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Ethical Concerns When Supervising Spanish-English Bilingual Counselors: Suggestions for Practice

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Ethical Concerns When Supervising Spanish-English Bilingual Counselors: Suggestions for Practice

Abstract

To best serve Latino clients, counselor educators and supervisors must ensure counselors receive adequate training and practice in cultural competence. This article presents an overview of the needs of Spanish-English bilingual (SEB) counselors, a case study that illustrates SEB counselors' common concerns, and addresses three fundamental ethical questions: (a) Should supervisors be proficient in the language their supervisees are serving clients? (b) What constitutes sufficient cultural competence when supervisors oversee service to clients who are culturally diverse and do not speak English? (c) How can supervisors and counselor educators best support supervisees linguistically and culturally nuanced practice?

Keywords

Spanish-English bilingual counselors, ethical issues in supervision, cultural competence

Ethical Concerns When Supervising Spanish-English Bilingual Counselors: Suggestions for Practice

Clinical supervisors guide their supervisees' professional development. Supervisors' fundamental goals are to provide knowledge, to enhance clinical skills, and to prepare supervisees for, and support supervisees who are in, practice (Bernard & Goodyear, 2014). Barnett and Molzon (2014) highlighted the following "essentials" for effective supervisor/supervisee relationships: (a) the existence of a formal supervision contract, (b) mutual acknowledgment of supervisor/supervisee competence, (c) an agreement that developing and consistently improving diversity/multicultural competence is essential to providing effective counseling services, (d) upholding a professional supervisor/supervisee relationship, (e) documentation of supervision sessions, (f) evaluation of progress, (g) self-care (for both supervisor and supervisee), (h) emergency coverage (a "fallback" supervisor when the primary is unavailable), and (i) mutually agreed grounds for supervision termination. Many of these issues necessitate that supervisors and supervisees share a common language. For example, Barnett (2011) states that supervisors must evaluate supervisees' clinical skills prior to allowing client contact. Evaluation includes an examination of past coursework, past clinical work, and supervisees' ability to conduct counseling basics (e.g., active listening skills, initial intake/assessment, goal setting). Discussions between supervisors and supervisees can clarify coursework and clinical experience. However, when monolingual (i.e., English-only) supervisors review clinical work of bilingual supervisees who counsel non-English speaking clients, the supervisor's lack of fluency in a second language can be problematic. The purpose of this article is to address three fundamental ethical questions raised by the supervision of Spanish-English bilingual (SEB) counselors: (a) Should supervisors be proficient in the language their supervisees

are serving clients? (b) What constitutes sufficient cultural competence for supervisors overseeing the counseling services offered to clients of different cultures who do not speak English? (c) How can supervisors and counselor educators best support their supervisees' linguistically and culturally nuanced practice?

Spanish Language Proficiency

Bilingual counselors/supervisees may want clinical supervision in English, in the language of their practice, or in both languages. However, supervisors who do not speak the language used in a supervisee's practice are unable to discuss clinical matters in the counselor's preferred language (Verdinelli & Biever, 2009). This lack of language flexibility can create barriers to effective supervision, because SEB supervisees experience competing activation for word selection (Grosjean, 2010). This is due to the differing inherent values associated with each word in its respective language (Santiago-Rivera & Altarriba, 2002). For instance, an SEB supervisee may consider the concept of panic disorder when discussing a client's symptoms in supervision. The words "panic attack" and its equivalent in Spanish - "*ataque de nervios*" - compete for mental resources because each has their own implied meaning or value (Marcos, 1976). This mental competition varies based on the individual, their fluency in the language in question, and the context in which the language was acquired (Santiago-Rivera & Altarriba, 2002; Sciarra & Ponterotto, 1991; Marcos, 1976). Clinical supervisors and SEB supervisees may or may not be aware that this mental process is occurring and its effects on the process of supervision.

Research on language switching in bilingual individuals suggests that certain areas of memory, cognition, or emotion are unavailable during communication in a non-dominant language, because these mental functions reside in language, not experience (Ramos-Sanchez,

2007; Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun 2009; Marcos, 1976). Take for example a SEB supervisee who acquired Spanish in early childhood. Spanish, therefore, is both her primary language and her dominant language -- the one with which she is most comfortable and familiar. Now suppose this counselor experiences countertransference stemming from an early childhood event. She may benefit from discussing the situation in Spanish rather than English, because the historical events, thoughts, and images conjured for her during countertransference probably transpired originally in Spanish (Santiago-Rivera et al., 2009; Clauss, 1998; Marcos, 1976).

Regardless of the language used in supervision, bilingual supervisees cognitively access both language systems when conceptualizing client cases, clinical interactions, and applying counseling skills. Their use of language is a complex, intricate process influenced by culture (Grosjean, 2010; Marcos, 1976). More specifically, language is the “representation of the cultural context in which the therapist [counselor] and patient [client] live” (Clauss, 1998, p. 189). Therefore, to practice culturally competent supervision, language proficiency between supervisees and supervisors is needed.

Cultural Competence

Counselor cultural competence includes cultural knowledge (the combination of theoretical concepts and life experiences), skills (a client-centered approach), and continuous self-evaluation (to avoid cultural encapsulation; Ahmed, Wilson, & Henriksen, 2011). Culturally competent supervisees and supervisors understand the impact of their cultural point of view, their values, and their biases toward other cultures, and reflect on how all of these affect counselor-client and supervisor-supervisee interactions (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014; Sue & Sue, 2007). Further, culturally responsive counseling

skills support positive therapeutic relationships and increase client retention (SAMHSA, 2014). The most emergent needs of SEB supervisees are that clinical supervisors possess true cultural competence and that they understand the intricacies and nuances of Latino culture.

Perry (2016) found that clinical supervisors of bilingual counselors were perceived as struggling to understand the lived experiences of Latino Spanish-speaking clients. For example, clinical supervisors with little cultural competence had difficulty grasping the impact of immigration status on clients' lives. However, for clinical supervisors with cultural competence, immigration status was a natural component of culturally competent supervisors' reality; they understood how it influenced clients' experiences, and counseling interactions themselves. In short, supervisors with knowledge about Latinos understood the nuances of being Latino.

Beyond immigration status, supervisors with cultural competence and knowledge of Latinos could interpret presenting problems, such as *ataque de nervios* (panic attack), in a culturally appropriate manner. In understanding an *ataque*, supervisors recognize it is a non-pathological, culturally-bound cluster of symptoms commonly occurring in response to a stressful event (American Psychiatric Association [APA], 2013). Without understanding Latino clients' realities, an *ataque* could be incorrectly perceived as psychopathology, unwillingness to accept a mental health diagnosis, or resistance to treatment. Sufficient supervisory cultural competence includes understanding the cultural nuances of Latino clients' lived experience.

Providing Support

Bilingual supervisees do not readily fit into traditional counseling and supervision paradigms (Perry, 2016; Trepal, Ivers, & Lopez, 2014; Verdinelli & Biever, 2009). Bilingual supervisees often find themselves burdened by professional responsibilities beyond their traditional counterparts (Trepal et al., 2014). For example, SEB supervisees are often asked to

educate majority culture supervisors and colleagues about specific needs of Latino clients (Perry, 2016). The role of educator is particularly difficult for counselors-in-training since it is not aligned with the role of student (Verdinelli & Biever, 2009). This role inversion may alienate students from peers and supervisors, upset cultural norms associated with authority figures, and create dissonance for the student (Perry, 2016). Although most SEB supervisees do not possess formal training as interpreters, many report serving as interpreters, and are therefore perceived as such by their colleagues (Verdinelli & Biever, 2009). Serving as interpreters deviates from how SEB supervisees had hoped to be perceived: as a valued, professional counselor (Verdinelli & Biever, 2009). Such dual roles create an ethical conundrum for supervisees. Interpreting for clients, co-counselors, and supervisors is an added responsibility, leaving bilingual supervisees with the burden of performing additional work beyond counseling (Verdinelli & Biever, 2009).

Spanish-English bilingual supervisees also report feelings of frustration when their supervisors are unable to speak or read Spanish and lack cultural competence (Perry, 2016). This supervision dynamic has led to some practical problems, such as not being able to review tapes or progress notes without translation (Perry, 2016; Verdinelli & Biever, 2009). As previously discussed, research illuminates unique challenges faced by SEB supervisees (e.g., role reversal, interpreting for others, educating supervisors and colleagues; Trepal et al., 2014; Verdinelli & Biever, 2009). Alternately, research also highlights the highly skilled, intricate role in which Spanish-English supervisees' supervisors must function (e.g., language and cultural proficiency; Trepal et al., 2014; Verdinelli & Biever, 2009).

As previously discussed, SEB supervisees' supervision needs are not met by present supervision paradigms (Perry, 2016; Trepal et al., 2014; Verdinelli & Biever, 2009). Consequently, SEB supervisees are often resourceful in their quest to fill supervision gaps.

Consulting with SEB peers is one example. Clinical supervisors should acknowledge the resourcefulness of SEB supervisees and facilitate activities which enhance their access to help. In addition to consulting with colleagues, this may include seeking additional supervision, and advocating for SEB supervisees and the Latino community at large. Moreover, clinical supervisors must encourage SEB supervisees to be intentional with community resources, perhaps integrating case management and counseling services, when community resources are not readily available to Latino Spanish-speaking clients. Clinical supervisors may also encourage SEB supervisees to enhance the counseling profession by networking with other SEB supervisees, by serving as supervisors, and by educating other counseling professionals about the unique paradigm of being a Spanish-English bilingual counselor (Perry, 2016). Furthermore, it is incumbent upon English monolingual supervisors to take steps to increase their cultural and Spanish language proficiency. For example, they can participate in conversational Spanish classes and immersion in the Latino community (Perry, 2016).

New Territory in Ethical Implications

The American Counseling Association (ACA, 2014), Commission on Rehabilitation Counselor Certification (CRCC, 2017), and Association for Counselor Education and Supervision (ACES, 1995) codes of ethics state that no client may be discriminated against based on language preference. However, these codes of ethics fail to provide guidance on language differences in counseling and supervision. No clear answer exists for clinical supervisors asking themselves, *Is supervising bilingual counselors within my scope of practice?* However, the closely related field of psychology proves helpful. The American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct Standard 2.01, Boundaries of Competence (2010), states that “psychologists provide services, teach, and conduct research with

populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience” (p. 4). Psychologists may push their boundaries of competence in clinical supervision to promote respect for cultural and linguistic diversity (Schwartz, Rodriguez, Santiago-Rivera, Arredondo, & Field, 2010). Supervisors may find themselves “in a position of potentially violating one ethical principle to adhere to another” (Schwartz et al., 2010, p. 211). More specifically, supervisors who are monolingual (English speaking only) may be practicing outside their area of competence when supervising SEB psychologists who are providing services to Spanish speaking clients. However, this supervision arrangement is better than receiving no supervision.

Case Study

The following case example highlights common issues and possible solutions faced by SEB supervisees and their supervisors. Arlene is a faculty member in a CACREP-accredited counseling master's program in a state where nearly one-third of the population identifies as Latino. Arlene identifies as White and is an English monolingual speaker. She supervises Practicum and Internship students of varying ethnic and cultural backgrounds. Approximately one-third of the program’s students identify as Latino. All faculty identify as White, and all are English monolingual speakers.

Dolores and Paloma, two students in Arlene’s Practicum class, have placements at sites where they counsel a mixture of SEB and Spanish monolingual clients. Dolores identifies as biracial, White and Latina. She speaks both English and Spanish but feels her Spanish-speaking skills could be improved. English is her primary language; she acquired Spanish as a second language. Dolores is a second-generation college student and a third-generation American citizen.

Paloma identifies as Latina and speaks both English and Spanish. She learned Spanish as her primary language and acquired English as a second language. She says she thinks and dreams in Spanish.

Dolores is working at a community mental health clinic that serves primarily English monolingual clients. The clinic has one counselor, Dolores' supervisor, who is responsible for serving all bilingual and Spanish monolingual clients. Initially, Dolores saw her supervisor having difficulty managing her large caseload, and eagerly volunteered to see some of her supervisor's clients. Lately however, Dolores has found herself performing other duties at her site. For example, she is often asked to interpret for Spanish monolingual clients and to convert agency English documents to Spanish. Additionally, the agency requires that the case notes and treatment plans Dolores completes in Spanish be translated to English before the documents are placed in clients' files. These extra duties frustrate Dolores because she is working more hours than her site agreement originally stipulated. She is also struggling to complete her work in a timely fashion because of these extra duties. As a counseling student, she feels exploited. She does not receive regular supervision from her site supervisor, who feels equally as overworked. When discussing these issues together, Arlene understands how cognitively taxing code switching and translation is for Dolores. Arlene meets with Dolores' site supervisor and advocates for a reduction in caseload based on Dolores' work demands.

To acquire support and professional growth during group supervision, Dolores sets the goal of improving her Spanish clinical vocabulary. She feels her conversational Spanish skills are adequate when speaking with clients, but has difficulty discussing clinical terms in Spanish, which is commonplace among SEB counselors (Perry 2016; Verdinelli & Biever, 2009). Dolores quickly realizes that faculty member Arlene is unable to help her meet this goal, so Dolores

enrolls in a Spanish medical terminology course. She spends 14 weeks learning about illness, parts of the body, and medical symptoms, and two weeks learning about mental health symptoms. Dolores appreciates the good-intentioned support she receives from Arlene. However, she does not feel her support contributes to her professional growth. Dolores consults with SEB peers in another counseling program to fill her supervision gaps.

At the inpatient clinic, Paloma often finds herself acting as an advocate for Latino clients. Because the clinic seldom treats Spanish monolingual clients, it does not have SEB staff dedicated to serving this population. Instead the clinic relies on the support of the hospital's interpreters. Paloma does not have a Spanish-speaking site supervisor. She finds herself called upon to provide training to agency staff on cultural and language issues related to Latinos and Spanish. She feels frustrated that, though a student, she is pulled away from other duties to train clinic staff. She believes the training of clinic staff on issues relevant to the Latino community should not fall to her and perceives the expectation that she do as microaggressive.

Additionally, Paloma is experiencing countertransference when working with a particularly intense case at a substance use inpatient clinic affiliated with a local hospital. She presents a tape of a session with this client in Spanish to Arlene during a triadic (one faculty member and two students) supervision meeting. To understand the session and provide support to Paloma, Arlene asks Paloma that she translate, via transcription, to English. Paloma finds this emotionally taxing because of the mental work inherent in language switching and the highly emotional content of the counseling session itself. She translates the session over several days and estimates it takes about four hours to complete.

When Arlene and Paloma review the transcript in triadic supervision, Paloma finds herself having to explain culturally bound concepts and idiomatic expressions that do not easily

translate between Spanish and English to Arlene and Paloma's classmate, who is also an English monolingual speaker. Most the triadic supervision session is spent with Paloma explaining the cultural and linguistic concepts of her concerns to Arlene and Paloma's classmates. Paloma is aware that her concerns dominate their sessions, and feels uncomfortable with this imbalance in time. Regardless, she feels this imbalance is necessary to meet her supervision needs.

Paloma also feels uncomfortable with having to interpret for Arlene and her classmates and explain cultural and linguistic concepts to them. She recognizes that she is not an interpreter, and her translation of counseling tapes may contain bias. At times, Paloma feels like she is the teacher, not the student. She is frustrated by this role reversal, and desires to remain in the role of a student during her tenure in the counseling program. Perry (2016) and Verdinelli and Biever (2009) found that SEB counselors often felt similarly when they experienced a role reversal.

When discussing countertransference, Paloma wishes to explore the emotional content of her experiences but is limited by having to discuss her thoughts and feelings in English. When meeting with a client, Paloma feels triggered. She is reminded of early childhood experiences during counseling sessions. She attempts to discuss these experiences during supervision. Since Spanish is her dominant and primary language, she thinks and feels these experiences in the language in which they occurred: Spanish. This phenomenon is commonplace in bilingual individuals (Marcos, 1976; Santiago-Rivera & Altarriba, 2002). Paloma believes discussing her early childhood experiences, their impact on the counseling sessions, and how to manage countertransference in Spanish during supervision sessions would be more effective and less emotionally and mentally taxing. Because Arlene is an English monolingual speaker, she cannot create this opportunity for Paloma. Arlene invites Paloma to speak in Spanish so she may better

connect with her feelings as she explores her experience of countertransference. She asks Paloma to interpret what she says so Arlene may understand her countertransference.

Arlene considers herself to be an effective clinical supervisor. She has experience working with the Latino community and believes she has an adequate understanding of basic cultural attributes of the Latino community. However, during clinical supervision, Arlene struggles to connect with Paloma and Dolores, and gauges the quality of their supervisory alliance as fair. Over the course of supervision, several instances arise where Paloma and Dolores must teach Arlene about Latino culture and translate Spanish to English. This role reversal makes Arlene feel uncomfortable and she is unsure how to address this in supervision.

Arlene is also aware of the increased amount of group supervision time spent discussing Dolores's and Paloma's client concerns, as compared to other classmates. Arlene wonders if having additional time in individual supervision or having a separate Practicum course for Dolores and Paloma would provide proper group supervision, while balancing the needs of their English monolingual counterparts. However, she wonders if creating a separate section is appropriate, or if the current supervision paradigm needs to evolve.

Arlene considers if she is competent to supervise Dolores and Paloma because she does not possess Spanish language proficiency. She also wonders about her cultural blind spots. She contemplates the ethical and legal implications of supervision with Dolores and Paloma. Arlene wonders if she is practicing outside her scope and if she has found herself on ethically shaky ground (APA, 2010; Schwartz et al., 2010). For example, if Dolores or Paloma are questioning if a client is actively psychotic, would Arlene effectively evaluate the client's mental state due to cultural differences and the language barrier? To address her concerns, Arlene seeks consultation with her department chair. Possible solutions the chair and Arlene devise include: (a) engaging in

triadic supervision with Dolores and Paloma, (b) encouraging Dolores and Paloma to discuss case concerns in Spanish together, and (c) contracting with community Spanish speaking supervisors to provide supervision. Additionally, Arlene contacts the university's Office of Equity and Diversity and enrolls in a Latino culture training program for faculty. She also consults with her institution's librarian to update herself on the present body of literature on supervising Spanish-English bilingual counselors.

This case study illustrates a composite of issues faces by SEB counselors, as found in the present body of literature. In this scenario, the issues experienced by Dolores, Paloma, and Arlene were dealt with using clear communication, understanding of their roles and expectations, and consultation with outside resources. This approach to a nontraditional paradigm is ideal. However, in practice, such circumstances may not necessarily be dealt with in the same manner. Hopefully, with greater awareness of this nontraditional paradigm, counselor educators can rise to the challenge of providing adequate support to SEB counselors and their supervisors.

Future Recommendations

Presently, 21 percent of American households speak a language other than English (Ryan, 2013). Non-Hispanic Whites are the largest racial group in the United States, at 64 percent of the total population (United States Census Bureau, 2011). As the United States becomes more culturally and linguistically diverse, the counseling field is challenged with training counselors and supervisors who possess foreign language proficiency and cultural competence (Ramos-Sanchez, 2009). Counselor educators can address the gap in language proficiency by: (a) intentionally recruiting bilingual students through recruitment incentives, (b) providing supports for bilingual students to use language switching in practice, and (c) requiring

language courses at the undergraduate level and clinical language terminology courses at the graduate level.

Non-Spanish speaking supervisors can address clinical needs by: (a) advocating that high-density population areas be required to employ bilingual supervisors and counselors; (b) encouraging counseling licensure boards to include cultural diversity language training as a required continuing education unit; and (c) using technology to increase access to bilingual counselors and supervisors.

Until more SEB counselors are recruited and trained, practicing SEB counselors could be supported by caseload and pay differential. More specifically, a reduction in client caseloads would allow for translation demands (e.g., Spanish to English session transcripts, documentation and colleagues). As shown in the above case study, Arlene helped Dolores advocate for a caseload reduction to account for the translational demands associated with being a bilingual counselor.

Furthermore, an increased pay differential would also acknowledge the increased work demands. Creation of a professional network of SEB counselors may also provide SEB counselors with opportunities to fill training gaps, use language switching, and make further recommendations for how the counseling profession may respond to their unique needs.

The previous sections of this article highlight professional issues specific to Spanish-English bilingual (SEB) counselors/supervisees (e.g., extra work due to translating counseling sessions for monolingual supervisors, interpreting for colleagues, educating majority group members about Latinos, feeling exploited, and experiencing burnout (Perry, 2016; Trepal et al., 2014; Verdinelli & Biever, 2009). Further, when SEB counselors/supervisees express training concerns, they describe a lack of multicultural training, inappropriate or incompetent clinical

supervision, reliance on alternate clinical supervisors, and sacrificing their own training (Perry, 2016; Verdinelli & Biever, 2009). When discussing the benefits of having clinical supervision in Spanish, counselors/supervisees report the importance of cultural competence and connecting with Latino clinical supervisors professionally and personally. When study participants discussed coping strategies, they said they relied on peer supports and networking (Verdinelli & Biever, 2009).

Many of the issues described by SEB counselors/supervisees are not addressed in traditional counseling and supervision paradigms. During their counselor education programs, clinical supervisors and counselors are not typically trained how to address these professional issues because they are highly nuanced. Without personally encountering such situations, clinical supervisors often have little training on how to support SEB supervisees.

As the United States become increasingly ethnically and linguistically diverse, the counseling profession must respond to the unique needs of clients and supervisees who speak languages other than English. This article illustrated pragmatic and larger issues faced by Spanish English bilingual counselors and explored the ethical and legal concerns presented by this nontraditional paradigm. Recommendations for future practice were also made.

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