

The Association for Multicultural Counseling and Development (AMCD) developed and introduced the multicultural counseling competencies in 1992 (Sue, Arrendondo, & McDavis, 1992). The American Counseling Association (ACA) was urged to take a proactive stance in incorporating these standards of practice to reflect an increasingly diverse society. Since this time, there has been a continuous push for multicultural competency within the profession of counseling (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016). Recently, a revised and expanded version titled the Multicultural and Social Justice Competencies (MSJCC) was introduced (2016). The revised competencies incorporate the term social justice to reflect the changes that have occurred within the profession and society. With the rise in the Latinx population in the United States (U.S.), it would be wise to understand the linguistic and cultural challenges that are faced amongst professional counselors serving this population (U.S. Census Bureau, 2012). The term Latinx includes a variety of cultural groups regardless of race (i.e., Mexican, Puerto Rican, Honduran), encompasses both masculine (Latino) and feminine (Latina), and includes trans and non-binary individuals. Latinxs are the largest minority in the United States making up 17% of the population (U.S. Census Bureau, 2012).

Background

There are over 37 million residents in the United States who speak Spanish in their homes, this constitutes more than 12% of the U.S. population (U.S. Census Bureau, 2012). A rise in immigration of both documented and undocumented immigrants has also reached an all-time high (U.S. Census Bureau, 2012). It is estimated that by the year 2020, 43.1 million individuals within the United States will be Spanish speakers (Ortman & Shin, 2011). The trends suggest that the historical minority population of Latinxs in the United States will likely continue to grow rather than decline.

Unfortunately, this population is often at risk for poverty, acculturative stress, language barriers, discrimination, mental health concerns, and a host of many other problems (Atdjian & Vega, 2005; Hispanic Community Health Study/Study of Latinos, 2013; Orozco & Thakore-Dunlap, 2010; Torres, 2010;). The Stress in America survey (APA, 2016) found that Latinxs reported the highest stress, across four major sources, to include money, employment, health concerns, and family responsibilities. These statistics support the need for accessible culturally competent counseling services in order to reduce stressors.

Mental Health and Spanish-Speaking Population

With the Latinx population being a fast-growing group in the U.S. there are significant implications for mental health professionals (U.S. Census Bureau, 2012). A recent survey conducted by the Substance Abuse and Mental Health Service Administration (SAMHSA) reported that 16.3% of Latinx adults reported experiencing a mental illness (2013). The Center for Behavioral Health Statistics and Quality (2016) reported an increase of mental health issues amongst the total population of Latinos, up from 16.7% compared to 15.6% of the previous year. According to the National Alliance on Mental Illness (2016), common mental health issues among Latinx are generalized anxiety disorder, major depressive disorder, posttraumatic stress disorder, and alcoholism. For teens and older adults in these communities, suicide is also a common issue (CDC, 2015; Eaton et al., 2012; Yun et al., 2016).

Depression and anxiety are the most reported mental health concerns among Spanish speakers. Huang et al. (2006) found that young Latinx women are at the highest risk for depression. According to Wassertheil-Smoller et al. (2014), Latinxs show high levels of symptoms associated with depression and anxiety. Specifically, women, as well as first and second generation Latinxs, were twice as likely to have symptoms of depression and anxiety. Many Latinxs need mental health

care yet many go without treatment (APA, 2017). Attrition issues have been noted, many times the first contact with a mental health professional is the only contact (Barrett et al., 2008). According to Dingfelder (2005), as much as 50 percent of Latinx clients never return for a second session. Premature termination by the client is one of the main concerns with working with this population, and a sensitive topic, since much of it is potentially culturally related.

Barriers to Treatment

Barriers to treatment among Spanish-speakers have been well documented. Some noted critical obstacles to mental health treatment for Latinxs are similar to other populations (McGuire & Miranda, 2008; Sorkin, Murphy, Nguyen, & Biegler, 2016). They include economic barriers, lack of awareness about mental health issues and services, and stigma associated with mental illness (Alegria et al., 2007; Sentell, Shumway, & Snowden, 2007). Additional access to care issues among Spanish-speaking populations includes language barriers, lack of culturally appropriate services, and mental health professional shortages (National Council of La Raza, 2005; SAMHSA, 2013; Smith-Adcock et al., 2006).

The disparity of Spanish-speaking mental health professionals and service delivery is well documented (Abreu & Sasaki, 2004; Hoge et al., 2007; Hogg Foundation for Mental Health, 2007; SAMHSA, 2013; Smith-Adcock et al., 2006). Cultural and linguistic competence is integral in providing multiculturally appropriate services to the Spanish-speaking population. Past research suggests that the lack of language dominance matched to the client has adverse outcomes on service delivery (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera & Altarriba, 2002). Such language barriers compromise the effectiveness of services and can result in misinterpretation of the client's communication (Castano et al., 2007). The benefits of integrating cultural themes in mental health treatment have been explored for some time, and research supports the integrity of

doing so (Lopez, 2002; Ratts & Pederson, 2014; Valentine et al., 2017). Therefore, the need for relevant training in working with Spanish-speaking populations, Spanish language proficiency, and cultural considerations is pertinent to the preparation of mental health professionals.

Challenges in Training

According to research (Biever et al., 2002; Engstrom, Min, & Gamble, 2009, Lebron-Striker, 2012), bilingual mental health professionals often report feeling decreased competence in delivering Spanish-speaking services despite their fluency. Insufficient training in preparatory programs has also been a theme among bilingual counselors (Gonzalez, Ivers, Noyola, Murillo-Hererra, & Davis, 2015; Romero, 2013; Trepal, Ivers, & Lopez, 2014). Lastly, supervision conducted in Spanish and with a supervisor who was bilingual has shown to be more effective and supportive than having a non-Spanish-speaking supervisor (Trepal, Ivers, & Lopez, 2014)

The Current Study

The purpose of this study was to understand the experiences and challenges faced by Spanish-speaking students who are trained in an English-language counselor education program who provide counseling services in Spanish. The research aids in meeting the needs of serving the Spanish-speaking population and in the training of culturally competent counselors. The following question guided the research: What are the challenges of bilingual student counselors who provide counseling services in Spanish?

Method

A phenomenological approach (Moustakas, 1994) was utilized to understand the experiences and perspectives of a group of Spanish-speaking student counselors. The focus of a phenomenological approach is aimed at understanding lived human experiences and perspectives (Christensen & Brumfield, 2010). As such, we selected the phenomenological method to provide

deeper understanding of a specific phenomenon involving bilingual students' experiences (Maxwell & Henriksen, 2012). Gathering insight and stories from bilingual student counselors' experiences with their counseling and supervision can provide insight for subsequent qualitative and quantitative investigations. Similar to another study (Cavazos Vela, Fisk, & Ikonomopoulos, 2019), research team members followed Moustakas' (1994) transcendental approach to bracket assumptions and values to understand participants' perspectives and experiences.

Setting

A preliminary phenomenological study was conducted in Texas. The demographic makeup of the region includes 88.3% of individuals who identified themselves as Latinx, within the specific community this constitutes 93.1%. Within the county, 78.3% of residents speak Spanish at home and consider Spanish their preferred language (55% speak English very well, 20% speak English well, 14% speak English not well, 11% don't speak English at all (U.S. Census Bureau, 2012). The institution where the data was collected is considered a Hispanic-Serving Institution (HSI). According to an incoming student survey, 89% identified themselves as Hispanic or Latinx, 90% reported being bilingual, 66% identified Spanish as their first language, and 57% as Spanish as their preferred language. Also, the institution is considered a bi-national institution and geographically sits on the border between the United States and Mexico. Prior to participant recruitment and data collection, Institutional Review Board (IRB) approval was obtained.

Participants

We utilized criterion sampling procedures that were purposeful (Creswell, 2009) in the recruitment of bilingual student counselors. The reason behind employing criterion sampling is to ensure participants met specific criteria such as being bilingual and enrolled in a graduate

counseling program. We also used purposeful sampling to select a group of participants who have experience with the phenomenon and lived in the relevant context (Balkin & Kleist, 2017), which was enrollment in a graduate counseling program and being bilingual (Cavazos Vela et al., 2019). A total of 11 bilingual counseling students who provided Spanish-speaking counseling services participated in the study. Their recruitment was voluntary. Participants included nine females and two males; the average age was 35 years (range = 25-54), 63% were enrolled in the school counseling track with the remaining being in the clinical mental health track. Only one participant identified Spanish as their preferred language. The remaining considered themselves bilingual with English being their dominant language. Most participants reported learning and using Spanish at a young age.

Data Collection

Interviews and focus groups are used in transcendental phenomenology to gain insight into participants' experiences (Crockett et al., 2018; Moustakas, 1994). Data in this study was collected through open-ended focus groups to provide participants with opportunities to share their lived experiences and perspectives with counseling clients in Spanish. Interview protocol included the following main question: "What are the challenges when providing counseling services in Spanish?" This semi-structured interview inquired about participants' perceptions of their bilingual training experiences. Participants also completed a questionnaire, which consisted of 4 reflective questions and necessary demographic information. There was a total of 2 focus groups that lasted between 70 and 90 minutes. All participants were involved in one of the focus groups. The first and second authors of this study conducted both focus groups in English. The focus groups were audiotaped and transcribed. Additionally, an inductive qualitative interview approach was used to discover perspectives of bilingual student counselors with valid insight into the area

of interest (Johnson et al., 2008). Once focus groups were transcribed verbatim, two research team members engaged in data analysis to identify emergent themes.

Data Analysis

Focus groups were analyzed inductively via verbatim transcriptions that focused on students' perceptions of counseling clients in Spanish. We used two coding cycles to determine common themes. Two research team members used initial coding and pattern coding (Saldana, 2009) to identify sentences in each transcript that had meaning (Cavazos Vela et al., 2019). Each team member independently identified meaning units (i.e., factors) and then developed a thematic hierarchy. Finally, two research team members had conversations to agree on a final thematic presentation.

Trustworthiness

Several steps were implemented to enhance this study's trustworthiness (Morrow, 2005). First, in order to ensure dependability, which refers to consistency between or among reviewers (Lincoln & Guba, 1984), two reviewers coded for emergent themes and agreed on the final thematic presentation. Second, the first and second authors paid attention to confirmability, which refers to the assumption that findings reflect participants' experiences (Creswell, 1998; Young, 2017), through reflections and ongoing consultation to ensure bias did not impact the study. The second author is a Latinx bilingual counselor educator with interest in the purpose and outcome of the current study. As a result, it was important for her to engage in bracketing her values and biases as well as consult with a colleague. Finally, all participants had opportunities to verify and change interview transcripts in order to ensure member-checking (Cavazos Vela et al., 2019).

Results

Following inductive, qualitative data analysis, several themes were identified. Four overarching themes emerged: (1) difficulty with translation to Spanish, (2) self-efficacy, (3) differences in language, and (4) lack of resources. Participants' stories, perspectives, and experiences are presented to support this thematic hierarchy.

Difficulty with Translation to Spanish

One factor that emerged was difficulty with translations to Spanish. Almost all participants shared frustrations and challenges when translating English words and documents such as intake forms to Spanish. Although all counseling training documents were provided in both English and Spanish there were times when students found themselves with the wrong forms. Translation to English was also needed if the instructor/supervisor did not speak Spanish. Video transcriptions, notes, and reflections had to be translated from Spanish to English by the student before submitting their assignment to their non-Spanish speaking instructor/supervisor. One participant shared the following experience during an initial intake session:

For me, it was hard especially when I went in and noticed that my binder had the English one and not the Spanish one...so it was hard to translate like medication...or symptoms because in Spanish they're very different from English.

Another participant shared a similar perspective when she reported:

The treatment plan was in English. I forgot to get the one in Spanish. I was translating the best I could, and you know most of the stuff I could understand some of it but not all of it but the client was really good at explaining stuff.

Additionally, a participant shared the following representative quote regarding the nature of translations into Spanish: "...having to create the treatment plans in Spanish, progress notes in

Spanish. The activities in Spanish, translating that was the hardest transcribing stuff...” And finally, a participant shared the following: “I had to practice like I had to look up words and symptoms, feelings, like use the right, correct word when I was giving them therapy in session because that had a lot to do with culture...”

Self-Efficacy

Although all participants self-reported as bilingual counselors in training, their self-confidence or self-efficacy in counseling clients who speak Spanish was low to moderate. Most participants shared stories and experiences that pointed to low levels of self-confidence in knowledge and skills when working with clients whose primary language is Spanish. Some students reported moderate changes but most reported low self-efficacy when working with Spanish-speaking clients. When asked “... how confident you are when using Spanish with your clients?” one participant shared the following perspective:

I feel that from a scale from 1 to 10, uhm a 6, I guess cause at first like many of the others here I haven't really seen that much difference but there is some vocabulary that is different and I usually just ask me and you know they tell me what they mean by it. And my confidence has grown throughout the program so cause, uhm, you kind of forced sometimes to, to get in there and learn about the Spanish. So I caught myself getting a dictionary and, uh, thesaurus sometimes, for feelings mostly. It was hard for me but now I feel a little bit more confident.

In addition, a participant shared that although she thought she was confident given her bilingual capabilities, her attitudes changed as the result of working with her first client. She stated, “...and at the beginning, I felt somewhat confident that I would be able to converse with Spanish speaking

clients because I thought I knew Spanish...and then after that, I was like I had no confidence in my Spanish.”

Participants shared their experiences of practicing Spanish-speaking skills outside of the counseling session. In addition, some discussed how they integrated Spanish into their personal life which brought change in self-efficacy, “...the practicing...I think it’s just practicing cause I would find myself even with my friends just having conversations in Spanish because it helped and especially my friends who are really good in Spanish because it helped.” Another participant shared the following story:

It’s been a huge learning experience and I feel like I’ve grown both professionally and in general because I can go out in the street and be able to speak more Spanish and I have that confidence to do so, and it was very beneficial.

Differences in Language

One salient theme that all participants’ stories supported was perceived differences between conversational Spanish and Spanish language needed in counseling. Participants provided comments indicating that different levels of Spanish were expected in counseling sessions. In most instances both the client and the counseling student had different levels of Spanish; either in formal or conversational Spanish. Participant shared, “...I mean their Spanish is a little, it’s different than ours so like coming around and telling them a word like that they’ll be like what? And then you have the casual conversation, it’s like okay...” This perspective is similar to another participant who shared, “...sometimes conversations in Spanish and proper Spanish is the difference between using proper therapeutic words for different things and depending on the level and what part of the country they’re from...” Another participant discussed the differences in Spanish words based on the region of Mexico.

I know when I first started at the clinic, uhm, when I found out that they were like from (Metropolis city in Mexico) anything like that I kinda got me a little uneasy because I know their Spanish I guess their vocabulary is different from mine.

Lack of Resources

The final theme that emerged involved lack of resources. Almost all participants indicated that some of their instructors and site supervisors did not have resources to work with clients in Spanish. This included counseling forms, curriculums, assessments, and informational handouts at the internship sites. One participant noted, “So I caught myself getting a dictionary and thesaurus sometimes, for feelings mostly. It was hard for me but now I feel a little more confident.” Another participant shared:

The treatment plan was in English. I forgot to get the one in Spanish. I was translating the best I could, and you know most of the stuff I could understand some of it but not all of it, but the client was really good at explaining stuff.

Another participant shared challenges with supervision: “And sometimes when I have supervisors who don’t speak Spanish also that doesn’t help me cause it’s like she doesn’t understand the client’s problem...” Another participant shared, “I think the biggest obstacle for me was actually finding resources in Spanish. There’s pretty much practically nothing, and everything there looked adapted.” Responding directly to this quote, another participant reported, “And she’s right, like the resources are very minimal, and the ones that there are do exist like they’re translated from people not from the region.” And finally, one participant said that as the result of lack of resources, clinical mental health counseling programs could “have a counseling class just in Spanish so we can learn more about the terms that would be very beneficial.”

Discussion

There continues to be a lack of research concerning counseling services provided by bilingual student counselors. Through the current study, the researchers were able to find that much of what bilingual student counselors experience is confusion and frustration when working with Spanish-speaking clients. One important finding was that bilingual student counselors reported difficulty when translating words and clinical forms to Spanish, which is similar to previous research studies. Trepal, Ivers, and Lopez (2014) found that bilingual student counselors reported using informal resources to double-check their language skills. Results from the current study concluded the need for more proficiency in Spanish counseling vocabulary. Proficient Spanish vocabulary provides a benefit in delivering counseling services in Spanish. Training using Spanish vocabulary and discussing best practices in counseling classes would serve students and their clients well. Additionally, in the current study, the Spanish language was described as "wordy" in comparison to the English language. This is noted as a contributing factor to the difficulty with translation.

Trepal, Ivers, and Lopez (2014) found differences in communication depending on what country the client was from, as well as differences depending on the client's background. For example, there are differences between Mexico and Puerto Rico, Puerto Rico and Argentina. Taking into consideration the country of origin of the client is pertinent to one's cultural and linguistic competence. An example of this is that some clients are very private and may not respond to questions, making the counselor have to use roundabout ways to gather information depending on what Spanish-speaking country the client is from, the words can communicate different meanings, intonations, use of colloquialisms, and level of education of the client (Verdinelli & Biever, 2009). Knowing the client's country of origin is recommended. This will

allow a better understanding of within language differences. Participants in this study noticed the within language differences. The differences between proper and conversational Spanish was also identified as a challenge. The current study confirmed this challenge as participants commented on differences between conversational Spanish and Spanish used in counseling sessions. These findings highlight the need for training in culture and language-related issues within clinical mental health counseling programs.

According to Verdinelli and Biever (2009), bilingual counselors make a faster connection with their Spanish-speaking clients. Since they are already familiar with the culture, it helps them to feel more relaxed in sessions. Overall, students feel more connected with their client, and it positively affects the therapeutic process. In this study, not only did students recognize the importance of understanding within language differences, but the notion of language matters was also identified. Students formulated and consistently noted that understanding the language differences mattered in helping build rapport with the client. Fuertes, Potere, and Ramirez (2002) hypothesized that an increased congruence and comfort occurs when clients feel they are free to express themselves in a way that is consistent within their ethnic groups' accent and culture. This hypothesis supports the need for counselor awareness and tolerance of language and accent differences of individuals participating in counseling. Additionally, researchers support the idea that there is an increase in connection among counselors and clients when bilingual counseling is delivered (Lebrón-Striker, 2012; Trepal, Ivers, & Lopez, 2014). In the current study, awareness of the within differences of the Spanish language was identified as essential as well as the importance of matching the client's language. One student participant stated, "*Know your client, match them*". This idea of matching the client supports existing research (Fuertes et al., 2002; Santiago-Rivera & Altarriba, 2002; Trepal et al., 2014).

Implications for Practice

Based on this study's findings, there are implications for practice. The following implications would attempt to address the need for Spanish-speaking counselors and the gaps in the training of such counselors. We structured implications around information, therapeutic approaches, supervision, and programmatic.

Informational. There is a need for formalized training experiences to prepare counseling students for working with clients in Spanish. Many counseling students receive no training in providing services in any language other than English. There seems to be a need for better conversational abilities in professional settings, an increase in technical vocabulary, and the application of theoretical concepts (Verdinelli & Biever, 2009). Castano, Biever, Gonzalez, and Anderson (2007) recommended more formalized training for practitioners who provide services bilingually. In the current study, many participants reported not having received any training on how to work with clients in Spanish over the course of their program. They attributed much of what they knew to their independent learning. As a result, the authors of this study recommend bilingual students whose dominant language is not Spanish, to practice conversational Spanish in their daily interactions. In this way, students are better prepared and comfortable speaking the language when working with clients.

Therapeutic approach. Bilingual therapists have found that interventions delivered in Spanish that are playful and joking in tone seem to be most appropriate for working with this population. According to Verdinelli and Biever (2009), the use of humor and laughter helps Spanish-speaking clients to utilize resources more often and improve mental health issues. An important concept that has been found to assist in these sessions is "*platicando*, leisurely talking to express warmth and genuineness" (Verdinelli & Biever, 2009). The use of chatting represents a

connection and acceptance that helps in building rapport. According to Trepal et al. (2014), a more significant therapeutic relationship was gained by being perceived by their clients as being comfortable in their language and having an understanding of their cultural values. Not only did the clients feel more understood by their counselor, but also the student counselors viewed themselves as being more knowledgeable.

Supervision. Many counseling students have reported having to learn how to work with Spanish-speaking clients through a process of trial and error and by doing their own research (Verdinelli & Biever, 2009). This poses a concern and does not support multicultural competence. Since being competent in multicultural issues is a requirement in the ACA Code of Ethics (“Multicultural Issues...” F.2.b.), it is vital that supervisors incorporate this into meetings with their supervisees (ACA, 2014). Student counselors have shared their worry in delivering Spanish-speaking counseling services. They also expressed their need and benefited from having a bilingual supervisor as indicated in the current and previous studies (Trepal, Ivers, & Lopez, 2014). An additional stress is that many times counseling students have to translate recordings in their courses into English so that their English-speaking supervisors will be able to understand. Those who were able to have a bilingual supervisor were relieved. This emphasizes the importance of providing training bilingually or in Spanish to give therapists the adequate vocabulary and means of expressing technical concepts as well as the importance of having same language speaking faculty and supervisors (Biever et al., 2002; Castano et al., 2007).

Programmatic. The issue of linguistically appropriate services provided to Spanish-speaking clients is an ethical concern. Counselors need to receive training and support to provide adequate services. Currently, there are no standards or measures of competency for the delivery of Spanish counseling services. Professional organizations such as the American Counseling

Association and Association for Counselor Education and Supervision could be driving forces in creating these standards. Such organizations need to be aware of the challenges in providing counseling in Spanish. Assessing competence in the area of bilingual counseling is also warranted. Recommendations to counselor education programs include offering classes that are taught bilingually or in Spanish. Recruiting experts in the field to provide information on how best to work with Spanish-speaking populations is also recommended.

Limitations of the Study

Although ample insight was gained through this study, there are a few limitations. A significant limitation of the study is the lack of existing research on the topic. This makes it difficult in finding past research to guide and aid in the current study. Also, it is indefinite what all has been tried previously to build onto that knowledge. Another limitation of the study is that there was a small sample size used. This was done to combat any data saturation, but further information may be gained from a larger sample size. The study was also limited in that there could have been more data collected in the original assessment to achieve a better idea of the participant's Spanish-speaking ability. Knowing their fluency and what generation they were could provide insight into their Spanish knowledge.

Recommendations for Future Research

Based on this study's findings, there are several implications for future research. First, it is difficult to find a considerable body of research on bilingual counselors and their experiences working with Spanish speakers. Therefore, it is imperative that research is continued in bilingual counseling and/or supervision. To gain a clear picture of counselors' experiences and areas where training is needed, a larger and diverse sample size might be considered in the future. Additionally, it might be useful to consider the level of proficiency of the counselor in both English and Spanish,

which could be addressed through future quantitative and qualitative studies. Finally, learning more about the experiences of bilingual supervisors and counselor educators may provide additional perspectives that could be beneficial.

Conclusion

It would be advantageous for counselor training programs to review their preparation of students working with Spanish-speaking clients. Suggestions for counselor education programs would include pre-practicum opportunities to expose students to this phenomenon via role-plays, case studies, and opportunities for observations. A stand-alone course that can serve as an elective in serving Spanish-speaking clients would also be an avenue to prepare students adequately. Resources including common terms used in counseling Spanish-speaking clients, Spanish/English reference materials, reviewing internet resources in Spanish on mental health are other suggestions to help in the training and preparation of bilingual counselors. Also, education regarding the role of the counselor in the Latinx culture and the culture in general and specific to individual communities could be of benefit. Lastly, mentoring opportunities for students in training and competent supervisors would also be viable in the preparation of bilingual counselors.

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