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Beyond Interpretation: The Need for English-Spanish Bilingual Psychotherapists in Counseling Centers

Stephanie Rose Guilman

Despite the cultural and linguistic diversity that exists in the United States of America, bilingualism and multiculturalism have been neglected, if not almost completely ignored, in the field of psychotherapy. When counselors and clients are unable to communicate due to language barriers and cultural disconnect, the client often leaves the counseling session feeling unsatisfied and is more likely to discontinue therapy altogether. This article focuses on Spanish-speaking clients seeking mental health services in the United States, surveying the available literature to argue that that clients who receive therapy in their native language are better able to express themselves and form closer relationships with their clinicians. Because bilingual counseling leads to more effective treatment for clients and improved counseling strategies for clinicians, psychotherapy in the United States should actively recruit new English-Spanish bilingual psychotherapists and invest in professional development training in Spanish language and culture.

In 2004, Burck noted that bilingualism and multiculturalism have been neglected, if not almost completely ignored, in psychotherapy. Research over the past decade has further demonstrated the importance of English-Spanish bilingual psychotherapy (Eamranond, Davis, Phillips, & Wee, 2009; Ivers, Ivers, & Duffey, 2013; Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun, 2009). Collectively, these studies indicate a need for counselors to receive better training in order to provide culturally competent psychotherapy to their Spanish-speaking clients, even for clients who are multilingual, because “the Spanish language expresses their heritage, is a source of identity and pride, and is the means through which emotions are articulated” (Santiago-Rivera & Altarriba, 2002, p. 30).

As of July 2013, the United States’ Hispanic population was 54 million—17 percent of the total population—making “people of Hispanic origin the nation’s largest ethnic or racial minority” (United States Census Bureau, 2014). Improving access to mental health services for Spanish-speaking clients is extremely important because Latinos in the United States are at risk for poverty, low educational attainment, substance abuse, poor health, and exposure to violence (Furman et al., 2010). To serve this growing population, it is increasingly important that English-Spanish bilingual psychotherapists, such as Licensed Professional Counselors or Licensed Clinical Social Workers, have a presence in counseling centers.

Beyond Interpretation

Eamranond et al. (2009) noted that “language plays an important role in the quality of mental health services provided to Spanish-speaking Latino patients” (p. 494). According to Eamranond et al. (2009), clients have problems understanding and communicating with clinicians who do not speak their native language, also referred to as language-discordant clinicians. Furthermore, the quality of the therapy and the relationship between client and clinician is negatively affected by the clinician’s limited understanding of the Spanish language and Latino culture. In short, Latino clients with limited English receive lower quality mental health services than clients who speak English proficiently. When these individuals cannot receive the mental health services they want or need, it creates a dangerous problem, as they may stop seeking mental health services altogether.

There has been a growing demand for interpreters in counseling sessions that provide mental health services to Spanish-speaking individuals. In 2014, the United States Bureau of Labor Statistics projected that overall employment of interpreters will grow almost 50 percent from 2012 to 2022. Although the use of interpreters increases access to mental health care for the Latino population, clients with language-discordant clinicians may still be less satisfied with their sessions and less likely to

return for follow-up counseling sessions, regardless of whether the clinician employed an interpreter (Eamranond et al., 2009).

One key reason why using an interpreter in counseling sessions may not yield satisfaction for Spanish-speaking clients is a lack of personal connection between the client and clinician. Although professional interpreters provide quality renderings of communication from one spoken language to another, interpreting services may not be appropriate in counseling sessions. The nature of the counseling environment is closely tied with personal emotions and feelings, which the client may prefer to disclose only to the therapist. Eamranond et al.’s study (2009) demonstrated that Spanish-speaking clients are more likely to disclose personal information and develop stronger relationships with Spanish-speaking therapists than with non-Spanish-speaking therapists. In other words, although interpreting services can help overcome the language barrier, they do not necessarily provide the quality mental health services that Spanish-speaking individuals seek.

Latino clients with limited English receive lower quality mental health services than clients who speak English

Improving the Client-Clinician Relationship

Gutfreund (1990) found that native Spanish-speakers who received counseling in Spanish were able to express their emotions and sentiments more authentically than native Spanish-speakers who received counseling in English. Ivers et al. (2013) noted that “learning another person’s language demonstrates competence, respect, and interest” (p. 230), which can lead to “empowerment of non-English-speaking clients” (p. 227) and improved client-clinician relations. Use of a client’s native language in counseling can help the client to feel increased levels of comfort and a greater sense of meaning in the counseling environment. In addition, language-concordant therapists can understand cultural nuances that might go unnoticed by a therapist who only speaks English (Bloom, Masland, Keeler, Wallace, & Showden, 2005). Conversely, if an English-speaking therapist conducts a therapy session with a Spanish-speaking client, it may result in disorganized or withdrawn discussions and generally unsuccessful counseling. In this scenario, misinterpretations can lead to incorrect conclusions and harmful diagnoses.

According to Espín (2013), therapy is completely relational and language is a crucial part of all human relationships. Espín (2013) suggested that native English-speaking therapists and native Spanish-speaking clients may be able to communicate effectively through the following method: the therapist should be familiar with the Spanish language and competent in the Latino culture, and the client should also have a basic knowledge of English. The therapist could then allow the client to fully express his or her emotions and feelings in Spanish while simply observing body language and emotional expression. The client will then rephrase what he or she said in English so

that the therapist can understand more comprehensively what is happening in the client's life. The use of English and Spanish by both the counselor and the client is just one example of how to enable native Spanish-speaking clients to express themselves in their native language during therapy. If therapists are not learning Spanish and becoming competent in Latino culture, many Spanish-speaking individuals will experience difficulty finding these satisfying, effective counseling services. In this scenario, individuals can suffer from the various consequences of limited mental health care, such as hopeless submission to psychological or behavioral disorders, which can become more debilitating the longer they go without proper mental health attention.

Benefits for Clinicians

Ivers et al. (2013) summarized a number of studies, noting that individuals who are bilingual and individuals who are working to acquire a second language demonstrate increased problem-solving skills, flexibility in thinking, and better executive functioning (p. 222). They added that "the process of learning a second language necessarily exposes individuals to diverse cultural worldviews that may enhance their cognitive development as well as accelerate their multicultural and relational competence" (p. 230), which is a worthy benefit for both clinician and client. These benefits can improve the therapist's effectiveness in solving problems and developing new perspectives.

There is a positive correlation between highly creative individuals and exposure to cultural diversity (Simonton, 1997). This finding is significant for the counseling field because psychotherapists have to utilize their own creativity to analyze their clients while providing helpful yet inspiring services. In a recent study, Tadmor, Galinsky, and Maddux (2012) indicated that individuals who positively identify with different cultures possess a greater degree of integrative complexity: the ability and willingness to accept different perspectives and to create connections among different perspectives. Integrative complexity is an important ability for counselors who wish to connect with clients from different cultures and learn how to accept their perspectives in order to better provide them with true understanding and quality advice.

Furthermore, according to Diamond (2010), bilingual individuals can benefit from executive function (stored in the prefrontal cortex region of the brain), which provides them with a strong working memory, reasoning skills, and problem solving tactics. Similarly, multilingual individuals experience greater thought flexibility and interactional abilities compared to those who are monolingual (Burck, 2004). These cognitive abilities can help clinicians work in new ways, absorb new perspectives, and process the large amount of stimuli they encounter when interacting with clients from different cultures.

Benefits for Clients

For the Spanish-speaking client, having a language-concordant clinician is associated with overall better well-being and functioning (Eamranond et al., 2009). At a basic level, language has important effects on the development of identity. Research has shown there are significant differences in how people describe themselves and how they recall events, simply depending on the language they speak (Burck, 2004). Spanish-speaking individuals often experience life differently through their native language than native English-speaking individuals do. Wierzbicka (1994) added that the feeling or emotion a person reports in different languages, through apparently equivalent words, often does not convey the exact same meaning because they carry a different cultural context. In the counseling profession, it is crucial to understand that "attitude towards feelings, emotions, and... verbal and nonverbal expression [can] vary across culture" (Wierzbicka, p. 202). It is important that psychotherapists understand these phenomena and strive to better understand their Spanish-speaking clients.

Espín (2013) drew on the work of psychologist Lev Vygotsky, who "believed that speech became internalized and served as an aid to self-regulation of internal states. For Vygotsky, speech creates thought" (p. 201). According to Espín (2013), this close relationship between speech

and thought may explain why even native Spanish-speaking individuals who also speak English will seek out therapy in Spanish. Being able to use their native language to express themselves allows these clients to experience therapy in a more profound and meaningful way. When these individuals can speak passionately in their first language, it can serve as a powerful emotional release. The Spanish-speaking client in the session will have a more profound therapy experience and feel highly accepted, well-understood, and comfortable with sharing his or her emotions, which are critical for the client's success in therapy.

Implications for the Counseling Field

The counseling field is quickly growing internationally (Hohenshil, 2010). When counselors in the United States become language-concordant to serve non-English-speaking populations, they showcase a feasible solution to mental health disparities that many other countries can consider implementing. No matter where counselors work around the world, it is imperative that they strive to be culturally sensitive and consider the sociocultural context when evaluating clients who speak a native language different than their own.

Counselor educators may consider "increasing their focus on recruiting future bilingual counseling students" (Ivers et al., 2013, p. 231) and can provide training opportunities to learn how to effectively counsel Spanish-speaking clients (Ivers et

Spanish-speaking individuals often experience life differently through their native language

al., 2013). English-speaking mental health counselors should actively seek out continuing education programs, such as PESI seminars, where they can learn key Spanish vocabulary, how to conduct assessments and develop treatment plans in Spanish, and how to use empathy and establish lasting relationships by using words and phrases in Spanish (PESI, 2014). Alternatively, according to Brown and Hewstone (2005), counselors can better serve the growing Latino population through immersion and interaction with the Latino and/or Spanish cultures. Cultural immersion promotes multicultural counseling development by expanding self-awareness, improving multicultural skills, and broadening multicultural understanding (DeRicco & Sciarra, 2005).

In 2005, Dingfelder estimated that only 1 percent of all mental health professionals in the United States identified as Latino. Psychotherapists do not need to identify as Latino to help the growing minority population. The ability and willingness to speak Spanish along with general knowledge of Latino culture can help the therapist connect and communicate with the client, which can improve the quality of psychotherapy and help decrease what Dingfelder (2005) estimated as a 50 percent dropout rate among native Spanish-speaking clients. Mental health psychotherapists who wish to help diminish the quality gap for English-to-Spanish mental health services can volunteer and/or work closely in local Latino communities to become more knowledgeable about the Spanish language and to better embrace Latino culture.

Although some states require county-operated mental health agencies to provide information and services to clients in their primary language, these requirements can have limitations. According to the California Department of Health Care Services (2014), California implements this requirement only when the number of Spanish-speaking individuals exceeds 3,000 per county. Native Spanish-speakers must then worry whether residing in a particular county means they can or cannot receive proper mental health care. One strategy to bridge this mental health disparity is a greater effort to recruit more English-Spanish bilingual psychotherapists nationwide, especially in cities and urban areas where there are very large Latino populations, while encouraging English-speaking therapists to attend cultural or Spanish competency training. Matching native Spanish-speaking clients with language-concordant psychotherapists can ultimately result in greater frequency of contact, increased length of treatment, and improved outcomes (Bloom et al., 2005).

Conclusion

English-Spanish bilingual psychotherapists within counseling centers are increasingly necessary across the United States, especially in cities or urban areas where there are large Latino populations. Matching native Spanish-speaking clients with language-concordant psychotherapists not only helps the client feel more understood and experience a greater level of comfort in the session, but also helps the therapist consider new

perspectives and understand the client on a more profound and personal level. These mutual benefits will ultimately strengthen the client-clinician relationship and improve the quality of therapy for both the clinician and client.

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