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Assessing cultural and linguistic competencies in doctoral clincial psychology students

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ASSESSING CULTURAL AND LINGUISTIC COMPETENCIES IN DOCTORAL CLINICAL PSYCHOLOGY STUDENTS

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by

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ABSTRACT

The increase of Spanish-speaking populations in the U.S. has resulted in an increased demand for culturally competent, Spanish-speaking mental health providers. Yet, little is known about the methods in which academic programs and clinical training sites are preparing their bilingual students to deliver services in Spanish to the Latino populations. This qualitative study used phone interviews with five supervising, bilingual licensed psychologists to examine the methods they utilize to evaluate the linguistic and cultural competencies in their trainees. Additionally, this study gathered feedback on the Spanish Language Assessment measure to assist in modifications. The thematic analysis highlighted methods of evaluation, the intersection of culture and language, Spanish supervision, and modification for the assessment measure. This research study is significant because it informs the literature on bilingual therapy, supervision and evaluation. Furthermore, the findings will allow mental health professionals to have a better understanding of the training needs of students providing mental health services in Spanish. Additionally, it emphasizes the importance of having measures that can be used to evaluate the cultural competency and the ability to deliver mental health services in Spanish.

Keywords: cultural competence, linguistic competence, bilingual, assessment, evaluation, training

Introduction

The U.S. Census Bureau (2014) indicates that there are 54 million people of Hispanic[1] origin in the United States, making it the nation's largest ethnic minority group. In addition, it is predicted that close to 129 million people of Hispanic origin will reside in the United States. There was a 121% increase from 1994 to 2014 among those who endorsed *"hablan español en casa"* (Spanish spoken in the home). The American Psychological Association (APA) Guidelines (2003) addresses the shift in demographics by proposing that psychologists' integrate culture in conceptualization and treatment interventions. Additionally, psychologists are expected to provide services in the language requested by and comprehensible to the client (APA, 2003). Thus, it is essential that mental health clinicians be linguistically and culturally adept to provide services to Spanish-speaking populations. Currently, there are no standardized methods of measuring linguistic competency in mental health clinicians providing psychotherapeutic services in Spanish, hence posing an ethical concern for Spanish-speaking populations receiving these services. It is crucial to know how to effectively assess linguistic and cultural competence in order to ensure adequate and ethical treatment to Spanish-speaking populations.

The rapid changes in United States demographics have led to a greater need for culturally responsive mental health services, and have fueled the multicultural literature to address the noted gaps (Gallardo, Johnson, Parham & Carter, 2009). The increasing rate of immigration is one factor contributing to the diversification in demographics.

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[1] The terms *Hispanic* and *Latino* are used throughout this study.
[2] The term *bilingualism* will refer to English-Spanish-speaking individuals throughout this study.

Immigrants bring along their own unique set of values, beliefs and practices, and as a result the under-preparedness of mental health professionals to effectively treat ethnic minorities, many of who are first or second generation immigrants, suffering from mental illness has become more apparent (Hwang & Wood, 2007). One reason for this lack of preparation is the perpetuation of Eurocentric ideas in mainstream psychology. The Eurocentric perspective assumes that human similarities are greater than human differences (Paniagua & Yamada, 2013) and the field of psychology appears to have adopted the Eurocentric approach as being the "gold standard" for its methods of intervention (Hall & Breland-Noble, 2011). As a result, mainstream psychology largely has been ethnocentric in its orientation, training and application, and historically has neglected the mental health concerns of other racial groups and the socio-political injustices they endure on a daily basis (Christopher et al., 2014). American psychology produces research findings that implicitly apply to the entire human population without taking into consideration the various cultural differences (Arnett, 2008). Understanding cultural context, cultural identity and behavior is crucial to competent and ethical interventions in all areas of mental health work (Gallardo et al., 2009; Vasquez, 2014). Given the vast differences in the worldviews, beliefs and experiences, it is difficult to apply the standards of Western psychology and make them fit for every individual. Considering age, socioeconomic status, and gender differences in addition to ethnic and racial differences, it becomes apparent that there are numerous multicultural dimensions that should be addressed. In 1986, APA's Commission on Accreditation established that cultural diversity should be a necessary component of effective training in psychology (Mattar, 2011). Moreover, Gallardo et al. (2009) recognized that the

relationship between ethics and culturally responsive care yields two very important themes: (a) the importance in the practice of psychology often placing our desire to be culturally responsive as central to all that we do in the practice of psychology; and (b) the need for practitioners to expand the lens by which they understand the nature of culture and its manifestation within the therapeutic context. Accounting for a client's values, culture and context is an ethical responsibility and an absence of these considerations results in cultural malpractice (Arredondo & Toporek, 2004; Fowers & Davidov, 2006; Hall, 2007; Trimble & Mohatt, 2002).

In order to provide culturally and linguistically competent work to monolingual Spanish-speaking populations, bilingualism[2] of a psychologist must be considered as one of the many rich aspects of delivering therapeutic services. This research study aimed to highlight the need for training bilingual (English-Spanish) psychologists working with the Spanish-speaking population. It entailed exploring the literature on cultural competence, the role of language in the therapeutic process, bilingualism, and current academic and clinical training of bilingual clinical psychology students. Furthermore, this study gathered qualitative information by exploring methods in which bilingual clinical supervisors assess language and cultural competencies of their bilingual trainees delivering services to Spanish-speaking population. Additionally, feedback was gathered on a Spanish language proficiency assessment measure to assist in making appropriate modifications. This study is contributing to the field of psychology in several ways. First, by exploring the role of language and cultural competence in the therapeutic process, the field of clinical psychology education can expand its understanding of the needs of bilingual students by including more language-

[2] The term *bilingualism* will refer to English-Spanish-speaking individuals throughout this study.

related curricula. Secondly, this study sheds light on methods for enhancing bilingual supervision. Lastly, the field of psychology can continue to develop more comprehensive ways of assessing language and cultural competence that will assist in expanding the clinical skills of bilingual clinical psychology students and practicing psychologists.

Review of Literature

The terminology used to identify those of Latino and/or Hispanic heritage can vary in the United States due to significant diversity. The United States Census Bureau uses the term Hispanic, which is representative of people who originate from Spain without indigenous influences (Santiago-Rivera, Arredondo, Gallardo-Cooper, 2002). The term *Latino*, however, is a term representative of people from Latin America who have indigenous roots (Santiago-Rivera, Arredondo & Gallardo-Cooper, 2002). There is great diversity amongst Latino in various domains including immigration status and history, cultural values, socioeconomic status and access to health insurance coverage. The mean income for Latinos is $39,000 and 30% lack health insurance (U.S. Census, 2014). Many Latino communities underutilize mental health services, even when they have health insurance, due to cultural stigma or linguistic limitations. A systematic literature review conducted by Timmins (2002), found that Latinos with limited proficiency in English are at risk for experiencing decreased access to care and decreased quality of care.

There are vast differences in the degree in which Spanish is spoken, which can include the types of bilingualism and degree of acculturation. An individual who was raised and educated in Spanish is oftentimes termed *native Spanish speaker* (Brecht & Ingold, 1998; Lewelling & Peyton, 1999). A *heritage Spanish speaker* refers to someone who learned Spanish as a first language at home from family or learned English simultaneously but was primarily educated in English (Brecht & Ingold, 1998; Lewelling & Peyton, 1999). A *bilingual Spanish speaker* is defined as an individual who can

function in two languages in both oral and written form (Johannessen & Bustamante-Lopez, 2002). Language, a critical component of culture, is only a fraction of the broader domain of culture, which includes social structure, values, class, religion, art, music, ideas, and medicine (Schwartz & Domenech-Rodriguez, 2010).

Cultural Competence

APA's implementation of *Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists* (2003) encourages psychologists to increase their awareness of thoughts, assumptions, and beliefs about others and to understand when these are detrimental to psychological practice (Velasquez, 2014). Specifically, the guidelines include increasing self-awareness, knowledge of one's worldview, and personal and cultural biases; while simultaneously increasing one's knowledge about the history, worldviews, and values of groups other than their own. Knowledge about other groups includes understanding historical forms of oppression, immigration patterns, and the impact of stigma (APA, 2008). Although these guidelines help practitioners understand the importance of cultural competency, they are too general and leave professionals who want and need cultural competence with few specific skills that they can implement into practice (Hwang & Wood, 2007). Cultural knowledge, awareness, and skills alone may not ensure affective, cognitive, and behavioral learning processes (Toporek & Reza, 2001).

Research has shown that clients are more satisfied with their clinician when they perceive the practitioner to be culturally competent, compassionate and able to understand the client's worldviews (Knipscheer & Kleber, 2004), but in order to discuss cultural competency one must first have an understanding of the meaning of culture.

Kagawa-Singer et al. (2015) defined culture as “a shared ecological schema or framework that is internalized and acts as a refracted lens through which group members ‘see’ reality and, in which both the individual and the collective group experiences the world” (p. 29). Moreover, recent descriptions of culture have considered the dynamic and active process of constructing shared meaning, as represented by shared ideas, beliefs, attitudes, values, norms, practices, language, spirituality, and symbols, with acknowledgement and consideration of positions of power, privilege, and oppression (Vargas, Porter, & Falender, 2008). This suggests that culture appears to be more abstruse than originally thought and has implications for the development and sustainability of cultural competence.

Defining *cultural competence* is complex because culture is woven throughout all human experiences in ways that are clearly obvious and in ways that are less easily observed (Vasquez, 2014); therefore, it is a very broad term that can be difficult to define (Hwang & Wood, 2007). Generally, cultural competence has been defined as a dynamic process of framing assumptions, knowledge, and meaning from a cultural perspective different than one’s own (Dunaway et al., 2012; Stanhope et al., 2005). It is best viewed in terms of what one is becoming as opposed to what one is; thus, acquiring cultural competence should never be treated as a one-time process resulting in expert status (Doutrich & Storey, 2004). There are many models that describe how cultural competence is attained and arguably the most common paradigm of cultural competence is based on the work of Sue, Arredondo, and McDavis’ (1992) who argue that cultural competence consists of *cultural awareness*, *cultural knowledge*, and *cultural skills* (Dunaway et al., 2012). These components help facilitate the delivery of

effective services to ethnically and culturally diverse people (Sue, 1982; Sue, Arredondo, & McDavis, 1992; Hwang & Wood, 2007). Some argue that cultural competence may not be the best term to use and prefer to use the terms such as *cultural responsiveness* and *cultural humility*. Dunaway et al. (2012) provide the following descriptions for cultural awareness, cultural knowledge, and cultural skills: Cultural awareness includes the process of understanding one's own cultural biases, tendency to stereotype, reference group membership, and power relations; cultural knowledge includes learning about the attitudes, values, beliefs, and behaviors of cultural groups; cultural skills focus on the communication ability and training learners to be aware of cross-cutting cultural issues. Additionally, Arredondo, Gallardo-Cooper, Delgado-Romero, and Zapata (2014) state that to be culturally responsive one must know themself, his/her values and assumptions about others, and the worldview that informs the assessment of others' behavior, as well as their own. An additional construct, cultural humility, incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances, and to develop mutually beneficial clinical and advocacy partnerships with communities on behalf of individuals and defined populations (Trevalon & Murray, 1998). Furthermore, Comas-Diaz (2012) described cultural empathy as the importance of developing vicarious experiences that includes affects and cognitions revolving around a client's cultural well-being. A thorough understanding and demonstration of these concepts can help facilitate the therapeutic relationship.

Contemporary views of cultural competence go beyond awareness, skills and knowledge; it is a concept that facilitates change by allowing a mental health

professional to effectively operate in various cultural contexts. It is important to be familiar with the knowledge base regarding individual and social biases, cultural values, and power structures; as well as understanding these concepts as essential in cultivating a humble, compassionate, and critical approach to one's work (Hays, 2008). Furthermore, one can be culturally competent, but lacking in linguistic competence. Similarly, one can be linguistically competent, but lacking in cultural competence. Just because a clinician speaks Spanish fluently does not equate to having cultural competence. Hence, training clinicians who will be treating the monolingual Spanish-speaking population should include skills training that aim at both cultural and linguistic competence.

Psycholinguistics

Weinreich (1953), a linguist, introduced the concepts of *compound* and *coordinate* bilingualism. A compound bilingual was someone who had only one representational meaning system, which can be accessed in two different languages. This would correspond with an individual who grew up learning two languages simultaneously in the home. A coordinate bilingual was defined as someone who has developed two independent language systems each with their own meanings and experiences. Usually, this individual learned one language first and then another later on in life (Kolers, 1963). Between the 1950s and the 1970s a great deal of work emerged in the area of psycholinguistic literature. In the field of psycholinguistics, Ervin and Osgood (1954) determined that compound bilingualism implied that alternative symbols in different languages have a single meaning for the individual since the context in which they learned the languages is identical, whereas for coordinate

bilinguals there are separate meanings because of the distinctiveness of language acquisition. Lambert, Havelka, and Crosby (1958) investigated how associations and meanings differed for coordinate bilinguals who learned their respective languages in culturally diverse environments. These researchers explored whether or not being a compound or a coordinate bilingual would affect an individual's ability to language switch, and found that coordinate bilinguals who learned two languages in culturally diverse environments demonstrated far greater "semantic diversity" compared their coordinate counterparts who learned different languages in similar cultural regions. Per Hoffman, Rogers and Ralph (2011), semantic diversity refers to "words that tend to appear in a broader range of linguistic contexts and have more variable meanings" (p. 2). Lambert et al. (1958) did not find any difference between coordinate and compound bilinguals in terms of ability to language switch. Moreover, a study by Katsavdakis, Sayed, Bram, and Bartlett (2001) on coordinate bilinguals found that identical words activated different chains of associations, meanings, and affective experiences.

The focus on coordinate and compound bilinguals is no longer popularly upheld; rather the focus on contemporary works in the fields of psycholinguistics conclude that the age of acquisition, dominance and proficiency play key roles in differentiating different language structures within a bilingual mind (Heredia & Altarriba, 2001; Santiago-Rivera & Altarriba, 2002; Altarriba, 2003;). Furthermore, Heredia and Altarriba (2001) suggest that after a certain level of fluency is attained in a second language, a shift in language occurs wherein the second language behaves as if it were the individual's first language. Thus, the second language becomes more readily accessible. The literature on bilingualism is consistent with their suggestion that a

second language can be accessed much easily when there is a higher level of proficiency.

Language switching. Language switching, or code switching, occurs when a word or phrase in one language substitutes for a word or phrase in a second language. Bilingual speakers often code-switch from one language to another. The late 1970s marked the first attempt to investigate the potential therapeutic value of language switching as a strategy for treatment (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera & Altarriba, 2002). Pitta, Marcos and Alpert (1978) were the first to introduce language switching as a therapeutic intervention, and considered it best for a bilingual client to work with a bilingual therapist who shares the same two languages. They reached this conclusion because they found that a bilingual therapist would be able to understand their client's language switching and uncover important clinical material in ways a monolingual clinician may not.

One of the most frequent explanations for language switching is that bilingual individuals do it to compensate for lack of language proficiency, but this explanation does not account for the possibility that language switching is due to failure to retrieve the correct word or phrase (Heredia & Altarriba, 2001). Language and thought in psychotherapy rely on conversation and the encoding of information, and retelling of events from episodic memory. Language is part of this process as episodic memory is often stored through language-specific encoding and retrieval of episodic memories. Thus, it is important for monolingual speakers to be spoken to in their native language, as it can facilitate smoother encoding and retrieval of information discussed during the therapeutic process (Altariba & Isurin, 2013). In Sprowls' 2002 study, she interviewed

nine bilingual Spanish and English speaking therapists whom all stated that they often switched languages when they could not remember a word or a phrase or when they wanted to convey something with deep meaning. This suggests the notion that people language switch in order to be better understood.

Role of Language in Psychology

Language highly contributes to the formation of a person's identity, memories and experiences. These elements are understood and conveyed differently depending on the language(s) that is chosen to be communicated. Language and culture are very much intertwined with each other; therefore, it is important to take into account the differences languages bring for individuals, as exploration of language can be a fruitful way to explore cultural meanings (Burck, 2004). Furthermore, language is central to therapeutic work as it is language that therapists rely on to establish rapport, build alliances, and understand the inner worlds of their clients and themselves.

The literature suggests that living in several languages has important effects on the construction of subjectivity and identity (Burck, 2004). For example, Ervin-Tripp (1973) found that people present different values and affective content depending on which language they used. Such differences seem to be particularly important to clinical and therapeutic concerns; therefore, competency regarding language abilities appears to be vital given the role that language has in our interactions with the world and the field and practice of psychology. Witkins (2011) characterized language as constructive in the development of a person's self, reality, and the principles and schemas that affect subjective experiences. In regards to individuals who speak more than one language, speaking in one's "mother tongue" provides the foundation for emotional development

and an understanding of intersubjectivity (Stern 1985). Benjamin Lee Worf (1956) was one of the first to discuss language as a significant factor in the way people think by emphasizing languages' influence on our perceptions, and how we analyze and act in the world. Contemporary work by Boroditsky (2001), also noted that experience with a language shape the way one thinks. Most recently, Everett (2012) discussed the influence of language on thought, but highlighted culture as the mediating force of these processes, as compared to Worf who found culture to be relative to language (Reboul, 2012). Hence, there are strong implications for psychotherapy in that language directs the way a client and therapist connect and communicate with each other (Iannaco, 2009; Kokaliari, 2011).

Language has also been noted as important for the understanding of abstract and relational concepts versus concrete and sensory-based objects (Boroditsky, 2001). This is vital for the therapeutic process as abstract nuances in a client's language can create difficulty for a therapist in understanding meanings that go beyond concrete ideas or statements. Additionally, it can impact a therapist's ability to communicate abstract concepts and ideologies related to psychological processes and theories to the client that may be a crucial component for effective therapeutic dialogue. Thus, culture and cognitive processes influence language and the overall communication in therapy. Consequently, linguistic competence needs to be highlighted in training programs, as it is the modality by which one can understand a client's world and provide alternative perspectives that can have a positive influence.

Linguistic and Cultural Competence in Academic Programs and Clinical Training

The development of competence as a clinical psychologist involves the confluence of academic education and clinical training, as well as developing knowledge, skills, and attitudes (Falender, Shafranske & Falicov, 2014). Graduate education provides a foundation for knowledge and applied practice, but most often training in multicultural competence relies on a single course (Falicov, 1988; Pieterse et al., 2008). As a result, professors of multicultural counseling courses have limited opportunities to identify the level of cultural competence. In response, Sue and Sue (2012) advised a fourfold approach in which every course contains (a) a consciousness raising component, (b) an affective experiential component, (c) a knowledge component, and (d) a skills component.

At the programmatic level, Dickson and Jepsen (2007) reported that a multicultural framework that is integrated into the program's curriculum, supervision, and recruitment was the key element that contributed to higher rated student[3] competencies. Additionally, Fouad and Arredondo (2007) suggest that in order to create a culturally competent curriculum, faculty must demonstrate multicultural expertise, which includes not only knowing about one's own biases and prejudices, but also making course content more inclusive of different underprivileged groups' contextual realities. The development of culturally competent education requires that host institutions support the inclusion of culture at every programmatic and institutional level: from the program's mission statement, to the diversity of the faculty and students alike, and the use of a diverse lens at the level of curriculum development (Fouad & Arredondo, 2007). APA's

[3] The terms *student, trainee, supervisee* all refer to doctoral level psychology students, and the terms are used interchangeably throughout this study.

Commission on Accreditation (APA-CoA) mandates the inclusion of courses that focus on multicultural issues for accreditation of doctoral clinical training programs; however, the most recent survey indicated that only 67.6% of APA-accredited programs surveyed required a multicultural course (Sherry, Whilde & Patton, 2005). It was also found that a larger number of counseling psychology programs required a multicultural course, as opposed to clinical psychology programs. Unfortunately, just because a program includes a mandated multicultural course does not mean that cultural competence is being taught throughout the curriculum.

Furthermore, when considering bilingualism, Santiago-Rivera, Altarriba, and Biver et al. (2004) and Verdinelli and Biever (2009) all highlighted the lack of language discussions in clinical training programs. In Verdinelli and Biever's (2009) qualitative study, participants pointed out the need for programs and classes that address working with different languages. Also, participants proposed that bilingualism and psycholinguistics should be discussed as part of a diverse curriculum in order to support culturally competent clinical work. Aguirre, Bermudéz, Parra Cardona, Zamora and Reyes (2005) emphasized the role that clinical supervisors must play in the training of bilingual therapists, and that a concerted effort should be made to be aware of their trainee's culture. Additionally, bilingual supervisors should encourage open discussions about language specific topics. Language cannot be excluded from training especially if academic programs seek to educate culturally competent psychologists.

Assessing cultural competence. Researchers have developed several self-report measures designed to assess multicultural competence among trainees. These measures are all based on Sue et al.'s (1982) model of multicultural competence, which

comprises three dimensions: beliefs/attitudes, knowledge, and skills (Kim, Cartwright, Asay & D'Andrea, 2003). These measures include (a) the Multicultural Awareness, Knowledge, and Skills Survey – Counselor Edition (MAKSS-CE), which highlights the therapist's' level of knowledge, awareness, and skills (D'Andrea, Daniels, & Heck, 1991); (b) the Multicultural Counseling Knowledge and Awareness Scale (MCKAS), which highlights the therapist's' level of knowledge and awareness (Ponterotto, et. al., 2002); (c) the Multicultural Counseling Inventory (MCI), which highlights awareness of cultural issues separate from the therapist process as an additional element of self-awareness (Sodowsky, Taffle, Gutkin, & Wise, 1994). Additionally, the California Brief Multicultural Competence Scale (CBMCS) is another self-report measure that was developed to assess individual multicultural competency and training needs of behavioral health staff in the following four areas: cultural knowledge; awareness of cultural barriers; sensitivity and responsiveness to consumers; and socio-cultural diversities (Gamst et al., 2004). Although these measures have been used primarily to examine the effect of multicultural training on cultural competence, they have recently been used to explore the associations between multicultural competencies, the strength of the therapeutic alliance, treatment satisfaction, and patients' perceptions of therapist empathy (Fuertes et al., 2006). Self-assessment is the most common measure of multicultural competence, but self-assessment is not necessarily accurate, nor does it correspond with specific self-reports of behavior (Hansen et al., 2006). Eva and Regehr (2011) suggest that competency based approaches with attention to small increments of behavior and self-monitoring of self-efficacy are alternative approaches to enhance accuracy of self-assessment.

Assessing language using BICS and CALP. One way to evaluate bilingual competency within an academic setting is by assessing how a graduate trainee is demonstrating Cognitive Academic Language Proficiency (CALP) and Basic Interpersonal Communicative Skills (BICS, Cummins, 1984). CALP is defined as the ability to make complex meanings explicit in either oral or written modalities by means of language itself rather than paralinguistic cues (Cummins, 2000). Thus it entails an individual to have the capacity to engage in higher order thinking skills such as hypothesizing, inferring, evaluating, etc., in Spanish. BICS is often referred to as "Conversational Language," and is defined as language that is based on contextual or interpersonal cues (e.g., gestures, facial expressions, intonation) or linguistic cues that are not dependent on the immediate communicative context (Cummins, 2000). Cummins further noted that this type of communication can be seen as dependent on visual and physical context such as body language, which is primarily used during social interactions with others. Both skills are important when working with Spanish-speaking clients as the use of solely translated psychological language (what we can think of as CALP in this regard) in a therapy session will not allow change to occur if the client is not able to understand the terms being used. Hence, BICS is essential to help understand and use cultural communication styles that can be utilized therapeutically in order to make inaccessible clinical language more accessible during conversations that present as more social in nature.

Hornberger (2005) addressed factors that have shown positive effects on heritage language learner's linguistic abilities in their second language, which included an emphasis on learning language in a contextualized manner, taking into account

cultural vernacular. This provides further support for the idea that BICS and CALPS are essential for trainees who are heritage language learners. Additionally, studies evaluating the development of BICS and CALPS in second language learner immigrant children suggest a developmental process that occurs between both, whereby BICS often develops first rather than CALPS. However, if a student demonstrates BICS in a second language, assumptions should not be made in thinking that they should also be able to complete academic work in the second language (Collier, 1989; Cummins, 1981b; Shaftel & Markham, 2008). This should be taken into consideration when evaluating the linguistic competency of incoming trainees, as the development of BICS is likely to be seen more by those heritage Spanish-speaking trainees who may seem to be fluent in Spanish, but may require more training in the development of CALPS. This developmental distinction should also be noted when working with native Spanish-speaking trainees, who may be receiving English instruction on how to apply Spanish therapeutic skills and are receiving academic training in English, whereby the suggested development of BICS before CALPS could present a different learning process.

The acquisition of linguistic competence is complex, and we cannot easily distinguish the processes that affect the development of BICS and CALPS. Cummins stated that the aforementioned developmental process should not be considered an absolute order, and that CALPS can precede attainment of fluent BICS in certain situations. Both BICS and CALPS are shaped by their contexts of acquisition and use, and Cummins discussed the distinction between the BICS and CALPS model and other linguistic models, which speak of individual differences in language proficiency being accounted for by just one underlying factor, referred to as Global Language Proficiency

(Oller, 1979). This idea is problematic in that there are both global and specific aspects of language proficiency (Baker, 2011). The fundamental distinction noted by Cummins, denotes going beyond mapping the underlying dimensions of linguistic performance in academic contexts; for example, what is seen in questionnaires that evaluate language proficiency. He further noted other models that have spoken of linguistic competence in terms such as *communicative/analytic competence* (Bruner, 1975), *embedded and disembedded thought and language* (Donaldson, 1978), and *contextualized and decontextualized language* (Donaldson, 1978). Snow et al. (1991) took into account that comprehension of cognitive demands of a language and contextual supports is needed in gaining language proficiency. Yet, these models did not represent how particular tasks or activities vary in their degree of cognitive demand. A person can engage in an intellectual conversation (e.g., context-embedded) with someone and have this task be just as demanding cognitively as writing a paper (e.g., context-reduced task; Cummins, 1981b). This distinction is important to take into consideration, as we should not immediately discount the academic competence in a language of a student who presents with more conversational skills, or vice versa. Instead, we can think of how we can use their strengths, and encourage the development and applicability of both in a therapeutic context.

Purpose of Research Study

The literature is clear that culture plays a major role in the way people understand the world and communicate information. Additional research is needed to investigate the current methods utilized to assess students' linguistic and cultural competencies by academic and clinical training psychology programs. This research

study makes a unique contribution in light of the limited attention paid to diversity issues in academic and clinical training, particularly training of bilingual students. There are currently no validated measures that assess the linguistic and cultural competencies of bilingual, doctoral-level, clinical psychology students. Therefore, the objective of this study was to explore how bilingual clinical supervisors understand and evaluate linguistic and cultural competencies, as well as to elicit feedback from them to assist in modifying the Spanish Language Assessment measure. The primary research question guiding this is: What do bilingual supervisors require to properly assess linguistic and cultural competencies for bilingual doctoral-level students delivering services in Spanish?

Methodology

Research Approach and Rationale

The Spanish Language Assessment measure (discussed in depth in the forthcoming section titled “Sources of Data”) is a tool that has been used to assess Spanish linguistic competency of incoming master’s-level psychology students in a specialized program developed to prepare students to work in Latino/a communities. The assessment measure has not been validated and is in the beginning phases of development. Therefore, it was important to understand how bilingual clinical supervisors perceive bilingualism and cultural competence in their trainees, as well as gather feedback on the Spanish Language Assessment measure.

Paradigm guiding the research. According to Morrow, Rakhsha, and Castañeda (2001), a research paradigm encompasses one’s belief about reality, how one understand that reality, the methods by which one investigates reality, and what one values. Therefore, in order to ensure a strong research design, the researcher has to choose a research paradigm that is congruent with his or her beliefs about the nature of reality (Mills, Bonner, & Francis, 2006). Furthermore, Ponterotto (2005) explained that the paradigm selected guides the researcher “in philosophical assumptions about the research and in the selection of tools, instruments, participants, and methods used in the study” (p. 128). As I began the process of brainstorming potential research topics and questions, I often asked myself if it was important to gather information based on experiences. Through discussion with my advisor and further exploration of the research approaches, the purpose of this study and its research questions were derived, with a constructivist-interpretivist paradigm as the primary foundation and

anchor for the qualitative research approach. This paradigm assumes that individuals construct the meaning of experiences and events, and therefore people construct the realities in which they participate. Understanding participant constructions of meaning depends on a number of factors, including context, culture, and rapport. Additionally, the researcher takes on a similar construction of meaning when it comes to interpreting what is being investigated. Hence, this research study aimed to elicit and understand how research participants construct their individual and shared meanings regarding cultural competence and linguistic proficiency.

Qualitative Design. Qualitative research offers rich and compelling insights into the real worlds, experiences, and perspectives of individuals in ways that are completely different to, but also sometimes complimentary to, the knowledge one can obtain through quantitative methods. Hence, in order to address the gaps in current literature, I decided this research should focus on identifying themes within the participant's perspective of the topic. According to Braun and Clarke (2006), a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set. Therefore, it was decided that a qualitative analytic method for identifying, analyzing and reporting patterns within data would be the most appropriate. Particularly, a thematic analysis was chosen as the method to analyze the data from the interviews. Thematic analysis does not necessarily ascribe to a theoretical framework, such as grounded theory and interpretative phenomenological analysis, which makes it a more accessible form of analysis for those new to qualitative research. Furthermore, Braun and Clarke (2006) provided a robust, systematic framework for coding qualitative data, and for then using

that coding to identify patterns across the dataset in relation to the research question. Thus, the analysis was guided using the six phases laid out by Braun and Clarke (2006), which are as follows:

1. I familiarized myself with the data by transcribing, reading and re-reading the data, and noting down initial ideas.
2. I generated initial codes consisting of interesting features of the data in systematic fashion across the entire data set.
3. I organized codes into potential themes while gathering all data relevant to each potential theme.
4. I checked if the themes worked in relation to the coded extracts and the entire data set, generating a thematic map of the analysis.
5. Through ongoing analysis, I refined the specifics of each theme and the overall story the analysis tells, which produced clear definitions and names for each theme.
6. Lastly, I extracted compelling examples embedded within the narrative, analyzed the extracts and related them back to the analyses of the research question and literature, and wrote up the report.

Moreover, any qualitative approach to research carries a number of assumptions about the data and what it represents. As a result, a good thematic analysis will make these assumptions transparent and there is ongoing reflexive dialogue on the part of the researcher throughout the entirety of the process. As such, my perspective, assumptions, and biases were taken into consideration.

Researcher as instrument. In qualitative research, the researcher is considered to be one of the most important instruments, as she is responsible for gathering and interpreting the data. As such, the quality and depth of the observed data depends on how well the researcher executes the research (Xu & Storr, 2012). In order for researchers to execute competent research, they must be constantly aware of their own biases and prejudices that may inform how they interpret the data collected, as researcher attributes have the potential to influence the collection of empirical materials (Pezella, Pettigrew & Miller-Day, 2012). I served several roles in this study including, being a point of contact, interviewer, and transcriber. Additionally, I was the one to create the interview questions; therefore, it was crucial that I became aware of my assumptions and biases. Morrow (2005) discussed that credibility can be achieved in several ways including, prolonged engagement with participants, persistent observation in the field, the use of peer debriefers or peer researchers, negative case analysis, researcher reflexivity, and participant checks, validation, or co-analysis. Taking these precautions helped ensure the data gathered were the full experiences of the participants. The specific approaches for attending to researcher reflexivity are addressed below.

Self-reflexivity. Throughout the process of this study, I regularly identified my assumptions and biases utilizing a self-reflective journal, as well as through consultation with my advisor and peer research group in order to manage my own subjectivities. Additionally, I asked for clarification and elaboration from participants throughout the interviews to help facilitate the development of the participants' perspectives.

My interest in multicultural training began during my time in the Master's of Art psychology program. During this time, I was also working as a crisis counselor providing phone crisis intervention to monolingual Spanish speakers. I recall sitting in a multicultural counseling class, oftentimes pondering about how programs train students to serve populations that do not speak English. Also, I often wondered how employers assessed language abilities, and I recall that my Spanish language abilities were not assessed (formally or informally) by my employer. This kept me wondering about the effectiveness of mental health services delivered to this specific population and the potential harm that can arise when one is not fully trained to deliver such services. I consider myself a heritage Spanish speaker, as both my parents are immigrants from Mexico whose first language is Spanish. My parents learned English through formal education when they immigrated to the United States in their early adolescence, but I still have close family members who are monolingual Spanish speakers. As a result of my parents' language abilities, I grew up in a bilingual household where we often engaged in language switching in our day-to-day conversations. Additionally, I was taught to read in Spanish by my parents. My academic education was primarily in English, with two years of advanced high school level Spanish classes.

Throughout my clinical psychology academic career, I've come across a handful of mental health professionals who are bilingual (English and various other languages). We've had rich discussions on our interests to serve non-English speaking communities, and the challenges we face, collectively, on being trained to utilize our bilingualism in a clinical setting. My desire to become a clinical psychologist was fueled by the experiences I had with Spanish-speaking callers on the crisis lines and hearing

the challenges they faced when an interpreter has to be used during the therapy session. Throughout my clinical training I have provided clinical services to monolingual Spanish speakers with minimal bilingual supervision. Thus, I've experienced a great deal of frustration with the minimal training I've received to prepare to deliver therapeutic services in Spanish.

Moreover, I approached the study identifying numerous personal assumptions and biases, and I explored these assumptions within myself and gained sufficient insight into my biases to ensure that the experiences I discussed were solely of the participants I interviewed. The most salient assumption I have in regards to this topic is that clinical and academic programs do not have appropriate methods of assessing the Spanish language abilities of bilingual trainees. My experience during various interviews for either clinical training placements or work has led me to develop this assumption. In terms of language abilities, I assume that many training programs will not assess language abilities because there is no licensed bilingual psychologist available. Furthermore, those training programs that have bilingual supervisors will conduct informal methods of assessing Spanish abilities (e.g., having a conversation in Spanish), without considering the clinical language in Spanish.

Insider/outsider. As previously mentioned, my primary research question focuses on the training and evaluation of bilingual clinical psychology students, which is an area of interest for me. Hence, I was aware of the complexity of feeling like an insider and/or outsider. Similar to all of the participants, I identify as bilingual and provide Spanish mental health services to Latino communities; therefore, allowing me to be an insider to this group. I was aware of the differences in Spanish proficiency

between myself and some the participants, as I am a heritage Spanish speaker who learned Spanish as a child. Although the interview was conducted in English, I strived to be neutral during our discussion on Spanish proficiency in order to make the participant feel comfortable to share their thoughts. In addition, the participants were fully aware that I am currently a clinical psychology student in training who has gone through interviews for clinical training that included evaluation of Spanish proficiency in some cases. From the perspective of a student, it was interesting to hear some of the areas that supervisors consider important during the evaluation process. I was shocked to hear that several participants do not place emphasis on trainees knowing clinical terms in Spanish or even being proficient in Spanish. Thus, this prompted me to jot down my own reactions in my journal as a way to further explore my thoughts and feelings on this particular subject. As a current student in training, I am aware of the limitations that academic and clinical training programs have in properly preparing students to deliver Spanish services, which helped me have a greater understanding of the challenges that supervisors face. Although my membership status in relation to the participants did not seem to affect the interviews negatively, it raised an important point that must be considered in all research endeavors with participants who identify with a group based on shared experience.

Participants

The sample for this study consisted of bilingual psychologists providing clinical supervision to doctoral-level graduate students. Selection criteria for this study included licensed psychologists who were bilingual in English and Spanish, and had experience working with Spanish-speaking clients. Furthermore, the psychologists had to have

provided at least one year of bilingual supervision to doctoral-level psychology students. This research focused on training of doctoral-level clinical psychology students, therefore, participants had to be licensed psychologists. Other exclusion criteria included less than one year supervising doctoral level students, bilingualism in languages other than English or Spanish, and those supervisors that did not conduct supervision in Spanish with their trainees.

Recruitment was specifically limited to California due to its large ethnically diverse, Spanish-speaking population. Additionally, I limited the sample to licensed psychologists because of APA's training requirements for doctoral clinical psychology students. Participants in this study were recruited using criterion and snowball sampling methods, which consisted of accessing participants by word of mouth through colleagues. I emailed former clinical supervisors and colleagues with an attachment of my recruitment email (see Appendix B), who then forwarded the email to potential participants. Five participants responded to the forwarded emails, and two participants were recruited through my internship site at a local community mental health treatment facility.

According to Braun and Clark (2013), sample size for qualitative data using thematic analysis can range from two to over 400. They highlight the process of coding captures diversity and nuances and provides a foundation for conceptualizing possible significant patterns (themes) of shared meaning. What is important is to have a clear conceptualization of what those themes represent, and how and why they are treated as significant, which is much more significant that the sample size. Thus, I chose a relatively small sample of participants to provide a rich representation of the individual's

viewpoints that were sought for this study. The final sample included five licensed, bilingual psychologists practicing in California, who provide Spanish supervision to doctoral-level clinical psychology students.

Setting for Data Collection

Participants were interviewed via telephone and were provided all information required by the Institutional Review Board (IRB) of Pepperdine University, such as the Informed Consent form, my contact information as well as contact information for my research advisor, and the chair of the IRB. I made every effort to answer questions about the study to make them feel comfortable sharing information.

Procedures

The potential participants emailed me or responded in person expressing interest in the research study. I provided them with further information on the study and reviewed limits of confidentiality and informed consent (see Appendix C). The elements of the informed consent are based on Creswell's (2007) guidelines. Specific elements included were as follows:

- The central purpose of the study.
- Procedures to be used in data collection.
- Confidentiality of participants.
- The right of participants to voluntarily withdraw from the study at any time.
- Potential risks of participating in the study.
- Expected benefits of the study.
- Audio recording and transcription process.
- The signature of the participant as well as the researcher.

After participants consented to participate, they were emailed a PDF copy of the signed informed consent form for their records. Following the informed consent, potential participants were sent specific questions to determine eligibility (see Appendix D). Participants that met the above-mentioned criteria were selected to participate in the study, and those that did not meet eligibility were thanked for their interest and informed that they did no meet criteria for the study. A brief demographic questionnaire was emailed for participants to fill out, along with the Spanish Language Assessment measure for review prior to the interview (see Appendices E and F). A date and time was then established for the phone interview to take place. During the interview, the participants were asked a series of semi-structured, open-ended questions that were developed based on the literature and the research question (see Appendix G).

Sources of Data

The materials used to gather data for the study included a brief demographic questionnaire (see Appendix E), the Spanish Language Assessment that the study aimed to have revised in the future with the information gathered from these studies (see Appendix F), and a set of interview questions that the researcher asked participants (see Appendix G).

Brief demographic questionnaire. Relevant demographic variables were evaluated with a background questionnaire that asked participants to identify their gender, race, ethnicity, country of origin, primary and secondary languages, degree awarded, years in practiced as a licensed psychologist, length of time working with Spanish-speaking clients, and number of years proving Spanish supervision to doctoral-level bilingual students. Additionally, participants were asked to briefly describe their

own academic and/or clinical training in multicultural counseling, as well as describe specific training they've received in providing clinical therapeutic services in Spanish.

Spanish Language Assessment. The Spanish Language Assessment was developed by Rogelio Serrano, Psy.D., a bilingual psychologist and faculty member in Pepperdine University's Aliento program, with assistance from other bilingual psychologists and faculty members from Pepperdine University. This pre-assessment of Spanish proficiency is given to first-year students in the program titled Master of Arts in Clinical Psychology with an emphasis in Marriage and Family Therapy with Latinas/os. The assessment includes a case vignette in Spanish, and questions about the vignette. It specifically assesses the student's oral language and written language proficiencies in Spanish. The Spanish proficiency rating scale on this measure was developed using the American Council Teaching of Foreign Languages Proficiency Guidelines (1999), which is an evaluation tool used in the assessment of foreign language for Spanish teachers. The evaluation of language aptitude is based on five levels of proficiency: (1) Distinguished; (2) Superior; (3) Advanced; (4) Intermediate; and (5) Novice; and proficiency is established through a continuum of: (1) Highly articulate; (2) Well-educated language user; and (3) Little to no functional ability to community in said language. An instructor from Aliento administers the scale and asks the questions at the end of scale to assess the student's linguistic aptitude.

Semi-structured interviews. The interview was semi-structured in order to allow for follow up questions dependent on the participants responses. The questions were open ended in order to encourage self-reflection, examples and feedback from participants. Participants were encouraged to review the Spanish Language

Assessment measure and fill out the demographic questionnaire prior to the scheduled interview. Additionally, participants were informed about the length of time for the interview (between 45-60 minutes), and that the interview was going to be audio-recorded in a private location (an office at the Pepperdine University West Los Angeles clinic or in my home when no one was present). The five open-ended interview questions were formulated based on a review of the literature (see Appendix G). The questions targeted participants understanding to cultural and linguistic competencies, as well as current methods of assessing these competencies. Additionally, interview questions extracted feedback specific feedback on the Spanish Language Assessment scale.

Data Management

The interviews were audio recorded on a digital recorder. Due to the interviews being over the phone, the conversation was conducted on a speaker of a cellular phone. To help protect the participants' confidentiality, no one else was present during the recording of the interviews. When the interviews were complete, all data was downloaded to my personal, locked computer and were kept in a file secured using encryption and a digital password. The interviews were then deleted from the digital recorder. I transcribed each interview in its entirety onto a Microsoft Word document. Each interview was secured with a digital password and will be maintained for five years, after which the interviews will be permanently deleted. I verified the transcript by listening to the interview a second time and reviewing the written material. The interviews were then analyzed using Microsoft Excel spreadsheets, which were also password protected.

Data Analysis

The data was downloaded into a Microsoft Word document for the purposes of analysis and I conducted the analysis in accordance to Braun and Clarke's (2006) approach to thematic analysis, which is composed of six phases of coding and theme development. The analysis primarily focused on the semantic meaning in the data. First (Phase 1), I transcribed the interviews, and read and reread the data to get an overview of the material and its content. Next (Phase 2), each response to the open ended questions were coded using its semantic content (e.g., the meaning of the actual words written), so that all the responses with similar content would be identified within the data set. The codes were then named after the semantic content in the responses, and the codes were structured into groups with their respective headlines, each describing the meaning of each group (Phase 3). Each code was also given an identification number representing the specific participant and a letter representing the response to the question. Then (Phase 4), the themes were generated using both the data set and the groups of codes (e.g., each group was tested against the actual content of the data set a number of times by returning to the data and rereading and reformulating the themes). Afterwards, the themes were assembled into core themes and subthemes when applicable (Phase 5). Writing this dissertation manuscript constituted the final phase (Phase 6) of analysis and involved selecting illustrative data extracts and the merging of theme definitions and other analytic notes into a clear analytic narrative.

Ethical Considerations

Participants for this study were asked to participate on a voluntary basis. Upon first contact with participants, I provided information on the purpose of the study and

their expected involvement, which included filling out an eligibility screener, demographic questionnaire, and participate in a phone interview that was audio-recorded. Additionally, I informed participants of my procedures to keep all study data private and confidential. Participants were informed that their names would not be used in this study. During the consent process, participants were informed of the limited risks to participating and the possibility that they might experience uncomfortable feelings when discussing their views on issues surrounding culture and clinical training. Furthermore, I informed participants that they might experience boredom or fatigue during the interview. In order to avoid any ethical challenges, I made it clear at the beginning of the interview that any topic too uncomfortable to discuss did not require elaboration, and they were allowed to take breaks as necessary to relieve fatigue. However, none of the participants reported uneasiness and none indicated that they required a break.

Before data collection began, the Institutional Review Board (IRB) at Pepperdine University was presented with and approved procedures of the study. The approval of the study can be found in Appendix H. I assured that I maintained the ethical standards of research posted by the American Psychological Association. The project was also be closely monitored by my dissertation chair Carrie Castañeda-Sound, Ph.D.

Results

Demographic Data

A questionnaire was used to collect demographic data on all participants. The information gathered included: gender, race and ethnicity, mental health degree, years in practice as licensed psychologists, primary and secondary languages, years working with Spanish-speaking clients and providing Spanish supervision to doctoral-level students. Additionally, participants were asked to describe their academic and/or clinical training in multicultural counseling and, specifically, providing therapeutic services in Spanish.

The demographic characteristics of the participants are outlined in Table 1. Pseudonyms were provided to the five interview subjects who participated in this study; one male and four females. The races as defined by the participants were Japanese, White, and Asian-American. The ethnicities were defined as Japanese/Mexican, Latina, Caucasian, Vietnamese-American, and Mexican-American. Three participants were born in the Unites States, one in Argentina and one in Mexico. The participants identified Spanish, Japanese, and English as their primary languages and secondary languages were English, Spanish, and American Sign Language.

Table 1

Demographic Information: Race, Ethnicity, Language

Pseudonyms	Race	Ethnicity	Primary Language(s)	Secondary Language(s)	Country of Origin
Steve	Japanese	Japanese/Mexican	Spanish, Japanese	English	Mexico
Jane	White	Latina	Spanish	English	Argentina
Nancy	White	Caucasian	English	Spanish/ASL	USA

(continued)

Pseudonyms	Race	Ethnicity	Primary Language(s)	Secondary Language(s)	Country of Origin
Jennifer	Asian America	Vietnamese-American	English	Spanish	USA
Lisa	White	Mexican-American	Spanish	English	USA

Additionally, information was gathered on the participants' clinical training and supervisory experience (see Table 2). The participants reported having either a Ph.D. or Psy.D.degree in clinical psychology. One participant indicated a specialized focus on child psychology. The years in practice as licensed clinical psychologists ranged from 2.5 to 8 years, and the number of years providing clinical services to Spanish-speaking populations ranged from 8 to 12 years. Lastly, the number of years specifically providing Spanish supervision to bilingual clinical psychology doctoral-level students ranged from 2 to 7 years. Furthermore, the participants briefly described any prior training specifically in multicultural counseling and in delivering therapeutic services in Spanish. In terms of previous multicultural counseling training, all but one participant mentioned course work on multiculturalism. Additionally, two described attending multicultural seminars during internship and post-doctoral fellowship. One participant described taking courses on multicultural psychology later into her career, as there was no specific type of training or coursework at the time that she was in her doctoral graduate program. With regards to specific training in providing services in Spanish, the majority discussed informal methods of training. Three participants mentioned having supervision led in Spanish by bilingual supervisors and attending seminars that were

facilitated in Spanish. One participant did not have any specific training to deliver Spanish clinical services.

Table 2

Clinical/Supervisory Experience

Pseudonyms	Degree/Specialization	Years In practice	Years Working with Spanish-speaking clients	Years Providing Spanish supervision
Steve	Ph.D. in Clinical Psychology, Child Focus	8	10	7
Jane	Ph.D. in Clinical Psychology	7	12	6
Nancy	Ph.D. in Clinical Psychology	4	8	2
Jennifer	Psy.D. in Clinical Psychology	4	10	2
Lisa	Psy.D. in Clinical Psychology	2.5	8	2

Thematic Findings

The findings, organized by the four areas that were the focus of the interview questions, are discussed below. The thematic analysis of the data-set revealed eight distinct core themes and eleven sub-themes. Table 3 summarizes the most salient themes and sub-themes that emerged from the analysis of the interviews.

Table 3

Themes and sub-themes in the data set

Themes	Sub-themes
Formal methods	Self-evaluations
	Case vignettes
Informal methods	Discussing cases/case conceptualization
	Observing trainees
Addressing cultural influences	Understanding context
Professional use of the language	Expected level of fluency to deliver mental health services
Spanish supervision	Training goals and professional development
Suggested changes	Vignette
	Open-ended questions
Benefits of using the measure	Standardized data
Drawback with using the measure	Missing important skills of the trainee

Methods of evaluating competencies. The first area explored in this study was the participants' experiences with evaluating the linguistic and cultural competencies of their doctoral level clinical psychology supervisees. The participants' responses to this question provide a context for the methods of assessing competencies, as well as means for assessing growth within these competencies throughout the training year. All participants discussed the importance of assessing these areas during the initial interview process to determine whether or not the student will be an appropriate candidate for the training site, as well as throughout the training year in order to assess

growth. Two themes emerged from this area: *formal methods* and *informal methods* of evaluation.

Theme I: Formal methods. According to Kaslow (2004), structured evaluation at mid-and end of clinical training provides summative feedback, meets requirements of training institutions, and serves as a mechanism to ensure the attainment of competence to an acceptable standard. All participants in the study highlighted the importance of having concrete data of skills and abilities within the areas of linguistic and cultural competencies during the evaluation process, but not all currently employ this type of method. Two participants believe that gathering this specific outcome data can be quite challenging due to it's difficulty to measure. In contrast, three participants provided information on their formal methods of evaluation, which included self-evaluations and utilizing Likert scales to rate several areas of competency during the discussion of a case vignette.

Self-evaluations. Two participants stated that self-evaluations were not used to specifically determine whether or not a trainee was going to be hired. Instead, this method of evaluation was used to get a better understanding and track level of comfort and confidence during the training year. Nancy shared that "as part of our bilingual seminar, bilingual supervisees will do a self evaluation that will look at how they have improved or in what areas they feel more comfortable with throughout the year." With regards to self-evaluations, Lisa's stated the following:

> Candidates are asked to rate themselves and then interviewers rate them and we see how those match up. So someone might be underscoring or over-scoring

themselves, but regardless, that gives us some information as to where you're at and where your confidence is at because maybe you are not really confident.

Case Vignettes. One participant stated that at her training site, they employ a Likert scale to rate the trainee's competence across a range of domains, including understanding of cultural factors affecting the client and ability to deliver services in Spanish. Lisa shared the following about ways in which Likert scales are used:

> For my agency, there is a Spanish clinical case that is given and you get rated across five different things when someone comes in saying 'I can speak Spanish.' You get a case vignette and then you get rated on five different things on a 5-point Likert scale. Things like grammar, fluidity, comprehension and understanding. So that is sort of a standardized thing that we do and that way we have some sense of where you're at. In terms of cultural competence, we give a case and there are some cultural things to be considered within that case and seeing if the candidate is going to touch on those different things.

Steve offered the following regarding his site's method of formal evaluation using case vignettes:

> We have a 3-month, 6-month, and-12 month formal evaluation, which is that we have that cultural section as far as competency goes. There are a few items there where as the supervisor I would rate where the trainee at the at the beginning of the year… then 3-months and at 6-months we will kind of check and see where they are at and essentially it goes directly into their file whether there is any change or growth in those areas.

Although all participants expressed the benefits of having formal methods of evaluation, not all currently employ these methods. It is important to take into consideration that at larger training sites, the director of clinical training might be the one to determine which methods of trainee evaluations will be utilized. Thus, perhaps supervisors utilize other methods of evaluation during the course of clinical training.

Theme II: Informal methods. A common thread repeated in the participants' method of evaluating cultural and linguistic competencies in their supervisees included informal methods of evaluation, such as case conceptualizations and/or conversations about cases, and observations through video recorded sessions. Many were in agreement that these informal methods of evaluating their supervisees are employed throughout the training year. Although there is no standardized data, these methods of qualitatively assessing competencies can also shed light into level of growth as the training year progresses.

Discussing cases and case conceptualization. A case formulation is a way of summarizing diverse information about a client in a brief, coherent manner for the purpose of better understanding and treatment of the client (Ingram, 2006). Discussing cases either during the interview process or during the course of the training year can provide rich information about how a trainee communicates the treatment plan along with a conceptual rationale and justification for the plan. All of the participants evaluate current skills and growth in their trainees through case presentations, case conceptualizations, or merely discussing the case in supervision. They all pointed out that this was the most effective method of understanding cultural competence in their

supervisees. Jennifer shared that she has “no real test” to give someone when assessing cultural and linguistic competencies:

> I see how open the supervisee is to learning and how curious they are in terms of when I ask for a case conceptualization. Maybe asking ‘how do you think this fits in’ or ‘what is the bigger picture’ or ‘how do you think this fits into systems,’ ‘what are some of the other factors that may be impacting the patient in terms of seeking services’ or other barriers like psychosocial barriers. I see if the supervisee if able to talk about some of this other stuff.

Additionally, all the participants encourage bilingual supervisees to have these discussions in Spanish as this can also serve as an informal method of assessing Spanish language proficiency. Although none of the participants endorsed utilizing this particular method to assess skills, Lisa shared:

> I’ve often heard when assessing language skills is to talk through the first session, but in Spanish so you kind of prompt for explaining confidentiality, you are prompting to provide psychoeducation about treatment, you are introducing yourself and I think that can be a good gauge as to what the supervisee is going to do once the client is in the room. Kind of talking through the first session.

Furthermore, she stated that she sees the growth in her supervisees as their ability to conceptualize and integrate clinical terms in Spanish develops overtime. Steve offered the following about case discussions with his supervisees:

> We talk about cases in Spanish to see where they’re at in terms of their fluency and then I’ll also respond to them and talk to them in Spanish to assess whether their receptive language skills are up to par.

Observing trainees. Participants discussed the importance of being able to observe their supervisees session with the client, as this can be beneficial in providing information on the supervisee's skills and abilities. All participants reported videotaping sessions are part of the requirements of the training year. Having the opportunity to watch sessions can provide the supervisor with information on what the supervisee is doing well, what areas they need to continue to develop, and essentially over time they can have qualitative data on the supervisee's growth. Jane shared, "At our clinic we review videos so I can see over the course of the year how they feel much more confident." Nancy also shared the following:

> I observe the supervisees in their interactions with clients whether it is on video that they are taking and showing, or being part of the session…through observation I see how fluid their conversation skills are and see them in their interactions with clients and their ability to express themselves and the clients understanding of what they are asking. Certainly more informally.

These considerations underscore the importance of having methods of assessing the areas of cultural competence and linguistic proficiency. Whether it is through formal or informal evaluation, supervisors and training sites should consider having some sort of evaluation to assess skills and growth over time. Furthermore, this information is important to share with the trainee, as it will assist with growth and overall confidence in delivering competent services.

Culture and language. The second area explored ideas about culture and language competence, which are considered to be equally important when delivering mental health services to Latino clients. Although language is one dimension of

understanding group norms and the client's values and expectations, Gomez and Biever (2006) found that language proficiency and cultural competence are two separate dimensions. Their findings were consistent with the results of this study and the two following themes emerged: addressing cultural factors and professional use of the language

Theme III: Addressing cultural factors. According to Arredondo et al. (1996), clinicians and agencies should incorporate multicultural counseling competencies into practice. These competencies include awareness and knowledge of the therapist's and client's cultural values and beliefs, experiences of discrimination, cultural history, and cultural identity, and how these factors impact treatment. Competencies also include developing skills to work with diverse populations effectively. All participants in the study stressed the importance of clinicians having the skills to identify cultural factors that are potential strengths or barriers to treatment. One participant in the study shared the following, "There are a lot of times that we have clinicians who are really focused on learning the mental health lingo and is [sic] not necessarily culturally aware." Furthermore, participants all commonly shared that they begin to evaluate these skills in students during the interview process, and that the evaluation process continues throughout the training year.

Understanding context. As previously mentioned in the literature review, cultural competence is a concept that allows a mental health professional to effectively operate in various cultural contexts. Context is considered to be integral in the therapeutic setting because if a clinician truly understands the background of a person, much more can be achieved.

Jennifer: Yes, everyone's story is going to be different, but knowing for instance social economic status, immigration status, historically what is going on, you know all that stuff and knowing where there might be certain barriers in terms of communication or seeking help.

Steve: It's not just linguistically but cultural awareness and just kind of thinking in terms of the patient's cultural experience and how that impacts their view…Inquiring how each patient's cultural experience and your own cultural experience and background really plays into all of this.

In addition, having context will help reduce assumptions and biases that can potentially be harmful to the therapeutic relationship. A number of participants identified that they are mindful of some of the biases that their trainees come in with, as well as their own.

Lisa: There is so much to learn and so much to go through that maybe you meet someone that might be strong in terms of the Latino culture, the Mexican Latino culture, but then when it comes to working with someone who is Honduran, there are all these other aspects of culture that are unknown or being unrecognized.

Steve shared that it is about "focusing on the unique and specific cultural factors of each patient" and not stereotyping. Lastly, participants considered cultural competence to be on a continuum and an ongoing process that can never be fully mastered. Lisa explained:

Understanding the lens of cultural competency includes so much from ethnicity, sexual orientation, to just staying culturally humble in terms of the wide ranges of area of diversity and how those intersect is an ongoing conversation to be had

> and I think that no one ceases to learn, but it is an ongoing process that continues to evolve.

Jane also addresses cultural humility:

> We understand it as a life long learning process, that is why we discuss that competency is not all that you need. You need cultural humility and being able to work on the intersectionalities of different identities.

Theme IV: Professional use of the language. Bilingual clinicians in almost all programs in the United States are trained to provide services in English and often find it difficult to translate concepts and terminology of the therapeutic process into Spanish (Castaño, Biever, González, & Anderson, 2007). In addition, they believe that proficiency is context dependent, which makes it difficult for English-trained clinicians to translate the concepts and therapeutic process into contexts of working with clients using a language other than English. Furthermore, it was suggested that conversational fluency in social or family settings may not adequately prepare clinicians to provide professional services in Spanish, especially when bilingual supervision is not available. The participants provided diverse views on the expected level of fluency with many suggesting that knowing how to translate the basic concepts of therapy and psychology are enough because most clients do not fully comprehend psychological jargon.

Expected level of fluency to deliver mental health services. Several of the participants discussed the importance of understanding the trainee's Spanish abilities in several areas, including receptive, expressive, written to determine how well they will be able to deliver mental health services in Spanish. Given the nature of Jane's training site (providing services specifically to monolingual Spanish-speaking clients), her

trainees are expected to have at least 60% fluency, as trainees need to be able to communicate with the clients. During the interview process, Jane stated that she specifically conducts the interview in Spanish because it will give her an idea as to whether or not the student will be considered for a position. Other participants shared the following:

> Lisa: I think that even if you are a native speaker, you might be very competent in speaking Spanish on a day to day basis, it does not necessarily translate into competence into being able to provide professional clinical services.
>
> Steve: One of the challenges is that we have oftentimes have clinicians who were fluent as far as speaking, but when it comes to reading they might have a bigger challenge or it is much harder for them. There is a disconnect between the reading, writing and speaking so I oftentimes see clinicians who speak it very well but then when it comes to sitting down and reading and writing, it's a whole different ordeal.
>
> Jennifer: I would not be looking for them to be conjugating everything correctly, it would be more along the lines of what is the overall messages that they're trying to get at and are they understanding what the patient is saying and also not saying.

Nancy believes that the ability to connect with a family is more important that using grammatically correct language, but ultimately came to the conclusion that it is equally important to have both cultural competence and linguistic proficiency.

Overall, these recommendations reflected the participant's sensitivity and awareness about culture and language dynamics and emphasized that these are two different constructs that need to be viewed independently.

Supervision. Based on scholarly literature, Spanish-speaking clinicians are often isolated and do not receive supervision around issues of linguistic or cultural competence or opportunities to practice new skills or consult with colleagues or supervisors in Spanish. Furthermore, the supervision of bilingual trainees may be different and more challenging than supervision of monolingual trainees, as a trainee may have a supervisor who does not speak Spanish, or the trainee's level of competency might be weaker than that of the clients.

Theme V: Spanish Supervision. As more bilingual clinicians are emerging in the field of psychology to provide clinical supervision, it has been recommended that bilingual supervisors be aware of the different needs of the bilingual trainee in order to provide appropriate support (Verdinelli & Biever, 2009). Ongoing supervision paired with regular feedback helps shape, consolidate, and enhance knowledge and clinical skills of trainees. In addition, the systematic monitoring of progress and evaluation of performing Spanish therapy are integral components of training, as the data can provide the supervisor with guidance on how to meet the unique needs of their trainees. In discussing supervision with their bilingual trainees, participants emphasized the significance of collaboratively developing training goals that will target linguistic and cultural competencies, monitoring progress towards goals and offering support for professional development.

Training goals and professional development. The training needs for bilingual students will vary according to their proficiency in Spanish. Biever et al. (2002) found that graduate students and practitioners who are heritage speakers often are hesitant to use Spanish in academic and professional settings because of lack of confidence in their Spanish fluency and embarrassment about speaking the language in the presence of more educated or proficient Spanish-speaker. Jennifer shared that, “limited confidence in speaking Spanish will hinder the trainees willingness to use the language, as they will often doubt their abilities.” As a result, participants shared there are some trainees that choose not to have a specific training goal that will target their Spanish clinical skills because they do not intend to use Spanish in session. Although the supervisor will encourage them to use the language, it is not expected for them to provide Spanish services. At Jane’s training site, providing Spanish services is required and students apply knowing that this is expected. In contrast, those trainees who come in with the intention of providing such services will have targeted goals to assist in their growth during the training year. Steve offered the following:

> I have trainees that its specifically part of their goals or if they are providing services in Spanish I will throw that in there kind of in the note section of like you know “this person is working on developing more language skills and being able to provide therapy in Spanish to our patients.” Or if it’s someone that is completely fluent but they want to get more experience on the clinical side of it we will put that on the form saying these are the specific goals that we are working on and essentially that will get reviewed on those three points of evaluation.

Participants take a much different approach to targeting training goals for cultural competence, as this is an area that is mandated by APA standards. Similar to language goals, some participants shared that they have supervisees that come in with a specific goal on enhancing their cultural competence, while there are others who do not have this specific goal in mind when beginning their training. Participants said that they are transparent with the supervisees and inform them of the various areas of competencies that they will be evaluated on. Lisa made a good point of differentiating the difference between training goals and clinical needs of clients, and sharing this information with her supervisees. She stated:

> As a supervisor you are looking at training goals and clinical needs. Sometimes those things align very well and sometimes they don't align. I think ultimately as a supervisor you have to be doing what is best for the client and if the supervisee is doing what's culturally competent.

One of strongest recommendations made by Castaño et al. (2007) was the need for more formalized training for those who provide bilingual services. Their findings provide useful training methods such as daily practice of the language and actively seeking opportunities for developing conversational proficiency. This aligns with some of the suggestions that participants reported making to their supervisees. Taking into consideration the supervisees' proficiency with reading in Spanish, various participants reported recommending resources in Spanish such as books and research articles. Additionally, two participants often recommend that their supervisees watch videos in Spanish. Furthermore, Lisa stated, "I encourage my supervisees to write in Spanish,

whether it is a letter to a client or and email to me. To really immerse yourself more with the language."

A few participants described that their training sites provide seminars or didactics in which mental health terms in Spanish are discussed, in order to enhance the clinical training for bilingual trainees. Jane shared, "throughout the course of the year, we do a lot of training. We work on studying cultural sensitivity, cultural competence, and intersectionality. We read articles and watch videos besides just doing the clinical supervision of cases." Further elements of professional growth were found when trainees were taking the lead on Spanish cases and utilizing phone interpreters less.

Overall, it appears that participants are sensitive to the training needs of their supervisees and tend take a collaborative approach when developing goals. Jane's training site was the only one with clear expectations of providing culturally congruent Spanish services, and students are aware of this before they apply to the site. While many of the suggested opportunities (e.g., Spanish supervision, writing in Spanish, watching videos, etc.) to enhance Spanish skills are embedded in the training, these continue to be only suggestions made to trainees; therefore, there is not an expectation for them to follow through unless it is part of a didactic.

Spanish Language Assessment measure. As previously mentioned, the Spanish Language Assessment an assessment of Spanish proficiency that is given to first year students in the program titled Master of Arts in Clinical Psychology with an emphasis in Marriage and Family Therapy with Latinas/os. The assessment includes a case vignette in Spanish, and questions about the vignette, specifically assessing oral language and written language proficiencies in Spanish.

Theme VI: Suggested changes. Overall, the majority of participants found the Spanish Language Assessment measure to be a useful tool to assist with evaluating Spanish language proficiency. Some participants made suggestions for changes on the vignette and the types of questions to be asked regarding the vignette.

Vignette. All participants shared that they appreciated that the vignette was not very long, and it provided enough detail for a case discussion. Two participants provided recommendations to improve the vignette. In order to improve sentence structure, one recommendation was to start the vignette with identifying a person. The following examples were offered, “Usted trabaja como consejero…” or “Juan Perez trabaja como consejero…” This participant also recommended that the sentence structure of question #8 be changes: “If you say formalice you are treating the person as usted, and if you’re saying provee then that is not usted. If you say formalice y provea, that is the way that you say in Spanish, not provee.” Additionally, there was concern about the term *abarrotes* as it is too specific to the country of Mexico and not commonly used in South America. The recommendation was to use the term *tienda* instead, as it can eliminate confusion for those who are not familiar with abarrotes. One last recommendation with regards to the vignette is that it may need to be changed if one is planning to use the measure to evaluate the trainees throughout the year.

Open-ended questions. Similar to the vignette, the majority of participants liked that the questions on the measure are simple and straightforward.

> Jane: I think the questions are pretty good because they are simple and not super confusing. I know that students get super nervous when they’re going to interviews so it is important that it is clear and to the point.

> Nancy: I like the way that it is asking a lot of questions about not only the presenting client, but also getting at ethical issues and other important cultural factors.

One participant suggested having more open-ended questions in order to provoke thought during the evaluation and have a better "gauge as to their skills." For question #7, Lisa offered the following:

> I think that it can be phrased in a more open ended. For example, 'Por favor de explicar como trataría a este niño,' or, 'Qué tipo de tratamiento recomendaría para este niño,' or 'Cómo trabajaría usted clínicamente con este niño?'

Theme VII: Benefits of using the measure. When discussing the benefits of incorporating the Spanish Language Assessment into training, all participants highlighted that this measure would provide standardized data.

Standardized data. Several of the participants acknowledged that having a structured method of assessing language proficiency and cultural competence would provide more concrete information about the skills of their trainees overtime. Lisa stated:

> Some of the benefits are that you can track progress over time. You are able to measure change over time, you'd be able to give more concrete feedback and hopefully there is improvement and so the supervisee can walk out feeling more confident because sometimes I feel that there is a lack of confidence because there is a lack of measure. Concrete evidence of progress can be helpful.

Jennifer offered the following:

> I can see the benefit and that it is standardized and you are going to be giving it across the board and you can kind of see which questions are easier and who gets what correct. Anything that is standardized is always helpful to gather data so that you can see how people to across the board.

Lastly, Jane stated, “I think it will standardize a little better the interview process…it will help me see who will require extra support. I can also separate supervision groups depending on level of fluency.”

Theme VIII: Drawback with using the measure. Although all participants expressed benefits of utilizing the Spanish Language Assessment measure and having interest in using it with their trainees, there was the common concern that the measure itself cannot be the only thing used to evaluate competencies. They pointed out that evaluations that are heavily assessment based tend to be anxiety provoking, thus not accurately reflecting the trainees’ true abilities.

Missing important trainee skills. Lisa made an important point when discussing some of the drawbacks in utilizing the measure. She stated:

> There are some people that can really excel with this kind of stuff but when they are more personally in the room with the client they do very poorly. And the flipside can happen when someone does very awful when you are sitting down and you are being formally evaluated, you get very nervous, but then you are amazing in the room with the client. I think this information, what the purpose for it is should be carefully considered, because using a measure like this can really rule out a lot a great people potentially. I think it should not be the only way to just use this measure.

Two participants discussed concerns about student's ability to retain verbal information if a copy of the vignette was not handed to them to review. They both believe that orally presented information will increase anxiety therefore affecting the ability to recall information. Thus, this can negatively impact performance. Although the recommendation does not necessarily apply to this specific measure, as the copy of the answer sheet contains the vignette, it is still something important to keep in mind.

All participants openly offered their views on the Spanish Language Assessment measure. They all pointed out the benefit of utilizing a measure such as this, while some participants offered some possible disadvantages. These recommendations will be taken into consideration when the measure is modified.

Discussion

The focus of this study was to explore the perceptions of linguistic and cultural competence among bilingual clinical psychologists, as well as to investigate what they believe is needed to properly assess these competencies. Furthermore, my interest lay in the participants' own training in addressing multicultural issues, as well as training to deliver clinical services in Spanish. This qualitative study, comprised of interviews with five bilingual clinical psychologists, also sought to gain feedback on the Spanish Language Assessment measure in order to make appropriate modifications. Overall, the participants offered rich accounts of their diverse experiences during their academic and clinical training; they offered information on methods of assessing competency and growth in students; they provided anecdotes from their supervision with trainees; and they offered several suggestions on improving the Spanish Language Assessment. The findings are discussed in relation to the literature on multicultural counseling specific to: cultural competency, delivering mental health services in Spanish, and methods of assessing competencies in the areas of culture and language, in particular with doctoral level clinical psychology students.

The results revealed that all of the participants were aware of the significance of evaluating the cultural and linguistic competencies in their trainees. The main findings within methods of evaluation included formal and informal methods of assessing these two specific areas of competencies. These themes and subthemes were named based on the terminology that the participants used when discussing this topic. Participants expressed that having both formal (assessment measure) and informal (observation or case discussions) methods of evaluating will provide much more information on the

trainees current skills, strengths, areas of need, growth and ability to apply knowledge. Although all participants stressed its importance, not all currently employ both of these methods. Furthermore, it is important to highlight that informal methods of evaluation appears to be the most commonly used way of measure outcomes, as it provides the participant a better picture of the students skills and abilities. Interestingly, participants used case discussion and case conceptualization interchangeably. Furthermore, based on prior experience interviewing for training sites, I have found that several of these informal methods of evaluation are actually part of the standard initial evaluation. It is quite common for training sites to discuss prior cases or to conceptualize a case utilizing a vignette. It appears to me that participants have distinguished between these forms of assessment based on whether or not other outcome scales of assessment are being used. Specifically, participants identified self-evaluations and targeted questions regarding case vignettes as formal methods solely due to the fact that a rating system is being used during the interview. Additionally, participants highlighted their limited training in providing Spanish mental health services, thus raising the question as to how they have come to determine what is an appropriate method of evaluating these particular competencies.

The results also showed that culture and language are two constructs that need to be addressed separately throughout training, as linguistic proficiency does not necessarily equate to cultural competence. This finding is in line with the research on cultural competence. In order to incorporate multicultural counseling competencies into practice, as suggested by Arredondo et al. (1996), the participants stated that they often engage in open discussions with their trainees about the diverse cultural factors that are

relevant to each case. Participants shared that they have a better understanding of cultural competence when they are able to have case discussions with their supervisees. With regards to delivering mental health services in Spanish, the findings in the literature suggest that it is important for the clinician to be proficient not only in the conversational Spanish, but also in being able to translate important psychological concepts to clients (Castaño et al., 2007). Some of the findings in this study are inconsistent with the literature in that participants do not believe that it is imperative for the trainee to know the psychological terminology in Spanish, and they place more emphasis on the trainee's ability to understand, communicate and connect with the client. Only one participant emphasized the importance for applicants to have Spanish proficiency and be able to connect with Latino clients. I agree that establishing a good therapeutic relationship with the client is valuable, but I wonder if lacking proficiency in Spanish psychological terminology can potentially hinder this relationship considering that clients are seeking our expertise in this area. Notably, there is the expectation for people to know the psychological terminology in English as they go through a clinical psychological doctoral program, as this will assist in providing appropriate clinical services. Thus, I am in agreement with Castaño et al. (2007), and believe that those individuals delivering mental health services in Spanish should be held to the same standards as those providing services in English. It is important to consider that the location or type of practice can potentially impact perceptions in this area. For instance, the majority of the participants provide services at community mental health agencies, which can typically have extremely long client waitlists; therefore, high Spanish proficiency is not as valuable as a minimal level of proficiency. Moreover, it is important

to take into account that many training sites, even those heavily populated with Latino clients, do not have the adequate resources to properly train their bilingual trainees. As a result, many trainees are developing these clinical linguistic skills on their own, which is something that will take time.

Although the use of dual languages increases the complexity of supervising services in Spanish, many emerging bilingual psychologists are attempting to meet the APA requirements of providing culturally competent mental health services, even when they've had minimal training in languages other than English. In terms of the findings regarding supervision, all participants reported that they provide Spanish supervision to their trainees throughout the training year. Many of the participants identified having minimal training in providing culturally competent Spanish mental health services during their academic training. This can potentially pose a problem to offering appropriate Spanish supervision to bilingual trainees, as they might not be fully aware on how to offer this support. As a student, I appreciate when a supervisor can provide supervision in Spanish because it assists in building my skills in delivering Spanish mental health services. Also, I appreciate when the supervisor is transparent with regards to their own training in Spanish supervision because this can determine which areas the supervisor can assist in and which areas of training will require outside consultation. It will be important for supervisors with no background training in these areas to look to the literature for assistance and consult with experts in the field of bilingual supervision. Moreover, in order to develop professional growth in their bilingual supervisees, all participants stated that they encourage discussions in Spanish and assist trainees in developing training goals that will target growth in the areas of linguistic proficiency and

cultural competence. Additionally, participants assist with professional development by providing their trainees with resources to meet the needs of their Spanish-speaking clients. Only two participants discussed having Spanish seminars or didactics as part of the clinical training, while the remaining participants target goals in individual supervision. It appeared that having the various methods of evaluation assisted the supervisor in developing targeted goals for the trainee. Goals are developed collaboratively between the supervisor and supervisee to meet the needs of the trainee. In terms of specific training to deliver culturally congruent Spanish services, these findings are consistent with the literature (Castaño et al., 2007; Verdinelli & Biever, 2009) in that clinical training programs lack the appropriate training to assist their trainees in delivering culturally and linguistically competent services. Based on the data, it appears that these participants are taking the necessary steps to assist in developing these competencies in their supervisees, even when they don't have the adequate resources to do so.

Lastly, the results of the current study showed that the Spanish Language Assessment measures appears to be an appropriate tool to use during initial interviews to evaluate doctoral-level clinical psychology students. In addition, the data suggests that this can also be an appropriate tool to utilize throughout the training. A few recommendations were suggested by participants in order to enhance the measure, such as making some changes to sentence structure and being able to present it in various modalities (oral and on paper). While few participants evaluate writing abilities in their trainees, several discussed its importance especially when documents have to be written for clients. Additionally, in order to have a deeper understanding of linguistic

proficiency and cultural competence, more open-ended questions were suggested as these can lead to more in-depth discussions. Furthermore, these open-ended questions will also incorporate the suggested methods of evaluation discussed earlier. One thing to keep in mind with using measures during the evaluation process is that that it can be quite anxiety provoking for the person having to answer the questions. An element in the measure that was not addressed in depth by participants was the expected Spanish reading proficiency. Spanish linguistic abilities were the primary focus of the study, but it is important to consider reading fluency, as this can impact outcomes, especially if the vignette will not be presented orally.

Strengths and Limitations

As discussed in the literature review, there is minimal research focusing on the methods in which academic and clinical programs train and evaluate the language proficiency and cultural competence of students providing clinical services in other languages. Due to the increased Latino populations in the United States, the demand for Spanish-speaking mental health providers has increased. Yet, few mental health professionals have the professional training and linguistic proficiency to competently provide services to monolingual and/or bilingual clients; thus, creating a significant barrier for appropriate services to these individuals. This study offers the perspective of five bilingual psychologists who are currently providing clinical supervision to bilingual doctoral students. This choice of participants allows for a rich understanding of their perceptions about training bilingual students to provide services in Spanish, as well as how they evaluate skills and abilities. Additionally, given their expertise in providing Spanish services themselves, their feedback was sought in order to make changes to

an assessment measure that was created to evaluate Spanish proficiency. Utilizing a qualitative, semi-structure interview allowed participants to discuss the topic and share their recommendations on improving bilingual services. Furthermore, the participants were from various racial and ethnic backgrounds, which provided a rich account from diverse individuals. Another strength of this study is that I, the researcher, am a Latina bilingual clinical psychology student who is familiar with the benefits and challenges of providing clinical services in Spanish. This allowed me to have in depth discussions with the participants about training and evaluation, both in English and Spanish.

Throughout the process of this study, I made efforts to remain neutral and to acknowledge the differences between the participants and I, such as the fact I am still a student and that my level of Spanish was, at times, more proficient than some of the participants. Due to these differences, I kept in mind that I do not know what it is like to be a supervising psychologist and evaluate students. Therefore, this allowed me to keep an open mind and be curious about their experiences and perspectives. Taking into account my strong interest in this area of research, I was well aware that approaching this topic based on my prior experiences; hence, I made efforts to manage my biases and enhance the trustworthiness of the results by journaling, not making assumptions during interviews, and consulting with my advisor.

The current study has several methodological limitations that should be considered. First, despite the appropriate number of participants for this qualitative analysis and the research question being accurately addressed, a higher number of participants would have been beneficial to gather even more detailed data. In addition, this study was conducted in California; therefore, a larger national sample would have

yielded different outcomes. Furthermore, in order to accommodate the participant's busy schedules, I opted to conduct phone interviews, which may have impacted the rapport with participants. In is important to highlight that being bilingual was part of the inclusion criteria for the study, but the notion of trying to meet this criteria is quite ambiguous and subjective, so I relied on participants' self-report. This is a challenge that I was attempting to address with my study, but further research is needed. Despite this drawback, the participants answered all the questions presented and elaborated to the best of their abilities. Moreover, qualitative research brings with it the risk that the researcher may interpret data according to their subjective perspective and that others looking at the same data may reach different conclusions. However, I was cognizant of and tried to comply with the indictors of a good quality thematic analysis, and methodological issues and difficulties were discussed with my dissertation chair. Additionally, by providing information on the recruitment of participants, the process of data analysis, and researcher assumptions and biases, greater transparency was achieved, thus enhancing its credibility.

Recommendations for Future Research

The current study focused on linguistic and cultural competencies of doctoral level clinical psychology students. The findings of this study contribute towards the advancement for future research examining the methods in which supervisors can evaluate the language abilities of their bilingual students. This study also emphasizes the importance of academic and clinical training programs to provide appropriate training in delivering therapeutic services in languages other than English. Furthermore, this study serves as a first step towards modifying the Spanish Language Assessment

in order to evaluate for both cultural competence and Spanish proficiency. Due to the nature of the study, the participants were chosen because they met the criteria that would make them ideal to participate. It would be interesting to see this study replicated to include all those involved in the clinical training of students providing therapy services in Spanish. Additionally, it is important to take into consideration that this study was designed to gather information to make appropriate modifications to the Spanish Language Assessment measure. This investigation was not designed to examine the validity of the measure, but it will be an area to further explore in the future. Although this particular study focused on the training and assessment of doctoral-level clinical psychology students, it will be important for future studies to include all professionals delivering mental health services in various languages.

Implications for Training and Clinical Practice

The issue of linguistically appropriate services is important to those who provide services in Spanish. Mental health providers must receive training and support to provide culturally and linguistically appropriate services (Verdinelli & Biever, 2009). Many graduate training programs have begun to incorporate issues of diversity and culture into their curricula; however, there are very few clinical psychology doctoral programs that provide an in-depth focus on Latino issues to prepare students to work with this growing and diverse population. I strongly believe that there is a great need for educational and training programs that teach about culturally appropriate practices for Latinos, including training on providing therapeutic services in Spanish. The Chadwick Center for Children and Families in San Diego made several recommendations on methods in which academic and training programs can enhance mental health clinical

training of clinicians providing bilingual services to the Latino communities. Listed below are recommendations based on suggestions from the Chadwick Center, the review of the literature, and the results of the study to help move towards culturally competent and linguistically proficient clinicians:

- Academic programs should incorporate culture-specific curricula, such as Latino/Hispanic psychology, theories of multicultural counseling, Spanish language class for mental health providers, and translating and applying psychological theories and interventions into Spanish. Additionally, more schools should also offer the opportunity to earn a certificate in bilingual mental health services, and develop standards for bilingual certification.
- Students should receive training in bilingual settings with culturally competent supervision and be offered opportunities to practice providing services in Spanish and receiving bilingual supervision incorporating cultural issues.
- Training institutions should utilize instruments to assess both cultural competency and linguistic proficiency to help identify strengths and areas of needed growth.
- Increase opportunities for bilingual providers to participate in supervision/consultation in Spanish to increase support networks for bilingual providers.

Currently, there are no measures of competency for delivering mental health services in Spanish. Until the standards of practice are developed, it will be necessary for supervisors to evaluate the language and cultural competence of bilingual trainees. Supervisors should be aware of the complexity of delivering services in Spanish and the

implications created when someone does not have a professional level of Spanish proficiency.

In closing, it is hoped that the findings of this study extend the reader's thinking about the need to enhance training for bilingual students wishing to provide mental health services in a language other than English. The findings also highlight the importance of clinical training sites to have various methods of evaluating the linguistic and cultural competencies of their trainees, as outcomes can be useful in developing targeted training goals. Furthermore, having these methods of evaluation will provide the student with data on their skills before, during, and after the training year that will only be beneficial for their continued growth.

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APPENDIX A

Extended Literature Review Table

Study Authors & Year	Title	Major Findings
Aguirre, C., Bermúdez, J., Parra Cardona, J., Zamora, J., & Reyes, N. (2005).	The process of integrating language, context, and meaning.	The primary goal of the chapter was to illuminate some of the struggles in trying to explore how clinical training has influenced cultural and professional identities.
Ali, R.K. (2004).	Bilingualism and systemic psychotherapy: Some formulations and explorations.	A case is made for the exploration of meanings of difference including the lingua-cultural one. The author ends with a plea to start including more specific cultural issues such as bilingualism in systemic therapy practice.
Altarriba, J., & Santiago-Rivera, A.L. (1994).	Current perspectives on using linguistic and cultural factors in counseling the Hispanic client.	The review of the literature examined the role of language and culture in the mental health treatment of Hispanic clients. Several innovative approaches including the use of *dichos* and *cuento* therapy are described that incorporate linguistic and cultural traits in treatment. The article proposed that the assessment of such factors as language proficiency, level of acculturation, and the degree to which cultural expressions represent symptomatology should be considered in the development of an effective treatment plan. The process of acculturation is presented as a critical dimension influencing language, cultural beliefs, and

		mental health. Recommendations were made for future research on issues relating to the use of language switching and language mixing in therapy.
Altarriba, J., & Isurin, L. (2012).	Memory, language, and bilingualism: Theoretical and applied approaches.	This volume provided an integrated theoretical/real-world approach to second language learning, use and processing from a cognitive perspective. A strong international and interdisciplinary team of contributors presented the results of various explorations into bilingual language processing, from recent advances in studies on bilingual memory to studies on the role of the brain in language processing and language forgetting. This is a

		strong combination of theoretical/overview contributions and accounts of novel, original, empirical studies which will educate readers on the relationship between theory, cognitive experimentation and data and their role in understanding language learning and practice.
Arnett, J. J. (2008).	The neglected 95%: Why American psychology needs to become less American.	The result is an understanding of psychology that is incomplete and does not adequately represent humanity.
Arredondo, P. (1998).	Integrating multicultural counseling competencies and universal helping conditions in culture-specific contexts.	More articles on multiculturalism are being reported in journals.
Arredondo, P., & Toporek, R. (2004).	Multicultural Counseling Competencies = Ethical Practice.	The adoption of the Competencies is indicative of ethical and culturally responsive practices. Historical marginalization based on ethnic, racial, cultural, and socioeconomic differences and scientific racism have adversely affected the mental health professions and clients deserving of services. A rationale for the adoption of the Competencies is articulated based on existing research and examples of application of the Competencies. Rebuttals are made to criticisms about the Competencies by Weinrach

		and Thomas (2002). Viewing the Competencies as a living document indicates their future evolution as a set of culturally universal and culturally relative guidelines for the mental health professions.
Arredondo, P., Rosen, D. C., Rice, T., Perez, P., & Tovar-Gamero, Z. G. (2005).	Multicultural counseling: A 10-Year content analysis of the journal of counseling & development.	Findings indicate that there has been an increase of multicultural-focused publications since 1990 and that publications are more exploratory and developmental rather than pathology-oriented.
Arredondo, P., Gallardo-Cooper, M., Delgado-Romero, E. A., & Zapata, A. L. (2014).	Culturally responsive counseling with Latinas/os.	This book provides culture-centered assessment and intervention strategies for effective clinical practice with Latina/o individuals and families. Mental health professionals will gain new and expanded cultural competence as they learn to sensitively and ethically integrate Latino values into their work. Throughout the text, case scenarios illustrate ways to work successfully with clients of all ages. A sample culture-centered clinical interview is included, along with a listing of Latino-specific mental health resources. Topics discussed include roles, relationships, and expectations in Latino families; cultural and bicultural values; gender role socialization; generational differences; identity and

		acculturation issues; educational values and achievement; Latinas/os in the workforce; and religious beliefs and practices.
Barrera, M., & Castro, F. G. (2006).	A heuristic framework for the cultural adaptation interventions.	Lau's (2006) analysis brought considerable clarity to these questions. We place Lau's insights and those of others within an elaborated framework that proposes tests of three types of cultural equivalence to determine when evidence-based treatments might merit adaptations: equivalence of (a) engagement, (b) action theory, and (c) conceptual theory. Extrapolating from Lau's examples and recommendations of others, we describe a sequence for developing adaptations that consists of the following phases: (a) information gathering, (b) preliminary adaptation design, (c) preliminary adaptation tests, and (d) adaptation refinement.
Biever J. L., Castaño M. T., de las Fuentes C., González C., Servín-López S., Sprowls C., Tripp C. G. (2002).	The role of language in training psychologists to work with Hispanic clients.	Literature regarding the importance of the Spanish language in providing service to Hispanic clients was reviewed. It was argued that services to Spanish-speaking clients are frequently inadequate because of the lack of training in the use of Spanish in professional settings. A model for training

		psychologists to provide psychological services in Spanish was presented along with recommendations for practitioners who are struggling with the dilemma of providing services in a language other than that of their professional training.
Boroditsky, L. (2001).	Does Language Shape Thought?: Mandarin and English Speakers' Conceptions of Time.	This study looked to see if the language you speak affect how you think about the world. This question is taken up in three experiments. It concluded that language is a powerful tool in shaping thought about abstract domains and one's native language plays an important role in shaping habitual thought (e.g., how one tends to think about time) but does not entirely determine one's thinking in the strong Whorfian sense.
Braun, V., & Clarke, V. (2006).	Using thematic analysis in psychology.	Thematic analysis is a poorly demarcated, rarely acknowledged, yet widely used qualitative analytic method within psychology. In this paper argued that TA offers an accessible and theoretically flexible approach to analyzing qualitative data. Clear guidelines where provided to those wanting to start thematic analysis, or conduct it in a more deliberate and rigorous way, and

		consider potential pitfalls in conducting thematic analysis.
Braun, V., & Clarke, V. (2013).	Successful qualitative research: A practical guide for beginners.	This practical guide demystifies the qualitative research process. It is the kind of guide that not only *says* how to do it but that actually *shows* how to do it, with a myriad of real, reproduced examples, useful tables, boxes, chapter summaries, questions for discussion, exercises and lists of resources including references to a companion website with even more guidance and examples.
Brecht, R. D. & Ingold, C. W. (1998).	Tapping a national resource: heritage languages in the United States.	This book discusses the various languages in the United Stated, how language develops and resources available.
Burck, C. (2004).	Living in several languages: Implications for therapy.	This research was based on qualitative analysis of subjective experiences of living in more than one language, using a combined grounded theory and discursive approach, which raises significant issues for therapy. The paper argues for the importance of taking into account the differences languages bring for individuals, particularly in the context of colonialism and racism. Asking about families' experiences of their languages is a fruitful way to explore cultural meanings.

		Multilingualism is a resource for mental flexibility and creativity, but there are challenges in enabling living with its multiplicities.
Castaño, M. T., Biever, J. L., González, C. G., & Anderson, K. B. (2007).	Challenges of providing mental health services in Spanish.	This study examined the service delivery experiences of Spanish-speaking mental health providers by exploring their perceptions regarding their competence and training. Data showed that more than half of the participants reported that they had concerns. Implications for training were highlighted.
Chambless, D.L. & Ollendick T.H. (2001).	Empirically supported psychological interventions: Controversies and evidence.	Efforts to increase the practice of evidence-based psychotherapy in the United States have led to the formation of task forces to define, identify, and disseminate information about empirically supported psychological interventions. The work of several such task forces and other groups reviewing empirically supported treatments (ESTs) in the United States, United Kingdom, and elsewhere is summarized here, along with the lists of treatments that have been identified as ESTs. Also reviewed is the controversy surrounding EST identification and dissemination, including concerns about research methodology, external validity,

		and utility of EST research, as well as the reliability and transparency of the EST review process.
Comas-Díaz, L., & American Psychological Association. (2012).	Multicultural care: A clinician's guide to cultural competence.	A comprehensive, practical approach for enhancing one's understanding of clients' contexts, developing a multicultural therapeutic relationship, and adapting your healing approach to your clients' needs. Each chapter demonstrates the application of cultural competence to a different aspect of clinical practice: self-awareness, assessment, engagement, treatment, psychopharmacology and testing, folk healing, and general multicultural consciousness.
Connolly, A. (2002).	To speak in tongues: Language, diversity and psychoanalysis.	The author examined the problem of 'analytical listening,' and turned to the problem of bilingualism and its role in analysis. In her view, bilingual analysts are facilitated in their task of listening and of translation, because bilingualism facilitates the rapidity and fluidity of the analyst's associations, and at the same time sharpens his or her awareness of how the sound of a word can subtly change its meaning. The study ends with a clinical vignette which illustrates the role that

		language can play in hysteria.
Costantino, G., Malgady, R. G., & Primavera, L. H. (2009).	Congruence between culturally competent treatment and cultural needs of older Latinos.	Results indicated that cultural congruence predicted treatment outcomes independent of treatment and evidenced moderator effects with respect to depression, suicidality, anxiety and physical health criteria.
Creswell J. W. (2007).	Qualitative inquiry and research design: Choosing among five traditions.	This book explores the philosophical underpinnings, history and key elements of five qualitative inquiry traditions: biography, phenomenology, grounded theory, ethnography and case study.
Crowe, M., Inder, M., & Porter, R. (2015).	Conducting qualitative research in mental health: Thematic analysis and content analyses.	The objective of this paper is to describe two methods of qualitative analysis - thematic analysis and content analysis - and to examine their use in a mental health context. The illustration of the processes highlights the different outcomes from the same set of data. Thematic and content analyses are qualitative methods that serve different research purposes. Thematic analysis provides an interpretation of participants' meanings, while content analysis is a direct representation of participants' responses. These methods provide two ways of understanding meanings and experiences and provide important knowledge in a

		mental health context.
Cummings, J. (2000)	Putting language proficiency in its place: Responding to critiques of the conversational/academic language distinction.	This article highlighted how language proficiency relates to academic achievement and stressed it's importance in educational development of bilingual and trilingual children. It turned to the differences between BICS and CALP.
Daly, E. J. I. I. I., Doll, B., Schulte, A. C., & Fenning, P. (2011).	The Competencies Initiative in American Professional Psychology: Implications for School Psychology Preparation.	The purpose of this article is to explain the current competency initiative in professional psychology and examine its implications and potential impact on graduate training in school psychology. A brief overview of competency-based training and the current competencies initiative in psychology is presented. Specifically, the empirical and consequential bases for existing assessment methods are examined. In spite of current pressure by accrediting agencies to implement a competency-based training model, based on the challenges examined in this article, significant work remains if school psychology trainers want to assure that competency-based training is done well.
D'Andrea, M., Daniels, J., & Heck, R. (1991).	Evaluating the impact of multicultural counseling training.	This article reports on the results of a series of investigations designed to assess the impact of a

		comprehensive multicultural training model among different groups of graduate students.
Dickson, G.L. & Jepsen, D.A. (2007).	Multicultural training experiences as predictors of multicultural competencies	The authors surveyed a national sample of master's-level counseling students regarding their multicultural training experiences and their multicultural counseling competencies. A series of hierarchical regression models tested the prediction of inventoried competencies from measures of selected training experiences: (a) program cultural ambience or learning environment, (b) multicultural instructional strategies, and (c) multicultural clinical experiences. Perceptions of program cultural ambience or learning environment predicted all multicultural competencies: knowledge, skills, awareness, and relationship. Additional findings support the importance of clinical training experiences in the context of effective multicultural training.
DiCicco-Bloom, B., & Crabtree, B.F. (2006).	The qualitative research interview.	The article reviewed the more common qualitative interview methods and then focused on the widely used individual face-to-face in depth interview. Authors discuss methods for conducting in depth interviews and consider relevant ethical issues with particular regard to the rights and protection of the

		participants.
Doutrich, D., & Storey, M. (2004)	Education and practice: dynamic partners for improving cultural competence in public health.	This article reports on a collaborative project linking Washington State University College of Nursing Vancouver and Southwest Washington Health District. Designed to improve the cultural competence and public health skills of registered nurses who are baccalaureate student nurses, quantitative and qualitative evaluative analyses were used to document and describe themes and strategies.
Dunaway, K.E., Morrow, J.A., & Porter, B.E. (2012).	Development of Validation of the Cultural Competence of Program Evaluators (CCPE) Self-Report Scale.	The authors were attempting to validate a self-report scale they developed named the Cultural Competence of Program Evaluators (CCPE) self-report scale, and also to assess differences in cultural competence among program evaluators based on various demographic variables. The data analysis revealed the following: three factors of the CCPE which were cultural knowledge, cultural skills, and cultural awareness. The CCPE alpha was .88, and convergent validity was established based on significant positive correlations between the CCPE and the Multicultural Counseling Inventory. Results indicated that cultural competency training was related to higher scores on the

		CCPE, and cultural competency training was a significant predictor of scores on the CCPE.
Eva, K. & Regehr, G. (2011).	Exploring the divergence between self-assessment and self-monitoring.	This paper reports on a pair of studies that examine the relationship between self-assessment (a global judgment of one's ability in a particular domain) and self-monitoring (a moment-by-moment awareness of the likelihood that one maintains the skill/knowledge to act in a particular situation). These studies reveal that, despite poor correlations between performance and "self-assessments" (consistent with what is typically seen in the self-assessment literature), participant performance was strongly related to several measures of "self-monitoring" including: the decision to answer or defer responding to a question, the amount of time required to make that decision to answer or defer, and the confidence expressed in an answer when provided. This apparent divergence between poor overall self-assessment and effective self-monitoring is considered in terms of how the findings might inform our understanding of the cognitive mechanisms yielding both self-monitoring judgments and self-assessments and how that

		understanding might be used to better direct education and learning efforts.
Falender, C. A., Shafranske, E. P., Falicov, C. J., & American Psychological Association. (2014).	Multiculturalism and Diversity in Clinical Supervision: A Competency-Based Approach.	This book provides enhancement of the clinical training literature by describing key elements involved in attending to multicultural and sociopolitical differences between supervisors and supervisees, and between supervisees and their clients.
Falicov, C. J., & Regeser, L. S. (2000).	Latino Families in Therapy: A Guide to Multicultural Practice.	This book chapter specifically touches on methods for culturally appropriate clinical services for Latino families.
Fossey, E., Harvery, C., McDermott, F. & Daviidson, L. (2002).	Understanding and evaluating qualitative research.	This paper provides beginning researchers with an orientation to the principles that inform the evaluation of the design, conduct, findings and interpretation of qualitative research.
Foud, N.A., Grus, C.L., Hatcher, R.L., Kaslow, N.J., Hutchings, P.S., Madson, M.B., Collins Jr., F.L. & Crossman R.E. (2009)	Competency benchmarks: a model for understanding and measuring competence in professional psychology across training levels.	The Competency Benchmarks document outlines core foundational and functional competencies in professional psychology across three levels of professional development: readiness for practicum, readiness for internship, and readiness for entry to practice. Within each level, the document lists the essential components that comprise the core competencies and behavioral indicators that provide operational descriptions of the essential elements. This document

		builds on previous initiatives within professional psychology related to defining and assessing competence. It is intended as a resource for those charged with training and assessing for competence
Fouad, N.A. & Arredondo, P. (2007).	Becoming culturally oriented: practical advice for psychologists and educators	This book provides a comprehensive framework for helping psychologists to increase and improve culturally responsive practice, research, and education.
Fowers, B.J. & Davidov, B.J. (2006)	The virtue of multiculturalism.	The authors place the cultural competence literature in dialogue with virtue ethics to develop a way for psychologists to understand and embody the personal self-examination, commitment, and transformation required for learning and practicing in a culturally competent manner. According to virtue ethics, multiculturalism can be seen as the pursuit of worthwhile goals that require personal strengths or virtues, knowledge, consistent actions, proper motivation, and practical wisdom. The authors term the virtue of multiculturalism openness to the other and conclude by describing how attention to cultural matters also transforms virtue ethics in important and necessary ways.
Fuertes, J. N. (2004).	Supervision in Bilingual Counseling: Service Delivery, Training, and Research Considerations.	This article reviews selected literature on the topics of bilingual and multicultural counseling and su pervision and provides a

		framework for understanding salient issues in the delivery of bilingual services. It also presents practical interventions and ideas for future empirical work in this area.
Fuertes, J. N., Bartolomeo, M., & Nichols, C. M. (2001).	Future research directions in the study of counselor multicultural competency.	This article focuses on the study role of multicultural counseling competencies in counseling and psychotherapy in the United States. The researchers say that in their review of the literature, they found that the relationship between counselor multicultural competence and process and outcome variables in psychotherapy has not been studied. Thus, the role of multicultural competence in counseling needs further study. Future service delivery, counselor training programs, and research endeavors in the area of multicultural counseling and competence will be galvanized by data that demonstrate how multicultural competence relates to or explains important events in counseling. Research may be directed at studying how counselor multicultural competence facilitates the development of rapport in counseling, counselor and client involvement in therapy, client trust in counseling, client

		affective experiencing and insight, client satisfaction with therapy, and other variables. Studies that examine the relationship between multicultural competencies and culture-dependent or culturally relevant process and outcome indexes seem especially needed and useful.
Gallardo, M.E., Johnson, J., Parham, T.A., Carter, J.A. (2009).	Ethics and Multiculturalism: Advancing Cultural and Clinical Responsiveness.	APA's ethics code mandates that clients with diverse cultural backgrounds receive ethical and responsive treatment. The authors discuss challenges related to attempts to meet this mandate, such as the use of outdated theoretical constructs and training models that aren't culturally responsive, which can present as harmful rather than helpful to diverse clients. They further discuss that more culturally responsive views of client's needs, boundaries, and multiples relationships are needed.
Gamst, G., Dana, R.H., Der-Karabetian, A., Aragon, M., Arellano, L., Morrow, G. & Martenson, L. (2004).	Cultural competency revised: the California brief multicultural Competence Scale	The authors describe the development of the California Brief Multicultural Competence Scale (CBMCS). The 21-item CBMCS was derived from principal component analysis, item content validated by a panel of experts, and confirmatory factor analyses. Several studies provided internal consistency, subscale intercorrelations, criterion-

		related validation, and assessment of possible social desirability contamination.
Gillham, B. (2005).	Research Interviewing: The range of techniques: A practical guide.	This book emphasizes on methods of clinical interviewing.
Hall, J.K. (2007)	Redressing the roles of correction and repair in research on second and foreign language learning.	The author argued that conflating the conversation analytic practice and the instructional components misconstrues the former and, in so doing, conceals the important role that each set of practices plays in language classrooms. To make her case, the author reviewed research on correction and repair from both CA and second language acquisition perspectives, laying out their distinctive features, and then use these understandings to examine the treatment of repair and correction in studies using CA to study SLA.
Hall, R.E. & Brenland-Nable, A. (2011)	Spirituality vis-a-vis Islam as prerequisite to Arab American well being: The implications of eurocentrism for mainstream psychology.	Due to the historical preponderance of racial and/or intellectual homogeneity in the field of psychology, Eurocentrism set the "gold standard" for its method of intervention. As such, it might be argued that psychology remains a bastion of Eurocentric thought despite the globalization of knowledge and the influx of racially and ethnically diverse scientists into the research endeavor. At the same time and the

		significant increase in the immigrant Arab population, Arab Americans remain a less familiar component of society. Among the various Arab populations, spirituality through Islam is fundamental. Thus, psychologists would be remiss to exclude a critical aspect of Arab American life from intervention when it is essential to well-being.
Hays, P.A. (2001).	Addressing cultural complexities in practice: a framework for clinicians and counselor.	This book offers a framework for recognizing and working with cultural influences.
Hays, D.G. (2008).	Assessing multicultural competencies in counselor trainees: A review of instrumentation and future directions.	The article discusses various tools available for evaluating counselors' awareness, knowledge and skills for working with culturally diverse clients.
Heredia, R.R., & Altarriba, J. (2001).	Bilingual Language Mixing: Why Do Bilingual Code-Switch?	Article explored potential theoretical explanations for code switching, the costs and benefits, and the role of language dominance in the direction of the switch. The findings suggested that language accessibility may be the key factor in code switching, and that bilingual individuals switch languages when a word in a base language is not currently accessible. They discussed that in therapy, language switching becomes a defense mechanism for clients attempting to distance

		themselves from emotional events. They conclude that more research is needed to evaluate the cognitive mechanisms underlying the ability to integrate and separate two languages during communication.
Hornberger, N.H. (2005).	Opening and filling up implenentational and ideological spaces in heritage language education.	The author discusses the work of Jim Cummins on heritage languages. She highlights his main points with particular attention to international, indigenous and policy perspectives.
Hwang, W. & Wood, J.J. (2007).	Being culturally sensitive is not the same as being culturally competent.	This case study highlighted the importance of cultural competency and cultural adaptation of empirically supported treatments when working with clients from diverse backgrounds.
Ingram, B.L. (2006).	Clinical case formulation: Matching the integrative treatment plan to the client.	This book discusses in depth various methods of conceptualizing cases while taking into account various cultural factors.
Innaco, G. (2009).	Wor(l)ds in translation – Mother tongue and foreign language in psychodynamic practice	In this study explored some of the processes involved in the act of communication for the multilingual individual. The author described a ‘continuous inner translation process’ open to defects of symbolization, and suggested that the psychodynamic counselor attends to this inner translation process and contains its inherent difficulties. The author illustrated this process by

		drawing parallels with the actual translation practice, and by relating it to certain linguistic and psychoanalytic concepts.
Javier, R.A. (1989).	Linguistic considerations in the treatment of bilinguals	This study examined research and clinical data regarding the language independence phenomenon as it relates to treatment of bilingual patients. It illustrates how linguistic shifting may further reinforce defenses.
Johannessen, B.G.G., & Bustamante-Lopez, I. (2010).	Bilingual Academic Spanish Proficiency Tests: Assessment of Bilingual Cross-Cultural and Language and Academic Development Teacher Candidates	The authors discuss how essential it is to understand the complexity of the language abilities required of bilingual teacher candidates when designing valid and reliable assessment instruments of academic language proficiency tests. They note the utilization of language tests as helpful in developing courses to enhance the Spanish language abilities of the teacher candidates. The authors also emphasize that sharing the same ethno-cultural background and similar social language skills with students can be valuable resources for the educational system. They discuss the need for teacher candidates with cultural knowledge and sensitivity and high-intermediate Spanish proficiency.

Jones, E.A., Voorhees, R.A., & Paulson, K. (2002).	Defining and assessing learning: Exploring competency-based initiatives.	This document examines the use of competency-based initiatives across postsecondary education in the United States and presents principles that underlie successful implementation drawn from selected case studies. Conducted under the auspices of the National Postsecondary Education Cooperative, this project was informed by a Working Group of individuals selected for their expertise in utilizing competencies in a variety of settings. This project began in September 1998 and concluded in October 2000.
Kaslow, N.J. (2004).	Competencies in professional psychology.	After defining professional competence, the author focuses on the identification and delineation of foundation, core, and specialty competencies within professional psychology. Attention is then paid to developmentally informed and innovative approaches to training in these competencies. Finally, consideration is given to state-of-the-art approaches to the assessment of these competencies for educational and credentialing purposes.
Kaslow, N. J., Grus, C. L., Campbell, L.	Competency assessment toolkit for professional psychology	A 'toolkit' for professional psychology to assess student and practitioner competence is

F., Fouad, N. A., Hatcher, R. L., & Rodolfa, E. R. (2009).		presented. This toolkit builds on a growing and long history of competency initiatives in professional psychology, as well as those in other health care disciplines. Each tool is a specific method to assess competence, appropriate to professional psychology. The implications of professional psychology's current shift to a 'culture of competency,' including the challenges to implementing ongoing competency assessment, are discussed.
Kim, B.S., Cartwright, B.Y., Asay, P.A. & D'Andrea M.J. (2003).	A revision of the multicultural awareness, knowledge, and skills survey-counselor.	Authors discussed the development and revision made to this scale which evaluates multicultural competence in several areas.
Knipscheer, J.W. & Kleber, R.J. (2004).	A need for ethnic similarity in the therapist-patient interaction? Mediterranean migrants in Dutch mental health care.	This study examined the importance of the ethnic similarity in mental health care in the Netherlands. Findings suggested that he majority of respondents did not value ethnic matching.
Kokaliari, E. & Catanzarite, G. (2011).	Understanding the role of language in bilingual psychotherapy: Clinical implications.	This qualitative study explored therapists' understanding of the role of language in psychotherapy with bilingual clients. Among the findings were language switching.
Lewelling, V.W., & Peyton, J.K. (1999).	Spanish for native speakers: Developing dual language proficiency.	This digest focuses on teaching Spanish to native or Hispanic heritage language students in the United States. Heritage language students

		are students who speak another language (in this case Spanish) as their first language either because they were born in another country or because their families speak another language at home. The entrance of these heritage language students into Spanish foreign language classes places huge demands on teachers, particularly at the secondary and postsecondary levels. As a result, a number of secondary schools, colleges, and universities in states with large Hispanic populations are offering Spanish courses tailored to the needs of Spanish-speaking students. These courses offer Spanish as an academic subject to students who have some level of exposure to Spanish from their home environment. The digest discusses the need for these special courses; the characteristics of students who participate in Spanish for native speakers (SNS) courses; the goals of SNS instruction, including language maintenance, expansion of the bilingual range, acquisition of the prestige variety, and transfer of literacy skills; evaluation of the goals of SNS instruction; and resources for SNS professionals.

Mattar, S. (2011)	Educating and Training the Next Generations of Traumatologists: Development of Cultural Competencies	Little attention has been paid to the training of trauma psychologists and cultural competency. Three key factors are proposed to help with the education and training of these psychologists, they include: 1. The development of a trauma psychology curriculum and training which thoroughly discusses cultural factors; 2. Inclusion of cultural context in trauma psychology research; and 3. Promotion of organizational structures and culture that provide support for cultural competence within the field of psychology.
Neufeldt, S. A., Pinterits, E. J., Moleiro, C. M., Lee, T. E., Yang, P. H., Brodie, R. E., & Orliss, M. J. (2006)	How do graduate student therapists incorporate diversity factors in case conceptualization?	The authors sought to understand how student therapists incorporate diversity factors in conceptualizing cases, including the positive and negative impacts of their own cultural characteristics in the relationship with the client and treatment course. This was based on the concept that multicultural training increases a therapist's ability to better conceptualize a minority client's issues. The study found that while therapist trainees integrated an awareness of cultural issues with client participants, they varied widely in competently integrating multicultural knowledge and skills. They stated it has implications for

		training programs so as to have them enact and infuse the multicultural competency guidelines for more effective and ethical training and practices.
Noy, C. (2008).	The Hermeneutics of Snowball Sampling in Qualitative Research.	The article discusses snowball sampling via constructivist and feminist hermeneutics, suggesting that when viewed critically, this type of sampling can generate a unique type of social knowledge that is emergent, political, and interactional. The results informed on interrelations between sampling and interviewing facets, leading to a reconceptualization of the method of snowball sampling with regard to power relations, social networks, and social capital.
Oller, J. (1979).	Language tests at school: A pragmatic approach.	This book focused on how to make, give, and evaluate valid and reliable language tests of a pragmatic sort. Theoretical and empirical reasons were discussed to establish the practical foundation and show why teachers and educators can confidently use the recommended testing procedures without a great deal of prerequisite technical training. It tries to provide practical information without presupposing technical expertise. Practical examples of testing procedures were

		given. The aim of the book was to fill an important gap in the resources available to language teachers and educators in multilingual and in monolingual training and use.
Paniagua, F.A., & Yamada, A.M. (2013)	Handbook of multicultural mental health: Assessment and treatment of diverse populations, Second Edition.	This book reviews the impact of cultural, ethnic, and racial factors for the assessment, diagnosis, treatment, service delivery, and development of skills for working with culturally diverse populations. It discusses diversity going beyond race and ethnicity as characteristics or experiences related to gender, age, religion, disability, and socioeconomic status. The authors provided suggestions for multicultural curriculum and training.
Peters, M. L., Sawyer, C. B., & Guzman, M. (2014).	Supporting the development of Latino bilingual mental health professionals.	Article discusses the struggle for Spanish-speaking Latinos to receive competent bilingual service providers within the mental health field. The findings suggest this issue can be addressed by having Spanish-speaking mental health students attend higher education programs that assist with financial support, and provide cultural and linguistic competency training, as well as mentoring from peers and faculty.
Pezalla, A. E.,	Researching the researcher-as-	The authors inform the

Pettigrew, J., & Miller-Day, M. (2012).	instrument: an exercise in interviewer self-reflexivity.	importance of recognizing the unique researcher characteristics that have the potential to influence the collection of empirical data. This discussion is based on the concept of the researcher as the instrument in semi-structured or unstructured qualitative interviews. The study evaluated the interviewer characteristics of three different interviewers, with results suggesting that certain interviewer characteristics may be more effective than others in eliciting detailed narratives from respondents depending on the perceived sensitivity of the topics. They noted that these variances may benefit the goals of team-based qualitative inquiry. The article highlights training implications by encouraging enhanced self-reflexivity in interviewer training and development activities.
Pieterse, A. L., Evans, S. A., Risner-Butner, A., Collins, N. M., & Mason, L. B. (2009).	Multicultural competence and social justice training in counseling psychology and counselor education: A review and analysis of a sample of multicultural course syllabi.	The article's findings are based on a descriptive content analysis of 54 multicultural and diversity-related course syllabi as part of counseling and counseling psychology programs accredited by the American Psycholgoical Association and the Accreditation of Counseling

		and Related Programs. The overview of findings suggested that most courses adhere to knowledge, awareness, and skills paradigm of multicultural competence. Common content in multicultural courses included social justice information, however, they identified a need to more clearly outline the fundamental points of distinction and overlap between multicultural competence and social justice advocacy in counselor and counseling psychology training.
Platt, J. (2012).	A Mexico City–based immersion education program: Training mental health clinicians for practice with Latino communities.	Findings provided training recommendations for U.S. graduate students in mental health programs to better serve Latino clients. The authors discuss findings based on themes observed from a training program in Mexico that can serve as a model to help graduate students develop multicultural and international competencies, increase their Spanish language abilities, engage in an understanding of themselves as therapist, and expand their understanding of historical and cultural influences that shape the mental health care needs of Latin American clients.
Polit-O'Hara, D., & Beck, C.	Essentials of nursing research: Methods, appraisal, and	A book providing guidance for finding, reading, and critically

T. (2006).	utilization (Vol. 1).	evaluating published nursing research. Book also discussed considerations for putting this research into practice.
Ponterotto, J. G., Gretchen, D., Utsey, S. O., Rieger, B. P., & Austin, R. (2002).	A revision of the multicultural counseling awareness scale.	The article reported results of two studies aiming to test and revise the Multicultural Counseling Awareness Scale. The authors results' indicated that knowledge and awareness as the best fit model and provide initial validity and internal consistency for the Multicultural Counseling Knowledge and Awareness Scale.
Pope-Davis, D.B., Reynolds, A.L., Dings J.G., & Nielson, D. (1995).	Examining cultural counseling competencies of graduate students in psychology.	Results indicated that counseling psychology students related themselves as more multiculturally competent that clinical psychology students in three of the four multicultural competency areas. Different educational and clinical variables were predictive of multicultural counseling competencies for the two groups.
Pope-Davis, D.B., Liu, W.M., Toporek, R.L., Brittain-Powell, C.S. (2001).	What's Missing From Multicultural Competency Research: Review, Introspection, and Recommendations.	Important to understand client's subjective experience of counseling when being served by multiculturally competent counselors through the examination of client's preferences, expectations, context, and adequacy of current empirical data. They propose that qualitative

		methods with clients is the best way to examine this. Also with regard to training and teaching, they find that capacity of the student to become multiculturally competent is related to the multiculturally competent instructors.
Pope-Davis, D. B. (2003).	Handbook of multicultural competencies in counseling & psychology.	This book provides a guide for practitioners and scholars to provide multicultural competent services by discussing various competencies within psychology and for counseling. Discussions include topics such as limitations in various models, instruments, among other topics and highlight helpful skills and models for mental health professionals.
Reboul,A. (2012)	Language: Between cognition, communication and culture.	This article challenges the Sapir-Whorf hypothesis and Everett's Hypothesis by suggesting that language and languages, rather than being "cultural tools" are instead collection of tools used in different language contexts, some cultural, social, and some cognitive.
Robb, M. (2014).	National survey assessing perceived multicultural competence in art therapy graduate students.	The authors evaluated the effects of multicultural competence training in art therapy programs by focusing on three aspects of training: Awareness, knowledge, and skills. Findings suggested that

		students' own perceptions of their multicultural knowledge and skills significantly increased after taking a multicultural course. However, their self-perceptions of multicultural awareness did not significantly increase. The article provides recommendations for addressing multicultural competence in graduate curriculums.
Roberts, M. C., Borden, K. A., Christiansen, M. D., & Lopez, S. J. (2005).	Fostering a culture shift: Assessment of competence in the education and careers of professional psychologists.	This authors were part of the Assessment of Competence Workgroup which identified principles in professional competence as well as discussed considerations for the development of methods to assess competence. Among the principles identified were discussions of maintaining a developmental perspective, practicing multicultural sensitivity, and conducting formative and summative, career-long assessment. They suggested a "culture shift" occur that went from the current ways in which competence is assessed to a more continual assessment of professional knowledge and skills across the life span.
Santiago-Rivera, A. L., Arredondo, P., & Gallardo-Cooper, M.	Counseling Latinos and la familia: A practical guide.	Book is an integrated approach to assist the understanding of Latino families and increasing competence for mental health

(2002).		professionals who work with Latinos and their families. It discusses information regarding Latinos and their families, the diversity of various Spanish-speaking groups, socio-political issues, and changes in family forms. The books also provides recommendations for counseling strategies based on a multicultural approach.
Sawyer, C., Nelson, J., Marquez, J., & Weaver, L. (2013).	Elements of a bilingual school counselor training program for Spanish speakers.	The article discussed contributing barriers related to the shortage of bilingual school counselors such as financial barriers, retention barriers, and linguistic and cultural barriers. The authors summarized elements that were found to be essential for the training of bilingual school counselors such as: recruiting and preparing school counselors to meet the needs of English Language Learners (ELL), provide intensive support and mentoring for bilingual counselors in-training, provide free counseling and support services to ELL public school students and families as part of the counselor training process, and facilitate employment placement assistance and monitoring post-training for one year.
Schon, J., Shaftel, J., &	Contemporary issues in the assessment of culturally and	The authors discuss the difficulties faced by school

Markham, P. (2008).	linguistically diverse learners.	psychologists when assessing students from culturally and linguistically diverse backgrounds such as limited examiners who are appropriately trained, and challenges of finding and using appropriate assessment tools. They discuss issues associated with referral and assessment procedures and explain essential knowledge for examiners that include second language acquisition using basic interpersonal communication skills (BICS) and cognitive-academic language proficiency (CALP).
Schulte, A. C., & Daly, E. (2009).	Operationalizing and evaluating professional competencies in psychology: Out with the old, in with the new?	The authors address two areas where further work needs to expand in order to ensure that a final process of competency evaluation is helpful to the field, our clients, and our constituents. They discuss making the improvement of competency assessment a priority, especially with regard to examining the psychometric adequacy of decisions based on competency assessments. They also outline emerging regulatory context for the field to assist with the development and implementation of competency assessments, as well as provide future recommendations in the area of competencies.

Schwartz, S. J. & Unger, J. B. (2010).	Biculturalism and context: What is Biculturalism, and when is it adaptive?	The authors discuss the concept of biculturalism and navigating across worlds. The article further explains conditions that can facilitate biculturalism and conditions that can make it more adaptive. The authors evaluate what it is, how it comes into being, its functions, and factors that can make it most adaptive.
Seijo, R., Gomez, H., & Freidenberg, J. (1991).	Language as a communication barrier in medical care for Hispanic patients.	The authors address differences language differences between Hispanic patients seen by bilingual physicians and Hispanic patients seen by monolingual (English-speaking) physicians, which can impact doctor-patient encounters and patient recall. The results suggested that when physician and patient communicate in the same language and have similar cultures, the information is better understood by the patient and engages more actively in the interaction; resulting in important implication regarding the utilization of health care services by Hispanics when language and culture awareness are incorporated.
Sherry, A., Whilde, M. R., & Patton, J. (2005).	Gay, Lesbian, and Bisexual Training Competencies in American Psychological Association Accredited Graduate Programs.	The study looked at how the American Psychological Association accredited clinical and counseling doctoral programs incorporate training

		issues relevant to gay, lesbian, and bisexual (GLB) clients. The findings suggested that doctoral programs are incorporating GLB in multicultural classes and practicum. Of note, counseling programs versus clinical programs were more inclusionary of discussions of GLB issues by requiring multicultural courses and mentoring students in GLB research.
Snow, C.E., Cancino, H., De Temple, J., & Schley, S. (1991).	Giving formal definitions: A linguistic or metalinguistic skill? In E. Bialystok (ed.) Language processing in bilingual children.	The book is a review of papers that explore the ways in which bilingual children manage two language systems.
Sodowsky, G. R., Taffe, R. C., Gutkin, T. B., & Wise, S. L. (1994).	Development of the Multicultural Counseling Inventory: A self-report measure of multicultural competencies.	The article presents the Multicultural Counseling Inventory (MCI), which is a self-report instrument measuring multicultural counseling competencies. The findings indicated that the MCI is comprised of four factors: Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge.
Stanhope, V., Solomon, P., Pernell-Arnold, A., Sands, R. G., & Bourjolly, J. N. (2005).	Evaluating cultural competence among behavioral health professionals.	The authors discuss the philosophical and practical issues related to measuring cultural competence, based on the evaluation of statewide cultural competence trainings for behavioral health professionals. The challenges

		noted included the operationalizing of cultural competence, balancing the needs of program implementers and evaluators, and issues in the development of a robust and feasible evaluation design, which assess outcomes for persons in recovery and providers.
Stern, D. (1985).	The Interpersonal World of the Infant.	The author engaged in a discussion proposing four interrelated sense of self, which develop over the life spans. He contends that attachment, trust, and dependency are clinical issues throughout life versus viewing it as a gradual process of separation and individuation.
Sturges, J. E., & Hanrahan, K. J. (2004).	Comparing Telephone and Face-to-Face Qualitative Interviewing: A Research Note.	The results of this research are based on a comparison of face-to-face interviewing with telephone interviewing in a qualitative study. They concluded that telephone interviews can be used as a productive method in qualitative research and found no significant differences among both forms (e.g. face-to-face or telephone) of interviewing.
Sue, D.W., Arredondo, P., & McDavis, R. (1992).	Multicultural counseling competencies and standards: A call to the profession.	The article discussed how the Association for Multicultural Counseling and Development (AMCD) approved a document that outlined the need and rational for multicultural perspective in counseling. The

		Professional Standards committee proposed 31 multicultural counseling competencies and encouraged the AMCD and the field of counseling to adopt these competences when considering criteria for accreditation. The aim was to have competencies eventually become a standard to change curriculum and training of helping professionals.
Sue, S. (1998).	In search of cultural competence in psychotherapy and counseling.	The findings of this article suggest that therapist's scientific mindedness, dynamic-sizing skills, and culture-specific expertise are important and orthogonal ingredients in cultural competency. They review literature related to this which suggest that ethnic match between therapist and client's is important in psychotherapy.
Sue, D., & Sue, D. W. (2003).	Counseling the culturally diverse: Theory and practice.	The book includes current research in multicultural counseling, cultural and scientific theoretical formations, and expanded exploration of internalized racism. The book also provides specific techniques and advice for leading forthright and productive discussions. Additionally, the course-centric focus of the book facilitates instructor and students needs.
Sue, D. W., &	Counseling the culturally	The book reviews research in

Sue, D. (2012).	diverse: Theory and practice.	multicultural counseling to provide preparation for students and it also serves as an influential guide for professionals. It reviews the following main components: Multicultural counseling competence for minority mental health professionals, multicultural evidence-based practice, culturally competence assessment, and poverty and counseling.
Sweet, L. (2002).	Telephone interviewing: is it compatible with interpretive phenomenological research?	The authors' findings described how telephone interviewing is a methodologically and economically valuable data collection technique in qualitative research. They argue that qualitative researchers should not rely exclusively on the face-to-face interview since telephone interviewing can be seen as a valuable data collection approach.
Tervalon, M., & Murray-García, J. (1998).	Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in medical education.	The authors propose that cultural humility is an important aspect of multicultural medical education, as it incorporates a lifelong commitment to self-evaluation, self-critique, address the power imbalances in the patient-physician dynamic, and develops mutually beneficial and nonpaternalistic clinical and advocacy partnerships with

		communities.
Timmins, C. L. (2002).	The impact of language barriers on the health care of Latinos in the United States.	The overall intention of the article was to provide information for providers and institutions for effective strategies for bridging language barriers for Latinos in the health care system. The main findings of this article included solid evidence in demonstrating that language barriers can adversely affect quality of health care for Latino populations. Recommendations included for health care practitioners to devise effective strategies to bridge language barriers in their setting. The authors also provide guidelines and resources for access to appropriate language services in health care. Additionally, applicable laws and policies are discussed.
Trimble, J. E., & Mohatt, G. V. (2002).	The virtuous and responsible researcher in another culture. In J. E. Trimble & C. B. Fisher (Eds.), The handbook of ethical research with ethnocultural populations and communities.	This chapter in this book raises racial and cultural concerns for White researchers to consider when engaging in research involving African Americans, Latino/Latina Americans, Asian/ Pacific Islander Americans, and Native or Indigenous Americans (ALANA) . The authors discuss that a primary concern is that White researchers lack credibility in many ALANA and immigrant communities. They

		discussed recommendations to enhance credibility such as immersing themselves in the cultural context of participants based on the conditions under which the immersion should take place. The highlight that White psychologist should take special care to respect the racial and cultural knowledge, skills and life experiences of members of these groups, which can be essential for all psychologists.
Toporek, R. L., & Reza, J. V. (2001).	Context as a critical dimension of multicultural counseling: Articulating personal, professional, and institutional competence.	The authors discuss a model that addresses the complexity of multicultural competence. The Multicultural Counseling Competency Assessment and Planning Model (MCCAP) enhances the D.W. Sue et al. model through the inclusion of personal, professional, and institutional contexts as critical elements in multicultural competence. They also discuss this change occurs across three domains: affective, cognitive, and behavioral learning and competence.
U.S. Census Bureau. (2011).	The Hispanic population: 2012.	Provides census information that is pertinent when discussing the rise in Hispanic populations across the United States.
U.S. Census Bureau. (2014).	Population and Housing Unit Estimates	Provides information regarding population and housing in the United States, and indicates that Hispanics are the largest

		ethnic minority in the United States.
Vargas, L. A., Porter, N., & Falender, C. A. (2008).	Supervision, culture, and context.	The authors discuss the role of supervision in training therapists as one that needs to culturally responsive to the real life issues faced by clients and that the establishment of diversity should be a core clinical and supervisory principle. The authors further note that biases, belief systems, values, and specific realities should be addressed as they impact the conceptualization and interventions of supervisors.
Vasquez, V. M. (2014).	Negotiating critical literacies with young children.	The book discusses the idea that children can co-construct knowledge with teachers and challenges older education models and previous ideas of teacher's role. The book has implications for social justice discussions in educational communities and in society.
Verdinelli, S. & Biever, J.L. (2009).	Spanish-English bilingual psychotherapists: Personal and professional language development and use.	This study highlighted, using phenomenological analysis, the complexities of living in two worlds and providing psychological services in two languages. Among those complexities included discussion of Spanish-English bilingual therapists feeling isolated and disconnected when struggling to use the two languages in their personal and professional lives. These participants discussed

		limitations given lack of training working bilingually, with specific stressors (e.g., using technical vocabulary, translating their own thoughts during sessions, etc.) noted for heritage speakers.
Verdinelli, S., & Biever, J.L. (2013).	Therapists' experiences of cross-ethnic therapy with Spanish-speaking Latina/o clients.	The findings pertained to a qualitative study exploring the experiences of bilingual therapists who are not Latino and whose first language is English in conducting therapy to Spanish-speaking clients. The results indicated that colleague support, Spanish language proficiency, desire to learn about other cultures were factors that fostered their development as bilingual therapists. The acquisition of their therapeutic skills came from the feedback given by clients and through practice. The authors highlight that sharing Latino cultural values and demonstrating interest in client life experiences strengthened the connection with their Latino clients.
Whiting, L. S. (2008).	Semi-structured interviews: guidance for novice researchers.	The author's findings provide helpful information for conducing semi-structured research interviews using nursing literature as this field is increasingly involved in qualitative research.
Witkin, S. (Ed.). (2011).	Social construction and social work practice: Interpretations and innovations.	The book discusses how a social constructionlist and postmodern approach to social

		work practice can enhance the work of social work that can go beyond general evidence based practice approaches in social work.
Worf, B. L. (1956).	Language, Thought and Reality.	Discusses the hypothesis of "linguistic relativity" which includes the idea that the structure of a human being's language influences the manner in which a person understands reality and impacts the way they behave with respect to this reality.

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APPENDIX B

Recruitment Email

Dear –

My name is Rosanna Rivero and I am a fourth year doctoral student in Clinical Psychology at Pepperdine University. I am currently working on my dissertation, which seeks to gather feedback on a Spanish linguistic assessment measure and you are invited to participate. The study will take approximately one hour, and includes reviewing the assessment measure and participating in an interview. Participation in this study is voluntary. Your identity as a participant will remain confidential during and after the study.

If you have questions or would like to participate, please contact me at rosanna.rivero@pepperdine.edu. Thank you for your participation.

Sincerely,

Rosanna Rivero, M.A.
Doctoral Candidate in Clinical Psychology Pepperdine University
Rosanna.rivero@pepperdine.edu

Carrie Castañeda-Sound, Ph.D.
Dissertation Chair, Associate Professor of Psychology
Graduate School of Education and Psychology, Pepperdine University
Carrie.Castaneda-Sound@pepperdine.edu

APPENDIX C

Informed Consent

PEPPERDINE UNIVERSITY

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

Assessing Cultural and Linguistic Competencies in Doctoral Clinical Psychology Students

You are invited to participate in a research study conducted by Rosanna Rivero, M.A. and Carrie Castaneda-Sound, Ph.D. at Pepperdine University, because you are a licensed psychologist who provides bilingual supervision to psychology doctoral-level students. Your participation is voluntary. You should read the information below, and ask questions about anything that you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. You will also be given a copy of this form for your records.

PURPOSE OF THE STUDY

The study is designed to examine the method in which clinical psychologists, specifically bilingual supervisors, assess linguistic and cultural competence in doctoral-level trainees. Additionally, the study intends to gather feedback to modify a language assessment measure that is currently used to assess Spanish linguistics skills of master's-level psychology students. This study intends to expand on the multicultural supervision training literature of doctoral-level psychology students.

STUDY PROCEDURES

If you volunteer to participate in this study, you will be asked to fill out a demographic questionnaire, schedule a one time 45 to 60 minute phone interview, review the Spanish Language Assessment measure, and answer 5 open-ended interview questions. The interview will consists of questions regarding current methods utilized to assess cultural and linguistic competencies in trainees, as well as receiving feedback on the Spanish Language Assessment measure. Interviews will be audio recorded and transcribed. You must consent to audio recording if you wish to participate.

POTENTIAL RISKS AND DISCOMFORTS

The potential and foreseeable risks associated with participation in this study are minimal, and may include discomfort with discussing the topic, fatigue and/or boredom.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

While no direct benefits can be guaranteed to participants, I understand that the possible benefits to society or myself from this research include gaining a greater understanding of methods in which cultural and linguistic competence are assessed by clinical supervisors.

CONFIDENTIALITY

The records collected for this study will be confidential, as far as permitted by law. However, if required to do so by law, it may be necessary to disclose information collected about you. Examples of the types of issues that would require me to break confidentiality are if disclosed any instances of child abuse and elder abuse. Pepperdine's University's Human Subjects Protection Program (HSPP) may also access the data collected. The HSPP occasionally reviews and monitors research studies to protect the rights and welfare of research subjects.

The data will be stored on an encrypted flash drive and stored in a locked cabinet at the Pepperdine University West Los Angeles clinic. The data will be stored for a minimum of three years. All data collected will be coded, de-identified, and transcribed by the researcher. The audio recordings will only be used for the purpose of this research and will be erased once the transcription has been completed.

SUSPECTED NEGLECT OR ABUSE OF CHILDREN

Under California law, the researcher(s) who may also be a mandated reporter will not maintain as confidential, information about known or reasonably suspected incidents of abuse or neglect of a child, dependent adult or elder, including, but not limited to, physical, sexual, emotional, and financial abuse or neglect. If any researcher has or is given such information, he or she is required to report this abuse to the proper authorities.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

ALTERNATIVES TO FULL PARTICIPATION

The alternative to participation in the study is not participating or only completing the items for which you feel comfortable.

INVESTIGATOR'S CONTACT INFORMATION

You understand that the investigator is willing to answer any inquiries you may have concerning the research herein described. You understand that you may contact

Rosanna Rivero at rosanna.rivero@pepperdine.edu and/or Dr. Carrie Castaneda-Sound at carrie.castaneda-sound@pepperdine.edu if you have any other questions or concerns about this research.

RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION

If you have questions, concerns or complaints about your rights as a research participant or research in general please contact Dr. Judy Ho, Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University 6100 Center Drive Suite 500
Los Angeles, CA 90045, 310-568-5753 or gpsirb@pepperdine.edu.

SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction and I agree to participate in this study. I have been given a copy of this form.

AUDIO

□ *I agree to be audio-recorded*

□ *I do not want to be audio-recorded*

_____
Name of Participant

_____ _____
Signature of Participant Date

SIGNATURE OF INVESTIGATOR

I have explained the research to the participants and answered all of his/her questions. In my judgment the participants are knowingly, willingly and intelligently agreeing to participate in this study. They have the legal capacity to give informed consent to

participate in this research study and all of the various components. They also have been informed participation is voluntarily and that they may discontinue their participation in the study at any time, for any reason.

_____

Name of Person Obtaining Consent

_____ _____

Signature of Person Obtaining Consent Date

APPENDIX D

Brief Screening Questionnaire

"Thank you for your interest in participating in this research study. Since this is a research project, I need to make sure that the people interested are eligible to participate in the study. I would like to ask you a few questions."

1. Are you a licensed psychologist? YES NO
2. Are you currently providing services to in California? YES NO
3. Are you fluent in Spanish-English? YES NO
4. Do you provide psychological services to monolingual Spanish-speaking clients/patients? YES NO
5. Have you provided more than a year of bilingual supervision to bilingual doctoral-level psychology students? YES NO

APPENDIX E

Demographic Questionnaire

1. Gender:
2. Ethnicity:
3. Race:
4. Primary language(s):
5. Secondary language(s):
6. Country of origin:
7. Degree (Psy, D./Ph.D.; counseling, clinical, school, etc):
8. Years in practice as a licensed psychologist:
9. Years working with Spanish-speaking clients/patients:
10. Years providing Spanish supervision to doctoral level-students:
11. Briefly describe your academic and/or clinical training in multicultural counseling:
12. Have you had specific training in providing clinical services in Spanish? If yes, please describe:

APPENDIX F

Spanish Language Assessment Measure

Spanish Language Assessment

Master of Arts in Clinical Psychology with an Emphasis in Marriage and Family Therapy with Latinas/os.

ADMINISTRATION INSTRUCTIONS: This assessment is to be utilized in conjunction with a graduate level program of study in clinical psychology. It is designed to evaluate a student's current level of language aptitude in Spanish as it pertains to clinical data and information processing for clinical evaluation of Spanish dominant clients.
The administration of this measure should last approximately 30 minutes. The measure requires reading of clinical case vignette and 10 responses (5 written, 5 oral) to questions following the presentation of the case material. Assurances should be made that the student understands the purpose of this assessment and is afforded time to clarify any misinterpretation of instructions. The "Clinical Case Vignette" should be read no more than two (2) times in order to ensure material has been heard and understood to the students capacity.
Read the instructions as provided and record responses.
"***The purpose of this brief assessment is to help us identify your written and oral understanding of the Spanish language. While it does involve clinical material, our main purpose is to understand your language capacity and not clinical knowledge or expertise. You will be prompted to respond to some questions in writing and others in oral form. Please give the information your full attention and be sure to answer all the questions to the best of your ability. Do you understand***? Student answer
I will now read you a brief clinical case vignette in Spanish. If you need me to read it one more time I will do so. Following the reading(s), I will give you a series of questions on an answer sheet. In the first series of questions you will provide written responses. The second series of questions I will read to you one at a time and you will provide me with oral responses as best you can. Remember that it is important for you to provide me with answers in Spanish. Do you understand these instructions?" Student answer
Let's begin; here is the case vignette… "
Initiate administration by reading the case vignette and then provide student with "***Answer Sheet"*** for completion of the first series of questions (1-5). Following student's written responses begin reading the second series of questions (6-10) one at a time and listen to his/her responses. Note the student's responses and provide score on the **"Scoring Sheet"**.
SCORING: Scores should be recorded on the **"Scoring Sheet"**. Individual questions have a range of difficulty from 1-5 depending on the level of fluency [Distinguished =5, Superior= 4, Advanced= 3, Intermediate= 2, Novice= 1]. Contingent upon the answers provided, the administrator should rate each individual score. If answer is correct it should be provided full credit. Partial or null responses should be given credit in .5 increments (e.g. 0, .5, 2.5).

Answer Sheet

Trabaja como consejero/a en una clínica familiar. Le han entregado un nuevo paciente para servicios de consejería. El paciente es un niño de 10 años que tiene problemas de conducta en la escuela. El niño vive con su mama y dos hermanas en un apartamento local. Su maestra le ha indicado a la mama que el niño requiere atención psicológica para controlar su coraje y deficiencia de atención. La familia es de bajos recursos y tiene cinco años en su vivienda. Son originarios de México y la mama trabaja como cajera en una tienda de abarrotes. El padre del niño sufre de alcoholismo y fue deportado hace dos años. El niño no tiene problemas de salud y su desarrollo ha sido libre de complicaciones.

Favor de responder a las siguientes preguntas sobre el párrafo anterior:

1. ¿Cuántas hermanas tiene el niño?_____
2. ¿Aproximadamente cuantos años tenía el niño cuando su padre fue separado de la familia?_____
3. ¿Indique los síntomas que presenta este niño?

   _____

   _____

   _____
4. ¿En cuál etapa de desarrollo se encuentra este niño? (circule su respuesta)

   Infancia Niñez Adolescencia Adultez

5. ¿Indique cual persona de esta familia debe de firmar el "Consentimiento Para Tratamiento" en este caso?

   _____

Las siguientes preguntas tendrán que contestar oralmente durante su entrevista:

6. Por favor de un breve resumen de este caso:
7. ¿Los síntomas del niño indican un tratamiento de urgencia o tratamiento general? (Favor de explicar su respuesta)
8. Formalice y provee dos preguntas que usted tendría para la maestra del niño:
9. ¿En el tratamiento de este niño es indicado hablar con el pediatra del niño? (Favor de explicar su respuesta)
10. ¿Qué teoría psicológica usara para iniciar el tratamiento de este caso? (explique su respuesta)

Scoring Sheet

Trabaja como consejero/a en una clínica familiar. Le han entregado un nuevo paciente para servicios de consejería. El paciente es un niño de 10 años que tiene problemas de

**ACTFL Proficiency Guidelines: D=5; S=4; A=3; I=2; N=1*

conducta en la escuela. El niño vive con su mama y dos hermanas en un apartamento local. Su maestra le ha indicado a la mama que el niño requiere atención psicológica para controlar su coraje y deficiencia de atención. La familia es de bajos recursos y tiene cinco años en su vivienda. Son originarios de México y la mama trabaja como cajera en una tienda de abarrotes. El padre del niño sufre de alcoholismo y fue deportado hace dos años. El niño no tiene problemas de salud y su desarrollo ha sido libre de complicaciones.

Favor de responder a las siguientes preguntas sobre el párrafo anterior:

1. ¿Cuántas hermanas tiene el niño?_____ **1/**
2. ¿Aproximadamente cuantos años tenía el niño cuando su padre fue separado de la familia?_____ **1/**
3. ¿Indique los síntomas que presenta este niño? **2/**

   _____

   _____ **2/**

   _____

4. ¿En cuál etapa de desarrollo se encuentra este niño? (circule su respuesta) **3/**

   Infancia Niñez Adolescencia Juventud Adultez

5. ¿Indique cual persona de la familia debe de firmar el "Consentimiento Para Tratamiento" en este caso? **5/**

   _____ **4/**

Las siguientes preguntas tendrán que contestar oralmente durante su entrevista:

6. Por favor de un breve resumen de este caso. **3/**
7. ¿Los síntomas del niño indican un tratamiento de urgencia o tratamiento general? (Favor de explicar su respuesta) **4/**
8. Formalice y provea dos preguntas que usted tendría para la maestra del niño: **5/**
9. ¿En el tratamiento de este niño es indicado hablar con el pediatra del niño? (Favor de explicar su respuesta)
10. ¿Qué teoría psicológica usara para iniciar el tratamiento de este caso? (explique su respuesta)

30/

*Levels of ACTFL Proficiency: **D**=Distinguished, **S**= Superior, **A**=Advanced, **I**=Intermediate, **N**=Novice

Score respondents points on right side and record. Max. 30

APPENDIX G

Interview Questions

1. What methods do you currently use to assess Spanish proficiency and cultural competence in your supervisees? How do you evaluate growth in supervisees?

2. What changes would you make to the Spanish Language Assessment?

3. What are some of the benefits in utilizing a measure such as this? And what are some of the drawbacks?

4. How do you understand cultural competence and linguistic competence of bilingual supervisees?

5. How have you observed your bilingual supervisees grow in these competencies?

APPENDIX H

IRB Approval Notice

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

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: February 28, 2017

Protocol Investigator Name: Rosanna Rivero

Protocol #: 16-11-442

Project Title: Assessing Cultural and Linguistic Competencies in Doctoral Clinical Psychology Students

School: Graduate School of Education and Psychology

Dear Rosanna Rivero:

Thank you for submitting your application for exempt review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations 45 CFR 46.101 that govern the protections of human subjects.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Since your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the IRB.

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

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

Sincerely,

Judy Ho, Ph.D., IRB Chair