observation and feedback during supervision with Spanish-speaking supervisors, were beneficial to trainees who provide Spanish-based services (Perry,

2016; Verdinelli & Biever, 2009a, 2009b). The implementation of the areas identified as strengths in this training program could increase the competency of bilingual Spanish-speaking mental health providers leading to a significant impact in the utilization of mental health services by Spanish-speaking Latinx communities. Continued use of tailored program curriculum for working with Latinx clients, clinical courses provided in Spanish, and bilingual English/Spanish supervision as is provided in the training program assessed for this study would allow therapists to shift their behaviors further to adapt to the clients' needs.

Although some of the barriers mentioned in previous research studies were addressed in this training program, some of the barriers to providing therapy to Spanish-speaking Latinx clients were reported by participants in this study. The most common recommendations reported by participants included increasing exposure to Spanish throughout the program, expanding on the topics taught, and expanding the availability of the practicum class to serve students with evening availability. These program recommendations appeared to reiterate the results from previous studies that established the need for ongoing exposure to Spanish throughout the training experience and increase the availability of bilingual mentors or supervisors to increase a trainee's competency (Clouse, 2010; Valencia-Garcia & Montoya, 2018; Verdinelli & Biever, 2009a).

Benefits from this research include contributing to the literature on cultural responsiveness by providing field-based perspectives of how graduate programs and community mental health sites offer training and supervision to those providing mental health services to clients in Spanish. This information can be of great value to the subject as research continues to expand in this area with mental health professionals working with Spanish-speaking clients and clients from the Latinx community. Future researchers, professors, and supervisors are likely to

benefit from this research as it can help in identifying better ways to assess overall cultural responsiveness and linguistic proficiency and competence in clinical practice with clinical psychology graduate students.

Limitations & Future Directions

This study has limitations that may impact the generalizability of its findings. The participants in this study were limited to current and previous students from the same graduate program in Southern California. Having participants from the same program may lead to site-specific confounds, therefore, limiting the information that can be applicable across settings. Studying multiple programs would allow researchers to gain information on varying practices to better determine contributing factors. The criterion limited the number of participants eligible for the study, therefore, the age range was limited to participants between the ages of 26 to 43 years. All participants self-identified as a female which may have influenced the responses provided and may have created a gender bias. It is recommended that future studies utilize a combination of genders to prevent gender bias and gain information across genders. Only seven participants were eligible, which narrowed the findings and limited the generalizability of the results. Additionally, all participants chose telephone interviews as opposed to in-person interviews due to convenience. The use of phone interviews may have impacted the information and data obtained from participants.

Upon further evaluation, this researcher learned Spanish as a primary language and English as a young child. The experiences of participants who acquired English in their later years were not taken into account during the development of the interview questions. The interview questions were unconsciously designed under the assumption that the bilingual participants interviewed for the study had similarly acquired English at a young age. The

experiences of participants who acquired English at a later age likely were different from those of the participants who learned English at a young age and who provide therapy in Spanish. Another limitation was that the interview questions did not take into account the experiences of those who learned additional languages or specific indigenous dialects. My biases and experiences attending a graduate program with courses and supervision in English while providing bilingual English/Spanish therapy to clients may have guided the open-ended questions utilized as a follow-up when completing the interviews, and the data presented should be reviewed with caution. Future research should include items expanding on the linguistic experiences of individuals who speak more than one language or dialect and provide Spanish-speaking/bilingual therapy.

Furthermore, utilizing a Likert scale to determine the participants' comfort levels when speaking Spanish within-session and outside sessions would have provided beneficial results. Currently, the open-ended questions may have made it difficult for participants to understand the questions and were often followed by a question regarding how to respond. Utilizing a Likert-scale would have likely provided targeted and precise information to use in the data analysis.

Additional areas to expand on future studies include incorporating participants who were clients of the trainees to gain further information from the clients directly and to gain an understanding of what clients found helpful or ways in which therapists can improve in providing culturally responsive services. Incorporating clients has the capacity to provide the client's viewpoint on mental health services.

This study focused on the training and supervision obtained by therapists; however, it did not utilize a formal assessment of the participants' linguistic competency. Future research could expand on comparing the experiences of trainees who are considered linguistically competent

with those who may not meet these criteria as that may provide additional guidance on the type of training that can be beneficial in preparing mental health providers who work with Spanish-speaking Latinx communities. It would also be helpful to assess the participants' levels of acculturation as that may influence their levels of cultural competency and the manner in which they perceive their abilities to provide mental health services with Latinx clients.

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APPENDIX A

Literature Table

| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|------------------------------------|-------------|--|---|--|--|--|
| Alegria, M., & McGuire, T. | 2003 | Rethinking a universal framework in the psychiatric symptom-disorder relationship | Disparities | Journal of Health and Social Behavior | Peer-Reviewed Journal | Research on disparities in health and services should include a critical examination of how social, cultural, and contextual factors affect the connection between symptoms and psychiatric disorders. Systematic differences in this connection by these factors will mean that clinicians using a universalist approach to disorders may make more diagnostic errors for certain patients (e.g., ethnic minorities, the poor). |
| American Psychological Association | 1990 | Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. | APA Guidelines | <i>American Psychologist</i> | American Psychological Association | Psychologists should interact in the language requested by the client and, if this is not feasible, they should make an appropriate referral to prevent problems from rising when the linguistic skills of the psychologist do not match the language of the client |
| American Psychological Association | 2003 | Guidelines on multicultural education, training, research, practice, and organizational change for psychologists | APA Guidelines | <i>American Psychologist</i> | American Psychological Association | Written information should be provided in a language understandable to the client whenever possible |

(Continued)

| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|------------------------------------|------|---|--|---|---|--|
| American Psychological Association | 2017 | Accredited Programs | List of Accredited Programs | apps.apa.org/accredsearch/ | American Psychological Association | Over 300 APA accredited Clinical Psychology and Counseling programs in the United States |
| American Psychological Association | 2017 | Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality. | APA Guidelines | https://www.apa.org/about/policy/multicultural-guidelines.pdf | American Psychological Association | Psychologists should understand their own attitudes and beliefs that can influence their perceptions and interactions with clients. Psychologists should understand the role of language and its impact in engagement; Psychologists should understand and recognize historical experiences of privilege, power, and oppression and how to address institutional barriers. |
| American Psychological Association | 2018 | Culture and language programs | Culture and language based accredited programs in U.S. | American Psychological Association | American Psychological Association | As of 2018, APA recognized 15 programs placing an emphasis or provided additional courses for culture and language in the U.S. Emphasizing the need for change in training and supervision for bilingual mental health providers (no new programs since 2012 study by NRCHMH). |

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| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|--|------|--|--|---|---|---|
| Arredondo, P., Tovar-Blank, Z. G., & Parham, T. A. | 2008 | Challenges and promises of becoming a culturally competent counselor in a sociopolitical era of change and empowerment | Latinos and mental health services | Journal of Counseling and Development | Peer-Reviewed Journal | Because religion plays an important role in the lives of many Latinos, they often seek help for medical and mental health needs from religious organizations |
| Atkinson, D. R., Morten, G., & Sue, D. W. | 1993 | <i>Counseling American minorities: A cross-cultural perspective</i> | Latinos and mental health services | <i>Counseling American minorities: A cross-cultural perspective</i> | Book | Prior reports suggest that Latinos prefer a more directive and formal approach to therapy than a non-directive approach that is often used by therapists: influence on client perceptions about therapist credibility, nor is ethnic matching always a preference for ethnically diverse clients. In one study, the ethnic background of therapists did not influence ratings of credibility given by Mexican Americans |
| Beck, L., Kunischick, I. R., Eid, M., & Klamm-Delius, G. | 2012 | Relationship between language competence and emotional competence in middle childhood. | Language competence | <i>Emotion</i> | Peer-Reviewed Journal | Five measures represented LC: receptive vocabulary, verbal fluency, literacy, narrative structure, and the narrative use of evaluative devices. Four measures represented EC: expressive emotion vocabulary, declarative emotion knowledge, awareness of mixed emotions, and facial emotion recognition. |

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| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|---|------|--|--|--|---|--|
| Benuto, L. T., Casas, J., & O'Donohue, W. T. | 2018 | Training culturally competent psychologists: A systematic review of the training outcome literature. | Cultural Competence and Training | <i>Training and Education in Professional Psychology</i> | Literature Review | Review of 17 training outcome studies regarding cultural competence. Results included training that included lecture, discussion, utilization of case scenarios, cultural immersion, role-play, contact with diverse individuals, self-reflection of interactions with clients, journaling, and service learning. Topics covered within training: racism/discrimination, worldviews, cultural identity, general concepts about culture, biases, and information about the clinical/client interaction as it relates to cultural competency or diversity. |
| Biever, J. L., Castaño, M. T., de la Fuentes, C., González, C., Servín-López, S., Sprowls, C., & Tripp, C. G. | 2002 | The role of language in training psychologists to work with Hispanic clients. | Multicultural services | <i>Professional Psychology: Research and Practice</i> | Review | language is an aspect of multicultural services that is often overlooked in discussions of multicultural training and supervision |
| Biever, J. L., Castaño, M. T., González, C., Levy Navarro, R., Sprowls, C., & Verdine, S. | 2004 | Spanish-language psychotherapy: Therapists experiences and needs. | Spanish speaking training/super vision issues | <i>Advances in Psychology Research</i> | Peer-Reviewed Journal | Therapists who speak Spanish, majority learned it in the home and received limited formal language training. Most therapists were concerned over their vocabulary and applying psychological concepts in Spanish. Recommendation for courses in bilingual assessment, culture, and methods or techniques for bilingual therapy. |

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| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|--|------|---|--|--|---|---|
| Biever, J. L., Gómez, J. P., González, C. G., & Patrizio, N | 2011 | Psychological services to Spanish-speaking populations: A model curriculum for training competent professionals. | Spanish speaking training/supervision issues | <i>Training and Education In Professional Psychology</i> | Peer-Reviewed Journal | Mental health providers who are proficient in Spanish are limited, therefore less services are available for Spanish-based services |
| Borelli, J. L., Sohn, L., Wang, B. A., Hong, K., DeCoste, C., & Suchman, N. E. | 2019 | Therapist–client language matching: Initial promise as a measure of therapist–client relationship quality. | Language Style Matching | <i>Psychoanalytic Psychology</i> | Peer-Reviewed Journal | Language Style Matching (LSM) - the degree to which unconscious aspects of an interactional partner’s language mimic that of the other partner. Pilot test for examining how LSM, clients’ relational histories, and clients’ symptoms are impacted throughout treatment. LSM was found to decrease throughout treatment. Implication for using LSM to increase the quality of interactions between client and therapist. |
| Bulut, E., & Gayman, M. D. | 2016 | Acculturation and Self-Rated Mental Health Among Latino and Asian Immigrants in the United States: A Latent Class Analysis. | Acculturation experiences in Latinx and Asian Immigrants | <i>Journal of Immigrant and Minority Health</i> | Peer-Reviewed Journal | This study evaluated the acculturation experiences of Latinx and Asian immigrants in the U.S. and the impact of acculturation on mental health. Bicultural immigrants in both groups reported highest level of mental health. |

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| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|---|------|---|--|---|---|---|
| Camino G., & Alegria, M. | 2008 | Psychiatric diagnosis – is it universal or relative to culture? | Culture in therapy | <i>Journal of Child Psychiatry and Psychology.</i> | Peer-Reviewed Journal | Clinicians are urged to consider culture and context in determining the way in which children's psychopathology may be manifested independent of their views. |
| Cao, L., Blackman, J. S., & Xu, G. | 2018 | Societal change and language change in China: Language-switching during multilingual dynamic psychotherapy. | Language switching in sessions | <i>Psychoanalytic Psychology</i> | Peer-Reviewed Journal | Language switching was noted as important during psychotherapy sessions as each language was implied to communicate certain issues/problems. Language switching was determined to be helpful in assisting clients with “solving” their problems. 3 participants were used in Shanghai, China. |
| Castaño, M. T., Biever, J. L., González, C. G., & Anderson, K. B. | 2007 | Challenges of providing mental health services in Spanish. | Disparities in services, experiences of Spanish-speaking mental health providers | <i>Professional Psychology: Research and Practice</i> | Peer-Reviewed Journal | Study evaluates service delivery experiences of Spanish-speaking mental health providers related to competence and training. |
| Clouse, S. D. | 2010 | <i>A study of bilingual therapist experiences of language, training, and burnout</i> | Language, census info, barriers to treatment | Doctoral dissertation, The University of Georgia | Dissertation | Barriers to treatment including language, lack of training, and lack of bilingual mentors |

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| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|---|-------------|--|---|--|--|--|
| Constantine, M. G | 1996 | Students' Perceptions of Multicultural Training in Counseling Psychology Programs. | Student perceptions | <i>Journal of Multicultural Counseling and Development</i> | Peer-Reviewed Journal | Evaluates student's perceptions of their programs - specifically looked at lack of representation, issues related to multicultural issues, and recommendations |
| Comas-Díaz, L | 2006 | Latino healing: The integration of ethnic psychology into psychotherapy. | Latino Psychology | <i>Psychotherapy: Theory, Research, Practice, Training</i> | Peer-Reviewed Journal | Changing demographics in U.S. - cuentos, dichos, and spirituality. Disparities in mental health services |
| Creswell, J. W. | 2014 | Research design: Qualitative, quantitative, and mixed methods approaches. | Research Design/ Methods | Thousand Oaks, California: SAGE Publications | Peer-Reviewed Journal | Definition of phenomenological method and its use (placing focus on experiences and utilizing for data). |
| Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. | 2007 | Qualitative research designs: Selection and implementation. | Research Design/ Methods | <i>The counseling psychologist</i> | Peer-Reviewed Journal | Qualitative research and research design; open-ended questions and interview set up. |

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| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|--|------|--|--|--|---|---|
| Domenech Rodriguez, M. M., Baumann, A. A., & Schwartz, A. L | 2011 | Cultural adaptation of an evidence based intervention: from theory to practice in a Latino/a community context. | Cultural Adaptations | <i>American journal of community psychology</i> | Peer-Reviewed Journal | Cultural adaptations of a parent training program for Spanish-speaking Latino parents using process and content model. Adaptations include utilizing community leaders and parents to center adaptations. Utilization of metaphors, modification of language, and cultural adaptations to set up goals. |
| Dumas J.E., Arriaga X., Begles A.M., Longoria Z. | 2010 | “When will your program be available in Spanish?”: Adapting an early parenting intervention for Latino families. | Barriers to treatment for Latinx | Cognitive and Behavioral Practice | Peer-Reviewed Journal | Studies addressing cultural adaptation suggest utilizing culturally informed interventions that come “from the community up, not from the researcher down,” emphasizing on shifting therapists’ behaviors “from the community up, not from the researcher down.” |
| Fuertes, J. N. | 2004 | Supervision in Bilingual Counseling: Service Delivery, Training, and Research Consideration | Spanish supervision | <i>Journal Of Multicultural Counseling & Development</i> | Peer-Reviewed Journal | Guidelines for supervision of bilingual/Spanish-speaking therapists. |
| Garcia-Joslin, J. J., Carrillo, G. L., Guzman, V., Vega, D., Plotts, C. A., & Lasser, J. | 2016 | Latino immigration: Preparing school psychologists to meet students’ needs. | Spanish speaking training/ supervision issues | <i>School Psycholog y Quarterly</i> | Peer-Reviewed Journal | Limited Training for mental health providers/Traditional Treatment model and mainstream mental health services |

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| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|---|------|---|--|---|---|--|
| González-Prendes A, Hindo, C., & Pardo, Y | 2011 | Cultural values integration in cognitive-behavioral therapy for a latino with depression. | Cultural competence/ treatment approaches | <i>Clinical Case Studies</i> | Peer-Reviewed Journal | Case study reviewing the cultural adaptations recommended for treating Latino clients with depression. Importance of culture-based values and beliefs, collectivism, and traditional relationships. |
| Gendelman, S., & Wagner, T. H. | 2000 | Health services utilization among Latinos and white non-Latinos: results from a national survey | Utilization of mental health services | <i>Journal of Health Care for the Poor and Underserved,</i> | Peer-Reviewed Journal | Latinos without health insurance have been found to be less likely than insured Latinos to utilize health services regularly. When individuals without health insurance need health services, they often seek services from community centers. |
| Hall, G. C. N | 2001 | Psychotherapy research with ethnic minorities: Empirical, ethical, and conceptual issues | Barriers to treatment for Latinx | <i>Journal of Consulting and Clinical Psychology</i> | Peer-Reviewed Journal | Most clinicians continue to rely on treatment approaches that have been empirically validated only on Caucasian clients. |
| Humes, K. R., Jones, N. A, & Ramirez, R. R. | 2011 | Overview of race and Hispanic origin: 2010 | U.S. Demographic changes | Census Brief C2010BR-02 | Peer-Reviewed Journal | Having recently surpassed African Americans (38.9 million), Latinos, comprising 16.3% (50.5 million) of the population, have become the largest ethnic/racial minority group in the United States |

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| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|---|------|---|--|---|---|---|
| Kapke, T. L., & Gerdes, A. C. | 2016 | Latino Family Participation in Youth Mental Health Services: Treatment Retention, Engagement, and Response. | Latino families in therapy/ dropout | <i>Clinical Child and Family Psychology Review</i> | Literature Review | The current review focused on identifying risk factors noted across literature that lead to early dropout rates in Latino families. Risk factors include: poor treatment engagement, inadequate conceptualization of the family/structure, policies in place impacting utilization of services, and ecological factors. |
| Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. | 2003 | Barriers to Community Mental Health Services for Latinos: Treatment Considerations. | Barriers to treatment for Latinx | <i>Clinical Psychology: Science and Practice</i> | Peer-Reviewed Journal | Differences in preferences for treatment (direct vs. indirect or future oriented approaches that may not align with the Latinx population). |
| Lopez, E. C., & Bursztyrn, A. M. | 2013 | Future Challenges and Opportunities: Toward culturally responsive training in school psychology. | Multicultural Training | <i>Psychology in the Schools</i> | Peer-Reviewed Journal | Recommendations to increase cultural competence in school psychologists: training and field experiences that are grounded in multicultural practices, research, and advocacy through adaptation of multicultural perspectives and approaches, implementing multicultural competencies in programs. |

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| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|---|------|---|--|--|---|--|
| Mendoza, H., Masuda, A., & Swartout, K. M. | 2015 | Mental Health Stigma and Self-Concealment as Predictors of Help-Seeking Attitudes among Latina/o College Students in the United States. | Stigma in Latinx college students | <i>International Journal for the Advancement of Counselling</i> | Peer-Reviewed Journal | Results demonstrated that mental health stigma was an indicator of overall help-seeking attitudes in Latina/o college students. Mental health stigma was related to recognition of need for psychotherapeutic help, stigma tolerance, and interpersonal openness, but not related to assurance in mental health practitioners. |
| Mruk, C. J. | 2010 | Integrated description: A qualitative method for an evidence-based world. | Research Design/Methods | <i>The Humanistic Psychologist</i> | Peer-Reviewed Journal | Phenomenological approach - use of qualitative data to examine participants' experiences |
| National Resource Center for Hispanic Mental Health | 2012 | Directory of Latina/o Behavioral Health Training | Bilingual Clinical Training Programs | www.nrchnh.org/attachments/directory2012.pdf | Directory | 15 programs in the U.S. that focus on bilingual/clinical training |
| Parra-Cardona, J. R., & DeAndrea, D. C. | 2016 | Latinos' Access to Online and Formal Mental Health Support. | Barriers to services | <i>The Journal of Behavioral Health Services & Research : Official Publication of the National Council for Behavioral Health</i> | Peer-Reviewed Journal | This study evaluated the online mental health support available for Latino citizens in the U.S. Results indicated that approximately 40% cost of treatment was a prominent barrier for obtaining services for most Latinos in the U.S. |

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| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|--|------|--|--|---|---|---|
| Pérez-Rojas, A. E., Brown, R., Cervantes, A., Valente, T., & Pereira, S. R. (2019) | 2019 | Alguien abrió la puerta:” The phenomenology of bilingual Latinx clients’ use of Spanish and English in psychotherapy. | Bilingual (Spanish/English) clients | <i>Psychotherapy</i> | Peer Reviewed Journal | Language continues to be overlooked throughout training. Notes the importance of therapists using both languages in sessions with clients and allowing clients to utilize the language of preference. Study interviewed 8 bilingual clients to obtain information regarding their experiences in treatment and gain themes (enhancing expression and understanding, utility of a therapist’s bilingual orientation, and strengthening the therapeutic alliance. |
| Perry, Vanessa M. | 2016 | <i>A phenomenological investigation of bilingual Spanish-English supervisees’ experience in clinical supervision</i> | Spanish speaking training/supervision issues | Doctoral dissertation, East Carolina University | Dissertation | Spanish-English bilingual (SEB) supervisees experience clinical supervision different from their English monolingual peers. SEB supervisees have specialized clinical supervision needs because their experience is distinctive; current training/supervision needs are not readily met by current clinical supervision paradigms and practices. |
| Ramos-Sánchez, L., Atkinson, D. R., & Fraga, E. D. | 1999 | Mexican Americans’ bilingual ability, counselor bilinguism cues, counselor ethnicity, and perceived counselor credibility. | Bilingual counseling | <i>Journal of Counseling Psychology</i> | Peer-Reviewed Journal | Evaluated the effect of counselor language or ethnicity on 186 Mexican American college students. Ratings of counselor credibility and cross-cultural competence were found to be related to participants’ bilingual ability. |

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| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|--|------|--|---|--|---|--|
| Rivas, L., Delgado-Romero, E. A., & Ozambela, K. R | 2004 | Our stories: Convergence of the language, professional, and personal identities of three Latino therapists | Spanish speaking training/super vision issues | In L. Weiling & M. Rastogi (Eds.) Voices of color: First-person accounts of ethnic minority therapists | Peer-Reviewed Journal | Inadequate training and lack of resources as barriers for SEB supervisees. |
| Rogers, M. R. | 2006 | Exemplary multicultural training in school psychology programs. | School psychology programs/multicultural training | <i>Cultural Diversity And Ethnic Minority Psychology</i> | Peer-Reviewed Journal | This study evaluated 17 different programs focusing on the aspects of training environment and multiculturalism. Findings suggest: students at all programs were exposed to minority clients during applied fieldwork; 94% of the programs required a diversity issues course; 59% of the programs specialized in training with specific minority group populations. |
| Ruiz, R. A., & Padilla, A. M. | 1977 | Counseling Latinos. | Barriers to treatment for Latinx | Personnel & Guidance Journal | Peer-Reviewed Journal | Lack of training for working with Latinx clients (focus on future-oriented approaches that don't align with clients); issues related to lack of multicultural training for therapists. |

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| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|---------------------------------------|------|---|---|---|---|--|
| Salas, L. M., Ayon, C., & Gurrola, M | 2013 | Estamos Traumados: The effect of anti-immigrant sentiment and policies on the mental health of Mexican immigrant families. | Effects on Mexican immigrant families' health and mental health | <i>Journal of Community Psychology</i> | Peer-Reviewed Journal | This study examines the effects of immigration legislation on Mexican immigrant families' health and mental health. Participants shared feelings which will come up during mental health services (including fear, feelings of isolation, stress, and powerlessness. Further research needed the training for mental health providers working with immigrant families. |
| Santiago-Rivera, A. L | 1995 | Developing a culturally sensitive treatment modality for bilingual Spanish-speaking clients: Incorporating language and culture in counseling | Spanish speaking training/ supervision issues | Journal of Counseling & Development | Peer-Reviewed Journal | Importance of language in therapy; Language can create a barrier to treatment if not addressed adequately. |
| Shen, M. D., Forrest, L., & Elman, N. | 2009 | Training Directors' Conceptualizations of the Intersections of Diversity and Trainee Competence Problems. | Multicultural training | <i>The Counseling Psychologist</i> | Peer-Reviewed Journal | This study interviewed training directors from 14 different counseling psychology programs to evaluate training and resources available focusing on race/ethnicity and gender. Results indicated that empirically supported frameworks for integrating approaches to diversity and remediation could enable use of the professional literature on the impact of race/ethnicity and gender issues on training, evaluation, and remediation. |

(Continued)

| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|--|------|---|--|---|---|--|
| Solway, E., Estes, C. L., Goldberg, S., & Berry, J. | 2010 | Access barriers to mental health services for older adults from diverse populations: perspectives of leaders in mental health and aging | Barriers to treatment for Latinx | <i>Journal of Aging & Social Policy</i> | Peer-Reviewed Journal | Language noted as one of the main barriers for Latinx seeking treatment. |
| Sue, S., Zane, N., Hall, G. C. N., & Berger, L. K. | 2009 | The case for cultural competency in psychotherapeutic interventions | Barriers to treatment for Latinx | Annual Review of Psychology | Peer-Reviewed Journal | Client dissatisfaction with therapy related to the use of traditional treatment approaches and lack of culturally adaptive therapy. |
| Tummala-Narra, P. | 2015 | <i>Cultural competence as a core emphasis of psychoanalytic psychotherapy.</i> | Cultural Competence | <i>Psychoanalytic Psychology</i> | Peer-Reviewed Journal | Cultural competence developed as a framework in mental health in the 1970s and 1980s to address therapist's neglect of sociocultural context in the client's life and its impact on psychotherapy process. Cultural competence refers to a process or an orientation that encourages therapists to avoid premature conceptions of clients who are from different sociocultural backgrounds than themselves to minimize stereotyping and addresses client's individual levels of personal identity. |

(Continued)

| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|---|------|---|--|--|---|--|
| U.S. Department of Health and Human Services. | 2001 | <i>A supplement to mental health: A report of the Surgeon General.</i> | Disparities in services, experiences of Spanish-speaking mental health providers | U.S. Government Printing Office. | U.S. Department of Health and Human Services. | Mental health providers who are proficient in Spanish are limited, therefore less services are available for Spanish-based services |
| Valencia-Garcia, D., & Montoya, H. | 2018 | Lost in translation: Training issues for bilingual students in health service psychology. | Linguistic competence and training | <i>Training and Education in Professional Psychology</i> | Peer-Reviewed Journal | Discusses the importance of language competence, the need for additional training for bilingual therapists and the barrier linguistic competency can pose for event culturally competent clinicians. Bilingual clients process emotions differently in their two languages and tend to associate emotions with their primary language. Highlights importance of language switching in sessions to permit clients to gain a better understanding of the content they share in sessions along with the ability to establish and maintain rapport. While secondary language can be used to access traumatic memories and slowly transition to primary language. |

(Continued)

| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|---------------------------------|------|--|--|--|---|--|
| Vaquero, J., & Williams, M. E. | 2019 | Experiences of Spanish–English bilingual early childhood psychotherapists providing services to bilingual caregiver–child dyads: An exploratory qualitative study. | Bilingual early childhood psychologists | <i>Journal of Latinx Psychology</i> | Peer-Reviewed Journal | Emotional content in utilizing first language and the importance of language switching in therapy. Recommendations for improving training of bilingual psychotherapists: courses on bilingual language development, cultures and histories of different countries of origin, practice explaining therapeutic concepts in Spanish, such as the impact of trauma, specific evidence-based intervention strategies, and diagnostic terminology, discussions about conducting therapy bilingually (managing code switching and adapting models for families with different cultural or religious beliefs). All participants noted the importance of having supervision in Spanish as part of the learning process. |
| Verdinelli, S., & Bieber, J. L. | 2009 | Spanish–English bilingual psychotherapists: Personal and professional language development and use. | Spanish speaking training/supervision issues | <i>Cultural Diversity and Ethnic Minority Psychology</i> | Peer-Reviewed Journal | SEB therapists reported feeling "burdened" due to additional responsibilities when compared to monolingual peers. Issues related to language and reporting minimal training. |

(Continued)

| Authors | Year | Title | Focus (Variables, Keywords, Population, etc.) | Source (Article, Chapter, Book, Presentation, etc.) | Type (Conceptual, Review, Empirical, Biography, etc.) | Relevant Findings |
|---|------|--|--|--|---|---|
| Verdinelli, S., & Bieber, J. L. | 2009 | Experiences of Spanish/English bilingual supervisees. | Spanish speaking training/supervision issues | <i>Psychotherapy: Theory, Research, Practice, Training</i> | Peer-Reviewed Journal | Recommendations from study to increase Spanish-based supervision and specific training for working with Spanish-speaking clients. |
| Verdinelli, S., & Bieber, J. L. | 2013 | Therapists' experiences of cross-ethnic therapy with Spanish-speaking Latina/o clients. | Bilingual Therapists (English first language) | <i>Journal of Latina/o Psychology</i> | Peer-Reviewed Journal | Study evaluated the experiences of 14 bilingual therapists (English first language). Showing respect, humbleness, curiosity, and interest in their life experiences and background helped the participants build strong working relationships with clients. |
| Woodward, A. M., Dwinell, A. D., & Arons, B. S. | 1992 | Barriers to mental health care for Hispanic Americans: A literature review and discussion | Barriers to treatment for Latinx | <i>Journal of Mental Health Administration</i> | Peer-Reviewed Journal | Financial and non-financial barriers to treatment for Latinx clients (culture, acculturation, medical/mental health issues, lack of availability of trained therapists, etc.). |
| Zayas, L. H. | 2010 | Seeking models and methods for cultural adaptation of interventions: Commentary on the special section | Barriers to treatment for Latinx | <i>Cognitive and Behavioral Practice</i> | Peer-Reviewed Journal | Cultural adaptations recommended for working with Latinx clients to improve service delivery; "Bottom up" approach. |

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APPENDIX B

Informed Consent for Participants



IRB#:19-02-989

Participant Study Title:

Evaluating the Effectiveness of the Training and Supervision Provided to Spanish/English Bilingual Graduate Students

Formal Study Title:

Evaluating the Effectiveness of the Training and Supervision Provided to Spanish/English Bilingual Graduate Students

Authorized Study Personnel

Principal Investigator: Sonia V. Mezquita, M.A.

Secondary Investigator: Miguel E. Gallardo, Psy.D. Office: (949) 223-2500

Key Information:

This study seeks to gain a better understanding of the supervision and training needs of Spanish/English bilingual graduate students in a Marriage and Family graduate program during their training roles. More specifically, it will examine any problems and preferred ways of conducting the supervision of bilingual and Spanish language services. Implementation of the study will occur under the supervision of Pepperdine University's Graduate School of Education and Psychology (GSEP) Department in California. The participants focused on during this study will be current and previous students of the Master of Arts in Clinical Psychology with an Emphasis in Marriage and Family Therapy with Latinas/os at Pepperdine University.

If you agree to participate in this study, the project will involve:

- Males and females between the ages of 22 and 65 years old.
- Procedures will include the completion of a demographic form and participating in an interview regarding your training and supervision experiences in Spanish.
- There are some risks associated with this study
- You will be provided a copy of this consent form

Invitation

You are invited to take part in this research study. The information in this form is meant to help you decide whether or not to participate. If you have any questions, please ask.

Why are you being asked to be in this research study?

You are being asked to be in this study because you are either a current or previous student from the Master of Arts in Clinical Psychology with an Emphasis in Marriage and Family Therapy with Latinas/os at Pepperdine University (Aliento) and have provided mental health services in Spanish. To be eligible, you must be 19 years of age or older to participate.

What is the reason for doing this research study?

The majority of psychology training programs in the U.S. prepare students in English with access to English speaking populations, however, access to Spanish-speaking clients is often limited during training programs, which may be related to the limited focus placed in training to work with Spanish-speaking clients. The limited focus placed in training to work with Spanish-speaking clients may pose an issue for mental health practitioners when serving the Latinx community. This research is designed to (1) better understand the coursework and (2) better understand the type of supervision that could be beneficial when used by mental health graduate programs to train practitioners who are culturally and linguistically competent in working with the Latinx population, specifically, with Spanish-speaking clients.

What will be done during this research study?

You will be asked to complete one participant demographic form and participate in one 45 to 60-minute interview that will take place via phone or in person at either the Pepperdine University West Los Angeles or Irvine campus.

How will my responses be used?

Any personal information that could identify you will be removed from the responses you provide. Your responses will be audio-recorded and entered into a computer database for data collection purposes.

What are the possible risks of being in this research study?

There are no legal risks to participating in the study and talking about your experiences. Social risks that might arise could include feelings of discomfort or stress if you disclose previous experiences that might have been negative with professors or supervisors. No names or identifying information will be sought regarding clients, supervisors, or professors you have worked with to ensure confidentiality.

What are the possible benefits to you?

You are not expected to get any direct benefit from being in this study.

What are the possible benefits to other people?

The benefits to the mental health field and society may include a better understanding of how to provide adequate training and supervision to mental health providers working with Spanish-speaking clients and the Latinx community.

What will being in this research study cost you?

There is no cost to you to be in this research study.

Will you be compensated for being in this research study?

No compensation will be provided.

What should you do if you have a problem during this research study?

Your welfare is the major concern of every member of the research team. If you have a problem as a direct result of being in this study, you should immediately contact one of the people listed at the beginning of this consent form.

How will information about you be protected?

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. The data will be stored in a locked cabinet in the investigator's office and will only be seen by the research team during the study and for one year after the study is complete. Audio recording of the interviews will be coded to ensure confidentiality and will be kept in a password protected electronic file. The data will be stored electronically through a secure server and will only be seen by the research time during the study and for one year after the study is complete. The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person, agency, or sponsor as required by law. The information from this study may be published in scientific journals or presented at scientific meetings, but the data will be reported as a group or summarize data, and your identity will be kept strictly confidential.

What are your rights as a research subject?

You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study.

For study-related questions, please contact the investigator(s) listed at the beginning of this form.

For questions concerning your rights or complaints about the research contact the Institutional Review Board (IRB):

- Phone: 1(402) 472-6965
- Email: gpsirb@pepperdine.edu

What will happen if you decide not to be in this research study or decide to stop participating once you start?

You can decide not to be in this research study, or you can stop being in this research study ("withdraw") at any time before, during, or after the research begins for any reason. Deciding not

to be in this research study or deciding to withdraw will not affect your relationship with the investigator or with Pepperdine University.

You will not lose any benefits to which you are entitled.

Documentation of informed consent.

You are voluntarily making a decision whether or not to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered, and (4) you have decided to be in the research study. You will be given a copy of this consent form to keep.

Participant Name:

(Name of Participant: Please print)

Participant Signature:

Signature of Research Participant

Date

Investigator certification:

My signature certifies that all elements of informed consent described on this consent form have been explained fully to the subject. In my judgment, the participant possesses the capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.

Signature of Person Obtaining Consent

Date

APPENDIX C

Demographic Questionnaire Form

1. Age:
2. Gender:
3. Country of Origin:
 - a. If country of origin is outside of the U.S., at what age did you come to the U.S.?
 - b. Years lived in the U.S.:
4. Ethnicity:
5. Primary Language:
 - a. Where did you learn your primary language?
6. Secondary Language:
 - a. When was your second language acquired?
 - b. Where did you acquire your second language?
7. Primary language spoken at home?
8. Primary language spoken at work?
9. Percentage breakdown of languages spoken (example: 40% English, 60% Spanish):
10. Clinical position:
11. Years in position:

APPENDIX D

Interview Questions

Linguistic Information

1. How comfortable do you feel speaking Spanish outside of therapy sessions?
2. How comfortable do you feel speaking Spanish in a therapy session?
3. Describe any experiences you have utilizing Spanish during your therapy sessions with clients.
4. Describe any experiences you have utilizing assessment measures in Spanish
5. Are you currently at a site in which you utilize Spanish with clients?

Training

6. Describe any courses you had in your graduate program that were specific to providing therapy to Latinx clients
7. Describe any specific training you had in providing therapy to Latinx clients
8. Describe any professional training in Spanish you participated in (Was this within your required coursework/program or on your own?)
9. When you think about your training, what experience do you think prepared you the most to provide services in Spanish?
 - a. Can you be specific about what you found helpful about the program/class/supervision/both?
 - b. How can we better support students who are providing services in Spanish? What would have been beneficial?
10. What are some of the lessons that you learned providing treatment in Spanish?
 - a. What can Aliento continue to do to help prepare you for these lessons?

Supervision

11. Describe your supervision experience while in school and after graduating (if applicable).
12. Did you receive bilingual supervision?
 - a. Was it available through your school, practicum site, or other?
 - b. Do you currently receive bilingual supervision?
13. Was Spanish utilized during your supervision?
14. What did you find helpful from the Spanish-based supervision?
15. Were there any barriers to working with Spanish-speaking clients?
16. What recommendations do you have for the program to better address the needs of students providing Spanish or bilingual therapy?

APPENDIX E

Recruitment Flyer



Seeking current and previous students from the Master of Arts in Clinical Psychology with an Emphasis in Marriage and Family Therapy with Latinas/os at Pepperdine University (Aliento).

We are looking for participants to be involved in a university study that has been developed through Pepperdine University.

The purpose of this study is to gain more information about the aspects of training and supervision that are beneficial to clinicians providing mental health services in English and Spanish.

We would like to improve the effectiveness of training for clinicians who provide mental health services to the Spanish-speaking population.

To be eligible you must be a current student or recent graduate from Aliento providing mental health services in Spanish.

Interviews will be conducted via phone or in person for 45-50 minutes.

You may contact Sonia Mezquita and Dr. Miguel Gallardo with any questions concerning this research study.

Email:

Phone: (XXX) XXX-XXXX

APPENDIX F
GPS IRB Approval Notice



Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: June 17, 2019

Protocol Investigator Name: Sonia Mezquita

Protocol #: 19-02-989

Project Title: Evaluating the Effectiveness of the Training and Supervision Provided to Spanish/English Bilingual Graduate Students

School: Graduate School of Education and Psychology

Dear Sonia Mezquita:

Thank you for submitting your application for expedited review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today June 17, 2019, and expires on June 16, 2020.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond June 16, 2020, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,