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# Examining the Experiences of Chinese Multilingual Therapists in Training

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Examining the Experiences of Chinese Multilingual Therapists in Training

A Clinical Dissertation Presented to  
The University of San Francisco  
School of Nursing and Health Professions  
Department of Integrated Healthcare  
Clinical Psychology PsyD Program

In Partial Fulfillment of the Requirements for the Degree  
Doctor of Psychology

By

Stephanie Li-Wei Lin, M.S.

August 2019

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**Abstract**

According to the 2015 Census, 44% of people ages five and older in California speak a language other than English in their household, indicating the growth of multilingual persons in California. Among the top three languages spoken at home in California, Chinese takes third following English and Spanish. The demand for multilingual mental health services may continue to grow with the increase of multilingual individuals. Although there is an increase in need for multilingual mental health services, there remains a lack of formal training and clinical supervision for multilingual trainees. This study adopted a qualitative approach and utilized semi-structured interviews and a thematic analysis to examine the experiences of multilingual therapists in training providing therapeutic services in a Chinese dialect. The purpose was to provide more research on experiences and needs of multilingual trainees. Thirteen participants of Chinese descent were interviewed via VSee, a telemedicine platform. The results yielded eight emerging themes that highlighted the various emotions and challenges experienced by multilingual therapists in training, as well as their suggestions for future trainings. Results indicated multilingual trainees face unique challenges in their experience when providing services in a Chinese dialect, further highlighting the need for additional research and attention towards improving training to support multilingual therapists in training.

## **Introduction**

Chinese Americans comprise 31% of California's 35.9 million population (U.S. Census Bureau, 2010). Given the large number of Chinese Americans in the United States and increased number of multilingual people, the demand for multilingual therapists is expected to increase. However, research geared towards providing mental health providers with adequate training is limited. The research highlighting the need for culturally sensitive mental health services for underserved populations has recently increased (Kim et al., 2011), but the research on types of available and necessary services for Chinese Americans is still lacking. Chinese Americans commonly underutilize services despite reporting more symptoms as compared to other ethnic minorities (Kim & Zane, 2016). Barriers such as lack of knowledge of resources available, stigmatizing ideas around help-seeking, and not having resources provided in the client's language of choice all contribute to the lack of mental health service utilization in Chinese Americans (Saechao et al., 2012). Consequently, there remains a crucial aspect of research needed which explores how to best equip service providers to address barriers faced by minority populations.

The American Psychological Association's (APA) Multicultural Guidelines 3 clearly states: "Guideline 3. Psychologists strive to recognize and understand the role of language and communication through engagement that is sensitive to the lived experience of the individual, couple, family, group, community, and/or organizations with whom they interact. Psychologists also seek to understand how they bring their own language and communication to these interactions" (APA, p. 47, 2002). However, APA does not specifically address clinical and ethical issues that may arise for multilingual supervisees providing services in a language that is not spoken by their supervisor (Valencia-Garcia & Montoya, 2018).



Supervision is a crucial component to therapists in training, providing an opportunity to develop competencies including assessment, values, and social context (APA, 1993; Faldendar, et al., 2004). Verdinelli and Beiver (2009) examined the experiences of 13 Spanish/English multilingual supervisees. One prominent theme that emerged across all participants' experiences was feeling burdened, particularly having extra work as a multilingual provider given the lack of multilingual professionals. This "extra work" reported by participants started as early as their first or second year of training, which included having to educate non-Spanish speaking peers or supervisors of minority needs, despite not having this training themselves (Verdinelli & Biever, 2009). This study highlights the continued lack of adequate training and supervision issues that multilingual therapists in training face, which can be extended to Chinese multilingual therapists (Verdinelli & Biever, 2009; Santiago-Rivera, 2002).

### **Specific Aims**

A majority of research in this area has been conducted on Spanish/English speaking therapists in training. As such, the goal of this study was to explore themes that emerge for multilingual Chinese/English speaking therapist in training and provide an understanding of the unique challenges multilingual therapists may encounter when providing services with or without language-specific clinical supervision. This study aimed to offer more awareness around the difficulties that emerge when providing multilingual services as a multilingual therapist in training. Another goal involved providing an improved understanding of how participants navigated challenges, which can inform future training programs for multilingual therapists to facilitate confidence in providing services. This study utilized a qualitative research design to examine the experiences of multilingual (Chinese/English) therapists in training currently providing multilingual psychotherapy services. The present aims of the study were directed by

the following research questions: (a) What are the experiences U.S. based English-Chinese multilingual therapists in training of Chinese descent providing psychotherapy to Chinese clients in Chinese? (b) How does having or not having multilingual supervision impact the development of the multilingual therapist?

In this study, the term “multilingual” will be utilized to embody Chinese American participants who were fluent in two or more languages. Given that many participants were multilingual in English and more than one Chinese dialect, such as Mandarin and Cantonese, the term “multilingual” was used rather than “bilingual.” Utilizing “Multilingual” provided an inclusive term for any individual who spoke more than one language and assisted in expanding recruitment criteria.

### **Literature Review**

This critical literature review explores the growing population of Asian Americans in the United States, while highlighting the underrepresentation of this population in research studies. The review of literature will also explore multilingualism in therapy, discussing present research dissecting how different emotions can be associated strongly with the language utilized through that experience. As research on multilingualism with Asian Americans is limited in research studies, this review explores research studies focused on Spanish-English bilingual individuals. It includes their experiences as multilingual providers, as well as how clinical supervision plays a role in experiences for therapeutic service providers. Lastly, this review explores existing training programs for Spanish-English bilingual therapists, including the model implemented in these programs.

#### **Chinese Americans in the United States**

According to the 2010 Census, Asian Americans were the fastest growing racial group in the U.S., comprising 6% of the nation's population. The 2010 U.S. Census clarified that those who identified as "Chinese" or "Other Asian" were included in the Asian American category. Among ethnic minorities, Asian Americans are often underrepresented in research, particularly in studies aimed at improving services due to their low utilization of resources (Saechao et al., 2011). While underutilization of mental health services appears to be common among Asian populations in the United States, the prevalence of mental health problems experienced does not reflect this low need for services. For instance, Han and Pong (2015) examined Asian American students attending four-year colleges and found that Asian American college students are often conceptualized through the model minority stereotype, such as having high academic achievements and subsequently few mental problems. However, as noted by the Centers for

Disease Control and Prevention (2008), suicide is the 10<sup>th</sup> leading cause of death for adult Asian Americans, and the 2<sup>nd</sup> leading cause of death for Asian Americans between the ages of 15 to 24, implying that Asian Americans do suffer from mental health problems but may be reluctant to seek help. This perception of Asian Americans not requiring mental health services may have a significant impact on the lack of research examining improvements in mental health services for this population (Kiang et al., 2016).

### **Utilization of Services Among Chinese Americans**

While awareness for the need of mental health services is beginning to become more apparent in the United States, many barriers exist among accessing these services, especially for non-English speaking populations. The literature on Asian American mental health highlights numerous stressors and barriers that may contribute to low utilization of mental health resources. Several of these barriers to receiving mental health services include stigma, lack of knowledge of resources, and language barriers (Saechao et al., 2011). One effort to address language barriers for healthcare utilization included increasing the number of providers that speak languages such as Chinese and Spanish. While increasing the number of multilingual providers appears to be the next step in addressing the language barrier issue, there is a lack of formal training that prepares providers for this experience. However, Castaño and colleagues (2007) discussed the dimensions of communication and cultural competence among multilingual providers. They suggested that while speaking the same language can increase understanding and communication between client and therapist, this does not guarantee cultural competence. This further highlights the necessity of increased training that addresses the diverse language needs of emerging trainees, training on cultural awareness, and culturally adaptive ways to work with diverse populations. It is notable to explore the differences among languages in the context of therapeutic services.

### **Multilingualism in Therapy**

Different languages can be associated with different emotional states and memories (Altarriba, 1994). “For individuals who are multilingual and speak two language or more in their day-to-day lives, research has demonstrated how their different languages can be associated with different interactional contexts” (Kapasi & Melliush, p. 458, 2015). The importance of multilingual services is becoming more apparent due to the continuous growth of people who speak more than one language and demand for culturally and language-congruent services (Kim et al., 2011).

**Language switching.** There has been a great deal of research that explored the benefits of being multilingual (Kapasi & Melliush, 2015). More recently, “language switching” has been explored in research to understand the impact of multilingualism in the therapeutic setting (Kapasi & Melliush, 2015). Language switching, as defined in Kapasi and Meluuish’s study (2015), is changing from one language to another, thus using a combination of both languages within a therapy session, whether planned or spontaneous. Language switching may be a common way of verbal expression for multilinguals and can have potentially positive effects in the therapy setting, such as facilitating building a strong therapeutic alliance (Kapasi & Melliush, 2015; Dawaele & Costa, 2013). This form of communication and interaction unique to multilingual/bicultural individuals further emphasizes the importance of multilingual mental health service providers. This study also highlights the notion that multilingual people make sense of their world multilingually. Therefore, multilingual therapy may allow clients to explore their lives with more fluidity. A multilingual therapist can be encouragement for minority clients who are hesitant to utilize services due to language barriers.

**Primary language communication.** Communicating in a multilingual client's primary language can elicit certain affect or different emotions compared to communicating in the non-dominant language (Kapashi & Melliush, 2015). Language switching can elicit increased emotional expression in one language and also provide emotional distancing, as many multilingual individuals may feel more strongly when sharing information in their native tongue (Kapashi & Melliush, 2015). Besides solely understanding this concept, it is imperative for multilingual therapists to undergo training on ways to effectively draw upon language switching to utilize it as an effective method in building the therapeutic alliance (Kapasi & Melliush, 2015).

**Consequences of language switching without proper training.** Although language switching can lead to positive therapeutic engagement, the lack of training for multilingual therapists can pose detrimental effects. Lack of training and practice on how to use multilingual abilities in a therapeutic setting can make what was originally an asset become a challenge for therapists. Verdinelli and Beaver (2009) explored multilingual therapists' development of their skills delivering multilingual services. They found that many therapists were often self-taught and utilized trial-and-error methods. Additionally, these therapists often felt that the lack of multilingual professionals made providing multilingual services a challenge, suggesting more support from other multilingual therapists would assist in skill acquisition (Verdinelli & Beaver, 2009).

Although language switching is viewed as a positive factor for building a therapeutic alliance, the lack of conversation and training in application of language switching in therapy may be a challenge for multilingual therapists in training. The research findings indicate the increased need for multilingual services, as well as the benefits of providing therapy in a

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language that is most comfortable for the client (Verdinelli & Beiver, 2009). Simultaneously, there is a lack of research in understanding the necessary components to adequately and effectively train and support therapists in training. The present study aims to understand specific issues that are unique to multilingual Chinese-speaking therapists in the U.S. and to build on necessary training components to improve this area of training.

**Existing Research on Multilingual Therapists' Experiences**

The literature on students' multilingual clinical training experiences is largely unexplored. However, the current literature focuses solely on multilingual English/Spanish participants. For example, Verdinelli and Biever's (2009) study looked at the supervision experiences of multilingual therapists in training who provided multilingual services to Spanish-speaking clients. In this qualitative study, the authors found common themes and categories that emerged through participant experiences (Verdinelli & Biever, 2009). These included burden, training concerns, language issues, and beneficial training. Of the categories, burden had the most themes, which primarily consisted of participants feeling stressed by added responsibility and a sense of obligation to their Spanish-speaking clients. The multilingual therapists reported a strong sense of obligation to educate their peers and supervisors about cultural issues, despite being a student therapist in training themselves. However, they often felt looked at as "experts" of Spanish-speaking clients because of their multilingual capacity (Verdinelli & Biever, 2009).

Aside from pressure to be an expert in this area, multilingual therapists may feel added pressure to provide additional services when compared to their non-multilingual counterparts (Verdinelli & Biever, 2009). Another theme that emerged in this study (Verdinelli & Biever, 2009) and another conducted by Biever and colleagues (2004) included multilingual therapists in training feeling exploited and experiencing pressure to conduct extra work, such as providing

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translation services. The study highlighted how therapists in training felt pressure because of their Spanish language abilities. Also given how therapists in training were early in their training, this appeared to cause many multilingual therapists in training to feel inadequate having not been trained even in English (Verdinelli & Beaver 2009). They additionally reported a sense of obligation to take Spanish-speaking clients to prevent long wait times. Inadequate translation was another added burden for the multilingual therapists in training (Vermicelli & Beaver 2009).

These themes highlight the potential for ethical dilemmas, which are especially common for multilingual therapists and well-known within the psychology field as a whole. Spanish-speaking clients may often be denied or delayed services if not taken by the multilingual therapist, despite the possibility that these multilingual therapists are providing services outside their area of competence (Beiver et al., 2011). These added burdens often led to reported feelings of burnout from participants, especially stemming from feelings of frustration or inadequacy. Participants in a study by Verdinelli & Beaver reported they felt an obligation to see Spanish-speaking clients without multilingual supervision, which reportedly left them feeling strained and unprepared (Verdinelli & Biever, 2009). Another study highlighted the unique expectation for multilingual trainees due to their language abilities, yet there is no requirement of assessment of their actual language skills in providing clinically relevant services (Valencia-Garcia & Montoya, 2018). Multilingual clinical supervision appears to be an important forum to address these concerns (Biever et al., 2009).

**Multilingual Clinical Supervision**

Multilingual supervision can be defined as “when one member of the client-counselor-supervisor triad is communicating primarily in a language other than English” (Gonzales et al., p.185, 2015). However, there appears to be a deficiency of fluent multilingual mental health



professionals who can provide multilingual supervision, potentially contributing to multilingual trainees reported self-inadequacy in providing services. Multilingual supervision can have many benefits for multilingual trainees, such as the ability to directly state what was discussed during sessions, providing the supervisor with a clear understanding of events within session. For multilingual trainees who have had multilingual supervision, there were clear benefits (Gonzales et al., 2015). They often reported feeling that they could better explain what happened during sessions with clients when they were able to speak in Spanish. They also reported that being able to clearly state what the client had said in Spanish to their multilingual supervisor, without having to translate and educate their supervisor about other cultural issues was very helpful (Gonzales et al., 2015).

Similarly, supervisors have also found themselves experiencing feelings of inadequacy when providing supervision in English for supervisees who provided services in another language (Gonzales et al., 2015). Multilingual trainees that do not have multilingual supervision reported searching for support outside of supervision to assist in enhancing their training or practice using Spanish therapeutically with clients (Biever et al., 2009). Some participants in Gonzales and colleagues' study (2015) suggested having group supervision in Spanish, or the opportunity to conduct case presentations of their clients in Spanish. This may provide space for conceptualizing cases effectively, as well as providing an opportunity to experience speaking in Spanish about psychological interventions and terminology. While most trainees identified as fluent Spanish-speakers, they all discussed the idea that providing therapy in Spanish was very different than having a conversation in Spanish, indicating the myth that speaking another language directly translates to being able to provide services in that language. Again, this continues to underline the need for formalized training that serves multilingual therapists in

training, as they are a crucial component to serving marginalized communities with already limited mental resources and low service utilization.

Clinical Supervision is an essential component to developing clinical competencies, learning appropriate therapeutic skills, and acquiring knowledge for training psychologists (Rieck, Callahan, & Watkins, 2015). Supervision enables trainees to provide competent services, and multilingual supervision is also a crucial component to the development of multilingual trainees (Gonzales, 2015; Trepal, Ivers, & Lopez, 2014). Multilingual therapists in training often reported that supervision was less productive or helpful because their training on psychological interventions was been solely in English (Biever et al., 2009). This contributed to the experience of isolation and burnout (Biever et al., 2009). However, the fear of being evaluated as incompetent while holding a responsibility of advocacy for Spanish speaking clients often prevented multilingual therapists in training from addressing this issue with their supervisors, especially when their supervisors were not multilingual. The present study attempted to provide an understanding of the experiences of multilingual trainees, which can help address issues specific to multilingual therapy, and hopefully enhance training programs in clinical settings as well as graduate programs that utilize trainees in providing multilingual therapy (Verdinelli & Biever, 2009).

There continues to be research on multicultural training for mental health professionals, but rarely are the training needs of clinicians providing therapy in a language other than English examined (Castaño et al., 2007). “Proficiency is context dependent, which makes it difficult for English-trained multilingual psychologists to translate the concepts and therapeutic process into the contexts of working with clients using a language other than English” (Castaño et al., 2007, p. 668). This idea supports the proposed need for formal training of therapeutic interventions,

terminology, etc. for other languages commonly spoken in the U.S. in order to enhance the multilingual therapists' overall confidence in providing therapy in a language other than English. Training needs to include multilingual supervision to provide multilingual therapists with a place to express and explore challenges specific to providing services in another language. This type of training could possibly lead to more positive experiences for both the therapist and client while increasing the quality of mental health services (Gonzales et al., 2015; Valencia-Garcia & Montoya, 2018).

### **Training Programs**

Despite having limited multilingual mental health professionals, there has recently been a growth in training programs designed to help develop competencies for multilingual therapists in training when providing therapy in Spanish (Beiver et al., 2011). While there are gaps in research on training programs for Chinese/English multilingual therapists, there are many positive aspects of Spanish/English training programs that can assist future training programs for therapists providing services in other languages to enhance their skills. This training program include the Psychological Services to Spanish-Speaking Populations (PSSSP; Beiver et al., 2011), as well as the guidelines from APA and guidelines set by the National Latino Psychological Association (NLPA).

The Psychological Services to Spanish-Speaking Populations (PSSSP) program was a model created by Beiver and colleagues (2011) for training mental health professionals to deliver services to Spanish-speaking clients and consisted of two components: language proficiency taught by a Spanish-language instructor, and cultural competency and application. Their program highlighted how many therapists in training, with some degree of proficiency in Spanish, are often called upon to provide services without training, even if they do not feel competent to do

so. Notably, the language proficiency, cultural competency, and application components highlighted in the PSSSP model may be applied to Chinese/English multilingual therapists in training.

### **Purpose**

The APA (2002) provides several guidelines for working with multilingual individuals. Namely, Guideline 3 discusses encouraging psychologists to utilize diversity, culture, and multiculturalism in education (APA, 2002). This implies supervisors may be best suited for education of diversity issues rather than placing this burden on multilingual therapists in training. Additionally, Guideline 5 suggests that psychologists utilize skills that are appropriate for the client's culture (APA, 2002). Although multilingual therapists in training may have the knowledge of the client's native language, it is unknown whether this clinician is a competent multilingual therapist without the support of a supervisor who also is fluent in both languages and knowledgeable of both cultures.

Similarly, The National Latinx Psychological Association (NLPA) denotes guidelines for psychologists working with Latinx individuals (NLPA, 2018). These guidelines highlight justice and advocacy, which underscores teaching students in training to become competent therapists. A significant portion of this section is dedicated to advocating for trainee education about multilingualism and ensuring there are competent multilingual supervisors. The NLPA (2018) highlight the distinction between bilingualism and competency in therapy, suggesting bilingualism is not the only requirement to provide adequate services to multilingual clients. Additionally, the need for qualified supervisors who are fluent in both languages and cultures appears to be an important tenet of the NLPA, suggesting it is ethically questionable if a student is providing services in one language and receiving supervision in another (NLPA, 2018). Taken

together, these models and standards serve as a solid foundation for the current study, which examines the experience of Chinese/American multilingual therapists in training. The models outlined in the PSSSP (Beiver et al., 2011), NLPA (2018), and APA (2002) highlight the qualitative investigation proposed by this study, aimed at understanding the experience of Chinese/English multilingual therapist in training. These questions include: 1) how does language proficiency impact the experiences of multilingual trainees providing multilingual services, and 2) how is cultural competency addressed and understood through this process? This study also focused on understanding what themes emerged with Chinese multilingual therapists, what are some ways they navigated challenges, and how this could be addressed through future training programs to better serve the Asian American population. This study elucidates the additional barriers to patient care, training, and supervision that perhaps we have not yet discovered, which will equate to better training in Chinese/English psychotherapy.

### **Methods**

This study utilized a qualitative research design to enhance the understanding of multilingual (Chinese/English) therapists in training's current experience with providing multilingual psychotherapy services in the U.S. A qualitative approach was chosen to explore common themes that emerged from the participants' unique experiences as providers of multilingual services. The qualitative method allowed us to utilize a semi-structured interview with an open-ended question format to identify the experiences of Chinese speaking multilingual therapists in training. The semi-structured interview consisted of open-ended questions that focused on the participant's experience as an identified Chinese multilingual therapist providing services in Chinese, e.g., "Can you tell me about your experience providing multilingual services to the Chinese community? What has been helpful? What have been challenges and barriers?" (See Appendix D for complete interview guide.) Furthermore, this qualitative design helped to examine the various difficulties that arise for multilingual psychotherapy providers. The overall aim of utilizing this methodology with the participants was to permit for natural report of their experiences in a natural setting.

### **Recruitment Procedures**

This study was approved by the Institutional Review Board (IRB) at the University of San Francisco, and no major foreseeable risks were anticipated for participants who agreed to participate. Utilizing a convenience, purposive sampling method, 23 individuals were screened and a total of 13 participants were recruited and interviewed. Participants were recruited via flyers posted at community mental health centers known to provide services to both Chinese-speaking populations and non-Chinese speaking populations throughout the San Francisco Bay Area in California. Recruitment was also conducted through electronic flyers sent via emails to

listservs (e.g., the American Psychological Association, Asian American Psychological Association, etc.) and graduate programs nationally within the U.S. In addition, flyers (Appendix A) were posted on social media platforms including Facebook, Instagram, and Twitter.

Participants that expressed interest communicated with the researcher through e-mail and phone to receive additional information and complete participant screening questions (Appendix B) to determine eligibility.

Twenty-three individuals were screened for eligibility, and 13 were recruited to participate. Participants for this present study included 13 multilingual Chinese-American graduate students. If participants were screened by phone, the participant screening questions were read to them (See Appendix B). If participants were screened electronically, the participant screening questions were communicated via e-mail.

Individuals that met inclusion criteria were scheduled for an individual in-depth interview that lasted approximately 30-60 minutes. Four individuals that were screened were ineligible due to not having experience providing direct therapeutic services in Chinese to Chinese speaking clients. Additionally, six individuals that were screened were lost to attrition. One out of the 13 participant interviews was not utilized due to inaudible recording. This individual met all of the inclusion criteria and had experience in a practicum setting that provided both Chinese supervision and Chinese therapeutic services in Chinese and English.

Prior to beginning the interview, participants were asked to sign an informed consent (Appendix C) detailing their participation, terms of confidentiality informing participants that all identifying information will be de-identified to protect their confidentiality, and compensation. The consent procedure included their right to withdraw from the study at any given time.

Participant interviews were audio-recorded to ensure authenticity. Confidentiality of each participant's identity was protected throughout this study.

Steps to protect confidentiality included utilizing pseudonyms during transcription process for data analysis. Upon completion of interviews, audio recordings were transcribed verbatim utilizing the transcription program, Rev.com. Rev.com is an online service that provides transcription services. Audio files were uploaded to this program and returned with word documents of direct transcription of interviews. Following the interviews with participants, regardless of whether they completed the interview, a 15- 20-minute debriefing session was offered if needed. Debriefing sessions were not structured and did not encompass any pre-planned questions from researcher. Instead, debriefing sessions provided a space for participant's additional thoughts, questions, or comments on their experience. All 12 participants utilized debriefing time to share their interest in this topic, as well as reporting the interview was helpful in processing their experience as a multilingual therapist in training. Participants that completed interviews were offered a \$25 Amazon gift card for their participation at the end of the interview, which was electronically sent via email. Two participants declined the incentive.

### **Participants and setting**

This study interviewed a total of 13 participants, comprising 11 doctoral-level psychology graduate students and two masters level students. Twelve total interviews were utilized in data collection due to the audio recording for participant 13 being inaudible. The inclusion criteria for this study included: (1) identifies as being of Chinese ethnicity (defined as having at least one parent with that ethnic background); (2) identifies as multilingual (defined as self-identifying as fluent in English and at least one Chinese dialect); (3) currently enrolled in a



master's level or doctoral level graduate program related to psychology; and (4) has experience providing therapy in Chinese to Chinese speaking clients while enrolled in a graduate program.

The term multilingual was utilized to provide a more inclusive term for participants who were fluent in both English and multiple Chinese dialects. To provide inclusivity, there were no limitations on Chinese dialects spoken by Chinese graduate students to expand recruitment criteria. In addition, exclusion criteria included individuals who identified as Chinese and multilingual but did not have experience providing therapy in Chinese. This was included due to the purpose of this study, which was to examine the experience and training for Chinese American students enrolled in graduate programs providing therapy in Chinese.

All participants interviewed were pre-licensure, enrolled in a psychology related graduate programs in the U.S., currently in training at various clinical sites (e.g., community clinics, hospitals, schools), and had experience offering multilingual psychotherapy services to the Chinese-speaking community. Participants were eligible if they had any graduate experience during their current program providing therapy in Chinese. Participants who were not currently providing services but have had past experience providing services in Chinese while enrolled in their graduate program were also included. Of the 12 participants, 10 were enrolled in doctoral level graduate programs while the remaining two were enrolled in masters level programs (See Table 1). Of the 10 doctoral students, four were completing their internship year, and six were enrolled at a practicum site. All participants identified as being of Chinese descent and were multilingual in English and at least one Chinese dialect and had experience providing therapy in one or more of their Chinese dialects (See Table 1). Of the two masters level students, both are currently at placements where they were providing therapy in Chinese and English. Three out of 12 participants identified as being fluent in English and two Chinese dialects: Mandarin and

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Cantonese while the remaining nine were fluent in English and one Chinese dialect. Of the 12 participants, 4 have had supervision experience with a supervisor of Chinese descent who also spoke the same Chinese dialect the participant was providing therapy in.

Table 1.

Pseudonym	Gender	Graduate Level	Current year in graduate program	# of years providing services in Chinese	Native or Non-Native Chinese Speaker	Supervision in Chinese (Y/N)
SBH	M	Doctoral	4	4	Native	N
CC	M	Doctoral	3	3	Native	Y
NY	F	Masters	1	1	Non-Native	N
RMB	F	Masters	2	1	Native	N
DM	F	Doctoral	4	2	Non-Native	N
CR	F	Doctoral	6	4	Non-Native	Y
AA	F	Doctoral	5	2	Non-Native	N
HH	F	Doctoral	5	3	Native	Y
WC	F	Doctoral	3	1	Non-Native	N
ME	F	Doctoral	4	3	Non-Native	N
RT	F	Doctoral	5	3	Native	Y
MA	F	Doctoral	4	3	Non-Native	N

**Analysis**

A thematic analysis approach with this study allowed flexibility in using open-ended questions with participants to gain a natural report of trainees' experience. Utilizing a thematic

analysis framework helped highlight both positive and negative aspects of trainee experiences and may help future training programs enhance quality of training for multilingual services. Study findings will assist in stimulating more awareness and understanding of what future research is needed to improve quality of training for multilingual therapists.

The qualitative data was analyzed using a thematic analysis framework (Braun & Clarke, 2006) to identify major themes that emerged from the data, providing researchers with real-life examples of the participants and their experiences providing multilingual services with or without multilingual supervision and training. Thematic analysis provides flexibility for complex and nuanced experiences through interviews with participants. Following Braun and Clarke's (2006) "Six Phase Framework for Doing a Thematic Analysis," the researcher began by becoming familiar with the data by reviewing field notes kept during the interview process, including thoughts and reactions during the interview. After the transcription process was completed, the researcher reviewed data to form initial ideas and preliminary codes. Following this step, preliminary codes were further explored for emergent themes. Emergent themes were reviewed with data repeatedly to ensure they captured an accurate representation of participant experiences, which were subsequently reviewed to ensure authenticity. Finalized themes were then defined accordingly to embody participant experiences. Lastly, themes were reviewed and discussed in detail utilizing participant quotes to support themes (Braun & Clarke, 2006; Appendix C). Given the research on Spanish-English bilingual trainees highlighting themes of supervision (Verdinelli & Beiever, 2009), this study utilized both an a priori and post hoc themes. The study utilized a deductive approach to formulate interview questions with previous research, and an inductive approach was utilized to derive themes as they emerged through data collected.

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**Results**

The results of the analysis identified eight emerging themes from data (Table 2). The themes that emerged are as follows: (1) questioning one's competency; (2) cultural rapport building; (3) feelings burdened; (4) challenges in supervision; (5) helpful support systems; (6) perceived social norm differences; (7) personal identity exploration; and (8) training opportunities. The themes that emerged from the interviews provided a range of information about their experiences as multilingual providers of Chinese therapeutic services and the unique stressors they experienced. The themes also provided helpful suggestions for training and supervision.

<u>Themes</u>		<u>Definition</u>	
Theme 1: Questioning One's Competence		Participants' increased feelings of questioning their own competency and effectiveness when providing therapy in Chinese.	
<u>Subthemes</u> <ul style="list-style-type: none"> <li>• Clinical Competency</li> <li>• Language Competency</li> </ul>		<ul style="list-style-type: none"> <li>• Refers to participant's experience questioning one's clinical competency</li> <li>• Refers to participant's experience questioning one's Chinese language competency</li> </ul>	
Theme 2: Cultural Rapport Building		Participants perceived feeling that understanding Chinese values and norms was helpful in building rapport when providing therapeutic and psychological services for the Chinese population.	
Theme 3: Feelings Burdened		Unique challenges experienced by Chinese and Chinese American multilingual therapists that foster increased feelings of burden when providing services in Chinese	
<u>Subthemes</u> <ul style="list-style-type: none"> <li>• Pressure</li> <li>• Feeling unprepared</li> </ul>		<ul style="list-style-type: none"> <li>• Perceived responsibility to perform well and provide for Chinese speaking clients when providing services in Chinese.</li> <li>• Beyond questioning one's competency, participants' shared an overall feeling of being inadequately suited or prepared to provide therapy in Chinese.</li> </ul>	

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Theme 4: Challenges in Supervision	Participants' experience of supervision as inadequate or challenging when they were providing services in Chinese due to lack of appropriate supervision
Theme 5: Helpful Support Systems	Supportive factors or resources provided or sought out by participants when providing services in Chinese.
Theme 6: Perceived Differences in Social Cultural norms	Participants' distinct contrasting experiences when engaging with Chinese clients versus non-Chinese speaking clients due to their understanding of differences in social and cultural norms
Theme 7: Personal identity exploration	Participants' increased consideration, evaluation, and reflection of their identity as a Chinese speaking multilingual therapist resulting from their experience providing services for the Chinese-speaking population
Theme 8: Training Opportunities	Participants' suggestions and hopes for future training opportunities that can be helpful for multilingual participants

**Theme 1: Questioning One's Competency**

The theme, "questioning one's competency," refers to participants' questioning of their own competency and effectiveness when providing therapy in Chinese. All 12 of the participants described experiencing difficulty providing effective interventions when using Chinese language in therapy sessions. The theme of questioning one's own competency was broken down into two subthemes: (1) clinical competency, defined as participants' perceived clinical effectiveness; and (2) language competency, defined as participant's perceived language proficiency. Participant interviews highlighted that while they provided services in Chinese, they often perceived themselves as less effective with their interventions. Simultaneously, participants shared that their comfort level of using Chinese, or self-perceived language proficiency in session determined largely how effective they felt in session.

Participants self-perceived Chinese language competency and clinical competency, or effectiveness, appeared to be closely related in participant experiences. This poses difficulty in distinguishing “questioning one’s competence” as deriving more heavily from clinical or language competency. Given the interrelated nature relation of the subthemes, quotes that were utilized were coded for both clinical competency and language competency to highlight overall questioning of one’s competence. For example, this participant expressed experiencing increased uncertainty when using Chinese in session, often questioning whether their interventions were as effective in Chinese as in English, which caused significant levels of frustration. She stated,

*I felt sad. Because first, like, I know if I had delivered it in English it would be better. So, like, I could do it, maybe it would be 90%, like the way I want it (NY, 1<sup>st</sup> year masters level student).*

Another participant stated they perceived themselves to be unprepared and unsure of whether they could adequately provide services in Chinese, as they lacked certain vocabulary in Chinese. In this case, this participant’s “questioning one’s competence” appears to be more related to language competency, and as a result she is considering its impact on how she perceives her overall effectiveness.

*I felt like I needed to be more careful, just because...I didn't really feel like I had as big of a vocabulary of just what I was gonna be able to say and...it's not always true, but people of Chinese backgrounds can be a little bit more difficult to reach in a therapeutic context, so I want to still approach them in a way that is still empathetic, but also trying to come off confident and not like an idiot, which at times kind of felt that way, because I was not*

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*able to necessarily ask them as many questions maybe around their emotion as I would've if we were doing therapy in English (MA, 3<sup>rd</sup> year doctoral student).*

In addition, the subtheme of language competency was further explored, as 10 out of 12 participants expressed difficulty finding words in Chinese that would effectively capture their targeted therapeutic interventions. Furthermore, nine out of 10 participants discussed how word finding difficulties contributed to increased feelings of incompetence during session. For example, one participant shared,

*So there are certain terms that are different... and sometimes if I forget a word, I'm just like oh shoot like what is that? I can't substitute it for English you know? (WC, 3<sup>rd</sup> year doctoral student).*

CC, a 2<sup>nd</sup> year masters-level student, shared how she experienced difficulty verbalizing what she had in her mind while translating between English and Chinese in session:

*Your interpretations in your head is like 'Oh it's perfect.' 'I could have said that.' 'Let's sit with the feeling.' Or something like that. There's no way to say that in Chinese. And even if you do, it sounds very weird. And then, your client may not get it because of the cultural thing and then the lingo thing and, the interpretation and translation and all that (CC, 2<sup>nd</sup> year masters level student).*

These participant experiences highlight the strong relation between language competency and participants perceived effectiveness or clinical competency and comfort level in session.

These data also suggest that future trainings that focused specifically on utilizing psychological terminology in Chinese can enhance multilingual trainees' confidence when providing services in Chinese. For example, this participant shared,

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*There's a lot of terminology in Chinese that we don't have. It's not developed yet in Chinese than in English... let's say 'depression.' What is a word for depression and how do you say it in a way that's not judgmental, stigmatized, and doesn't hold so much weight... that's one of my questions still (ME, 4<sup>th</sup> year doctoral student).*

Although there may be research on vocabulary for certain diagnostic terms, many participants shared they did not have any prior trainings or awareness of these resources. This appeared to contribute to their feelings of competency surrounding language in session.

Participant RT shared:

*I have a master in psychology as well. So back then in the masters program I had colleagues who study psychology in China. So for them it's easier to talk about things like depression, psychosis, those technical words. Those kind of words. And I don't know if they have clinical psychology classes in China. I never studied psychology in China. So for me if I had like the translation of everything, that might be helpful. I mean a lot of the things we say, like, ;Oh it must be very painful for you,' if you said it in Chinese therapy to me, I might be like, what the hell is wrong with you (RT, 5<sup>th</sup> year doctoral intern).*

Participant RT's experience further highlights certain frustrations related to questioning one's competency when they do not feel confident in their Chinese language proficiency in session. She shared how there may be resources that exists addressing terminology or vocabulary for diagnostic terms, which she feels may have been beneficial in her feeling confident in sessions using Chinese.

## **Theme 2: Cultural Rapport Building**

Cultural rapport building is defined as participants' perception that their cultural awareness or understanding of Chinese values and norms was helpful in building rapport when



providing therapeutic services for the Chinese population. In addition, participant's self-perceived ability to create a safe environment for Chinese speaking clients to express their cultural background was an important component of cultural rapport building. The cultural rapport building theme comprised one subtheme, connection through the Chinese language. This subtheme was defined as participants' identification that speaking the language of the client's choice acted as a bridge between them to help build rapport. Cultural rapport building highlighted participants' perceived knowledge of how to provide therapeutic and psychological services for the Chinese population in a culturally adaptive way. Specifically, participants shared that their ability to be mindful of Chinese norms and social values was helpful in building and maintaining rapport, as well as feeling connected with their clients. All 12 participants discussed their realization that their awareness of Chinese culture, as well as customs and traditions, made an impact in their relationship and rapport with clients.

For example, CC shared:

*I think this is something to do with, family system. We often respect seniors and we value the integrity of family. So, we're not focused on being open to discuss our feelings to others, because we don't want to disrupt any harmony, right, in the system. I think this is an important piece in our work with Chinese clients (CC, 3<sup>rd</sup> year doctoral student).*

This participant's experience also highlights the importance of cultural competency or awareness. It also shares that there may be a need for training on social norms and traditions for the Chinese population, as this is also an important piece in addition to both client and therapist speaking Chinese.

Another quote depicts the link between the cultural rapport building theme and the participant's knowledge of Chinese culture includes:

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*I think we communicate with subtle differences. Like we (Chinese) express our ideas a little bit different from people born and raised in Western culture. I think it's about the use of language and the focus of the nuances. Our education shapes us to think linearly. Like being straightforward, right? But unlike Western culture, the education system trains people to think about imagining a circle... but not jumping into the core ... so when I think of handling a Western client, I will ask questions around the problem, right? Help them to feel more awareness about the impacts of the problem of their life. But for, I think for an Asian or Eastern client, I will ... somehow be more directive, didactic, and solution-oriented (HH, 5<sup>th</sup> year doctoral student).*

In this example, HH discusses how he adapts his approach to be more solution-focused when working with Chinese clients, given his own understanding that directness is more widely accepted within the Chinese culture.

HH's experience highlighted how he was more direct with interventions and strategies. Participant ME shared that in her experience, how she adapted her approach was through utilizing more indirect statements with Chinese clients. ME shared:

*Definitely different approaches. I think because I came from a westernized training, I was more direct with my clients. I was more explicit on questions I was gonna ask you know, I could focus more on the clients versus if I were to ask questions in Chinese I felt like I have to be, almost dancing around a question to get to my point because, from my experience, clients usually get a little upset or offended if I ask too direct questions. (ME, 4<sup>th</sup> year doctoral student).*

These differences may be due to participant backgrounds, as well as their perception of importance of Chinese values to their present client. ME (4<sup>th</sup> year doctoral student) reported

identifying as a Chinese American born in the US, while HH (5<sup>th</sup> year doctoral intern) identified as Chinese and immigrated to the US for her current doctoral program. This highlights differences among both clients and clinicians, despite sharing the same ethnicity. This also suggests the need to create a safe space to discuss and address differences when providing services for Chinese speaking populations, perhaps through conversations, supervision or trainings.

**Connection through Chinese language.** In addition to awareness around cultural values and beliefs, understanding how nuances of these values are embedded within the Chinese language is important. Another subtheme that emerged was a sense of connection through Chinese language, defined as participants feelings that utilizing Chinese in session helped them feel connected with their clients. Eight out of 12 participants identified the importance of understanding and respect of unspoken values and norms in building rapport, as well as in understanding client concerns and experiences. Participants shared how this emphasized the need for supervisors that have the language capacity to provide supervision in the language in which therapy is provided. In this case, participants stressed the need for Chinese supervision to help capture the nuances of work with Chinese-speaking clients. Another participant shared how they believed cultural awareness and language are intertwined and crucial, stating,

*It's in the language that we both like understand very well, and we both also understand the culture behind that language. So, I think these two levels are the main thing (RMB, 2<sup>nd</sup> year master's student).*

Participants' experiences of a heightened connection to their clients through utilizing Chinese stresses the need for multilingual therapists to provide for Chinese-speaking populations.

Participant DM (4<sup>th</sup> year doctoral student) stated:

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*She was fluent in English, but you could tell it was just kind of very surface level and so we'd like transitioned into Chinese and then that went like a lot deeper for her. DM (4<sup>th</sup> year doctoral student)*

Again, participants reflected on the value of having multilingual therapists, and their capacity to provide services in the preferred language of clients, which appears to have a positive impact on client engagement. This quote expressed that AA noticed there was a clear change in her client's presentation when her client spoke in Chinese, as she described the client appeared to feel much more comfortable during session. AA (5<sup>th</sup> year doctoral student) shared

*So there's like this constant back and forth and, um, whenever I do, whenever she and I do switch to Chinese it like, her shoulder drops and she's just, her, her voice gets excited and she, I feel like her personality comes out and she identifies with me and connects with me so much more. AA (5<sup>th</sup> year doctoral student)*

Consistently across the experiences of 10 other participants, being able to speak Chinese, regardless of their self-perceived proficiency, influenced the participants' level of connection with their client.

*I feel like if you do speak a language that they speak and they feel like they can connect with you on a different level, it's always gonna be more helpful rather than not (WC, 3<sup>rd</sup> year doctoral student).*

This participant's experience was congruent with others, which depicted participants' perception of the importance of speaking Chinese with clients, and how shared language continues to act as a main factor in building rapport with clients.

**Theme 3: Feeling Burdened**

The theme, “feeling burdened” is defined as unique challenges experienced by Chinese multilingual therapists that foster increased feelings of burden when providing services in Chinese. This theme was broken into two subthemes of “pressure” and “feeling unprepared.”

**Pressure.** Pressure is defined as the perceived responsibility to perform well and provide for Chinese clients. Eleven participants expressed feeling pressured when seeing Chinese-speaking clients, which appears to derive from the assumption of their language competence. As a result, participants shared experiencing burdened with pressure to perform well despite not necessarily feeling prepared. Out of 11 participants, four participants reported they were assessed for language proficiency informally through casual conversation or roleplay with a Chinese supervisor on site. Participant AA shared how she was never assessed for language proficiency but experienced an expectation to be the “expert.” AA stated,

*I think the, I think whatever institution is just so happy to have a Chinese speaking person... I am a Chinese speaking person. Not a Chinese speaking therapist. They don't assess for proficiency, they don't ask if I have other resources or people to consult with and there's just this pressure like I suddenly became the expert (AA, 5<sup>th</sup> year doctoral student).*

AA's experience underscores an expectation of multilingual trainees to assume the role of providing for Chinese clients and being the expert for these cases, especially at sites without Chinese-speaking providers. This could be potentially burdensome, especially for multilingual trainees early in their careers.

Participant MA (4<sup>th</sup> year doctoral student) also shared her experiences starting at an agency that also did not assess her language proficiency but expected her to provide services in Chinese. MA stated:

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*I haven't been assessed (language proficiency) yet. I think moving forward that's something I want to think about before doing therapy [in Chinese]. The places that I was at, there wasn't even an option. It was kind of like, 'well you're doing it' (MA, 4<sup>th</sup> year doctoral student).*

Both participants highlight an important consideration of whether it is appropriate for multilingual trainees to provide services in Chinese without assessment of their language proficiency. Additionally, this emphasizes the added pressure and burden new trainees may experience when required to engage in a role using a language they do not feel confident in using therapeutically. Another added burden multilingual trainees may experience is the pressure to see these Chinese-speaking clients despite their own discomfort. Choosing not to see these clients may result in these clients not having services due to lack of language providers.

**Feeling unprepared.** The second subtheme of feelings of burden was feeling unprepared. Feeling unprepared is defined as beyond questioning one's competency, participants' shared an overall feeling of being inadequately suited or prepared to provide therapy in Chinese. Participants shared how they felt when initially starting services with their Chinese-speaking clients, and the level of preparedness they perceived going into session. Eleven out of 12 participants shared feeling unprepared in their first time providing services in Chinese. This is important as it stresses the need to be additional support for these multilingual trainees. However, it is necessary to indicate how participants' year in program and number of years providing services in Chinese may contribute to their level of preparedness. A first-year multilingual participant may feel unprepared similar to an English-speaking trainee seeing their English-speaking client for the first time early in their career. Participant NY (1<sup>st</sup> year master's

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level student) shared her experience with her first session with a Chinese-speaking client. NY reported:

*I felt, again, really unprepared. It was challenging to engage her and there some issues I wasn't very sure I was saying right... But at the same time... like better me than no one at all speaking to her... there weren't really any other options to back up to (NY, 1<sup>st</sup> year master's student).*

These reported feelings of unpreparedness continue to emphasize the potential added burden and stress on multilingual trainees. When asked whether she felt prepared seeing her first Chinese-speaking client, RMB responded,

*Honestly? No. because I feel like we're just being pushed. I don't feel prepared at all (RMB, 2<sup>nd</sup> year masters student).*

Again, there is an overall theme of feeling burdened to perform well. There is also a pressure to provide for Chinese-speaking clients, despite multilingual trainees not feeling confident or prepared to do so. Participant RT also shared a similar experience where she was required to provide services in Chinese, without training or awareness that she would need to use Chinese in session, which led her feeling rushed and unprepared. RY stated:

*I just jumped in. They said 'this Chinese speaking client is assigned to you because they're Chinese... you're Chinese, you know what they speak, just get in there and to therapy.'*

*That's what I felt like happened (RT, 5<sup>th</sup> year doctoral student).*

This allows for an understanding of the unique challenges and stressors multilingual trainees encounter, especially without having adequate training or supervision. However, all 12 participants shared that their confidence and comfort level providing services in Chinese has

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increased since they have had multiple opportunities to work in Chinese with clients, regardless of whether they received additional training or supervision in Chinese. Participant SBH shared:

*I'm totally different. You think things different; you understand things different. Your education really can change you. You'll see a person and you learn new things. You're exposed to the culture, and you can always learn some new things and change yourself* (SBH, 4<sup>th</sup> year doctoral student).

#### **Theme 4: Challenges in Supervision**

The theme of “challenges in supervision” was defined as participants’ experience of supervision as inadequate or challenging when they were providing services in Chinese due to lack of appropriate supervision. All 12 participants expressed feeling having a Chinese supervisor who also spoke Chinese would be extremely helpful. Out of the 12 participants, four had experiences with a Chinese supervisor and utilizing Chinese in supervision. For example, one participant CR (6<sup>th</sup> year doctoral student) had a previous supervision experience in Chinese with a Chinese supervisor and shared how this helped prepare her for utilizing Chinese in session. She stated:

*I had a supervisor that spoke Cantonese. What was different was that we would role play, and she would help me with what I needed or give me a heads up on what would be helpful for this population... it was super helpful, she just wanted me to feel comfortable about it... otherwise I would've felt a lot of insecurity with the floundering of the language...I wish I had that now... it's just not available.*

This participant expressed a difference in her comfort level as a result of having a Chinese speaking supervisor and feeling insecure without it. For this participant, she was able to compare her experiences with or without a Chinese-speaking supervisor and identify challenges, and the



areas that provided her with more support as a multilingual therapist. Another participant who did not have the experience of supervision with a Chinese supervisor reported her experience terminating with a Chinese client when she did not have a Chinese supervisor:

*She and I worked together for maybe four or five sessions, and...but when she terminated I felt both um, worried, well I felt worried, disappointed, but I also felt relieved because it was such a strain for me to do therapy in Chinese and any time I went to a supervisor about it their response was, 'I don't know,' (AA, 5<sup>th</sup> year doctoral student).*

In AA's experience, she was unable to find a supervisor that could accommodate her needs when providing services in Chinese. As a result, AA expressed feeling strained during her work with this client. AA's experience continues to accentuate the sense of inadequate training and challenges faced by multilingual trainees when providing services without a Chinese supervisor. One participant shared the positive impact he felt when he had the opportunity to work with a Chinese supervisor for a brief period of time, stating:

*I have only got two sessions with a Chinese supervisor, but... he was there to cover my supervisor when she's on leave... I think I felt more grounded and empowered. Having a Chinese supervisor on board, he wasn't guiding me to deal with the situation, but he will let me know how to approach this or that in working with their [Chinese clients'] mental health challenges. It was also supportive consultation (CC, 3<sup>rd</sup> year doctoral student).*

Participants appear to feel more comfortable staffing cases and seeking consulting for Chinese clients with supervisors who speak the language and have an understanding of Chinese culture. From CC's quote of his experience above, he shared that his experience with a Chinese supervisor felt similar to supportive consultation, which was more helpful for his work with Chinese speaking clients.

Participants experience highlighted that they did not feel as supported or felt they had not received enough direction to feel confident in providing services to their clients without Chinese supervision. One participant specifically shared how the development of her identity as a Chinese service provider impacted her work with her clients, and the asset of having a Chinese supervisor who also spoke Chinese fluently facilitated development of her identity as a multicultural and multilingual therapist. This participant shared:

*I'm not just a Western, English speaking psychologist anymore, I'm somebody who's also Asian and Chinese, and yeah I think having a supervisor who is able to identify those things with me and provide support and feedback and insight on those things...those are like the major needs that I would have as a like, multilingual therapist (MA, 4<sup>th</sup> year doctoral student).*

In MA's experience above, we see that Chinese supervision is crucial for developing multilingual trainees' clinical skillset. Additionally, Chinese supervision is desired by these trainees, as it appears to help develop their professional selves as multilingual service providers. Moreover, there appears to be an experience of not being seen, or perhaps participants' cultural identities not being considered or explored without a Chinese supervisor. This continues to highlight a consistent theme of inadequate or challenging supervision experiences for multilingual trainees, specifically as a result of the absence of Chinese supervision. This also alludes to the importance of not just Chinese supervisors, but clinical supervisors in general to acknowledge the value of conversations about diversity in trainees to help them develop their awareness and confidence as multicultural therapists.

Another important area of challenging or inadequate supervision experiences was the experience of feeling misunderstood by supervisors in supervision, specifically when participants

were working with their Chinese clients. For example, Participant CC (3rd year doctoral student) shared how he believed his decisions in session were driven by his understanding of Chinese culture, which he believed would not be received well in supervision by his non-Chinese supervisor. CC reported:

*When I talk about this to my supervisor and let her know what I did on the phone call, um, she was really... she doesn't have the capacity to understand ... I think the supervisor needs to have a certain level of, um, knowledge about, you know, Chinese culture and I think as time goes on, I will feel frustrated and I will ... I will just selectively report what I did that, uh, she thinks will be valuable to the client (CC, 3<sup>rd</sup> year doctoral student).*

CC's experience here can be viewed as similar to that of many supervisees navigating disclosure in supervision as they are starting out in their career. Supervisees are often developing their confidence in understanding what are helpful ways to utilize supervision, and also navigating feeling scared or nervous to share more difficult case situations in fear of being viewed as incompetent. CC's experience highlights the importance of encouraging trainee disclosure in supervision. Furthermore, multilingual trainees may experience more confidence when they have a supervisor who also identified as a Chinese multilingual therapist. This collaboration may facilitate more open disclosure and lessen insecurities that arise from discussing difficult situations.

### **Theme 5: Helpful Support Systems**

Despite identifying the lack in Chinese-specific resources and training for budding multilingual therapists, participants identified the presence of support systems that significantly helped encourage their growth and persistence when working with their Chinese clients. The theme of helpful support systems was defined as supportive factors or resources provided for or

sought out by participants. Seven participants reported that they found support and comfort through seeking out their own community through peers or support groups. One participant shared that she experienced support through sharing her experience and hearing other multilingual therapist peers share their experience despite not speaking the same language:

*I have a class in our school, it's a seminar so we share our pieces all the time. So, there were other students that were multi-cultural and multi-lingual in Spanish so I asked them what their experience were so maybe I can get some insight with that (ME, 4<sup>th</sup> year doctoral intern).*

This further supports the significance of creating a space to address the unique needs of all multilingual therapists, in addition to culturally and language-specific therapists. A number of individuals also shared how they researched resources or sought out Chinese psychologists in their community for additional consultation. One individual, RMB (2<sup>nd</sup> year masters level student), shared that having another Chinese speaking coworker was helpful, even though they were not in the same profession:

*Even though they are still ... one of them is, associate, one of them is a, um, also a trainee. But we can talk about cases together. We- we can you know, practice together. So that's something. And we can talk about, you know, how the- how the culture behind the language.” (RMB, 2<sup>nd</sup> year masters level student)*

RMB's experience highlights how crucial it is to have representation of Chinese coworkers if not supervisors to help trainees gain exposure to a professional with relatable experience. In addition, having coworkers who speak the same language trainees are providing services in can be a helpful asset to enhancing their confidence in language competence, which we observed in earlier quotes. This can be an important component to participants' perceived effectiveness in

session when using Chinese. Additional participants provided their suggestions for how to seek out support to supplement their supervision. Participant WC stated:

*Find your community and seek support in that way. Even if your community are also folks who are at your same level and struggling with you, to just have um, colleagues and folks who you can consult with or just process with, is, is really, really important and useful.*

(WC, 3<sup>rd</sup> year doctoral student).

Overall, participants shared that they utilized informal support systems such as peers with similar experiences to process and consult, despite a lack of support at their agencies and programs focused on providing therapy in a language other than English. WC, a 3<sup>rd</sup> year doctoral student, specifically shared how she utilized an online messaging application to engage in peer chatrooms with Chinese clinicians in China. She shared:

*I would say it's unlikely you're gonna get supervision in Chinese... but talk to other Chinese-speaking classmates or clinicians you might know. Look for that because it exists. I think um, I found it early because I would like to build that kind of network and you might not have time to... but it's important for you to know that there are people who are likely very willing to talk about it because there isn't this kind of support provided...And there are small and informal networks of psychologists or clinicians in the Bay of two or three messy WeChat (Online messaging application) groups and nobody looks at all the time (laugh). If you want to be learning more and getting support, you have to build it for yourself because no one's going to help you.*

Although participants shared positive experiences with the informal support they sought out, this can also be seen as an additional burden or stressor for multilingual trainees.

Multilingual trainees feel the need to seek out their own additional resources to gain support

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while providing services in Chinese for Chinese clients. In addition, participants report feeling slightly hopeless that there will be formal support for them as Chinese multilingual trainees, hence seeking out their own support. This continues to underscore the value of having more resources to support Chinese multilingual trainees who have unique training needs. These resources may include the presence of more Chinese speaking staff or Chinese supervision. It may also include holding space and time for multilingual therapists to consult with other peers who have similar experiences, even if they are not fluent in the same language. Overall, there appears to be a need for additional attention and support for the development of Chinese multilingual trainees.

**Theme 6: Perceived Social-Cultural Norm Differences**

Another important theme that emerged included participants' perception of a significant difference in themselves when working with Chinese clients in Chinese. The theme perceived social and cultural norm differences is defined as participants' distinct contrasting experiences when engaging with Chinese clients versus non-Chinese speaking clients due to their understanding of differences in social norms. This theme was shared by 10 participants. An example of a significant difference was noticing increased self-disclosure when working with Chinese-speaking clients. This theme appears to be connected to participants' identification of acceptable or unacceptable behavior according to their understanding of Chinese social values or cultural norms. This further denotes the necessity of specific training for working with diverse populations to enhance preparedness among multilingual therapists. This would assist them in providing therapeutic services to clients that do not speak English. Participants reportedly found themselves approaching their Chinese-speaking clients differently when building rapport, such as being more open to self-disclosure. For example, this participant shared:

*If it was any other patient in English saying the same thing, I would be really taken aback...But because it was in that context of I know this is a Chinese person who is around my age and for them to make comments about your abilities in speaking Chinese you know I think I found myself more willing to self-disclose... I think that brought warmth to the room because it ... he had never been in therapy before and it was scary for him and for us to have that connection, I think other patients in other circumstances... would be really awkward. (DM, 4<sup>th</sup> year doctoral student)*

DM's experience indicated that she utilized disclosure in session to help build warmth in the relationship, whereas she noted this might not have been as appropriate with her other clients. While this reflects the theme of perceived differences, it also captures the need for Chinese supervisors, or supervisors with knowledge of Chinese culture. This would provide an opportunity for guidance and facilitate reflection on how self-disclosure was helpful or not.

Interestingly, therapists' understanding of Chinese values and beliefs, and being accepting and welcoming of these values and beliefs in session, were extremely helpful for building rapport. They also assisted with maintaining the therapeutic relationship with their Chinese clients. However, participants' understanding of what behaviors or attitudes may be seen as negative in Chinese culture, such as challenging clients, appeared to cause some discomfort for participants in navigating their sessions. For example, participant AA shared how engaging with her Chinese clients can often be comparable to conversing with a friend or relative rather than a therapist-client interaction. She notes that this was different to her approach with English-speaking clients:

*I try to remain the same clinician as much as I can. I think I provide services in like a non-authoritative, warm, more like facilitative manner. So that's the approach that I try to give*

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*all of my clients. But I do see that with Chinese cultured identified clients there's a pull for me to be more authoritative and direct which is not my style and not my normal approach... but in an effort to be more client-centered, I have adjusted and pivoted that way a little bit more. I would say also I use Chinese in a home and colloquial or familiar setting and not a professional setting... so I would say that sometimes the therapy feels like it's kind of taking that direction. I don't know, it sometimes feels like I'm talking to a friend or a relative. In the room I try to keep it therapeutic and professional, but it's hard because that's what it feels like to me. (AA, 5<sup>th</sup> year doctoral student)*

Again, this participant's report provides a vantage point of Chinese multilingual trainees' experience in session with their Chinese-speaking clients. There appears to be a different level of connection and warmth, but also nuances in participants' perception of what they believe is "professional." One can argue this is the participants' flexibility in adapting their approach to fit their Chinese client's needs. This continues to emphasize the necessity of multilingual supervisors with similar experiences and backgrounds. Supervisors would have the ability to engage with multilingual trainees to facilitate more effective conversation and reflection to navigate their work with Chinese clients. Participants' perceived differences also appear to depict their understanding of how acting a certain way in session may be perceived as "negative" to their clients. Perhaps this is due to their understanding of how certain behaviors are seen within the Chinese culture. Another participant shared how she experienced less comfort challenging her Chinese clients:

*It's hard for me to challenge them. Also with my supervisors, they always suggest me not to challenge my Chinese clients compared to my English clients. I just find it hard to change*



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*the dynamic or challenge the relationship in a comfortable way. (ME, 4<sup>th</sup> year doctoral student)*

Participant ME's quote also alludes to her comfort level with Chinese clients, and the seemingly negative perception about how she might be received in the event she had been more challenging towards her Chinese clients. Participant RT, a 5<sup>th</sup> year doctoral student described how she actually felt more cautious regarding boundaries and self-disclosure with her Chinese clients stating:

*I find myself, more aware of boundary issues when I have a Chinese speaking client. I would be saying less when a Chinese client asked personal things like which city I'm in. But an English-speaking client, I might just think they're curious. With a Chinese client I would be thinking... 'oh damn you speak Cantonese I speak Cantonese, what if you're trying to find out where I live? Or do you know someone that I know?' (RT, 5<sup>th</sup> year doctoral student).*

RT's experience, again, emphasizes a difference in understanding of social norms, which appeared to cause some discomfort and differences in how she interacted with her Chinese clients. Participant backgrounds also contribute to their worldviews and understanding of Chinese culture. For example, participant RT reported being born and raised in China prior to immigrating to the U.S., which may change her understanding of social norms and values in comparison to a Chinese participant born and raised in the U.S. However, this may be significantly different from the client's worldview and understanding of what is acceptable in Chinese culture. Moreover, this denotes the necessity of additional training and supervision to address and navigate perceived social norm differences in session for multilingual trainees with their Chinese clients.

### **Theme 7: Personal Identity Exploration**

A total of nine participants shared that their various experiences working in Chinese with their Chinese clients had a significant impact on their personal and professional growth. Personal identity exploration is defined as participants increased consideration, evaluation, and reflection of their identity as a Chinese multilingual therapist after experience providing services for the Chinese-speaking population. Participants expressed their encounters with Chinese clients in therapy promoted further exploration of their personal identities as Chinese American therapists. Although participants may have not had extensive training in working with Chinese clients, many shared how they have grown more confident as Chinese clinicians after additional experiences. For example, the following participant described an increase in her comfort level and confidence after more exposure to working with Chinese-clients. She reported:

*I feel like it changed. Yeah. So, because...I started to see the clients so far is already been almost two years... I feel like definitely feel more experienced. I also feel like (laughs) more confident. because, it's just like I do that more. I just feel like, 'Okay, I have more, you know kind of skills.' And I have more, understanding about how the language really plays a part in this kind of therapy. (RMB, 2<sup>nd</sup> year master's student)*

RMB highlights how increased exposure to utilizing Chinese has significantly increased her confidence working with this population as a multilingual trainee. Another area of growth shared by participants was the enhanced exploration of their own Chinese identity. Specifically, participants expressed that working with Chinese clients enhanced their awareness of how their different identities intersect and impact themselves personally and professionally. One participant shared that her experiences with Chinese clients brought awareness to her childhood experiences, thus developing her self-identity:

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*Being bilingual, bi culture and then when you're first trained in a Western culture their techniques and stuff. You know you have a self.... And so, when you do it in a different language it's like you develop a new self of that for that second language. And so um, it almost felt feels like you're starting all over again. Um, and that to me was kinda terrifying... to use a second language, which is which is something so close to your culture, it's so raw to your childhood, your trauma that it's so hard for you to ask those questions in your own language and you know that made me realize that there are two 'selves' um that I have to hold and you know. (ME, 3<sup>rd</sup> year doctoral student) .*

Although participants shared difficulties as providers of Chinese services without sufficient training or supervision, participants expressed that they still experienced positive changes through providing Chinese therapy with Chinese clients. In addition, participants also highlighted that Chinese was a language utilized more in their personal lives. As a result utilizing it in session, this helped increase awareness about their own personal experiences. Participant ME shared:

*I realize there's a lot of grief I need to do on my own, a lot of anger that I have to address before I talk to my client in Chinese to know where she's coming from and how to and what questions to ask. My supervisor was able to do that with me... I wasn't re-traumatized, but it felt like I had (laughs) to go back to go back to my traumatic childhood experiences, and that's when I learned, that's where my personal growth came from. (ME, 3<sup>rd</sup> year doctoral student)*

Another participant shared the usefulness of a supervisor who acknowledged her multiple identities and helped her processed ways to develop these identities in a professional way:

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*I'm not just a Western, English speaking psychologist anymore, I'm somebody who's also Asian and Chinese, and um, yeah, I think those, um, having a supervisor who is able to identify those things with me, a- and um, provide support and feedback and insight on those things...those are like the major needs that I would have as a like, multilingual therapist. (MA, 4<sup>th</sup> year doctoral student).*

Another participant highlighted differences between her professional self, which she identifies as being in English, versus her personal self, which she identifies as being in Chinese. She stated:

*I feel my professional self is in English and um, my personal self is in Chinese. So, it was really hard to adjust. I felt like I didn't know any professional mental health language or terminology in Chinese (ME, 4<sup>th</sup> year doctoral student).*

Again, this quote demonstrates participants noticing a difference in their experiences when providing services in Chinese, and further highlights how language proficiency and clinical competency appear to be related in their experiences providing services in Chinese.

### **Theme 8: Training Opportunities**

Lastly, a theme of training opportunities emerged, which was defined as participants' suggestions and hopes for future training opportunities that can be helpful for multilingual participants. All 12 participants shared that after having experiences providing therapy in Chinese with or without Chinese supervision and Chinese-specific training that they were more inclined to articulate types of effective support for future multilingual therapists. Out of 12 total participants, four participants experienced supervision in Chinese with a Chinese supervisor. All four participants reported that continued Chinese supervision would be extremely beneficial

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when working with Chinese clients. Participant CR shared how having a supervisor who spoke Chinese was helpful, given Chinese was CR's second language. CR reportedly experienced less confidence utilizing it in session. CR stated:

*It was super helpful for me as a non-native speaker [to have a Chinese supervisor]. I think it's even more helpful to understand there's subtleties of language, right? (CR, 6<sup>th</sup> year doctoral student).*

In addition to having the opportunity to work with Chinese-speaking supervisors when providing services for Chinese clients, participants highlighted the benefits of culture-specific training. Participants expressed that targeted training regarding different cultural values and nuances of the Chinese culture could be helpful for Chinese therapists and any therapist that has an opportunity to work with the Chinese population. One participant shared the importance of didactics on learning how to work with Chinese clients while also addressing the language difference:

*One thing that will be helpful is the clinic ... or the place that you will be working, um ... to provide more training towards ... working with, like, Asians, or, like, what other challenges and barriers. Um, they need to be more specific, because we do get, like, trainings and seminars, but I don't find it very helpful because it's not specific and practical enough. Like what exactly you say, or- how to translate those things in- English or Chinese. (NY, 1<sup>st</sup> year master's student)*

Participant NY's quote also addresses a desire for language specific instruction. For example, trainings on appropriate words or phrases to utilize and help multilingual trainees enhance their confidence when in session with a Chinese-speaking client. In addition, multiple participants also

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shared their interests and hopes for more language-specific forms of instruction in the future for multilingual trainees. For example, participant AA shared,

*I think just having basic courses on translation, because I think a lot of multilingual therapists are not learning how to do therapy in their non-English language (AA, 5<sup>th</sup> year doctoral student).*

Another individual expressed that hearing the experiences of more seasoned Chinese professionals in the field would be advantageous in building confidence and awareness about becoming a successful as a Chinese therapist. For example, this individual stated,

*I don't know if there would be any, like, seminars from experienced Chinese therapists, psychologists. Sharing their experience working with this population...and how they use Chinese in therapy, I guess that would be helpful (HH, 5<sup>th</sup> year doctoral student).*

Participant HH alludes to the significance of exposure to multilingual psychologists who may have more experience and exposure to working with Chinese clients allows trainees to gain insight and consultation opportunities. Similar to other participants' suggestions of building your own community for support, there is a sense of need for more exposure and visibility of resources if available for Chinese multilingual trainees.

Another training opportunity suggestion highlighted by participants included language proficiency testing or courses to train multilingual trainees to be prepared in session. Participant RMB suggested training similar to a Spanish-English program she was exposed to at her clinic for Chinese multilingual trainees. RMB suggested:

*There are five or six courses if you learn and it's all taught in Spanish. And if you finish that, they give you a certificate. There's also practicum class for Spanish speaking folks*

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*only. So that's why I feel like if that's something can happen in the future for Chinese that would be super amazing* (RMB, 2<sup>nd</sup> year masters level student).

RMB's suggestion also conveyed that a separate practicum class catered towards multilingual trainees could also be an asset to their training. Participant NY (4<sup>th</sup> year doctoral student) highlighted how she feels the Asian population can be overlooked, and how she could have benefited from additional trainings geared towards working with diverse Chinese cultures. NY mentioned that this would have reduced her anxiety in session. NY stated:

*A lot of Asian populations in therapy are overlooked... Again, not all Asian cultures, but overall there's a larger taboo around accessing care... I think in general more trainings around treating Chinese clients of different cultural backgrounds, learning about how to work with these people would help me feel not as anxious.* (NY, 4<sup>th</sup> year doctoral student)

Furthermore, participants shared an understanding that Western culture may not be helpful for their Chinese clients, and highlighted a desire for more conversations around integrating Chinese culture and values into their work. Participant AA shared:

*I think supervisors doing their own research, and having a willingness and intention to deconstruct western psychology and western thought... would be very useful. Not a lot of Chinese clients are coming from Western ideology* (AA, 5<sup>th</sup> year doctoral student).

AA highlighted a key consideration, which is utilizing Western-driven interventions for clients of Eastern culture, as this may be challenging in session. This provides insight on the necessity for more attention and awareness about preparing trainings to address working with Chinese clients, as well as the need for additional support catered towards the unique needs of multilingual therapists.

### **Discussion**

This study explored the experiences of Chinese multilingual trainees as providers of therapeutic services in Chinese. It examined how Chinese multilingual trainees navigated with being a multilingual provider, as well as their perception of the support they sought out to supplement their training. This study specifically focused on the questions: a) what are the experiences of Chinese multilingual therapists in training providing psychotherapy to Chinese clients in Chinese? and (b) how does having or not having multilingual supervision impact the development of the multilingual therapists? The lived experiences of Chinese multilingual trainees were investigated through semi-structured, face-to-face interviews. This study yielded themes that captured the unique experiences, challenges, and supports for trainees providing therapeutic services in Chinese.

The results of the study yielded eight themes that were commonly reported by participants (Table 1), which included: 1) questioning one's competency; (2) cultural rapport building; (3) feeling burdened; (4) challenges in supervision; (5) helpful support systems; (6) perceived social cultural norm differences; (7) personal identity exploration; and (8) training opportunities. The emergent themes offered insight into the experiences of multilingual therapists providing services in Chinese. These experiences included difficult stressors that arose, as well as the experience of burden regarding competency as a provider. For example, participant experiences of pressure, uncertainty, and unpreparedness with clinical and language competency in sessions suggest that there is a unique difference between providing services in Chinese versus in English when training was provided in English. Eleven out of 12 participants shared feeling unprepared to provide services in Chinese, which fostered awareness into the lack of training and support to help multilingual trainees enhance confident in session. However, it is



important to mention that experiencing uncertainty is common for many trainees starting early in their career (Flora-Tostado, 2018). Responses from participants emphasize the need of providing multilingual therapists with training that is unique to working with the Chinese population, both culturally and linguistically. This would better equip multilingual therapists with the skillset to be confident providing multilingual services for the growing Chinese population.

Supervision is an essential component of developing clinical competencies and learning appropriate therapeutic skills, as well as an opportunity for trainees to acquire knowledge from seasoned psychologists (Gonzales, 2015; Trepal, Ivers, & Lopez, 2014). Given that supervision is a crucial part of trainee development, there has been significant research on supervision needs. Yet there is a consistent gap in the literature examining supervision for multilingual trainees, specifically Chinese multilingual trainees (Valencia-Garcia & Montoya, 2018). Providing language-specific supervision creates a space for multilingual therapists in training to further develop clinical skills in Chinese through receiving supervision regarding their work with Chinese-speaking clients whether specifically around language questions or dissecting culturally relevant presentations in session.

Feelings of incompetence was an overarching topic voiced by participants throughout several themes. Participants responses reflected their concerns with finding adequate translations and questioned whether their interventions in Chinese were as effective in English. Language competency was a common factor that appeared to be strongly related to participants perceived effectiveness in session. Although four participants identified as native Chinese speakers, they also expressed difficulty in finding appropriate words to use in Chinese, given their graduate training in psychology was taught in English within a Western university. This illustrates that native speakers still had similar experiences providing services in Chinese as non-native Chinese

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speakers, despite a potentially higher language fluency or familiarity. This alludes to a distinct need for multilingual trainees providing services for a population who speaks a different language. However, it is important to note that participants' program year and number of years' experience providing services for Chinese clients may impact their comfort level in session. For example, a first-year student expected to provide services in Chinese may not feel as comfortable as a fourth-year student providing services in Chinese given their added experience. However, this can be related to Chinese language or simply the trainees' comfort level as a new clinician. There remains a lack of literature focusing on Chinese multilingual trainees and their continued development as a provider.

Additional information that was illuminated through participant experiences included their method of navigating their lack of training and ways they sought out their own support. Participants shared they communicated with coworkers who were also Chinese to practice speaking or learn words to be more prepared in session. Additionally, one participant utilized online messaging services to speak with other Chinese psychologists around the world for consultation and comfort in community. Four participants that had exposure to Chinese supervision also emphasized the value of this on their training, which helped them learn to navigate their multilingual trainee identity. They also reported that Chinese supervision provided them with a space to discuss cases in Chinese. This was helpful in conveying subtleties that may be overlooked through translating sessions into English for a non-Chinese speaking supervisor.

Another important theme that emerged was participants' perception of social differences in session with the clients they served in Chinese compared to the clients they served in English. Participants highlighted the presence of significant nuances and values embedded within the Chinese language, which contributed to how they built rapport with clients. Participants reported

becoming more aware of their own willingness to self-disclose when they provided therapy to clients in Chinese. The majority of participants reportedly found themselves more willing to self-disclose personal details to their Chinese clients, as they felt this was important in facilitating rapport. In a study conducted by Barrett and Berman (2001), therapists experimented with self-disclosure in session. Results from this study highlighted that increased levels of self-disclosure from the therapist, clients reported lower levels of symptom distress and reported liking their therapist more (Barrett & Berman, 2001). Similarly, participants of this present study appeared to have similar experiences as the therapists in Barrett and Berman's (2001) study. The participants of this current study shared that in addition to utilizing a shared language, their understanding of how self-disclosure can be helpful for Chinese-speaking clients was helpful in building the therapeutic relationship. On the other hand, one participant specifically noted she was more cautious about self-disclosing due to thinking that her clients may be more likely to push boundaries which may impact the therapeutic relationship as well.

These differences in approach to self-disclosure in therapy with Chinese clients may be related to participant backgrounds, including their experience and understanding of Chinese culture, immigration history, and acculturation. Zane and Ku's study (2014) examined Chinese American counseling found that ethnic match of Chinese counselors and Chinese clients did not result in more or less self-disclosure from either the client or the counselor. Rather "face concern," or concern for one's image, was an important factor for clients from certain Chinese backgrounds in their willingness to self-disclose. Similarly, participants of this study also varied in their willingness to self-disclose with their clients, which continues to emphasize that these differences may be a result of different background and acculturation. One participant in this study also reported feeling more sensitive around directness in session with clients. For example,

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they appeared to perceive that what they believe is normal behavior, such as being direct or indirect with English-speaking clients, would be negatively received by a Chinese client. This may be related to participants' understanding of Chinese culture and what they imagine would be more or less acceptable in the eyes of their Chinese clients. Additionally, participants shared how their graduate training, which was centered around Western culture, was insufficient in enhancing their skillset when working with Chinese-speaking clients. Participants reported difficulty in applying interventions created by western psychology to Chinese clients from Eastern cultures. These findings provide additional insight into the lack of training addressing providing therapeutic services to Chinese-culture-identified individuals.

Previous research that studied Spanish-speaking multilingual trainees has noted the common ethical dilemma of a perceived obligation to take clients requiring services in a language other than English, given the lack of providers available (Beiver et al., 2011). As a result, clients requiring services in another language may be denied or delayed services (Beiver et al., 2011). In order to prevent this, multilingual therapists are often burdened to take on cases they identify as outside of their areas of expertise (Verdinelli and Biever, 2009). The participants in this study reported similar experiences based on the reported feelings of pressure when providing therapy in Chinese. As noted in Verdinelli and Biever's (2009) study, this often led to feelings of burnout, especially stemming from frustration or inadequacy because therapists felt an obligation to see Spanish-speaking clients without multilingual supervision. As a result, these experiences caused participants to feel unprepared to provide services.

Similarly, in this study, Chinese participants reported feeling incompetent when they did not have access to adequate or appropriate Chinese translations. In addition, participants shared discomfort in utilizing techniques acquired from trainings in a westernized setting, which were

not necessarily targeted for Chinese clients. Participants in this study all identified as Chinese and were currently enrolled in a graduate program in the U.S. However, participants differed in their backgrounds, such as place of birth, upbringing, and acculturation, and Chinese language proficiency (See Table 1). Despite different backgrounds, 11 of 12 participants identified feeling incompetent at some point when providing services in Chinese. One male participant, SBH (4<sup>th</sup> year doctoral student), reported attending trainings in Chinese during his undergraduate studies provided by a Chinese university on psychology. As a result, he shared feeling increased confidence in utilizing terminology in sessions in Chinese with clients. This suggests that perhaps integrating language-specific trainings for multilingual trainees can be an important component to assisting multilingual trainees to enhance confidence and preparedness in providing services in Chinese. Marginalized communities face many barriers to healthcare, including language difficulties. This study sought to provide more awareness around the difficulties that emerge when providing multilingual services as a multilingual therapist in training and also provides an enhanced understanding of how these participants sought out support for themselves when needed. This can inform future training programs for multilingual therapists to help them feel confident in the services they are providing (Verdinelli & Beaver, 2009; Valencia-Garcia & Montoya, 2018).

Another component of this study was understanding the training and supervision needs of multilingual trainees. Additionally, it was examined whether participants who have experienced supervision in Chinese believed supervision in English was sufficient in developing their language and clinical competencies. All 12 participants included in this study verbalized that having a Chinese supervisor who spoke Chinese would be extremely helpful in providing them additional support when working with Chinese clients. However, only four of the 12 participants

have had experience with Chinese supervision. Of the four participants that had experience with Chinese supervision, all four participants shared that they appreciated having a supervisor who was of Chinese descent and also spoke Chinese. Participants highlighted how having a Chinese supervisor made them feel more comfortable sharing details of their sessions with Chinese clients. In addition, participants also shared that it was more helpful discussing cultural norms and subtleties when their supervisor spoke Chinese and had an understanding of Chinese cultural norms. Research in this area of supervisor and supervisee relationships has often centered around ethnic or gender match, but less so on language-specific supervision. A previous study done by Gatmon and colleagues (2001) examined whether ethnic match was an important factor in supervision. Findings demonstrated that ethnic match between supervisee and supervisor was less important in comparison to conversations about cultural differences (Gatmon et al., 2001). This suggests that although participants shared that having a Chinese-speaking supervisor was important, perhaps having supervisors that may not share the same cultural background but are willing to be outspoken about cultural diversity can be an important support system for multilingual trainees.

Referring back to the emergent theme of “questioning one’s competence,” participants perceived effectiveness in therapy appeared to be strongly related to their self-report of language proficiency. Participants often reported feeling they did not have the appropriate words to use or noted that certain terminology translated into Chinese would sound offensive or impolite. Similarly, in a study conducted by Gonzales and colleagues (2015), the researchers found supervisees reported that they would benefit from additional resources on therapeutic Spanish vocabulary. This provides insight into the need for additional attention towards language-specific trainings that may be a valuable training resource for multilingual trainees.

In addition, participants of this study expressed that working with Chinese clients has increased their awareness and understanding of themselves and personal and professional beings. They were more inclined to think about personal identity exploration. Many participants reported they experienced developing a new self when using Chinese in session. They also expressed that having a supervisor with similar experiences would be a beneficial source of support in helping them navigate these nuanced processes. While this study has limitations and areas for further exploration and research, it offers additional information of the experiences of Chinese multilingual trainees. This illuminates further areas of growth to enhance trainings for multilingual trainees.

### **Limitations**

This study had several limitations. This study recruited and interviewed 13 participants, but one interview was discarded due to inaudible audio-recording. In reviewing field notes, this participant did have experience with a Chinese supervisor as well as trainings targeting working with Chinese populations. In addition, this participant shared that having a supervisor who spoke Chinese was less important, and having a supervisor with awareness of cultural differences was a more crucial component. This highlights how the external validity of this study may be limited.

Despite the increased need for diverse psychology providers, recruitment was difficult as there continues to be a limited number of agencies that provide specific Chinese-language therapy services. Out of 13 participants, five participants came from agencies that were operated by Chinese providers. This may also limit the study, as this may not be representative of Chinese multilingual trainees providing services in agencies run by non-Chinese providers. Out of a total of 12 participants, two identified as male and 10 identified as female, which may impact the representativeness of the results for male Chinese multilingual therapists.

Participants' backgrounds also varied in their years into their training program and number of years they have provided services in Chinese. Taking this into consideration, results may not be exhaustive enough to be representative multilingual trainees with more experience providing services in Chinese. Another limitation of this study concerned the use of VSee, a telemedicine videoconferencing platform, to conduct the interviews. Using videoconferencing to conduct the interviews may result in less personable interviews, resulting in potentially less rich information. Given that, there is the possibility that important details that might have been noticed through in-person interviews, such as nuanced body language, were missed.

### **Future Research**

This study's aim was to augment the limited body of research exploring the experiences of Chinese multilingual therapists in training and the ways they worked through challenges in providing services in Chinese, with or without targeted training. This study provides an understanding of the stressors, challenges, and lessons learned by Chinese multilingual therapists that composed their unique experiences. It also highlighted the embodying themes of language and cultural competency, as well as future training suggestions. An area for future research includes examining how existing training programs, such as those for Spanish-speaking trainees, can be adapted for Chinese multilingual trainees. In addition, it would be interesting to consider formal assessment of language proficiency prior to providing services in Chinese. This may impact the participants feelings of self-efficacy and competence.

Participants of this study also alluded to the feelings of "two selves," or feeling like a different clinician when utilizing Chinese versus English. This may be another area of research to further capture the unique experiences of multilingual providers. Lastly, another area of future research can focus on supervisor experiences providing supervision for Chinese multilingual



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therapists in training, as well as Chinese multilingual supervisors' experiences providing supervision. This will assist in identifying helpful strategies and enhance support and supervision of multilingual therapists working with the Chinese populations.

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Appendix A. Flyer

**ASIAN AMERICAN GRADUATE  
STUDENTS NEEDED!**

**ARE YOU A GRADUATE  
STUDENT IN A PSYCHOLOGY  
PROGRAM? (MFT, PH.D, PSYD,  
ETC.)**

Are you a graduate student of Chinese descent?

Are you bilingual/multilingual in a Chinese language?

If you meet any of these criteria, your participation in a study about your experiences is greatly appreciated!

Participation is **VOLUNTARY** and **CONFIDENTIAL**.

A 25\$ gift certificate will be given as a token of appreciation for your time at completion of participation.

If interested, please contact

Stephanie Lin at:

(408) 921-9073

[stephanielindissertation@gmail.com](mailto:stephanielindissertation@gmail.com)

STEPHANIE LIN

(408) 921-9073

STEPHANIELINDISSERTATION@GMAIL.COM



CHANGE THE WORLD FROM HERE

## TRAINING

Appendix B. Participant Screening Form  
**Participant Screening Form**

**About the Study:**

- This study will help us understand the experiences of Asian American bilingual student clinicians providing psychology services.
- Topics discussed include your experience providing services, your experience with training, and support while providing bilingual services.
- You will be offered \$25 Amazon gift card at the end of the discussion for you participation and time.

**Would you like to see if you are eligible to participate?**

**If Yes** → Ask eligibility questions

**If No** → Thank them for their time and end the interaction

---

**Eligibility Questions:**

Today's Date: \_\_\_\_\_ Screener's Initials: \_\_\_\_\_ Recruitment Location:  
 \_\_\_\_\_

1. How old are you? \_\_\_\_\_ [If under 18 years old: INELIGIBLE]
2. What is your race/ethnicity? [Must be Asian, all others are INELIGIBLE]
  - Asian
  - Other
3. What is your Asian ethnic background? [Check all that apply, for Eligibility Chinese ancestry must be checked]
  - Chinese Ancestry
  - Cantonese
  - Taiwanese
  - Chinese
  - Other
4. Are you currently enrolled in a clinical psychology, or related field, graduate program?
 

If yes →

  - PsyD
  - PhD
  - MFT
  - Other

If no →

INELIGIBLE.
5. Are you Bilingual/Multilingual in a Chinese language?
 

If yes →

  - Mandarin
  - Cantonese
  - Taishanese



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Other

If no →

INELIGIBLE

6. Have you provided therapy in this Chinese dialect while in your graduate program?

If yes →

ELIGIBLE

If no →

INELIGIBLE

Eligible

Ineligible

Appendix C. Consent Form



**CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

Below is a description of the research procedures and an explanation of your rights as a research participant. You should read this information carefully. If you agree to participate, you will sign in the space provided to indicate that you have read and understand the information on this consent form. You are entitled to and will receive a copy of this form.

You have been asked to participate in a research study entitled: “Examining the Experiences of Chinese Multilingual Therapists in Training

This study will be conducted by Stephanie Lin, a doctoral student in Clinical Psychology in the School of Nursing and Health Professions at the University of San Francisco. The faculty supervisor and dissertation committee chair member for this study is Dr. Dellanira Garica, Ph.D, an assistant professor in the School of Nursing and Health Professions at the University of San Francisco.

**WHAT THE STUDY IS ABOUT:**

The purpose of this study is to explore the experiences of Chinese multilingual graduate-level therapists who conduct therapy in Chinese with or without multilingual supervision.

**WHAT WE WILL ASK YOU TO DO:**

This study will ask you to talk about your experience as a Chinese therapist providing Multilingual psychological services to your clients; as well as share your thoughts around training for multilingual therapists in training.

**DURATION AND LOCATION OF THE STUDY:**

Your participation in this study will involve one session that lasts no longer than 90 minutes. The study will take place in a private room at one of the USF campuses based upon your availability and location. The following locations include:

- **The University of San Francisco, Hilltop Campus** 2130 Fulton St, San Francisco, CA 94117
- **The University of San Francisco, Presidio Campus** 920 Mason St, San Francisco, CA 94129
- **The University of San Francisco, Downtown San Francisco Campus** 101 Howard St., San Francisco, 94105

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- **The University of San Francisco, Sacramento Campus** 1 Capitol Mall, Sacramento, CA 95814
- **The University of San Francisco, San Jose Campus** 125 S Market St., San Jose, 95113
- **The University of San Francisco, Santa Rosa Campus** 416 B St., Santa Rosa, CA 95401
- **The University of San Francisco, Pleasanton Campus** 6120 Stoneridge Mall Rd. #150, Pleasanton, CA 94588
- **VSee, Telemedicine Platform**

**POTENTIAL RISKS AND DISCOMFORTS:**

The research procedures described above may involve zero to minimal potential discomfort in discussing some issues while you participate in this study. There are no anticipated risks to you that are greater than those encountered in everyday life. The questions to be asked during this interview have been reviewed by the dissertation committee to minimize potential for discomfort. If you wish, you may withdraw your consent and discontinue your participation at any time during the study without penalty.

**BENEFITS:**

There is no direct benefit from your participation in this study. The results of the study, however, may bring more awareness and research contributing to the development of multilingual therapists in training.

**PRIVACY/CONFIDENTIALITY:**

Any data you provide in this study will be kept confidential unless disclosure is required by law. In any report we publish, we will not include information that will make it possible to identify you or any individual participant. Specifically, we will keep private all research records that identify you, to the extent allowed by law.

For this study, the researcher will ask you to select a pseudonym so that the only place your name will appear in our records is on the consent form and in our data spreadsheet, which links your name to a pseudonym and your data. The only exceptions to this are if we are asked to share the research files for audit purposes with the USF Institutional Review Board ethics committee, if necessary.

**COMPENSATION/PAYMENT FOR PARTICIPATION:**

You will receive a cash compensation of \$25 Amazon Gift Card for your participation in this study, following the completion of the interview. If you choose to withdraw before completing the study, you will receive no compensation.

**VOLUNTARY NATURE OF THE STUDY:**

Your participation is completely voluntary, and you may refuse to participate without penalty or loss of benefits. If you are eligible and choose to participate, you may skip any questions or tasks that make you uncomfortable and may discontinue your participation at any time without penalty or loss of benefits. The researcher has the right to withdraw you from participation in the study at any time.

## TRAINING

**OFFER TO ANSWER QUESTIONS:**

Please ask any questions you have now. If you have questions later, you should contact the principal investigator: Stephanie Lin at (408) 921-9073 or [stephanielindissertation@gmail.com](mailto:stephanielindissertation@gmail.com). You may also reach the faculty sponsor and dissertation committee chair of this study, Dr. Dellanira Garcia, at [dgarcia12@usfca.edu](mailto:dgarcia12@usfca.edu). If you have questions or concerns about your rights as a participant in this study, you may contact the University of San Francisco Institutional Review Board at [IRBPHS@usfca.edu](mailto:IRBPHS@usfca.edu).

**I HAVE READ THE ABOVE INFORMATION. ANY QUESTIONS I HAVE ASKED HAVE BEEN ANSWERED. I AGREE TO PARTICIPATE IN THIS RESEARCH PROJECT AND I WILL RECEIVE A COPY OF THIS CONSENT FORM.**

---

*PARTICIPANT'S SIGNATURE*

*DATE*

APPENDIX D. Interview Guide

**Interview Guide**  
**Examining the Experiences of Chinese Multilingual Therapists in Training**  
**Stephanie Lin**

**Primary Research Questions**

1. *What are the clinical, supervision, and overall experiences of Chinese multilingual therapists in training providing psychotherapy to Chinese clients in Chinese?*

- Questions: 11, 13, 14, 15

2. *How does having or not having multilingual supervision or training impact the development of the multilingual therapist?*

- Questions: 9, 10, 16

**Script:**

*Thank you for being here today. During this interview, you will be asked about your experiences providing services in Chinese as a therapist in training. The questions are meant to be a guide to encourage you to share what was significant during your experience as a bilingual therapist in training providing services for the Chinese population including what was helpful or not. There are no right or wrong answers, so please feel free to be honest with your answers as this aims to provide me with a better understanding of the overall experience for Chinese/English bilingual therapists. All information shared is confidential. Do you have any questions or concerns before we begin?*

*Training Experiences*

*First, I will be asking you some questions about your training experiences.*

1. What year are you in your training as a clinical psychology therapist?
  - a. Can you tell me when you began providing services?
    - i. (probe) What type of program are you currently in?
    - ii. (probe) What is the terminal degree you are seeking? (MFT, PsyD, PhD, etc.)
2. How many years have you provided mental health services for Chinese speaking populations?
3. Tell me about the types of training you have received for providing treatment to Chinese speaking patients:
  - a. What was the training like? How was it helpful or not helpful?
  - b. How did you feel providing treatment?
    - i. (probe) Did you feel prepared to see Chinese speaking patients?
      1. Why or why not?
    - ii. What do you think would have been more helpful?

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*Experience Providing Therapy in Chinese*

*Now I'm going to ask you a few questions about your experience as a Chinese Multilingual provider of therapy services in Chinese (Chinese dialect; mandarin, Cantonese, etc.).*

4. Tell me about the first patient you served in Chinese (during graduate school)
  - a. (probe) what was the experience like?
  - b. (probe) how comfortable did you feel providing services in Chinese?
  
5. Can you tell me about other experiences you've had providing services in Chinese?
  - a. Have your experiences providing services in Chinese changed since your first experience?
    - i. (probe) what feels different? Or the same
  
6. How comfortable do you feel conducting therapy in Chinese?
  - a. How has that helped you when providing services?
  
7. If you think about your experiences providing therapy in English, what are some of the similarities?
  - a. What are some of the differences?
    - i. (probe) tell me more about that...
  - b. Were there any differences in your approach in therapy providing services in Chinese?
    - i. (probe) can you tell me more?
  
8. When you think about your experiences providing services in Chinese, were there any differences in your approach?
  - a. Were there differences you witnessed in your approach?
    - i. (probe) Can you tell me more about that?
    - ii. (if different) why do you think made these experiences feel different to you?
  
9. Were there differences in building the therapeutic relationships with clients in Chinese?
  - a. If so, how?
  - b. What were some of the differences or similarities?
  
10. Did you feel the need to seek out additional support when providing services in Chinese?
  - a. (probe) can you tell me more?
  - b. (probe) were your language skills/proficiency ever assessed?
  
11. Can you describe what kind of support you sought out?
  - a. Who did you receive this support from? (agency, supervisor, etc.)
  - b. Can you tell me why it was important to you to seek additional support?
  - c. How was this support helpful (or not helpful)?

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12. Was the support you received providing services in Chinese different than when you provided services in English?
  - a. (probe) if yes, why do you think that is?
  - b. How did the services change your experience?
13. Have you experienced any stressors providing services in a different language?
  - a. What was that like?
  - b. (probe) How did you feel during this time?

*Multilingual Supervision*

*Next I'm going to ask you some questions about supervision for multilingual therapist:*

14. How important is supervision for you when providing services in Chinese?
  - a. (probe) can you tell me more?
15. Did you feel you had different needs in supervision when providing in services in Chinese?
  - a. (probe) if yes, can you tell me about that?
    - i. (probe) what was different?
    - ii. (probe) what did you want more of? Less of?
    - iii. (probe) what was the most helpful? Not helpful?
16. How important is it to have a supervisor who also spoke Chinese when you were providing multilingual services?
  - a. (probe) was ethnic match important to you? (Explain)
  - b. Why (or why not) is that important to you?
    - i. (probe) can you tell me more?

*Improving training*

*Lastly, I'm going to ask you some questions around training for multilingual therapists.*

17. What are some suggestions, if any, you have on improving the training for multilingual therapists?
  - a. What do you believe would be beneficial when training multilingual therapists?
18. How do you think your experiences would be different with this additional support?
19. What do you think would've been helpful before you provided services in Chinese?
  - a. What should training programs do?
  - b. What should clinical supervisors do?
  - c. (probe) Measures competence?

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20. If you could give some advice to future therapists starting to provide services in Chinese what would you say?

21. What have you learned about yourself in conducting therapy in Chinese?

*Those are all the questions that I have for you, is there anything else about your experiences in providing therapy in Chinese you would like to include/add?*



## TRAINING

Table 1. Demographics

Pseudonym	Gender	Graduate Level	Current year in graduate program	# of years providing services in Chinese	Native or Non-Native Chinese Speaker	Supervision in Chinese (Y/N)
SBH	M	Doctoral	4	4	Native	N
CC	M	Doctoral	3	3	Native	Y
NY	F	Masters	1	1	Non-Native	N
RMB	F	Masters	2	1	Native	N
DM	F	Doctoral	4	2	Non-Native	N
CR	F	Doctoral	6	4	Non-Native	Y
AA	F	Doctoral	5	2	Non-Native	N
HH	F	Doctoral	5	3	Native	Y
WC	F	Doctoral	3	1	Non-Native	N
ME	F	Doctoral	4	3	Non-Native	N
RT	F	Doctoral	5	3	Native	Y
MA	F	Doctoral	4	3	Non-Native	N

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Table 2. Themes and Subthemes

Table 2	
<i>Data Themes</i>	
<u>Themes</u>	<u>Definition</u>
Theme 1: Questioning one's competence	Participants' increased feelings of questioning their own competency and effectiveness when providing therapy in Chinese.
<u>Subthemes</u> <ul style="list-style-type: none"> <li>• Clinical competency</li> <li>• Language competency</li> </ul>	<ul style="list-style-type: none"> <li>• Refers to participant's experience questioning one's clinical competency</li> <li>• Refers to participant's experience questioning one's Chinese language competency</li> </ul>
Theme 2: Cultural Rapport Building	Participants perceived feeling that understanding Chinese values and norms was helpful in building rapport when providing therapeutic and psychological services for the Chinese population.
Theme 3: Feelings burdened	Unique challenges experienced by Chinese multilingual therapists that foster increased feelings of burden when providing services in Chinese
<u>Subthemes</u> <ul style="list-style-type: none"> <li>• Pressure</li> <li>• Feeling Unprepared</li> </ul>	<ul style="list-style-type: none"> <li>• Perceived responsibility to perform well and provide for Chinese clients when providing services in Chinese.</li> <li>• Participants' perception of being inadequately suited to provide services in Chinese</li> </ul>
Theme 4: Challenges in Supervision	Participants' experience of supervision as inadequate or challenging when they were providing services in Chinese due to lack of appropriate supervision
Theme 5: Helpful Support Systems	Supportive factors or resources provided or sought out by participants when providing services in Chinese.
Theme 6: Perceived Differences in Social and Cultural Norms	Participants' distinct contrasting experiences when engaging with Chinese clients versus non-Chinese speaking clients due to their understanding of differences in social norms

## TRAINING

Theme 7: Personal identity exploration	Participants' increased consideration, evaluation, and reflection of their identity as a Chinese multilingual therapist after experience providing services for the Chinese-speaking population
Theme 8: Training Opportunities	Participants' suggestions and hopes for future training opportunities that can be helpful for multilingual participants