Abstract

Title of Thesis: TO SWITCH OR NOT TO SWITCH: THE EFFECTS OF INVITING BILINGUAL LATINOS TO SWITCH LANGUAGES IN PSYCHOTHERAPY

Andrés Pérez Rojas, MS, 2012.

Thesis Directed By: Professor Charles J. Gelso, Ph.D.
Department of Psychology

The effects of inviting bilingual Latinos to switch languages in psychotherapy were examined, as was the question of whether cultural identity affected how this offer was perceived. Fifty-two bilingual Latino university students listened to one of two recordings of a psychotherapy session with a bilingual Latina therapist and client. In one recording, the therapist invited the client to switch to Spanish; in the other, she did not invite the client to switch. Participants were then asked to imagine themselves in the client's role and rate the therapist's credibility and multicultural competence, the alliance they would anticipate, and their willingness to see the therapist. Results showed that when the therapist invited the client to switch, she received higher multicultural competence ratings. Also, participants high in ethnic identity commitment rated this therapist as being less credible. These findings could contribute to the bilingual psychotherapy literature and have implications for practice and research.

Keywords: bilingual psychotherapy, Latino clients, language switching, cultural identity, accommodation

TO SWITCH OR NOT TO SWITCH: THE EFFECTS OF INVITING BILINGUAL LATINOS TO SWITCH LANGUAGES IN PSYCHOTHERAPY

by

Andrés Pérez Rojas

Thesis submitted to the Faculty of the Graduate School of the
University of Maryland, College Park, in partial fulfillment
of the requirements for the degree of
Master of Science
2012

Advisory Committee:
Professor Charles J. Gelso, Chair.
Professor Matthew J. Miller.
Professor Jonathan J. Mohr

Acknowledgments

They say science is partly a social experience, and in the process of completing this thesis, I learned how true that is. I enjoyed the advice and support of many people, beginning with Charlie Gelso, my advisor. I am grateful for his counsel and encouragement throughout the life of this project, but above all, I am thankful that he shared with me his passion for doing research, and in so doing, showed me how to love the process. Much of this thesis also benefitted from the scrutiny of Matt Miller and Jon Mohr, who served on my committee. Special thanks go to Maria Belen Pappa, Maria Berbery, Anahi Collado-Rodriguez, and Iris Huerta, for their help in making the audio recordings that served as stimuli in the experiment. I also thank Sarah Lyons, for sharing her knowledge and expertise on the crucial concept of cultural identity. And I am grateful for the invaluable assistance provided by Avantika Bhatia, Courtnie Rodich, and Becka Abram.

Finally, my heartfelt gratitude goes to my family, for their encouragement, love, and of course, the gift of bilingualism.

Table of Contents

List of Tables

List of Figures

Chapter 1 – Introduction

The goal of this thesis was to examine the relationship between language and cultural identity in a simulated psychotherapy experience. An experiment was conducted which took the form of a laboratory analogue simulation (Gelso & Fretz, 2001). This simulation isolated variables of language and cultural identity in order to understand their role in shaping bilingual Hispanic[1] clients' perceptions of bilingual Hispanic therapists.

Although language has received much attention from mental health professionals interested in multicultural psychotherapy, the subject has remained to a certain extent peripheral to research in this area. There is a large body of literature on the effects of cultural variables such as race and ethnicity on the therapeutic process (Fuertes, Costa, Mueller, & Hersh, 2005), but only a few studies on the effects of language. Because a sizable portion of culturally diverse individuals are bilingual or even multilingual, studying the effects of language would helpfully expand research on multicultural psychotherapy.

This study was also undertaken in light of demographic trends showing the steady and rapid growth in the Hispanic population in the United States (U.S. Bureau of the Census, 2010). Other trends show that bilingualism, the knowledge and use of more than one language (Butler & Hakuta, 2004), is prevalent throughout the Latino community (Suro & Passel, 2003). Hispanics are also a growing presence in the field of psychology, particularly in the service sector (APA, 2008). Thus it seems important to understand the influence of bilingualism on the process of psychotherapy with Hispanic individuals.

---

[1] The terms *Hispanic* and *Latino* are used interchangeably throughout this study.

Altarriba and Santiago-Rivera (1994) outlined different approaches that a therapist may pursue when working with bilingual Latinos and other bilingual clients. In cases where the client is fluent in both of his or her languages, or knows two languages but regards one as his or her stronger language, the therapist may conduct therapy in the client's dominant language, or alternate between languages during the therapy hour. On the other hand, when the client's dominant language is one the therapist does not know well or at all, the therapist may need to use an interpreter or a translator.

The use of interpreters and translators in therapy, however, requires careful consideration, and is beyond the scope of this thesis. The reader is referred to guidelines provided by the American Psychological Association (2003), and to Castaño et al. (2007) and Searight and Searight (2009) for detailed discussions on enlisting the help of these professionals. The focus in this study will be on cases in which therapists may shift completely to the client's other language, or alternate between languages during therapy.

This chapter is divided into two parts. In the first part the concept of language switching, and its relevance to the process of psychotherapy, is presented. Included in this section is an overview of the few empirical studies that have examined the effects of language switching on the therapeutic relationship and Hispanics' perceptions of therapist influence. The notion of offering bilingual clients a choice to switch languages is then introduced. In the second part of this chapter, the construct of cultural identity is presented and its relation to language is highlighted. This section contains an overview of theories that support the conceptual linkage between language and cultural identity, and the implication of this linkage for bilingual psychotherapy. An overarching aim of this chapter is to briefly introduce the constructs of interest and the relevant literature. This literature

will be reviewed closely in the second chapter, and the third chapter will present a theoretical rationale for the experiment.

Language Switching in Bilingual Psychotherapy

Language switching, the alternation of languages during conversation, is a normal and widespread behavior among bilingual individuals (Heredia & Altarriba, 2001). Many authors strongly support switching to and from bilingual clients' languages during therapy. Altarriba and Santiago-Rivera (1994) suggest that language switching may aid therapists in creating a space where clients feel free to use whichever language is most comfortable and meaningful. Encouraging clients to shift from one language to another may also foster trust in the therapeutic relationship (Pitta, Marcos, & Alptert, 1978; Santiago-Rivera & Altarriba, 2002), improve memory recall and emotional expression (Marcos & Urcuyo, 1979), and relieve some clients' worries about speaking grammatically correct English (Altarriba & Santiago-Rivera, 1994; Marcos, 1976). For these and other reasons, language switching is theorized to help the therapeutic process.

A recent qualitative study (Santiago-Rivera, Altarriba, Poll, Gonzales-Miller, & Cragun, 2009) captured therapists' views on the use of language switching as a therapeutic intervention with bilingual Latinos. Several findings emerged from this study. First, the therapists typically assisted clients in expressing thoughts or feelings by switching to the client's first language (often Spanish). This would in turn prompt clients to switch languages and continue speaking in their stronger language—though typically therapists switched when clients switched first. Perhaps most notably, the authors concluded that these therapists generally shifted from English to Spanish to form the alliance and, typically, to bond with clients. This was consistent with suggestions that switching could

be used to foster the alliance, build trust, and demonstrate genuineness (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera & Altarriba, 2002).

Although findings from Santiago-Rivera et al. (2009) may suggest that therapists view language switching as a means to strengthen the alliance, currently it is unknown to what extent it actually serves this purpose. In fact, there is very little research on the effects of language switching on any component of the therapeutic relationship. Also, no study to date has examined the effects of switching languages on the therapy relationship from the client's perspective. Further work is thus needed to determine the impact of language switching on any aspect of the therapeutic relationship, particularly from the point of view of the client.

It is also noteworthy that although the use of language switching as an intervention with bilingual clients is widely advocated in the literature, support for its utility in establishing the therapy relationship and promoting client change is found mainly in theoretical articles (Altarriba & Santiago-Rivera, 1994; Marcos, 1976; Santiago-Rivera, 1995; Santiago-Rivera & Altarriba, 2002), case studies (Marcos & Urcuyo, 1979; Pitta et al., 1978; Rozenksy & Gomez, 1983; Sciara & Ponterotto, 1991), and qualitative studies (e.g., Santiago-Rivera et al., 2009). The few studies that have explored the strategic use of language switching experimentally provide inconclusive evidence of its effectiveness.

Two studies have examined how therapist language-switching ability affects Hispanics' perceptions of therapist influence. Using an audio-analogue approach, Ramos-Sánchez, Atkinson, and Fraga (1999) were unable to demonstrate that a therapist who switched between English and Spanish was perceived as more credible and multiculturally competent than a therapist who only spoke English. Similarly, in

quasi-counseling interviews that addressed some of the limitations of Ramos-Sánchez et al. (1999), Ramos-Sánchez (2009) did not find a language switching effect. These studies suggest that, in the context of bilingual psychotherapy with Latinos, a therapist who switches back and forth between English and Spanish may be no more effective than an English monolingual therapist.

It is possible, however, that the manner in which therapists switched between English and Spanish in Ramos-Sánchez et al. (1999) and Ramos-Sánchez (2009) was ineffectual. Therapists switched between English and Spanish throughout sessions indiscriminately, unprompted by specific client acts, such as a struggle to express a thought or a feeling in English. To client-participants in both studies, this switching may have appeared imposing or arbitrary. Moreover, the analogue therapists in Ramos-Sánchez et al. (1999) and the counselors in Ramos-Sánchez (2009) repeatedly switched to Spanish even when clients spoke exclusively in English. That is, therapists did not wait for clients to switch to Spanish first. This language mismatch may have unsettled participants; it may have conveyed cultural insensitivity, lack of understanding for the client, and unwillingness to accommodate the client's communication style. As a result, the positive effects of therapists' language switching may have been neutralized. Indeed, behaving in a culturally insensitive manner and not matching the client's communication style may negate the effectiveness of a therapist's intervention and at times lessen his or her credibility (Sue, 1990).

Following the above discussion, it may be that the assumption that language switching in itself is an effective therapeutic intervention has not been sufficiently challenged. Instead, the findings and limitations of Ramos-Sánchez et al. (1999) and

Ramos-Sánchez (2009) may suggest that bilingual therapists ought to be prudent in their use of language switching.

Choice to switch

In formulating ways in which a therapist may prudently switch languages during therapy, letting the client choose whether or not to switch seems highly sensible. Choice is, after all, at the heart of bilingual language use. When speaking to another bilingual, a bilingual individual must choose which language is most suitable for the interaction and whether or not language switching is appropriate (Grosjean, 2008). Several factors are weighed (often automatically and implicitly) when faced with the choice to switch languages, such as language proficiency, the topic of discourse, its location, and finally, its purpose (Altarriba & Santiago-Rivera, 2002; Grosjean, 2008). If therapists wish to instigate a shift in the language of a session before clients do so first, framing the shift as a choice—that is, offering bilingual clients the option to switch from one language to another—may be an effective way to do it.

Electing whether or not to switch languages may be beneficial for a number of reasons. Studies in psycholinguistics demonstrate that giving bilinguals the option to use either language in naming and memory tasks improves bilingual fluency and facilitates responses (Gollan & Ferreira, 2009). Bilingual Hispanics may experience similar improvements in fluency and communication in therapy if given the option to use either Spanish or English. In addition, the concept of choice implies autonomy, self-determination, and freedom (Schwartz & Barry, 2004). Giving bilingual Latinos the choice to switch from English to Spanish, or vice versa, might convey respect for their autonomy. This style of initiating a switch may portray the therapist as a partner in the

therapeutic work rather than a figure imposing his or her authority. In this way, offering the option to switch languages may afford the therapist influence with the bilingual client and strengthen the therapy relationship.

Regarding the benefits of offering choices in psychotherapy, an emerging body of clinical literature recommends giving options to clients germane to their treatment. Giving clients tangible choices may increase engagement in treatment, foster collaboration and shared decision-making, and build the alliance (Charles, Gafni, & Whelan, 1997; Stewart et al., 2000; Vogel, Leonhart, & Helmes, 2009; Lunt, 2004). These conditions can facilitate the process of therapy, given that shared decision-making, joint task- and goal-setting, and collaboration in therapy are associated with better outcomes (Tryon & Winograd, 2001).

Although this emerging clinical literature is not directly related to research on bilingual psychotherapy, it nevertheless suggests that offering bilingual clients options relevant to their treatment—in this case, the option to switch languages during therapy—could be beneficial. Studying the effects of framing a language switch as a choice for the client might clarify the utility of language switching as an intervention with bilingual Latinos.

Cultural Identity

Another construct of interest in the current study was cultural identity. Over the years, researchers (e.g., Gelso & Fassinger, 1990) have noted that psychological constructs, such as identity or attitudes, may influence clients' perceptions of their therapists. Thus it has been suggested that these variables be included in studies of diversity and difference in psychotherapy.

Cultural identity is as a facet of acculturation that includes both ethnic identity and national identity, and centers on individuals' sense of self (Berry, Phinney, Sam, & Vedder, 2006). It is an aspect of social identity, as discussed by Tajfel and Turner (1986), and it involves a sense of belonging to one or more cultural groups, and the feelings attached to one's group (Phinney & Ong, 2007). Moreover, research generally supports the idea that cultural identity consists of ethnic identity and national identity. Linear measures of each identity type are in general statistically independent, and may be positively or negatively correlated or uncorrelated (Phinney, Berry, Vedder, & Liebkind, 2006; Phinney & Devich-Navarro, 1997). The independence of the two identities is consistent with theories of biculturalism that suggest that adopting one identity (e.g., American identity) does not require renouncing another (e.g., ethnic identity) (Hong, Morris, Chiu, & Martínez, 2000; LaFramboise, Coleman, & Gerton, 1993).

Cultural identity and language are related in important ways. Giles and Johnson's (1987) ethnolinguistic identity theory (ELIT) posits that language represents a core aspect of one's cultural or social identity. Research supports this claim, as higher proficiency and usage in an ethnic language is generally associated with stronger levels of ethnic identity, and higher proficiency and usage in a national language is associated with stronger levels of national identity (Matsunaga, Hecht, Elek, & Ndiaye, 2010; Phinney, Romero, Nava, and Huang, 2001).

Additionally, communication accommodation theory (CAT) points to the impact of identity on the communication process (Street & Giles, 1982; Giles & Ogay, 2006). This theory stipulates that people constantly adjust their language while interacting with others, and these adjustments are influenced by participants' social identities. A bilingual's shift to

or away from his or her interlocutor's language could reflect a desire to express a distinct identity, so as to either enhance the similarities, or create distance, between speakers (Bradac & Giles, 2005; Sachdev & Giles, 2004). CAT not only predicts the direction of a language shift, but also suggests that a shift may be interpreted through the lens of cultural identity—and there is evidence to support this proposition (e.g., Tong, Hong, Lee, & Chiu, 1999).

ELIT and CAT have implications for psychotherapy with bilingual individuals and for the current study. Both theories suggest that how bilingual Hispanics react to a therapist who switches between English and Spanish (or offers a choice to do so) may depend at least in part on their cultural identity. Thus, it seemed important to study the impact that the construct of cultural identity may have on bilingual Hispanics' perceptions of a therapist who offers to switch languages during therapy.

The Present Study

The purpose of this study was to examine the effects of offering bilingual Hispanic clients a choice to shift from English to Spanish during a psychotherapy session on their perceptions of bilingual psychotherapists and the therapeutic relationship. Given that individuals' cultural identities appear to influence their perceptions of speakers who alternate between languages during conversation, the impact of participants' cultural identities on their reactions to a psychotherapist who offers to switch the language of a therapy session was examined as well. The present study used audio-analogue research methodology to explore these questions, in the hopes that studying the effects of presenting language switching as a choice for bilingual Latinos would clarify how this behavior affects the process of bilingual psychotherapy.

Chapter 2 – Literature Review

In order to establish a theoretical basis for the hypotheses, literature pertinent to language switching, choice, and cultural identity was reviewed. The section on language switching concerns why bilinguals switch languages in conversation, and it includes a review of the clinical literature pertaining to this behavior. The notion of choice, and its relevance in a clinical context, is then reviewed. The literature regarding cultural identity, and its relation to language, is reviewed as well. Finally, an overview of the dependent variables is provided. Prior to this, the Hispanic population will be described vis-à-vis a unifying characteristic: bilingualism. A brief discussion of this construct is also provided.

The Hispanic/Latino Population and Bilingualism

Hispanics are the largest and most rapidly growing minority group in the United States, representing 16% of the population (U.S. Census Bureau, 2010). This group includes individuals of different races, backgrounds, and many subcultures, with great diversity of histories and perspectives (Bauer & Altarriba, 1998). But beneath this enormous variation there is a bedrock of common experiences, cultural values, and above all, a shared language: Spanish (Marín & Marín, 1991). Indeed, Spanish is the dominant language spoken in most Hispanic households, and Spanish-speaking ability is pervasive among Hispanic adults (U.S Census Bureau, 2003; Pew Hispanic Center, 2004).

Latinos born and raised in the U.S, however, may speak Spanish as well as English, and often switch between these languages when speaking with others (Santiago-Rivera & Altarriba, 2002). In fact, reports estimate that about 47% of American-born Latinos are bilingual, and the greater portion of them report speaking English very well (Suro &

Passel, 2003; Hakimzadeh & Cohn, 2007). Thus, bilingualism is an important factor that unites this diverse population.

But what is bilingualism? Bilingualism refers to the knowledge and use of more than one language (Butler & Hakuta, 2004). This simple definition, however, belies complexity. How much knowledge is required for someone to be bilingual? And how much use? Scholars have for decades debated how to answer these questions. Currently, there is no universally agreed-upon definition of bilingualism, and neither is there consensus on what exactly makes someone bilingual (Altarriba & Heredia, 2008). Instead, researchers often focus on one or more aspects of the construct when studying bilinguals. Depending on the aspect or aspects of interest, different definitions or classifications may be derived (Butler & Hakuta, 2004).

The specifics of the debate regarding how to define bilingualism are not critical to the current study; however, what is critical is to recognize that bilingualism is a complex, multi- dimensional construct. As indicated above, the topic of inquiry and particular research questions may help specify it, but no widely accepted definition exists (Altarriba & Heredia, 2008). Thus, researchers should be clear about which aspects bilingualism they wish to study (Grosjean, 2008). And since no single definition of bilinguals exists, it is best to include any bilingualism variables (e.g., proficiency) that describe a sample to ensure that findings are replicated and generalized appropriately (Marian, 2008).

It may be useful at this point to specify the working definition of bilingualism that this study adheres to. *Bilingualism* refers to the knowledge and use of two languages. In turn, *bilinguals* are individuals with enough knowledge and speaking ability to communicate with other speakers of these languages, including therapists. These

definitions follow closely those of Butler and Hakuta (2004) and others who emphasize the ability and intent to interact with speakers of one or more languages in society, and they accord with notions of bilingualism that are the province of language and social interaction (Fitch & Sanders, 2005), wherein the impact of socio-cultural factors on language is investigated.

Language Switching

In order to understand the potential value of language switching in psychotherapy, it may be useful to explore why bilinguals switch between languages in the first place. What follows is a brief overview of research that bears upon this question.

As stated earlier, language switching is an extremely common practice among bilinguals (Grosjean, 2008). Language switching allows bilinguals to converse with more people and function in more linguistic environments than monolinguals (Gollan & Ferreira, 2009). It also helps convey ideas more accurately. A word in one language may not have a direct translation in another, forcing one to switch languages to express an idea. Altarriba (2003) offers the example of the Spanish word *cariño*. This word might translate to a feeling between "liking" and "affection," but neither word, nor any single word in English, captures its nuances. A bilingual Latino speaking to another in English, then, may express the concept of *cariño* more easily in Spanish (Heredia & Altarriba, 2001). Thus, language switching gives bilinguals flexibility and precision when communicating with other speakers of their languages.

A common misconception is that bilinguals switch between languages just to compensate for poor language proficiency. This may be so to some extent when bilinguals are temporarily at a loss for words, but Heredia and Altarriba (2001) addressed why limited

proficiency fails to fully explain language switching. After a certain level of fluency and usage, the second, less proficient language may become the dominant language. As bilinguals increasingly rely on their less proficient language, their switching may consist of intrusions from this language when speaking the more proficient one. Thus, bilinguals may switch languages due to a failure to recall a word, an experience not unlike the widely documented tip-of-the-tongue phenomenon. In this way, switching languages may enable easier access to a particular concept.

Other reasons that bilinguals alternate between their languages in conversation are social. Bilinguals may use their language in interaction to assert a specific role, express a distinct identity, or emphasize the relationship between the speakers in the context of their conversation (Sachdev & Giles, 2004). In later sections, these sorts of socio-psychological factors (viz., cultural identity) that impinge on the interaction between bilinguals will be addressed.

Language switching may relate to cognitive and affective processes as well. Studies show that bilinguals more easily recall memories of past events, and emotions associated with these events, when describing them in the language in which they occurred (Altarriba, 2003; Ayçiçegi-Dinn, & Caldwell-Harris, 2009; Marian & Neisser, 2000). Other evidence suggests that bilinguals, mainly those who acquired their languages at different times and in different settings, may shift to their second language to distance themselves from overwhelming emotions, such as shame (Bond & Lai, 1986). Thus, language switching may serve a defensive function.

Bilinguals socialized in different cultures may also find that switching languages bridges gaps in their self-perception. Bilinguals often report feeling as if they are different

people depending on the language they speak, and these impressions often match those of people they interact with (Pavlenko, 2006). How these bilinguals relate to others, and even their worldview, can shift along with a shift in language (Koven, 1998), although those who switch languages regularly may not perceive discrepancies as acutely (Pavlenko, 2006).

In sum, bilinguals switch between their languages for many reasons. Language switching bestows communicative advantages: it allows bilinguals to converse with more people, in more settings, and with greater clarity (Gollan & Ferreira, 2009; Altarriba, 2003). It may also serve to stress aspects of an interaction, such as the speakers' roles or the social context in which the interaction occurs (Sachdev & Giles, 2004). Switching languages may improve memory recall and boost the re-experiencing of emotions (Altarriba, 2003; Ayçiçegi-Dinn, & Caldwell-Harris, 2009; Heredia & Altarriba, 2001; Marian & Neisser, 2000). Finally, language switching may function as a defense against threatening emotions (Bond & Lai, 1986), and it may trigger a shift in an individual's sense of self (Pavlenko, 2006).

Over the past many years, psychotherapists have also noted the impact that knowing and speaking two languages has on bilingual persons. In what follows, the clinical literature pertaining to the impact of language on the bilingual client and various aspects of the therapeutic process is considered. Particular attention is directed to the notion of language switching as a treatment strategy, and to the effects of switching on the formation of the therapy relationship and perceptions of bilingual therapists.

Language Switching in Psychotherapy

Some of the studies reviewed above confirm observations found in the clinical literature dating back several decades. Among the first to consider the impact of language on the course of treatment were the psychoanalysts Buxbaum (1949), Greenson (1950), and Krapf (1955). Both Buxbaum and Greenson suggested that conducting therapy in only one of the patient's languages renders aspects of the patient's mind inaccessible to awareness. For his part, Krapf noted that his patients often switched to their second language when describing a painful experience in order to avoid its accompanying anxiety. In general, these analysts observed that patients were more anxious in their native language but more aloof in their second one, and that each language evoked different memories, emotions, and associations.

Consistent with findings that bilinguals experience a different sense of self according to language is Greenson's (1950) description of an Austrian patient. Greenson's patient refused to speak German with the analyst, admitting, "In German I am a scared, dirty child; in English I am a nervous, refined woman" (p. 19). Although Greenson did not view this case through the lens of language-specific identities, one may surmise that the client's sense of self differed according to language (Santiago-Rivera & Altarriba, 2002). Similar cases, in which a patient's language is linked to a particular identity and is used to ward off negative associations, have been reported in the literature (e.g., Javier, 1989; Marcos & Alpert, 1976).

The notion that bilinguals shift languages to create distance from emotions was further explored by Marcos and his colleagues (Marcos, 1976; Marcos & Alpert, 1976; Marcos & Urcuyo, 1979). They noted that bilingual clients often feel removed from the

emotions related to an experience when discussing it in the language not used when the experience took place. Furthermore, fixating on speaking grammatically correctly in their weaker language may also prevent clients from expressing emotions adequately. In such cases, clients may appear withdrawn, and therapy may feel vague or unreal (Marcos & Urcuyo, 1979). Therapists may also find that the therapeutic relationship lacks substance. Case studies reported by Marcos and Alptert (1976) and Javier (1990) illustrate these observations.

Language switching as a treatment strategy was introduced by Pitta, Marcos, and Alpert in 1978. Pitta et al. detailed the course of therapy with a Spanish-dominant client and an English-dominant therapist who knew Spanish. The therapist conducted the first few sessions in Spanish to facilitate the client's discussion of her issues and to build trust in the relationship. In ensuing sessions, the therapist intentionally switched to English whenever the client became overly emotional. This allowed the client to distance herself from intense feelings and discuss difficult material objectively. Thus, language switching allowed the therapist to build trust in the relationship and manage the client's expression of emotions.

Rozensky and Gomez (1983) described cases in which language switching was also used to enhance the therapy process. A notable case involved a woman who suffered from depression, anxiety, and poor memory, and whose obesity added to a host of ailments. During the course of therapy her physician suggested an operation that the client strongly objected to. When the therapist asked her to explain her objection, the client could not say why she so opposed surgery. The therapist then asked her to try to explain it in Spanish. Crying, the client replied in Spanish that she was afraid. When the therapist asked, in

Spanish, what she was afraid of, the client admitted, "*Que no voy a salir* (That I'll never come out)" (p. 156). This led to discussion of her fear of dying, losing contact, and being rejected by others— including the therapist.

In sum, using bilingual clients' languages in therapy may encourage emotional expression, though at times switching languages may help clients manage intolerable emotions (Krapf, 1955; Marcos, 1976; Pitta et al., 1978). Therapists may also anchor sessions in a given language to lessen client resistance and tap into language-dependent memories and identities (Buxbaum, 1949; Greenson, 1950; Marcos & Urcuyo, 1979). Switching languages at strategic times during therapy may serve to build trust and advance the therapeutic work (Pitta et al., 1978; Rozensky & Gomez, 1983). Many of these observations have been confirmed by studies in psycholinguistics, such as those discussed previously.

By now, it is perhaps evident that support for switching languages in psychotherapy relies heavily on case studies. Although cases may richly illustrate the process of therapy with bilingual clients, formulations derived from these cases have mostly not been subjected to further empirical scrutiny. This lack of theory testing hampers the ability to make causal claims about the benefits of language switching in therapy. And although research in psycholinguistics informs theory and converges with what is gleamed from these cases, very few empirical studies have examined language switching in a clinical context. Thus, it is difficult to confidently say that findings from the psycholinguistic literature apply to the therapeutic endeavor.

Only recently have there been attempts to study the effects of language switching using more varied methodology, such as qualitative and analogue designs, in the context of

bilingual psychotherapy. The results from this recent research will be reviewed in the following section. First, an overview of the literature pertaining to the influence of language switching on the therapy relationship is offered. This is followed by a similar overview germane to the effects of language switching on bilingual Hispanics' perceptions of bilingual therapists.

Language Switching and the Therapeutic Relationship

The link between bilingualism and the therapy relationship has received some attention. Language may impact the attitudes that therapists and bilingual clients hold toward each other. For instance, some bilingual people act self-effacingly when speaking their second language (Marcos, 1988), and therapists may experience them as defended or difficult (Sciarra & Ponterotto, 1991). In turn, and consistent with findings that show that bilinguals' experiences may differ according to language (Pavlenko, 2006), these bilinguals may perceive therapists unfavorably, and see themselves as less intelligent, less friendly, and less self-confident (Marcos & Urcuyo, 1979). It is possible, then, for language to become a barrier between client and therapist, leading both to misread and act toward each other based on faulty perceptions (Marcos & Urcuyo, 1979; Sciarra & Ponterotto, 1991). Thus, using both of the client's languages may foster more realistic views in the therapy dyad, resulting in a stronger therapy relationship.

Some of the cases discussed earlier in this chapter also suggest that switching languages may foster a strong therapeutic relationship. Recall the case in Pitta et al. (1978), in which the therapist switched to Spanish to build trust in the relationship. Similarly, the case reported by Rozensky and Gomez (1983) showed that asking the client to shift to Spanish revealed underlying dynamics that exposed the client's feelings toward the

therapist. Finally, Javier (1990) reported that letting a client switch between English and Spanish bolstered their alliance. In all of these cases, language switching seemed to bring therapist and client closer.

Recent theories also speak to the influence of language switching on the therapeutic relationship. Santiago-Rivera and Altarriba (2002) suggested that therapists could demonstrate genuineness and build trust in the relationship by switching to the client's dominant language. Similarly, Altarriba and Santiago-Rivera (1994) hypothesized that letting clients switch languages strengthens the working alliance, presumably because clients could aptly express content in whichever language holds more meaning to them.

Only one qualitative study has examined whether language switching bolsters the alliance (Santiago-Rivera et al., 2009). Using Hill's consensual qualitative research approach (Hill, 2010), Santiago-Rivera and her collaborators studied nine bilingual therapists. Five therapists were of Latino heritage; the rest identified as European American or North American. Therapists were asked about their rationale for switching languages with one of their bilingual Latino clients, as well as the ways in which this client switched languages. Many factors were found to influence therapists' reasons for switching languages, and the alliance was among the most widely endorsed. In general, therapists switched languages to build the alliance and bond with clients. Typically, therapists would say a specific word, phrase, or idiomatic expression in Spanish to increase trust and draw the client closer. These findings support the idea that language switching strengthens the client-therapist bond. Specifically, they suggest that switching has an impact on the bond between therapist and client.

Other important findings emerged from this study. Therapists typically shifted to Spanish to aid the client in expressing thoughts or feelings he or she struggled to express in English. This would in turn trigger a switch for the client, who would continue speaking in their stronger language. It was typical, however, for therapists to switch when the client switched first; four of the nine therapists described this as following the client's lead. Santiago-Rivera et al. also suggested that the use of Spanish, in particular proverbs or *dichos*, could convey cultural sensitivity, which may strengthen the therapeutic relationship.

Although Santiago-Rivera et al. (2009) provide valuable information from bilingual therapists' perspectives about language switching, their study does not address clients' perspectives on this matter. This is specially limiting as regards the role of language switching in the therapy relationship, since a fuller understanding of the relationship calls for both therapist and client perspectives (Gelso & Hayes, 1998). Another limitation is that the majority of categories used to capture frequencies of therapist and client language switching were "variant" (i.e., a category endorsed by 2-4 participants). This may reflect unreliable cross-analysis of the data, a need to revise the cross-analysis, or a sample characterized by therapists with widely different experiences (Hill, 2010). If the latter was the case, then conclusions regarding therapist and client language switching may be of limited transferability, calling into question the applicability of language switching to the experiences of other bilingual therapists.

Despite these limitations, this study does provide some insight into therapists' views on strategically using language switching for a variety of purposes, including connecting with bilingual clients to advance the work of therapy. Thus, the findings

suggest that switching languages can reinforce the client-therapist bond that helps sustain the work of therapy and is central to the construct of the working alliance (Hatcher & Barends, 2006).

In summary, language switching may affect the therapeutic relationship in different ways. Switching languages in therapy may foster realistic perceptions of both client and therapist (Marcos, 1988; Marcos & Urcuyo, 1979; Sciarra & Ponterotto, 1991). Also, it may draw therapist and client closer by building trust in the relationship and fostering authentic expression of affect (Javier, 1990; Pitta et al., 1978; Rozensky & Gomez, 1983). Finally, language switching is theorized to bolster the client-therapist bond (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera & Altarriba, 2002), and there is tentative evidence to support its use for this and other therapeutic purposes (Santiago-Rivera et al., 2009).

Language Switching and Perceptions of Bilingual Therapists

It has been noted throughout this chapter that language switching in psychotherapy has not been the subject of much experimental research. The following is an overview of the few laboratory studies that have examined the effects of switching languages on perceptions of bilingual therapists' characteristics. It will be shown that these studies offer inconclusive evidence for the effectiveness of language switching.

Ramos-Sánchez, Atkinson, and Fraga (1999) studied the effects of therapist language- switching ability in a sample of 186 Mexican American college students. Students were asked to evaluate a therapist's credibility and multicultural competence after listening to audiotapes of a simulated therapy session. In one tape, the therapist spoke only English; in the other, she spoke English and some Spanish. The therapist's ethnicity

(Mexican American or Canadian American) was also manipulated to test whether it affected participants' perceptions.

Contrary to prediction, neither therapist language switching nor ethnicity was found to affect participants' perceptions. An interaction of these variables also was not found. However, participants' bilingual ability—whether they were fluent in Spanish or English, or equally fluent in both—significantly related to the dependent variables. Generational status also related to perceptions: students from later generations on average saw the therapist as less credible and competent. Ramos-Sánchez et al. concluded that as Mexican Americans acculturate, they perceive therapists less favorably—although no definition of acculturation was offered, nor participants' level of acculturation directly measured.

The null findings for language switching, according to Ramos-Sánchez et al., may have resulted from the limited use of Spanish in the bilingual condition. Of the 23 therapist responses in this condition, only 13 included Spanish. In some instances, only a few words of Spanish were used. This low potency of intervention, rather than the ineffectiveness of language switching, may have resulted in non-significant findings. The authors also speculated that some participants exposed to the bilingual therapist might have perceived her as less credible and competent because she spoke Spanish with a client who gave no sign of Spanish-speaking ability. The therapist's repeated use of Spanish may have troubled these participants, presumably nullifying the positive effects of her interventions.

Addressing the first of these limitations, Ramos-Sánchez (2009) conducted a study using a quasi-counseling interview design. As in Ramos-Sánchez et al. (1999), the effects of language switching on perceptions of credibility and multicultural competence were

examined. Eight female master's-level counseling students conducted sessions with 65 Mexican American college students. Participants were randomly assigned to one of four experimental conditions created by crossing the language of the session and the counselor's ethnicity (Mexican American or European American). In the bilingual condition, counselors switched between English and Spanish throughout the sessions, giving 40% to 50% of their responses in Spanish. No switching took place in the English monolingual condition.

Results were similar to those of Ramos-Sánchez et al. (1999). Counselor language and ethnicity did not affect participants' perceptions, and an interaction between these variables was not found. Students' orientation toward the Mexican culture was predictive only of perceptions of multicultural competence. That is, students oriented toward the Mexican culture perceived the counselors as multiculturally competent more than did students less oriented toward this culture.

Taken together, Ramos-Sánchez et al. (1999) and Ramos-Sánchez (2009) suggest that language switching in itself may not be an effective therapeutic intervention. Indeed, it is possible to conclude that, in the context of psychotherapy in which both participants are bilingual Latinos, therapists who switch back and forth between English and Spanish may be no more effective than English monolingual therapists.

However, limitations of Ramos-Sánchez et al. (1999) and Ramos-Sánchez (2009) should be noted. First, the behavior of the therapist portrayed in Ramos-Sánchez et al. (1999) and the counselors in Ramos-Sánchez (2009) does not appear clinically sound. It seems unlikely that actual bilingual therapists would speak Spanish, or repeatedly switch to Spanish, when addressed only in English. The incongruity in language may have signaled

that the therapists did not grasp clients or were loath to accommodate clients' language preference. Thus, the positive effects of switching may have been nullified. This is consistent with formulations and findings that suggest that behaving in culturally inappropriate ways, and not accommodating clients' communication style, may negate the effectiveness of therapists' interventions, and possibly reduce their credibility (Sue, 1990; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2004).

Also, bilingual therapists in both studies did not switch to Spanish strategically. Instead, they shifted from English to Spanish throughout sessions indiscriminately. This is inconsistent with the bilingual psychotherapy literature. Language switching is theorized to be effective, for instance, in response to a client's inability to articulate a thought or emotion, or to foment the therapeutic bond (Pitta et al., 1978; Santiago-Rivera et al., 2009). There is no indication in either study that therapist language switching was motivated by such considerations.

In light of these limitations, an alternative interpretation of the results reported might be that therapists ought to be judicious when language switching. For one, it may be best to follow clients' lead and wait for them to switch first. In some cases, however, as indicated earlier, (e.g., Rozensky & Gomez, 1983), therapists may wish to prompt a switch in language. One way to initiate a switch in language during therapy may be to offer the bilingual client the option to switch. This notion will be explored in a later section.

In sum, current evidence from experimental studies (Ramos-Sánchez et al., 1999; Ramos-Sánchez, 2009) that have examined the effects of language switching on the process of therapy, specifically the perceived characteristics of bilingual therapists, is inconclusive. It is possible that therapists who switch between clients' languages during

therapy are just as effective as therapists who do not. However, limitations of these studies preclude supporting this conclusion. More research is needed to determine whether language switching, under clinically sound conditions, is effective. And more research is needed to determine the effects of therapist-initiated language switching.

Summary of Language Switching Section

Research suggests that much of what is done in therapy (e.g., express emotions, recall memories of past experience) is affected by language (Marian & Neisser, 2000; Pavlenko, 2006). Thus, it is perhaps unsurprising that language switching is so strongly advocated in the bilingual psychotherapy literature (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera & Altarriba, 2002). However, the evidence to support its utility as an intervention relies primarily on case studies (e.g., Pitta et al., 1978) and qualitative studies (e.g., Santiago-Rivera et al., 2009). Experimental studies (Ramos-Sánchez et al., 1999; Ramos-Sánchez, 2009) provide equivocal evidence for the efficacy of language switching in and of itself. Instead, these studies suggest that therapists ought to judge carefully when to engage in this practice with bilingual clients.

Choice

Choice is a concept that pervades several branches of psychology and medicine. Studies in positive psychology have examined complex relationships between choice and wellbeing (Schwartz & Barry, 2004). Research has also emanated from social psychology, which has explored the effects of choice on people's sense of power, both as individuals and in interpersonal interactions (Schmid Mast, Jonas, & Hall, 2009). And choice is a hallmark of the shared decision making model that is currently widely advocated in psychiatry and general medicine (Charles, Gafni, & Whelan, 1997).

In this section, an attempt is made to integrate ideas about choice, shared decision making and collaboration between clients and clinicians, and thinking about language switching in the context of bilingual psychotherapy. An overarching aim is to consider the possible advantages of offering bilingual clients the option to use either one of their languages in therapy, and the benefits in general of offering clients options germane to their treatment.

Choice and Language Switching

Choice is intricately linked to bilingualism. Current linguistic models of language switching suggest that bilinguals choose the language(s) best suited for an interaction according to perceived situational norms, as well as speakers' attitudes and identities (Myers-Scotton, 1999). Certain models state that choice of language is also influenced by what speakers wish to accomplish in their interaction, and how relevant language switching is to the interaction at hand (Wei, 2003). What seems common across models is the consideration of psychological and socio-psychological factors (i.e., norms, attitudes, identity, motivation) that influence the decision-making process of the bilingual with regard to language choice and language switching.

The choice of what language to use in psychotherapy in which both client and therapist are bilingual, and share the same linguistic background, may be influenced by many of the same factors. One may consider these factors when treating bilingual clients asking the following questions: What language is best suited for the client-therapist interaction? How do client and therapist attitudes and identities (i.e., what psychological and socio-psychological factors) impinge on the interaction? How does the use of one or both languages help client and therapist accomplish the tasks and goals of therapy? And

how relevant is language switching to the treatment? In this way, linguistic models of language switching and choice may be applied to bilingual psychotherapy. These considerations may even be incorporated into existing models of culturally and linguistically sensitive counseling (e.g., Santiago-Rivera, 1995).

However, psychotherapists my still reasonably wonder whether there are advantages to giving bilingual clients the option to switch languages. Evidence from psycholinguistics suggests that doing so may indeed be helpful. Gollan and Ferreira (2009) found that asking Spanish-English bilinguals to name pictures (a common test of cognitive ability and fluency) using whatever language came to mind at times facilitated their responses. This was consistent with past studies that have shown, using slightly different tasks and methodology, that offering bilinguals the option to use either language improves fluency, recall, and responding (Kohnert, Hernandez, & Bates, 1998; Gollan, Fennema-Notestine, Montoya, & Jernigan, 2007). This line of evidence suggests that giving bilingual Hispanic clients the option to use either Spanish or English in therapy may improve their fluency and communication.

But is there evidence in the bilingual psychotherapy literature that giving clients a choice to switch languages is helpful? Although the idea is not highlighted in the literature, a close reading suggests its helpfulness. The case by Rozensky and Gomez (1983) cited earlier offers a good example. Recall that the therapist in this case encouraged the client to explain in Spanish her trepidation about undergoing surgery. The effects of this intervention were positive: it helped the client reveal a deep-rooted fear of dying and her worry that important figures in her life, including the therapist, would leave her. Thus,

giving this client the option to switch languages helped uncover important material, and it drew the therapeutic dyad closer.

Another case, presented by Javier (1990), also suggests the utility of giving clients the option to use either of their languages in therapy. Javier offered a Hispanic client the opportunity to switch languages and express content in the language of his choosing. Through his voluntary switching, the client was able to explore relational patterns that were rooted in the client's early attachment to his Spanish-speaking parents and that adversely affected his present relationships. Importantly, Javier suggested that allowing the client to choose the language of the sessions strengthened their therapeutic alliance.

Valdez (1991) reported cases similar to the ones described above, in which offering to use either language in therapy was helpful. Valdez let his Mexican American clients who did not have a language preference speak in either English or Spanish. However, at critical times, Valdez encouraged clients to switch languages. This facilitated the expression of certain content—mostly emotionally laden material. As such, the cases are reminiscent of studies showing that a given language may be more suitable for discussing certain emotional events (e.g., Bond & Lai, 1986). What is notable about Valdez's approach is that he gave clients the option to speak in either Spanish or English, to good consequence.

In sum, offering bilingual clients the option to speak either of their languages in therapy may be helpful. Studies (e.g., Gollan & Ferreira, 2009) suggest that bilingual clients may experience improvement in fluency if given the option to use either of their languages. The clinical literature similarly suggests that offering this option aids the expression of certain content; moreover, it could strengthen the therapeutic bond (Javier, 1990; Rozensky & Gomez, 1983; Valdez, 1990). However, evidence to support offering a

choice to language switch in therapy is anecdotal: no study has examined its effects in a clinical context. Although linguistic models of bilingual interaction (Myers-Scotton, 1999; Wei, 2003) may help generate guiding questions for offering bilingual clients the option to switch languages in therapy, research is needed to determine the utility of this intervention.

Choice, Shared Decision-Making, and Collaboration in the Clinical Encounter

Choice is central to shared decision-making, a widely advocated model in medicine (Charles et al., 1997). Shared decision-making is seen as beneficial because it enhances patient control over treatment and yields better health outcomes. Efforts to include patients' viewpoints and foster involvement in care via shared decision-making lead to greater treatment adherence and patient satisfaction, and better communication with providers (Stewart et al., 2000). Greater participation in treatment is related to decreased patient depression and greater satisfaction in the quality of care, from mental health to cancer treatments (Vogel, Leonhart, & Helmes, 2009; Kreyenbuhl, Nossel, & Dixon, 2009; Stewart, 1995).

Tryon and Winograd (2001) reach similar conclusions regarding collaboration and shared decision-making in therapy. In a review of the literature they suggest that mutual involvement on the part of client and therapist throughout the therapeutic process is associated with better outcomes. Tryon and Winograd suggest that engaging clients in a collaborative process fosters a relationship between equals that ultimately contributes to client satisfaction with treatment. They also suggest that when therapists communicate in a manner that engages clients in treatment and involves a process of shared decision-making, clients feel understood and more engaged. In these instances, clients' willingness to work

on problems appears to increase as well. Thus, it seems that shared decision-making in therapy is efficacious.

Summary of Choice Section

The notion of choice is inherently tied to bilingualism (Myers-Scotton, 1999; Wei, 2003) and lies at the heart of shared decision-making models in medicine and psychiatry (e.g., Charles et al., 1997). Choice is also tied to collaboration in therapy—a central tenet of the working alliance concept (Tryon & Winograd 2001), as will be explored in a later section. Psycholinguistic studies (Gollan & Ferreira, 2009) show that voluntary language switching improves bilingual fluency and recall; thus, offering bilingual clients the option to use either of their languages in therapy may yield similar benefits. Tentative support for this idea exists in the bilingual psychotherapy literature (Rozensky & Gomez, 1983; Javier, 1990; Valdez, 1991), although no study to date has directly investigated its effects.

Cultural Identity

The literature on cultural identity will now be reviewed. This construct is one of the most widely studied in counseling psychology and social psychology (Berry, Phinney, Sam, and Vedder, 2006; Cokley, 2007). Social psychological theories and research will also be reviewed to highlight the interplay of cultural identity and language in social interactions between bilinguals and members of different cultural groups.

Cultural Identity: Ethnic and National Identity

Cultural identity may be thought of as an aspect of acculturation, the process by which individuals experience changes as a result of intergroup contact (Graves, 1967; Phinney, Berry, Vedder, & Liebkind, 2006). The study of cultural identity focuses on individuals' sense of self and belonging to one or more cultural groups, and the feelings

associated with group membership. Conceptually, the term encompasses two types of group identity and their interaction: identification with an ethnic group, or ethnic identity, and identification with the larger society, or national identity.

Identity formation is an essential developmental task, and ethnic identity is an important aspect of this process, especially for Latinos and other ethnic minority people (Phinney, 1990; Syed, Azmitia, and Phinney, 2007). Ethnic identity is a multidimensional construct that involves one's sense of belonging to, and attitudes toward, a group defined by a cultural heritage (Phinney & Ong, 2007). Studies show that ethnic identity is positively related to a variety of psychological outcomes, such as wellbeing, optimism, and self-esteem (Phinney et al., 2006; Roberts et al., 1999). Interetingly, studies also show that ethnic identity can enhance awareness of prejudice (Brown, Alabi, Huynh, & Masten, 2011; Operario & Fiske, 2001) and both buffer and exacerbate ethnic individuals' experiences with discrimination (Pascoe & Smart Richman, 2009).

Theory and research suggest a core structure to ethnic identity that involves two factors: commitment and exploration (Phinney & Ong, 2007; Roberts et al., 1999). *Commitment* refers to the degree to which one feels a sense of attachment to one's group (Phinney & Ong, 2007). Also termed affirmation and belonging, it includes the feelings and perceptions attached to group membership (Phinney, Romero, Nava, & Huang, 2001). Because people ascribe value to the groups they belong to, and because they derive self-esteem from belonging to these groups, commitment plays an important role in their self-concept (Roberts et al., 1999). As such, it is perhaps the most important factor of group identity (Phinney & Ong, 2007).

The second factor underlying ethnic identity is *exploration*. This term refers to the extent to which people seek information and experiences related to their ethnic group (Phinney & Ong, 2007). Exploration may involve learning about the history and traditions of one's group, talking to other group members, or attending cultural events (Matsunaga, Hecht, Elek, & Ndiaye, 2010; Phinney, 1990). It is a process that may continue throughout the lifespan, and it helps maintain a secure and stable commitment to one's ethnic identity (Phinney & Ong, 2007).

Compared to ethnic identity, far less is known about identification with the larger society, or national identity. Some authors have focused on labels, with findings showing that over time, immigrant groups tend to adopt labels that refer to the larger society (e.g., American) after a period of using labels that refer to their country of origin (e.g., Chinese) or hyphenated labels (e.g., Chinese-American; Rumbaut, 1994). But national identity, like ethnic identity, also involves a sense of commitment to the larger society. Studies suggest that people can vary from feeling a strong commitment to the larger society, to feeling rejected and excluded by the larger society (Berry et al., 2006; Phinney & Devich-Navarro, 1997). It is striking, however, that no study has examined the exploration process as it relates to national identity, or whether exploration and commitment operate differently in a national versus an ethnic identity.

The relationship between ethnic and national identity has been the topic of longstanding debate among scholars (Phinney & Ong, 2007). Early models treated them as two poles of the same dimension, such that high identification with one group implied low identification with the other. Currently, it is thought that the two identities may vary independently, so that one may identify strongly with both cultures and have a bicultural

identity (Hong, Morris, Chiu, & Martínez, 2000; LaFramboise, Coleman, & Gerton, 1993; Phinney et al., 2006). Research generally supports this view. Berry et al. (2006) independently assessed ethnic and national identity in a large sample of immigrant youth from 13 countries, including the U.S. The relationship between the two identities varied widely: it ranged from strong positive and negative correlations, to no relationship. Overall, the results supported the idea that a strong ethnic identity does not imply a weak national identity, and vice versa.

Cultural Identity and Language

Language is perhaps the most cited contributor to cultural identity (Phinney et al., 2001). According to the ethnolinguistic identity theory (ELIT) proposed by Giles and his colleagues (Giles, Taylor, & Bourhis, 1973; Giles & Johnson, 1987), language represents a core aspect of one's group identity. And when people identify strongly with a group, they may define themselves in ethnic terms and use the group's language in social interactions to symbolically distinguish themselves from others (Giles et al., 1973; Tong, Hong, Lee, & Chiu, 1999). Essentially, the theory suggests the idea *I am what I speak*.

Consistent with this proposition, strong identification with one's group has been found to be associated with higher proficiency in, and frequent use of, the group language in daily interactions (Matsunaga et al., 2010). In their large study of immigrant youth, Berry et al. (2006) found that higher ethnic language proficiency and usage was associated with stronger levels of ethnic identity, and higher national language proficiency and usage was associated with stronger levels of national identity. Phinney et al. (2001) found a similar pattern of results among adolescents of various ethnic groups in the U.S, including Mexican Americans. Finally, Kim and Chao (2009) demonstrated that heritage language

fluency is an important component of ethnic identity for second-generation Mexican adolescents. Taken together, these studies suggest that one's language is intertwined with one's cultural identity.

Communication accommodation theory (Bradac & Giles, 2005; Giles & Ogay, 2007) also bears upon the relationship between cultural identity and language. The main thrust of the theory is that people use language partly to signal their attitudes toward one another and negotiate the social distance between them (Sachdev & Giles, 2004). This constant movement toward and away from others, by adjusting one's communication style and behavior, is termed *accommodation* (Giles & Ogay, 2007). Among the different accommodative strategies one may use, *convergence* and *divergence* have received the most attention. Convergence refers to speakers' attempts to appear more similar to their interlocutor, whereas divergence is meant to accentuate differences between speakers. Research suggests that, in general, converging speakers are perceived as more attractive and cooperative than diverging and maintaining (i.e., no accommodation) speakers (Giles & Ogay, 2007). A speaker may also *under*- or *overaccommodate*, in which case he or she may be perceived negatively (West & Turner, 2010).

Group identity has been shown to influence the accommodative behavior of individuals in intercultural interactions. For instance, individuals may accentuate speech and nonverbal differences between themselves and outgroup members in situations where they feel their group identity is threatened (Bourhis & Giles, 1977; Bourhis, Giles, Levens, & Tajfel, 1979). Individuals' reactions to others' accommodative behaviors may also vary according to group identity. Positive ingroup identification has been shown to relate to the

positive evaluations of speakers who switch away, or diverge, from the language of rival-group speakers (Bourhis, Giles, & Lambert, 1975; Genesee & Bourhis, 1988).

Tong et al. (1999) offered compelling evidence of this idea in a bilingual context. In their study, participants from Hong Kong listened to a taped conversation between a Hong Kong speaker and a speaker from Mainland China, and were asked to rate the Hong Kong speaker on several attributes, such as kindness and attractiveness. When the Hong Kong speaker switched (i.e., converged) to Mandarin, the Mainland's official language, those who identified with Hong Kong judged the speaker less favorably than did those who reported a Chinese identity. Also, participants who reported a Chinese identity rated the speaker from Hong Kong higher when he converged to Mandarin than when he maintained Cantonese, a dialect widely used in Hong Kong. Thus, participants' group identities affected their attitudes toward the speaker who switched between Mandarin and Cantonese in conversation.

Summary of Cultural Identity Section

Cultural identity, a term used in the present study and in past research to encompass two types of group identity (ethnic identity and national identity), is related in important ways to language (Berry et al., 2006; Giles & Johnson, 1987; Kim & Chao, 2009). Theory and research suggest that cultural identity may interact with language to influence individuals' attitudes toward speakers who switch between languages in conversation (Giles & Ogay, 2007; Tong et al., 1999). Thus, it is possible that bilingual clients' cultural identities would influence their attitudes toward psychotherapists who engage in language switching behavior.

Dependent Variables

Participants' perceptions of bilingual psychotherapists and the therapeutic bond were assessed in terms of four variables: therapist social influence or credibility; willingness to work with a therapist; therapist multicultural competence; and participants' sense of the anticipated client-therapist bond that is part of the working alliance. These and similar variables have been conceptualized in the past as related but distinct aspects of clients' perceptions of psychotherapists and the therapeutic relationship (Fuertes & Gelso, 2000; Jones & Gelso, 1988). The following section contains an overview of these variables and the research pertinent to them.

Social Influence and Utility

The notion of social influence emerged from Strong's (1968) view of psychotherapy as a social influence process. Extrapolating from studies in social psychology, Strong posited that therapists' efforts to change clients' attitudes or behaviors induce cognitive dissonance (Festinger, 1957). Clients may reduce this dissonance by either changing their attitudes or behaviors, or by discrediting the therapist, the source of the dissonance. The success of the latter strategy is diminished when the therapist is perceived as a credible source of help, which increases the likelihood that therapeutic change will occur (Hoyt, 1996). Based on this reasoning, Strong (1968) proposed a two-stage model of therapist influence. During the first stage, the therapist builds his or her influence by offering cues meant to enhance clients' perceptions of his or her credibility. Credibility is then used during the second stage to facilitate client change.

Credibility has been assessed in terms of three key aspects of the social influence process: attractiveness, expertness, and trustworthiness (Gelso & Fretz, 2001).

Attractiveness is the clients' liking and desire to be similar to their therapist. *Expertness* is the belief that the therapist has skills and knowledge that can help the client manage problems effectively. Finally, *trustworthiness* refers to the honesty, openness, and selflessness on the part of the therapist. A large meta-analysis showed that attractiveness, expertness, and trustworthiness are associated with client satisfaction with treatment and client attitude and behavior change (Hoyt, 1996).

Attractiveness, expertness, and trustworthiness were conceptualized as distinct but related dimensions of therapist credibility. However, studies show that these variables are highly intercorrelated, and are likely part of a general construct (Hoyt, 1996; Tracey, Glidden, and Kokotovic, 1988). Thus, measures of these dimensions (e.g., Counselor Rating Form-Short; Corrigan & Schmidt, 1983) typically yield a global score of perceived therapist credibility. Some measures (e.g., Counselor Effectiveness Rating Scale; Atkinson & Wampold, 1982) also include an index of therapist utility, the clients' willingness to work with a therapist. Willingness has been found to be a predictor of therapeutic outcome and clients' comfort level with their therapist (Fuertes & Gelso, 2000; Heppner & Claiborn, 1989; Jones & Gelso, 1988). It should be noted, however, that although therapist credibility and utility are aspects of clients' perceptions of therapists, they represent distinct constructs (Jones & Gelso, 1988).

To date, many studies have examined Strong's (1968) social influence model in terms of establishing credibility with the client. However, few of these investigations go beyond that initial stage to examine the second stage, in which therapist credibility is utilized to facilitate client change (Gelso & Fretz, 2001; Hoyt, 1996). In recent years, there has been a significant decline in the number of publications related to social influence

theory, and the view of psychotherapy as an influence process has become less prominent (Perrin, Heesacker, Pendley, & Smith, 2010; Wampold, 2007). Despite this declension, measures of therapist credibility continue to be useful indices of clients' perceptions of therapists (e.g., Fuertes et al., 2006).

Therapist Multicultural Competence

An important development in psychotherapy has been the emergence of the notion of multicultural competence. Multicultural competence is defined as therapists' ability to incorporate into treatment any cultural factors that are relevant to therapists, clients, and/or the therapy relationship, in order to provide effective services to diverse clients (Fuertes & Ponterotto, 2003). The most widely known model of multicultural competence was first set forth by Sue et al.'s (1988), since revised by Sue, Arredondo, and McDavis, 1992; and Sue et al., 1998). The model stresses a set of competencies, divided among the following three broad areas: (a) awareness of therapists' values, biases, and assumptions; (b) understanding the worldview of diverse clients; and (c) developing culturally appropriate skills and strategies. This model has received a great deal of scrutiny, and several measures have been developed to assess most or all of the areas that comprise the proposed set of multicultural competencies (e.g., LaFramboise, Coleman, & Hernandez, 19991).

Empirical research on multicultural competence has increased dramatically over the past several years (Worthington, Soth-McNett, & Moreno, 2007). In general, psychotherapy process and outcome research has shown positive results with respect to client perceptions of therapists that exhibit multiculturally competent behavior. Specifically, clients' perceptions of multicultural competence are positively related to perceptions of the working alliance, therapist empathy, and therapist credibility

(Constantine, 2002, 2007; Fuertes & Brobst, 2002; Fuertes et al., 2006). Recent field research also suggests that attending to clients' culture enhances perceptions of therapists' credibility and the working alliance (Owen, Tao, Leach, & Rodolfa, 2011).

There has not been a lot of research linking bilingualism and multicultural competence, but there is some evidence that attending to clients' language is a hallmark of culturally appropriate therapy. In a recent meta-analysis, Griner and Smith (2006) found that interventions delivered in clients' native languages were twice as effective as interventions delivered in English. Results also showed that culturally adapted interventions were more effective than traditional mental health interventions, and that the magnitude of these effects was larger in studies that had higher percentages of Latino participants.

Although Griner and Smith (2006) showed the benefits of attending to the linguistic needs of clients, their study did not examine whether language switching is a culturally effective intervention. Also, it is unclear whether the studies included in the analysis examined interventions within the context of psychotherapy in which both client and therapist are bilingual and could switch between their shared languages. Nonetheless, some authors have suggested that language switching is a culturally sensitive intervention (Santiago-Rivera & Altarriba, 2002; Santiago-Rivera et al., 2009). However, as mentioned earlier, the only studies to date (Ramos-Sanchez et al., 2001; Ramos-Sanchez 2009) that have addressed this question have not found the expected effects of language switching on multicultural competence.

The Working Alliance

The therapeutic relationship has been defined as "the feelings and attitudes the therapy participants have toward one another and the manner in which these are expressed" (Gelso & Samstag, 2008, p. 268). Studies continually show that the therapy relationship is a critical factor in successful therapeutic outcomes (Norcross, 2002). Gelso and Carter (1994) proposed that all therapeutic relationships consist of three parts: the real relationship, the transference- countertransference configuration, and the working alliance. The salience and weight of each part varies according to the particular therapy being practiced, as well as the theoretical orientation of the therapist. Furthermore, there is significant overlap between the three parts, making it difficult to demarcate clear boundaries (Gelso & Samstag, 2008).

Of the three constituents of the therapy relationship, the working alliance has received the most attention. Gelso and Carter (1994) defined the alliance as "the alignment or joining of the reasonable self or ego of the client and the therapist's analyzing or 'therapizing' self or ego for the purpose of the work" (p. 297). Although the idea emerged from psychoanalysis, Bordin (1979, 1994) theorized that the alliance is common across all helping relationships. He suggested that the strength of the alliance grows from the agreement between client and therapist on the goals and tasks of therapy, and the quality of the therapist-client relational bond. Research shows that the strength of the alliance is a robust predictor of change and a variety of positive outcomes (Castonguay, Constantino, & Holtforth, 2006). The formation of a viable alliance early in therapy also appears to be necessary for a good overall outcome (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000).

Two concepts are essential to any definition of the alliance, and they are indeed central to Bordin's (1979, 1994) formulation: *collaboration* and *attachment* (Gelso & Hayes, 1998; Hatcher & Barends, 2006). Concerning collaboration, the therapist and the client must engage in a joint effort to address the client's problems. For this work to be successful, Bordin suggested it must be based on an agreement regarding the client's problems and what the solutions might be (Goal). An agreement must also exist regarding what needs to be done during treatment to achieve these goals (Task). Regarding bonding, client and therapist must form an emotional bond for the purpose of advancing the work (Gelso & Hayes, 1998). Successful collaboration largely depends on the level of trust, acceptance, and confidence that exists in the dyad. Thus, the bond that characterizes the working alliance is perhaps best described as a *working bond* (Gelso & Carter, 1994; Gelso & Hayes, 1998; Hatcher & Barends, 2006).

Summary of Literature Review

The psychotherapy literature advocates the use of language switching in treatment with bilingual clients, particularly Latinos (Altarriba & Santiago-Rivera, 2002). However, only a few studies have examined the effects of language switching on the therapeutic process, and the majority of these investigations have been case studies (e.g., Rozensky & Gomes, 1983). A qualitative investigation suggested a relationship between language switching and the working alliance (Santiago-Rivera et al., 2009). Finally, the few experimental studies that have examined the effectiveness of language switching with bilingual Latinos offer inconclusive evidence (Ramos-Sánchez et al., 1999; Ramos-Sánchez, 2009).

There is some evidence to suggest that offering bilingual clients the opportunity to switch between their languages in psychotherapy could further the therapeutic work (Gollan & Ferreira, 2009; Javier, 1990; Valdez, 1991; Rozensky & Gomez, 1983). This idea is buttressed by findings that shared decision-making and collaboration between clients and clinicians yield positive outcomes (Charles et al., 1997; Tryon & Winograd, 2001). The idea that voluntary language switching could be advantageous in psychotherapy, however, has not been put to the empirical test. The present investigation aimed to address this gap in the literature.

The literature on cultural identity and its relation to language was also explored. Cultural identity, as conceptualized in previous studies, encompasses two types of group identity: ethnic and national identity (Berry et al., 2006). People's cultural identities have been found to influence their reactions to speakers who engage in language switching in conversation (Tong et al., 1999). Thus, the present study examined the impact of bilingual Latinos' commitment to their ethnic and national identities on their perceptions of therapists who offer bilingual Hispanic clients the option to switch from English to Spanish in therapy session.

Chapter 3 – Statement of the Problem

Many theorists advocate the use of language switching in psychotherapy with bilingual Hispanics (e.g., Altarriba & Santiago-Rivera, 2002; Santiago-Rivera & Altarriba, 1994). Most evidence to support its use, however, relies on case studies (e.g., Pitta, Marcos, & Alpert, 1978). Only a handful of empirical studies have examined language switching and its effects on the process of psychotherapy. Of these, few have been experimental studies (e.g., Ramos-Sánchez et al., 1999; Ramos-Sánchez, 2009), and those investigations have yielded inconclusive evidence of the effectiveness of language switching.

Moreover, research on language switching and the process of psychotherapy has focused mainly on its effects on perceptions of therapist characteristics. Only one qualitative study (Santiago-Rivera et al., 2009) has examined the effects of language switching on other aspects of the process, such as the therapy relationship. The study, however, only focused on bilingual therapists' perspectives. No study to date has examined the effects of switching languages on the therapeutic relationship from the vantage point of the bilingual client.

In order to address these gaps in the literature, an experiment was conducted which took the form of an audio-analogue simulation (Gelso & Fretz, 2001). The goal of this experiment was to examine the effects of a therapist's offering to switch from English to Spanish during a therapy session in which client and therapist are Hispanic, and are also bilingual in Spanish and English. As stated in the introduction, the laboratory simulation isolated variables of language and cultural identity in order to understand their role in

shaping bilingual Hispanic clients' perceptions of bilingual Hispanic therapists and the therapeutic relationship.

Giving bilingual clients the option to switch languages is consistent with Altarriba and Santiago-Rivera's (1994) suggestion that Latino clients be given the freedom to conduct a therapy session in whichever language is most comfortable and meaningful. Although the effects of this intervention have not been directly examined, indirect support for its helpfulness exists in the literature. Case studies reviewed in the previous chapter suggest that offering Spanish-English bilingual clients the option to switch from one language to another may have a positive effect on the treatment. Rozensky and Gomez (1983) described a case in which the therapist encouraged the client to express difficult material in Spanish, which allowed the client to address her anxieties about abandonment and enhanced the therapeutic alliance. Similarly, Javier (1990) showed that offering a Latino client the opportunity to voluntarily switch languages allowed the client to explore maladaptive relational patterns and also strengthened the client-therapist bond. Finally, Valdez (1991) detailed cases in which, at critical junctures, he encouraged clients to switch languages to facilitate exploration of difficult material. The common thread running through these cases is that therapists initiated a switch in the language of the session by either asking or encouraging clients to do so, to good consequence.

Encouraging bilingual Latino clients to switch languages may also be seen as a culturally appropriate intervention, one that would evidence therapists' sensitivity to the cultural dimensions of therapy. Indeed, attending to the linguistic needs of cultural minority clients is a hallmark of culturally adapted psychotherapy (Griner and Smith, 2006), and some authors have suggested that using Spanish in psychotherapy with

bilingual Latino clients could convey cultural sensitivity (e.g., Santiago-Rivera & Altarriba, 2002). According to studies, multicultural competence has a positive impact on therapeutic processes and outcomes (e.g., Constantine, 2002, 2007; Fuertes et al., 2006; Owen et al., 2011b).

In addition to demonstrating sensitivity to clients' linguistic, cultural, and psychological needs, the offer to shift languages may show willingness to engage collaboratively with clients. According to Tryon and Winograd (2001), when therapists communicate in a manner that engages clients and involves shared decision-making, clients feel understood, a collaborative partnership is created, and clients' willingness to work on their problems increases.

Thus, it was hypothesized that participants would perceive a therapist who invites a client to switch to Spanish in a psychotherapy session (henceforth *offering therapist*) as having higher credibility and multicultural competence than a therapist who does not offer to switch (henceforth *non-offering therapist*). Similarly, it was expected that participants would anticipate a stronger emotional bond and would express greater willingness to work with the offering therapist than with the non-offering therapist. Hence, the following hypotheses were formulated:

Hypothesis 1: The offering therapist will be perceived more positively than the non-offering therapist, such that:

Hypothesis 1a: The offering therapist will be perceived as being significantly higher than the non-offering therapist in credibility, as captured by a global measure of expertness, attractiveness, and trustworthiness.

Hypothesis 1b: The offering therapist will be perceived as being significantly higher than the non-offering therapist in multicultural competence, as captured by a measure of multiculturally competent psychotherapy skills.

Hypothesis 1c: The offering therapist will be rated significantly higher than the non-offering therapist on a measure of willingness to work with the therapist in long-term psychotherapy to solve an emotionally painful personal problem.

Hypothesis 1d: The offering therapist will be rated significantly higher than the non-offering therapist on a measure of the anticipated client-therapist bond.

Another aim of this study was to examine the potential influence of participants' cultural identity on their perceptions of the offering therapist. Communication accommodation theory (Giles & Ogay, 2007; West & Turner, 2010) suggests that individuals' social identities influence their attitudes toward speakers who switch languages during conversation. Thus, it is possible that participants' reactions to a therapist who suggests a switch in the language of a session may be influenced in part by their cultural identity, which may be thought of as consisting of an ethnic identity component and a national identity component (Phinney et al., 2006).

Moreover, research has shown that bilinguals who identify with a given cultural group perceive those who converge to the language of this group more positively than individuals who diverge from this language (Tong et al., 1999). Thus, on the whole one might expect that bilingual Latinos who are high in ethnic identity commitment will perceive a therapist who offers a client the opportunity to speak Spanish during a session favorably, because this language is associated with Latino cultures (Santiago-Rivera & Altarriba, 2002). In turn, one might expect that, on the whole, bilingual Latinos who are

high in American identity commitment will see the offer to switch from English as an affront to the American identity, given that English is associated with the American society or culture. Thus, participants high in American identity commitment may be inclined to view the offering therapist as being less effective than the non-offering therapist. These assertions regarding the relationship between language and identity are supported by research demonstrating that a strong identification with a particular cultural group is associated with higher proficiency in and frequent use of that group's language (Berry et al., 2006; Matshunaga et al., 2010).

Hence, the following hypotheses were proposed:

Hypothesis 2: There will be an interaction between the offer to switch languages and commitment to ethnic identity on the dependent variables. For participants low in ethnic identity commitment, the offer to switch will have no effect: there will be no differences in their ratings of the therapists. In turn, for participants high in ethnic identity commitment, the offer to switch languages will be positively related to (a) therapist credibility, (b) multicultural competence, (c) anticipated working alliance bond, and (e) willingness to work with the therapist.

Hypothesis 3: There will be an interaction between the offer to switch languages and commitment to American identity on the dependent variables. For participants low in American identity commitment, the offer to switch will have no effect: there will be no differences in their ratings of the therapists. In turn, for participants high in American identity commitment, the offer to switch will be negatively related to (a) therapist credibility, (b) multicultural competence, (c) anticipated working alliance bond, and (e) willingness to work with the therapist.

Chapter 4 – Method

Design Statement

The present study used audio-analogue methodology (Gelso & Fretz, 2001) to examine the effects of offering bilingual Hispanics a choice to switch to Spanish during a therapy session on their perceptions of bilingual psychotherapists. This choice is given in the context of a psychotherapy session in which both therapist and client are female, Hispanic, and Spanish-English bilingual. In addition to investigating the main effect of prompting clients to switch languages, the moderating role of cultural identity on the relationship between the offer to shift languages and the dependent variables was examined.

Participants

In all, 41 participants were women and 11 were men, with ages ranging from 18 to 35, and a mean of 20.04 (*SD* = 3.08). Sixteen participants were first-year students, 15 were sophomores, 11 were juniors, 8 were seniors, and two were graduate students. A total of thirteen participants had yet to select a major, and eleven participants were majoring in psychology. The remaining portion of the sample was comprised of students in a variety of majors from a range of fields (e.g., kinesiology, biology, linguistics, mechanical engineering, etc.).

With regard to race, 26 participants identified as White, six as multiracial, two as American Indian or Alaska Native (one Mayan; one did not specify tribe), and one as Black. Seventeen participants specified Hispanic or Latino/a as an "Other" racial category. With respect to ethnicity, six participants identified as Mexican, Mexican American, or Chicano; three identified as Cuban; three as Puerto Rican; and 42 identified with another

Hispanic, Latino, or Spanish ethnic group. Of these 42 participants, 13 were Salvadoran, four Argentinean, four Venezuelan, three Peruvian, three Nicaraguan, two Bolivian, two Colombian, two Dominican, and the rest identified with a variety of other backgrounds. Thirty-three participants were second generation, 15 were one-and-a-half generation[2], two were first generation, one was fourth generation, and one was fifth generation. For non-U.S-born participants (n = 19), the length of residence in the U.S. ranged from 3 to 21 years, with a mean of 11.71 years (SD = 5.19). Finally, 44 participants were U.S. citizens.

In terms of language background, 34 participants indicated that Spanish was their native language; fifteen said English was their native language; and three considered both languages their native language. Ten participants for whom Spanish was a second language learned Spanish through a mixture of formal classroom instruction and social interactions, and five learned Spanish mainly through social interactions. Likewise, twenty-seven participants for whom English was a second language learned English through a mixture of formal instruction and social interactions, whereas six learned it mainly through formal instruction, and one learned it mainly through social interactions. Participants also reported using English more than Spanish on a daily basis, as shown in Table 1. Finally, although participants' self-reported proficiency in reading, writing, speaking, and listening was higher in English, their Spanish proficiency was good to very good; see Table 2. Thus, at the time of participation, participants could be regarded as fluent in English and Spanish, but their current dominant language was English.

---

[2] One-and-a-half generation refers to people who were born in a country other than the U.S who immigrated in childhood or adolescence.

Table 1

Participants' Estimates of English and Spanish Use in All Daily Activities Combined

	English		Spanish	
Rate of use	*n*	%	*n*	%
Less than 25% of the time	—	—	20	38.5
25% of the time	1	1.9	22	42.3
50% of the time	3	5.8	3	5.8
75% of the time	27	51.9	6	11.5
100% of the time	21	40.4	1	1.90

Note. $N = 52$. No participant reported using English less than 25% of their time.

Table 2

Mean (SD) Self-Report Ratings of Reading and Writing Proficiency, Speaking Fluency, and Listening Ability in English and in Spanish.

	English	Spanish	*t*(51)	*p*	*d*
Reading proficiency	6.60 (0.87)	5.65 (1.30)	4.12	< .001	.88
Writing proficiency	6.54 (0.85)	5.17 (1.56)	4.88	< .001	1.14
Speaking fluency	6.73 (0.56)	5.96 (1.03)	4.40	< .001	.97
Listening ability	6.77 (0.51)	6.46 (0.78)	2.41	.019	.48

Note. $N = 52$. Proficiency, fluency, and ability ratings were made on 7-point scales for which 1 = *very poor* and 7 = *native-like*. *d* = Cohen's *d*.

Measures

Counselor Rating Form-Short (CRF-S; Corrigan & Schmidt, 1983). The CRF-S was used to assess participants' perceptions of therapist credibility. The CRF-S is a 12-item instrument designed to assess perceptions of therapists' expertness, attractiveness, and trustworthiness. Participants respond to a list of adjectives on a scale ranging from 1 (*not very descriptive*) to 7 (*very descriptive*). The 12 CRF-S items represent those that had the highest factor loadings in factor analytic studies of the Counselor Rating From (Barak & LaCrosse, 1975), developed to test Strong's (1968) hypothesis concerning therapist influence with clients.

The CRF-S is the most widely used measure of therapist credibility (Heppner, Wampold, & Kivlighan, 2008). Confirmatory factor analysis supports the validity of the CRF-S (Wilson & Yager, 1990). Reported split-half reliability scores range from 0.85 to 0.91 (Corrigan & Schmidt, 1983). Reliabilities of the three subscales have been estimated at 0.88 to 0.89, and 0.92 for the total scale (Hackett, Enns, & Zetzer, 1992). The use of the total CRF-S score as a global measure is supported by factor analytic studies (Tracey, Glidden, & Kokotovic, 1988) and prior research (e.g., Fuertes et al., 2006). For this study, the internal consistency coefficient alpha of the total CRF was .92, and for the subscales it was .93 (Expertness), .86 (Attractiveness), and .82 (Trustworthiness). The CRF-S can be found in Appendix A.

Cross-Cultural Counseling Inventory-Revised (CCCI–R; LaFromboise, Coleman, & Hernandez, 1991). The CCCI-R was used to assess participants' perceptions of the therapists' multicultural competence. The measure is comprised of 20 items that are rated on a 6-point scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). As has

been done in prior studies (e.g., Fuertes et al., 2006; Ramos-Sanchez et al., 1999), minor changes were made to the wording of the items. For example, the item "Counselor is at ease talking with this client" was modified to read, "Dr. Esposito is at ease talking with this client." Although the CCCI-R was developed to assess various aspects of multicultural processes, LaFramoise et al. (1991) found that the instrument is best represented by a single-factor structure. The CCCI-R's content validity was established through ratings made by judges who evaluated items based on the extent to which they reflected cross-cultural competencies defined by APA Division 17. The reliability alpha of the CCCI-R has been estimated to be in the .90s range (see e.g., Owen et al., 2011b).

For this study, a subset of the 20 items that comprise the CCCI-R was used. Reducing the number of CCCI-R items was done out of concern for participant fatigue and burden, given the high overall number of measure items they had to respond to. To select suitable items, a content analysis of the CCCI-R was performed. Consistent with some authors' critique of the measure, (Ridley and Shaw-Ridley, 2011; cf. Owen et al., 2011a), some items seemed like they would be difficult for clients—let alone students imagining themselves in the role of clients—to fully grasp (e.g., "Counselor understands the current socio-political system and its impact on the client"). Other items did not appear applicable to the session that participants were asked to rate (e.g., "Counselor is willing to suggest referral when cultural differences are extensive"), and yet another set of items seemed to require information about the analogue therapists that participants did not have (e.g., "Counselor is aware of his or her own cultural heritage").

Following the content analysis, six CCCI-R items were selected. These items were considered ones that bilingual Latinos could reasonably respond to when evaluating a

therapist's performance in a session with a bilingual Latina client, for they pertain primarily to the communication between client and therapist, and the therapist's attention to the client's experience as an ethnic minority as evidenced by her conduct. The six-item CCCI-R can be found in Appendix B. The internal consistency alpha of the 6-item CCCI-R was .77.

Working Alliance Inventory (WAI; Horvath & Greenberg, 1989). The WAI is a 36-item self-report questionnaire rated on a 7-point scale ranging from *never* (1) to *always* (7). The WAI was derived from Bordin's (1979) model of the working alliance. Bordin theorized that the working alliance common to all therapeutic relationships grows from the agreement between client and therapist on the goals and tasks of therapy, and the quality of the therapist-client relational bond. Three 12-item subscales (Task, Goal, and Bond) measure these components of the working alliance.

Horvath and Greenberg (1989) established the WAI's validity through correlations of WAI scores with those of other measures of the therapeutic relationship and outcome measures. Similar support for the instrument's convergent and discriminant validity has been documented (Horvath, 1994). Although the three WAI subscales appear to be strongly correlated, there is also evidence that the three components are distinct. Using confirmatory factor analysis, Tracey and Kokotovic (1989) found evidence of a general alliance factor plus three second-level factors that correspond to the Bond, Task, and Goal subscales.

Reliability estimates for the whole measure range from 0.93 to 0.84; for the subscales, reliability estimates range from 0.92 to 0.68 (Horvath, 1994). Test-retest reliability for the whole scale across a 3-week interval has been estimated at 0.80, and for

the subscales the range is between 0.74 and 0.66 (Horvath, 1994). In terms of the Bond, Horvath & Greenberg (1989) estimated the reliability for this subscale at 0.85, and more recent studies have found similar estimates (e.g., Romano, Fitzpatrick, & Janzen, 2008).

Participants' bond to the therapist was assessed with the 12-item Bond subscale of the client form of the WAI. The WAI-Bond was modified for the present study: participants were asked to estimate the alliance they would experience with the therapist they heard as though they were in treatment with her. The internal consistency coefficient alpha of the WAI-Bond was .85 for this study. The WAI can be found in Appendix C.

Willingness scale (WILL-S). Participants were asked to respond to a single-item measure assessing their willingness to work with the analogue therapist in personal psychotherapy in 20 to 25 weekly sessions. This session limit was selected because it constitutes the limit of some models of time-limited psychotherapy (e.g., Binder & Strupp, 1991). The willingness item is rated along a Likert-type scale ranging from 1 (*very unwilling*) to 5 (*very willing*). It has been used effectively in previous research (e.g., Fuertes & Gelso, 2000; Jones & Gelso, 1988) to assess participants' evaluations of therapists beyond dimensions such as expertness, attractiveness, and trustworthiness. For example, Fuertes and Gelso (2000) found that White participants' responses to a willingness item were affected by Hispanic therapists' race and speech accents. Similarly, Jones and Gelso (1988) found that responses to the willingness item were influenced by interpretation style. The WILL-S can be found in Appendix D.

Cultural Identity Commitment Questionnaires. In order to assess participants' cultural identity as conceptualized in the current study, measures of commitment to American identity and ethnic identity were used. The American Identity Questionnaire

(AIQ; Phinney & Devich-Navarro, 1997) and the Multigroup Ethnic Identity Measure-Revised (MEIM-R; Phinney & Ong, 2007) were designed to measure American identity and ethnic identity, respectively. In the present study, items that pertain to participants' commitment to each identity type were used. The rationale for using only commitment items will be presented shortly, along with more detailed descriptions of the AIQ and the MEIM-R.

In order to organize and simplify administration of the AIQ and the MEIM-R, the items from these measures were assembled into a single questionnaire. A similar questionnaire, consisting of items from the AIQ and a previous version of the MEIM (Phinney, 1992), was used by Berry and colleagues (Berry, Phinney, Sam, & Vedder, 2006) in their large-scale study of cultural identity. In the present study, participants were asked to complete the AIQ and the MEIM-R in terms of the extent to which they see themselves as being American and being members of their particular ethnic group. Participants rated their agreement to each item using a 5-point scale, where 1 = *strongly disagree* and 5 = *strongly agree*. Below is a description of the AIQ and the MEIM-R, both of which may be found in Appendix E.

The *American Identity Questionnaire* (AIQ; Phinney & Devich-Navarro, 1997) is a 7-item measure designed to determine individuals' sense of being American. It consists of 7 statements to which individuals respond on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Responses are summed and a mean score is computed, with higher scores indicating a strong American identity. The AIQ was developed for a study of African American and Mexican American adolescents' identification to their ethnic and American cultures (Phinney and Devich-Navarro, 1997). The measure yielded a reliability

alpha of 0.88. Phinney and Devich-Navarro reported that the AIQ could differentiate United States- and foreign-born adolescents, and it has been shown to correlate in theoretically consistent ways to measures of ethnic identity (Berry et al., 2006; Phinney and Devich-Navarro, 1997), supporting the instrument's validity.

A content analysis of the AIQ's items suggest that the measure does not represent all of the factors theorized to be essential to the formation of a group identity (Phinney & Ong, 2007). Indeed, only one factor appears represented: commitment to American identity. Thus, only those items that best reflect commitment to American identity were included. This shortened version of the AIQ has been used in past research to assess commitment to national identity (Berry et al., 2006). The reliability coefficient of the 3-item AIQ has been estimated at 0.84 (Berry et al., 2006). The internal consistency coefficient alpha of the AIQ was .82 for this study.

The *Multigroup Ethnic Identity Measure-Revised* (MEIM-R; Phinney & Ong, 2007) is a 6-item measure of ethnic identity that is a revised version of the original 14-item MEIM (Phinney, 1992). Participants respond to MEIM-R items on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Each subscale has three questions, and the subscales may be used separately or a full-scale score can be used. Phinney and Ong (2007) conducted factor analyses that suggested two latent constructs, Exploration and Commitment, which are theorized to be key aspects of ethnic identity. A recent study (Yoon, 2011) that employed confirmatory factor analysis supported this two-factor structure for both European American and ethnic minority students, including Latinos. Phinney and Ong (2007) reported reliability alphas of 0.76 for the Exploration subscale, 0.78 for the Commitment subscale, and 0.81 for the total scale. Yoon (2011) reported

reliability alphas of 0.87 for the Exploration subscale, and 0.88 for the Commitment subscale, in the sample of ethnically diverse individuals.

The 3-item Commitment subscale of the MEIM-R was used in this study. This allowed for comparison between the MEIM-R-Commitment scores and the scores derived from the shortened version of the AIQ, which assesses commitment to American identity. Moreover, the ethnic identity factor that was most theoretically relevant for the current study was commitment to a cultural identity. This factor refers to the sense of belonging one derives from being a member of a particular group, and as such, it has been theorized to be the most important component of ethnic identity (Phinney & Ong, 2007). For this study, the internal consistency coefficient alpha of the Commitment subscale of the MEIM-R was .81.

Balanced Inventory of Desirable Responding-6 (BIDR-6; Paulhus, 1991). The BIDR-6 is a 40-item measure that assesses socially desirable responding (SDR), a response bias defined as the tendency to give overly positive self-descriptions (Paulhus, 2002). This measure was included in this study in light of evidence (Abreu & Gabarain, 2000) that social desirability influences Latinos' perceptions of Latino therapists. The BIDR-6 assesses two forms of SDR: Self-Deceptive Enhancement (SDE) and Impression Management (IM). SDE refers to individuals' unconscious tendency to exaggerate their positive qualities, whereas IM refers to the conscious tendency to exaggerate positive qualities and appear normatively appropriate.

The 40 BIDR-6 items are stated as propositions to which respondents rate their agreement on a seven-point scale. After accounting for reversed-scored items, one point is added for each extreme response (6 or 7). Thus, total scores on SDE and IM can range from

0 to 20. This scoring ensures that only participants who give extremely desirable responses attain high scores. All 40 items may be summed to obtain an overall measure of SDR.

A number of factor analyses conducted by Paulhus and colleagues consistently revealed the two dimensions of SDR mentioned above (Paulhus, 2002). The sum of all BIDR-6 items has also been found to correlate highly with other measures of SDR and strongly with measures of related constructs (Paulhus, 1991). Typical alphas for the BIDR-6 are 0.88 for the combined scale, 0.67 to 0.77 for SDE, and 0.77 to 0.85 for IM. Paulhus (1988) reported test-retest correlations over a 5-week period of 0.69 (SDE) and 0.65 (IM) (as cited in Paulhus, 1991). For this study, the internal consistency coefficient alphas of the BIDR-6 total was .85, and for the subscales it was .80 (SDE) and .81 (IM). The BIDR-6 can be found in Appendix F.

Demographics and language history questionnaire. The demographics and language history questionnaire (see Appendix G) contained questions that pertain to participants' demographic and linguistic background. In Part A, participants were asked to report their age, gender, college class, race/ethnicity, and generational status. The race and ethnicity item is based on the classification system used by the U.S. Census Bureau.

Part B consisted of questions from a language history questionnaire (LHQ; Li, Sepanski, & Zhao, 2006), adapted for use in the current study. The LHQ assesses dimensions of bilingualism that were found to appear consistently in questionnaires of language background. Of particular importance to the present study are items that assessed participants' proficiency in each language in terms of writing, listening, reading, and speaking abilities. Other items concern the age and length of learning in these four domains and the frequency of usage of each language.

Li and colleagues established the validity and reliability of the LHQ on a sample of 40 English-Spanish bilinguals at the University of Richmond. Participants' total scores were found to predict overall proficiency in their second language. Questions concerning the self-assessed reading, speaking, and comprehension abilities of participants were found to significantly correlate to other important constructs such as age of acquisition, amount of language use, and years of learning. The questionnaire was also found to successfully separate participants into three different proficiency groups (low, intermediate, and high) using participants' SAT-II scores in Spanish as the criterion variable. Finally, a split-half reliability test of the quantitative variables of the questionnaire was estimated at .85.

Stimulus Materials

Introductions. Identical introductions to the audio of the simulated therapy sessions were presented to participants. In them, the therapist was identified as Dr. Mariana Esposito, a 41-year-old female Latina psychotherapist from Costa Rica. Dr. Esposito's philosophy of psychotherapy was included. Efforts were made to portray her as a "universal" therapist. Introductions also included a simulated case summary, client background information, and presenting concern. The client was identified as Ana Gómez, a 21-year-old Latina college junior in Communication. It was specified that both therapist and client know English and Spanish. The introductions, and the rest of the stimulus materials, can be found in Appendix H.

Scripts. Two scripts were drafted portraying a psychotherapy session between Ana and Dr. Esposito. Both scripts were identical except for the manipulation of the independent variable. In the script, Ana discusses difficulties she has been experiencing following a recent breakup. Toward the end of both scripts, she struggles to articulate her

thoughts and feelings. Dr. Esposito acknowledges this difficulty, but in one script, she wonders whether Ana could try to explain herself in Spanish (*offering-therapist condition*), whereas in the other script she encourages Ana to continue trying without offering the choice to switch to Spanish (*non-offering-therapist condition*). This marks the end of both scripts; the client's response to the therapist's final intervention is not portrayed. The scripts can be found in Appendix H.

Audio recordings. Audio recordings were made from the scripts to simulate an actual therapy session. Volunteer actresses portrayed Ana and Dr. Esposito. In order to minimize potential actress effects, two different sets of actresses were used. The actresses who portrayed Dr. Esposito were two doctoral students in counseling and clinical psychology (one from Argentina, the other from Peru); in turn, a student from Argentina in a genetic counseling master's program, and a Mexican American individual with a bachelor's degree in Latin American studies, portrayed Ana. All of the actresses were found through personal contacts with the present author.

The actresses read and rehearsed the scripts before audio recordings were made. The recordings were made with an external microphone connected to a 2010 MacBook laptop, using the software GarageBand (v. 5.1). In terms of sound quality, the recordings were identical; unintended discrepancies between them were edited out. For one set of actresses, the recording lasted approximately 15 minutes. For the other set of actresses, the recording lasted approximately 18 minutes. In all, two sets of recordings were made: two audio recordings corresponding to the offering-therapist condition, and two corresponding to the non-offering-therapist condition.

A pilot study was conducted to determine the viability of the audio recordings as stimulus materials. A group comprised of a full-time counseling psychology professor, two counseling psychology graduate students, and a research assistant with a bachelor's degree in psychology were asked to read the client and therapist introductions and to listen to the audio recordings sans the experimental manipulation (i.e., the portion of the session in which Dr. Esposito encourages Ana to speak Spanish). The group was asked to provide its perceptions of the actresses' believability, the strength of their accents, and the intelligibility of their speech. Ratings for the believability of the audio in portraying a therapy session were also obtained. Believability ratings were made using a 4-point scale; all other ratings were made on a 5-point scale.

Results showed that the group perceived the first set of actresses as believable (M = 3.25, SD = 0.5 for Esposito; M = 3.50, SD = 1.0 for Ana), and as having mild accents (M = 1.5, SD = 0.58 for both) and very intelligible speech (M = 5, SD = 0.0 for both). The second set of actresses was perceived as believable or very believable (M = 3.50, SD = 0.58 for Esposito; M = 4.0, SD = 0.0 for Ana). Of these actresses, the one who portrayed Dr. Esposito was perceived as having a very mild accent (M = 1.25, SD = 0.50), and the actress who portrayed Ana was perceived as having little to no accent (M = 1.0, SD = 0.0). Both of these actresses were perceived as having very intelligible speech (M = 5, SD = 0.0 for both). Finally, both recordings were perceived as being close to very believable in portraying a psychotherapy session (M = 3.75, SD = 0.5 for both).

A pilot study was also conducted to verify that the experimental manipulation would be perceived as intended. Graduate students in counseling and clinical psychology doctoral programs were exposed to the client and therapist introductions, and then

randomly assigned to one of the conditions (offering- vs. non-offering-therapist) that corresponded to the two versions of the audio recordings. Participants were then asked to indicate whether it was true or false that Ana and Dr. Esposito are Hispanic/Latina and speak Spanish and English, and whether Dr. Esposito asked Ana to speak Spanish during their session. Participants could also indicate whether they were unsure and, if so, to elaborate on this answer.

Ten counseling psychology students were asked to provide ratings for the audio recording made by the first set of actresses. Nine of the 10 students correctly identified Ana as being Hispanic/Latina; one student indicated being unsure. Seven of the 10 students correctly identified Dr. Esposito as being Hispanic/Latina; three students indicated being unsure (one said she could not remember her ethnicity; another stated that no information regarding her background was provided; and the third student provided no rationale). Regarding language, nine of the 10 students correctly stated that Ana and Dr. Esposito are bilingual, and one student indicated that no information about their language background was provided. Finally, nine of the 10 students accurately perceived the difference between the conditions. The students in the offering-therapist condition stated that Dr. Esposito asked Ana to speak Spanish, whereas four of the five students in the non-offering-therapist condition stated that Ana was not asked to speak Spanish. One student in the latter condition indicated being unable to recall whether Ana was asked to speak Spanish. Closer inspection of this student's response revealed this student only listened to roughly 8 minutes of the 15-minute clip, and was thus not exposed to the segment of the recording where Dr. Esposito encourages Ana to speak Spanish.

For the recording made by the second set of actresses, eight graduate students (five in counseling and three in clinical psychology) were also asked to read the introductions and were randomly assigned to the experimental conditions. Seven of the eights students correctly identified Ana as being Hispanic/Latina; one person stated being "90% sure she is [Hispanic/Latina]," but could not fully remember. Six of the eight students correctly identified Dr. Esposito as being Hispanic/Latina; two students were unsure. Five of the eight students correctly stated that Ana is bilingual; the remaining three said that they assumed Ana was bilingual, but were unsure whether this was specified in the introduction.

In turn, six of the eight students correctly stated that Dr. Esposito is bilingual; the remaining two indicated being unsure (one stated that Dr. Esposito did not speak Spanish in the session and asserted that no information about her background was available; the other student stated that it is probable Dr. Esposito speaks Spanish because she encouraged Ana to speak Spanish in the session). Finally, the difference between the conditions was perceived as intended. The four students in the offering-therapist condition indicated that Dr. Esposito asked Ana if she would like to try speaking in Spanish, and the four students in the non-offering-therapist condition stated that Dr. Esposito did not make this intervention.

On the basis of these pilot studies, it was determined that the audio recordings could be used as stimulus materials in the present study.

Procedure

Participants were recruited through print advertisements and flyers on campus, and the psychology department's pool of participants. Chairs and directors of different departments and programs in the School of Languages, Literatures, and Cultures (i.e.,

Department of Spanish and Portuguese, Second Language Acquisition Program, and the Language House Immersion Program) were contacted to solicit participants. Leaders of various Latino organizations on campus were also contacted to request permission to recruit their members. Participants recruited through the psychology department's pool were awarded class credit, and participants recruited elsewhere received a $5 gift certificate.

A total of 56 students were recruited from a large mid-Atlantic university. To be included in the sample, participants had to self-identity as Hispanic, Latino/a, or Spanish. They also had to be bilingual in English and Spanish, and report a speaking fluency and listening ability in Spanish of 4 (*functional*) or better on a 7-point scale (see Language History Questionnaire in the Measures section). Two participants experienced technical difficulties while completing the experiment, and questionnaires from two other participants showed evidence of random responding. Thus, data from these participants were not included in the analyses, leaving a total sample of 52 participants.

Five to seven days before taking part in the experiment, students were asked to complete the demographic and language history questionnaires online. At this time, they also completed the MEIM-R and the AIQ. It was thought that asking participants to complete the cultural identity measures prior to participating in the experiment would diminish potential priming effects on participants' answers to the dependent measures. This also ensured that participants' exposure to the bilingual therapist and the bilingual client would not unduly affect their responses to the cultural identity measures. Moreover, the MEIM-R and the AIQ were embedded between a measure of attachment (Fraley, Heffernan, Vicary, & Brumbaugh, 2011) and one of self-esteem (Rosenberg, 1965) in

order to reduce the effects of language questions on participants' ratings of their cultural identity. These extraneous measures also served as distracters that masked the focus of the study.

In the actual experiment, participants were asked to read Ana and Dr. Esposito's introductions, after which they were randomly assigned to one of two experimental conditions. In one condition, participants were exposed to the offering therapist. In the other condition, participants were exposed to the non-offering therapist. Participants listened to the audio of the simulated therapy session that corresponded to their assigned condition on a computer in a room by themselves. Afterward, participants were asked to imagine what it would be like for them to work with Dr. Esposito to solve an emotionally painful personal problem and, with this frame of mind, to respond to a questionnaire with the dependent measures, the BIDR-6, and the manipulation check. The order of the dependent measures was counterbalanced to avoid order effects. The manipulation check (which can be found in Appendix I) was composed of a series of true-or-false questions that assessed whether participants thought that Ana and Dr. Esposito are Hispanic/Latina and bilingual. Participants were also asked to specify whether the Dr. Esposito asked Ana if she would like to try to explain herself in Spanish during the session they were exposed to. Upon completing the measures and the manipulation check, participants were fully debriefed about the nature of the study.

Chapter 5 – Results

Preliminary Analyses

The means, standard deviations, and intercorrelations of all continuous independent and dependent variables are presented in Table J1. As can be seen in Table J1, self-deceptive enhancement was significantly negatively correlated with participants' willingness to work with the therapists (r = -.34), and impression management was significantly positively correlated with therapist multicultural competence (r = .29) and the anticipated working alliance bond (r = .37). Because of these correlations, self-deceptive enhancement was statistically controlled in all analyses that involved willingness as a dependent variable. Impression management was also statistically controlled in analyses involving multicultural competence and the anticipated bond.

Further preliminary analyses were conducted to detect the presence of other covariates. A series of *t* tests revealed no significant differences in age and language proficiencies between participants assigned to the two experimental conditions. Similar tests showed that there were no significant differences between participants' responses to the two actresses that portrayed Dr. Esposito across conditions. Multivariate analyses of variance (MANOVAs) also revealed no significant differences on participants' responses to the dependent measures on the basis of class, race, generational status, native language, daily use of English and Spanish, manner of language acquisition, and citizenship status. Thus, these variables were excluded in subsequent analyses.

Gender was not found to have significant effects on participants' perceptions of therapist credibility, multicultural competence, and anticipated emotional bond, so gender was excluded from subsequent analyses that involved these dependent variables. However,

a one-way analysis of variance (ANOVA) revealed a significant effect of gender on willingness to work with Dr. Esposito, $F(1, 50) = 3.97$, $p = .052$. Women ($M = 3.78$, $SD = 0.94$) expressed significantly more willingness than men ($M = 3.09$, $SD = 1.30$). Thus, gender was included as a covariate in analyses involving participants' willingness to work with the analogue therapists.

The relationship between commitment to ethnic identity and commitment to American identity was also assessed. A paired samples *t* test revealed that there was a significant difference between participants' commitment to their ethnic identity and their American identity, $t(51) = 2.64$, $p = .01$, Cohen's $d = 0.74$. Specifically, participants had higher levels of commitment to their ethnic identity than to their American identity. These two identities, however, were uncorrelated with each other.

Inspection of the manipulation check data revealed that the manipulation was successful. A Pearson's Chi-square test showed a statistically significant difference between conditions on the true-or-false question of whether Dr. Esposito asked Ana to speak Spanish during session. No participant in the offering-therapist condition ($n = 28$) responded "False" to this question. Within the non-offering therapist condition ($n = 24$), 21 participants (87.5%) correctly said that Dr. Esposito did not ask Ana to speak Spanish during the session; the remaining three participants said they were unsure, but clarified in an open-response textbox that they did not hear Dr. Esposito make this offer. In sum, the manipulation was perceived as intended.

Main Analyses

Tests of Main Effects (Hypothesis 1)

In order to test the first hypothesis regarding the effects of the offer to switch to Spanish on participants' perceptions of the offering therapist, separate one-way ANOVAs were conducted. Although it was expected that all dependent variables would be interrelated, which under certain circumstances necessitates the use of multivariate analyses, in the present investigation these variables were considered "conceptually independent." In other words, therapist credibility, multicultural competence, anticipated alliance bond, and willingness were conceptualized as related yet distinct constructs that could thus relate differentially to the independent and moderating variables. Numerous authors regard such a theory-driven assumption as an acceptable rationale for conducting separate univariate analyses as opposed to a multivariate analysis (Biskin, 1980; Huberty & Petoskey, 2000; Enders, 2003). Thus, the conceptual distinctions among the dependent variables were deemed of enough importance that assessing the effects of the independent variable on their linear combination was avoided.

All data was inspected to ensure that the statistical assumptions underlying the use of univariate analyses. Based on the data collection methods that were used for the study, the independence of observations assumption was judged to be fulfilled. And unless otherwise specified, the data for all relevant dependent variables indicated only mild non-normality and full homogeneity of variances, and thus it was determined that they fulfilled the assumptions to conduct the univariate analyses.

Therapist credibility (Hypothesis 1a). The hypothesis that the offering therapist would be seen as more credible than the non-offering therapist was tested. Contrary to

hypothesis, a one-way ANOVA did not yield a statistically significant effect, $F(1, 50) = 0.41$, $p = .53$.

Multicultural competence (Hypothesis 1b). The hypothesis that the offering therapist would be seen as more multiculturally competent than the non-offering therapist was tested. A one-way ANCOVA (with impression management used as the covariate) yielded a main effect that approached but did not attain statistical significance at the conventional .05 level, $F(1, 49) = 3.88$, $p = .054$, $\eta^2 = 0.07$. As shown in Table 3, the offering therapist was perceived as more multiculturally competent than the non-offering therapist.

Anticipated alliance bond (Hypothesis 1c). The hypothesis that participants would anticipate a stronger bond with the offering therapist was tested. Contrary to hypothesis, a one-way ANCOVA (with impression management used as the covariate) did not produce a statistically significant effect, $F(1, 49) = 0.78$, $p = .38$.

Willingness (Hypothesis 1d). The hypothesis that participants would express greater willingness to work with the offering therapist was tested. Because there was a significant effect of gender on willingness, it was decided that gender would be used as a covariate in a one-way ANCOVA. To test whether gender could be a viable covariate in ANCOVA, the interaction between gender and experimental condition was examined. Results indicated that there was a significant interaction between condition and gender on willingness, $F(1, 48) = 7.97$, $p = .007$. This meant that gender could not be used as a covariate in ANCOVA, as this result represents a violation of an assumption of this test.

A hierarchical regression analysis was instead selected to test the effect of the offer to switch languages on willingness while controlling for gender and self-deceptive

Table 3.

Means, Standard Deviations, and 95% Confidence Intervals of Therapist Credibility, Multicultural Competence, and Anticipated Bond as a Function of Experimental Condition

	Experimental Condition					
Dependent Variable	Non-Offering Therapist			Offering Therapist		
	M (SD)	95% CI	*n*	*M (SD)*	95% CI	*n*
Therapist Credibility	5.63 (1.06)	5.19, 6.08	24	5.45 (0.98)	5.07, 5.83	28
Multicultural Competence	4.74 (0.64)	4.47, 4.99	24	5.09 (0.63)	4.84, 5.33	28
Anticipated Bond	5.55 (0.82)	5.23, 5.89	24	5.04 (0.82)	5.04, 5.66	28

Note. Values for Multicultural Competence and Anticipated Bond reflect an Analysis of Covariance (ANCOVA) in which impression management was the covariate.

enhancement. A hierarchical regression analysis was employed. The covariates were entered in Step 1 (gender was dummy coded, male = 1), and the main effect of condition (dummy coded, offering therapist condition = 1) was entered in Step 2 (see Table 4). In Step 1, the overall main effect of the covariates on willingness was statistically significant, $R^2 = .14$; $F(2, 49) = 4.03$, $p = .02$. Specifically, only self-deceptive enhancement appeared to uniquely predict willingness ($p = .055$). In Step 2, the increment in R^2 was not statistically significant, $\Delta R^2 = .008$; $F(1, 48)$, $p = .49$. Hence, hypothesis 1d was not supported.

Tests of Interaction Effects (Hypotheses 2 and 3)

Statistical procedures provided by Cohen, Cohen, West, and Aiken (2003) and Frazier, Tix, and Barron (2004) were used to test the hypotheses that participants' commitment to their ethnic and American identities would each moderate the effects of the offer to switch languages on the dependent variables. Separate hierarchical regression analyses were performed for each dependent variable (therapist credibility, therapist multicultural competence, anticipated working alliance bond, and willigness), with main effects entered in Step 1 and interaction terms entered in Step 2. In light of preliminary analyses, when therapist multicultural competence and the anticipated bond were the dependent variables, impression management was used as a covariate and entered in Step 1, with main effects and interaction terms entered in Steps 2 and 3, respectively. Simiarly, when wilingness was the outcome variable in regression analyses, gender and self-deceptive enhancement were statistically controlled and entered in Step 1; main effects and interacton terms entered in Steps 2 and 3, respectively. The experimental conditon was dummy coded (offering therapist = 1, non-offering therapist = 0) and given

Table 4.

Hierarchical Multiple Regression Analysis Testing the Main Effect of Offer to Switch Languages on Willingness

Variable	*B*	*SE B*	95% CI	β	R^2
Step 1					.14*
Gender	-.44	.36	-1.17, 0.28	-.17	
Self-deceptive enhancement	-.08	.04	-0.16, 0.00	-.28	
Step 2					.05
Gender	-.44	.36	-1.17, 0.28	-.17	
Self-deceptive enhancement	-.08	.04	-0.16, 0.00	-.28	
Condition	.19	.28	-0.37, 0.75	.09	

Note. Condition = Offering-therapist condition, dummy coded 1, or Non-offering therapist condition, dummy coded 0. CI = confidence interval.

* $p < .05$.

that participants' commitment to their ethnic and American identities were measured on a continuous scale, these variables were centered to reduce multicollinearity.

The incremental R^2 (ΔR^2) was used to detect the size of the unique contribution of the interaction effects to the overall variance. A ΔR^2 of .03 of the total variance was chosen as a criterion for statistical significance. This criterion was selected because regression analyses have been found to yield Type II errors in quasi-experimental research, and *p* values are highly dependent on sample size (McClelland & Judd, 1993). Furthermore, there is precedence in the counseling psychology literature for relying on $\Delta R^2 \geq .03$ of the total variance and $p \leq .10$ as criteria for significance when testing the interaction effects of cultural identity variables using hierarchical regression (see Lee, 2003). For the purposes of the current study, an interaction effect was deemed significant if $\Delta R^2 \geq .03$ and $p \leq .10$. Given the characteristics of this study (i.e, experimental design, and small sample size), it was thought that these criteria would provide a better gauge of whether observed interactions reflect the "true" state of the world.

Therapist credibility (Hypothesis 2a). The interaction effect of experimental condition and commitment to ethnic identity on perceptions of therapist credibility was tested. In Step 1, the main effect of experimental condition and commitment to ethnic identity on credibility was not statistically significant, $R^2 = .05$; $F(2, 49) = 1.28$, $p = .29$. In Step 2, the interaction effect on therapist credibility was statistically significant, $\Delta R^2 = .07$; $F(1, 48) = 3.50$, $p = .067$. Table 5 summarizes the resuls of this and similar analyses.

Table 5.

Hierarchical Multiple Regression Analyses Testing Ethnic Identity Commitment as a Moderator of the Offer to Speak Spanish during a Psychotherapy Session

	Variable	*B*	*SE B*	95% CI	β	R^2
	Dependent variable: Therapist credibility					
Step 1						.05
	Condition (A)	-.25	.21	-0.82, 0.32	-.13	
	Ethnic identity commitment (B)	.32	.22	-0.12, 0.76	.20	
Step 2						.11[a]*
	A	-.23	.28	-0.79, 0.33	-.12	
	B	.61	.26	0.08, 1.14	.39**	
	A x B	-.84	.45	-1.75, 0.06	-.32*	
	Dependent variable: Multicultural competence					
Step 1						.08**
	Impression management	.05	.02	0.00, 0.09	.29**	
Step 2						.16
	Impression management	.04	.02	-0.01, 0.09	.24*	
	Condition (A)	.33	.18	-0.04, 0.69	.24*	
	Ethnic identity commitment (B)	.11	.14	-0.17, 0.39	.11	
Step 3						.16
	Impression management	.04	.02	-0.01, 0.09	.25*	
	A	.32	.18	-0.05, 0.69	.24*	
	B	.08	.18	-0.29, 0.44	.08	
	A x B	.09	.30	-0.51, 0.71	.06	

Note. Condition = Offering-therapist condition, dummy coded 1, or Non-offering therapist condition, dummy coded 0. CI = confidence interval.

[a] $\Delta R^2 > .03$.

* $p < .10$. ** $p < .05$

Table 5 continued.

	Variable	*B*	*SE B*	95% CI	β	R^2
	Dependent variable: Anticipated bond					
Step 1						.14**
	Impression management	.08	.03	0.02, 0.14	.37**	
Step 2						.19
	Impression management	.08	.03	0.02, 0.13	.34**	
	Condition (A)	-.26	.23	-0.72, 0.20	-.15	
	Ethnic identity commitment (B)	.27	.18	-0.09, 0.63	.20	
Step 2						.20
	Impression management	.07	.03	0.01, 0.13	.32**	
	A	-.25	.23	-0.71, 0.22	-.14	
	B	.38	.23	-0.08, 0.84	.29	
	A x B	-.31	.38	-1.07, 0.46	-.13	
	Dependent variable: Willingness					
Step 1						.14**
	Self-deceptive enhancement	-.08	.04	-0.16, 0.00	-.28*	
	Gender	-.44	.36	-1.17, 0.28	.17	
Step 2						.21
	Self-deceptive enhancement	-.09	.04	-0.17, -0.01	-.31**	
	Gender	-.30	.36	-1.03, 0.42	-.12	
	Condition (A)	.09	.28	-0.46, 0.65	.05*	
	Ethnic identity commitment (B)	.39	.22	-0.04, 0.84	.25*	
Step 3						.21
	Self-deceptive enhancement	-.09	.04	-0.16, -0.01	-.31**	
	Gender	-.25	.38	-1.01, 0.51	-.09	
	A	.10	.28	-0.46, 0.66	.05	
	B	.49	.28	-0.77, 1.05	.30*	
	A x B	-.24	.48	-1.19, 0.72	-.09	

Note. Condition = Offering-therapist condition, dummy coded 1, or Non-offering therapist condition, dummy coded 0. CI = confidence interval.

[a] $\Delta R^2 > .03$.

* $p < .10$. ** $p < .05$

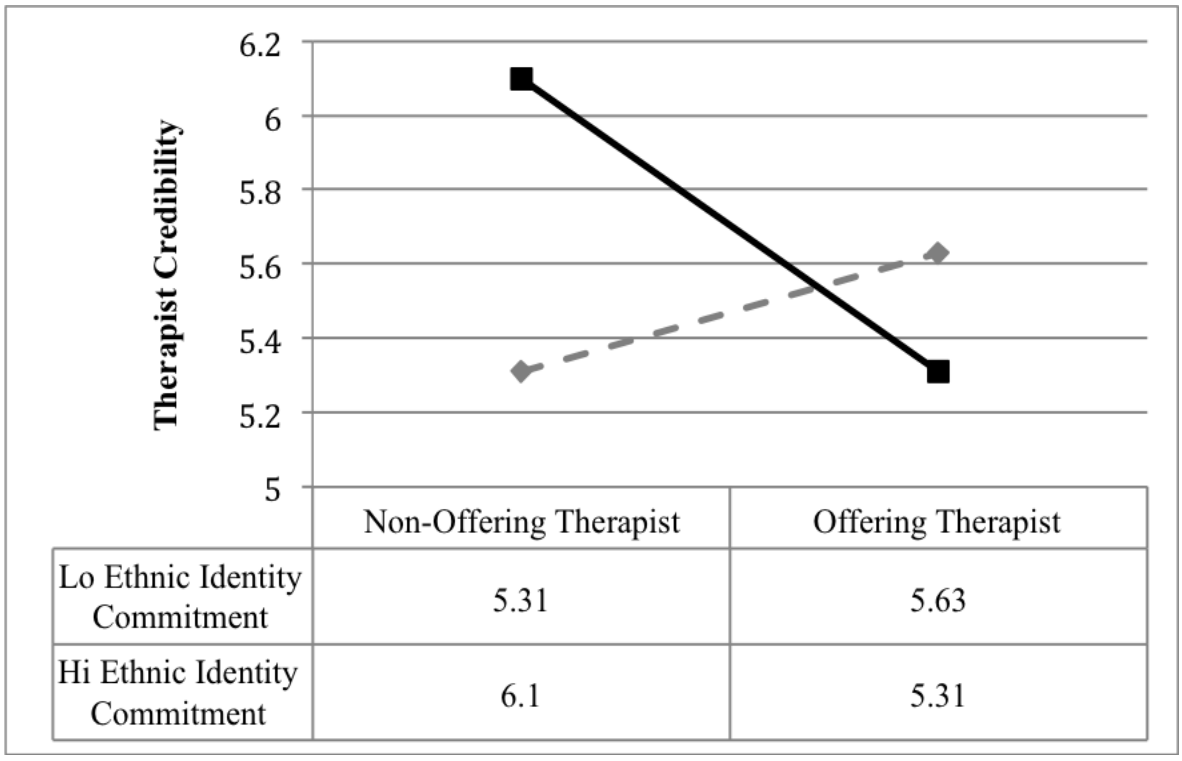
Further analyses were conducted to understand the form of this interaction (per Frazier et al., 2004). First, the regression slopes of the interaction effect were plotted using predicted values for representative high (1 *SD* above the mean) and low (1 *SD* below the mean) groups of ethnic identity commitment (see Figure 1). Second, using the Simple Slopes Syntax (Schubert & Jacoby, 2004), the significance of the slopes for each represensative group was tested. There was a significant negative slope for high commitment to ethnic identity (B = -.78, p = .05) but not for low commitment to ethnic identity (B = .32, p = .45). Thus, contrary to hypothesis, participants with higher levels of ethnic identity commitment rated the non-offering therapist as more credible than the offering therapist. No differences in perceptions of therapist credibility were detected for participants with lower levels of ethnic identity commitment.

Multicultural competence (Hypothesis 2b). The interaction between condition and commitment to ethnic identity on therapist multicultural competence was tested. In Step 1, the overall main effect of impression management was statistically significant, R^2 = .08; $F(1, 50) = 4.55$, p = .04. In Step 2, the overall main effect of experimental condition and commitment to ethnic identity on multicultural competence was not statistically significant, ΔR^2 = .08; $F(2, 48) = 3.09$, p = .12. In Step 3, contrary to hypothesis, the overall interaction effect on multicultural competence was not significant, ΔR^2 = .002; $F(1, 47)$ = 0.11, p = .78.

Anticipated alliance bond (Hypothesis 2c). The interaction between condition and commitment to ethnic identity on the alliance bond participants would anticipate with the offering therapist was tested. In Step 1, the overall main effect of impression

Figure 1.

Interaction Effect of the Offer to Switch to Spanish and Ethnic Identity Commitment on Therapist Credibility



	Non-Offering Therapist	Offering Therapist
Lo Ethnic Identity Commitment	5.31	5.63
Hi Ethnic Identity Commitment	6.1	5.31

Figure 1. Interaction effect between the offer to switch from English to Spanish and participants' ethnic identity commitment on therapist credibility. The solid line with squares indicates high ethnic identity commitment; the dashed line with diamonds indicates low ethnic identity commitment.

management was statistically significant, R^2 = .14; F(1, 50) = 7.97, p = .01. In Step 2, the overall main effect of

experimental condition and commitment to ethnic identity on the bond was not statistically significant, ΔR^2 = .05; F(2, 48) = 1.51, p = .23. In Step 3, contrary to hypothesis, the overall interaction effect on the bond was not statistically significant, ΔR^2 = .01; F(1, 47) = 0.66, p = .42.

Willingness (Hypothesis 2d). The interaction effect of condition and ethnic identity commitment on participants' willingness to work with the offering therapist was tested. In Step 1, the overall main effect of gender and self-deceptive enhancement was statistically significant, R^2 = .14; F(2, 49) = 4.03, p = .02. In Step 2, the overall main effect of experimental condition and ethnic identity commitment was not statistically significant, ΔR^2 = .07; F(2, 47) = 1.91, p = .16. In Step 3, contrary to hypothesis, the overall interaction effect on willingness was not statistically significant, ΔR^2 = .01; F(1, 46) = 0.26, p = .61.

Therapist credibility (Hypothesis 3a). The interaction effect of experimental condition and American identity commitment on perceptions of therapist credibility was tested. In Step 1, the main effect of experimental condition and commitment to American identity on therapist credibility was not statistically significant, R^2 = .02; F(2, 49) = 0.40, p = .67. In Step 2, the interaction effect on therapist credibility was not statistically significant, ΔR^2 = .01; F(1, 48) = 0.40, p = .53. Table 6 summarizes the results of this and similar analyses.

Multicultural competence (Hypothesis 3b). The interaction effect of condition and commitment to American identity on perceptions of therapist multicultural

Table 6.

Hierarchical Multiple Regression Analyses Testing American Identity Commitment as a Moderator of the Offer to Speak Spanish during a Psychotherapy Session

	Variable	*B*	*SE B*	95% CI	β	R^2
	Dependent variable: Therapist credibility					
Step 1						.02
	Condition (A)	-.16	.29	-0.74, 0.41	-.08	
	American identity commitment (B)	-.09	.15	-0.39, -0.20	-.09	
Step 2						.02
	A	-.16	.29	-0.74, 0.42	-.08	
	B	-.18	.21	-0.59, 0.23	-.18	
	A x B	.19	.29	-0.41, 0.79	.13	
	Dependent variable: Multicultural competence					
Step 1						.08**
	Impression management	.05	.02	0.00, 0.09	.29**	
Step 2						.15
	Impression management	.04	.02	-0.00, 0.09	.26*	
	Condition (A)	.35	.18	-0.01, 0.71	.26*	
	American identity commitment (B)	-.01	.09	-0.19, 0.18	-.01	
Step 3						.19[a]
	Impression management	.05	.02	0.00, 0.09	.29**	
	A	.35	.18	-0.01, 0.70	.26*	
	B	-.15	.13	-0.40, 0.11	-.21	
	A x B	.31	.19	-0.07, 0.68	.30	

Note. Condition = Offering-therapist condition, dummy coded 1, or Non-offering therapist condition, dummy coded 0. CI = confidence interval.

[a] $\Delta R^2 > .03$.

* $p < .10$. ** $p < .05$

Table 6 continued.

	Variable	*B*	*SE B*	95% CI	β	R^2
	Dependent variable: Anticipated bond					
Step 1						.14**
	Impression management	.08	.03	0.02, 0.14	.37**	
Step 2						.17
	Impression management	.08	.03	0.02, 0.14	.36**	
	Condition (A)	-.17	.23	-0.63, 0.29	-.09	
	American identity commitment (B)	-13	.12	-0.38, 0.11	-.15	
Step 3						.17
	Impression management	.08	.03	0.02, 0.14	.35**	
	A	-.17	.23	-0.64, 0.29	-.09	
	B	-.11	.17	-0.44, 0.23	-.12	
	A x B	-.06	.24	-0.55, 0.43	-.25	
	Dependent variable: Willingness					
Step 1						.14**
	Self-deceptive enhancement	-.08	.04	-0.16, 0.00	-.28**	
	Gender	-.44	.36	-1.17, 0.28	-.17	
Step 2						.21
	Self-deceptive enhancement	-.08	.04	-0.16, -0.00	-.29**	
	Gender	-.34	.36	-1.06, 0.38	-.13	
	Condition (A)	.24	.27	-0.31, 0.79	.12	
	American identity commitment (B)	-.26	.14	-0.55, 0.02	-.24	
Step 3						.21
	Self-deceptive enhancement	-.08	.04	-0.16, -0.00	-.29**	
	Gender	-.34	.36	-1.07, 0.39	.13	
	A	-.24	.28	-0.31, 0.79	.12	
	B	-.27	.19	-0.67, 0.13	-.25	
	A x B	.01	.29	-0.57, 0.59	.01	

Note. Condition = Offering-therapist condition, dummy coded 1, or Non-offering therapist condition, dummy coded 0. CI = confidence interval.

[a] $\Delta R^2 > .03$.

* $p < .10$. ** $p < .05$

competence was tested. In Step 1, the overall main effect of impression management was statistically significant, R^2 = .08; F(1, 50) = 4.56, p = .04. In Step 2, conrary to hypothesis, the overall main effect of experimental condition and commitment to American identity was not statistically significant, R^2 = .08; F(1, 50) = 4.56, p = .04. In Step 2, conrary to hypothesis, the overall main effect of experimental condition and commitment to American identity was not statistically significant, ΔR^2 = .07; F(2, 48) = 1.90, p = .16. In Step 3, interaction effect on multicultural competence approached but did not attain statistical significance , ΔR^2 = .05; F(1, 47) = 2.72, p = .11.

Anticipated alliance bond (Hypothesis 3c). The interaction effect of condition and commitment to American identity on the emotional bond participants would anticipate when working with the offering therapist was tested. In Step 1, the overall main effect of impression management was statistically significant, R^2 = .14; F(1, 50) = 7.97, p = .01. In Step 2, the overall main effect of experimental condition and commitment to American identity on anticipated bond was not statistically significant, ΔR^2 = .04; F(2, 48) = 1.01, p = .37. In Step 3, contrary to hypothesis, the overall interaction effect on the anticipated bond was not statistically significant, ΔR^2 = .001; F(1, 47) = 0.01, p = .80.

Willingness (Hypothesis 3d). The interaction effect of condition and commitment to American identity on participants' willingness to work with the offering therapist. In Step 1, the overall main effect of gender and self-deceptive enhancement was statistically significant, R^2 = .14; F(2, 49) = 4.03, p = .02. In Step 2, the overall main effect of experimental condition and ethnic identity commitment was not statistically significant,

ΔR^2 = .07; $F(2, 47) = 1.95$, p = .15. In Step 3, contrary to hypothesis, the overall interaction effect on willingness was not statistically significant, ΔR^2 = .00; $F(1, 46) = 0.001$, p = .98.

Post Hoc Power Analyses

A post hoc power analysis was performed, using the G*POWER v3 software (Faul, Erdfelder, Lang, & Buchner, 2007), to determine the likelihood that the hypotheiszed main effect (estimated to be small-to-medium, d = .30) would be statistically significant, given the sample size of 52 and the alpha set at .05. It was determined that the study had moderate power of .55 to detect the hypothesized main effect, and it was calculated that the sample size would have to increase to 102 if power .80, and alpha is .05.

A similar power analysis was used to determine the likelihood that the hypothesized overall interaction effect (f^2 = 0.10) would be statistically significant given the sample size of 52 and the alpha set at .10. It was determined that the study had moderate power of .56 to detect this hypothesized effect. It was calculated that the sample size would have to increase to 114 if power was .80 and alpha .10.

Additional Analyses

A one-way MANOVA was conducted to examine whether the offering therapist was seen as more expert, attractive, and trustworthy, relative to the non-offering therapist. The omnibus test of the main effect of the offer to switch to Spanish on the dependent variables was not statistically significant, Wilks' Λ = .97, $F(3, 48) = 0.55$, p = .65. Examination of between-groups effects revealed that none of the three variables attained statistical significance (p values ranged from .44 to .96). Table J2 reflects means and standard deviations within each experimental condition for each dependent variable.

Separate hierarchical regression analyses were conducted to test the interactions between the offer to switch to Spanish and participants' commitment to ethnic and American identities on therapist expertness, attractiveness, and trustworthiness. The experimental condition was dummy coded, and the cultural identity variables were centered. Main effects were entered in Step 1, and interaction terms were entered in Step 2. Because self-deceptive enhancement was significantly negatively correlated with therapist expertness (r = -.28), when expertness was the dependent variable, self-deceptive enhancement was used as a covariate and entered in Step 1; main effects and interaction terms were entered in Steps 2 and 3, respectively. According to the results of these analyses, none of the interactions were significant. Tables J3 and J4 summarize the results of these analyses.

Chapter 6 - Discussion

In the present study, an audio-analogue design was used to examine the effects of inviting bilingual Latinos to switch from English to Spanish during a therapy session. Of specific interest were the effects of this intervention in promoting bilingual Latinos' perceptions of therapist credibility, multicultural competence, a future therapeutic bond, and willingness to work with the therapist who makes this intervention. Whether cultural identity enhanced or diminished the effects of the offer to switch on these variables was also explored.

Findings from this study suggest that when bilingual psychotherapists offer bilingual Latinos the option to switch from English to Spanish during a therapy session, for the most part they are perceived as being no more effective than a therapist who does not make this offer. This lack of findings with regard to therapist credibility, participants' expectations of the working alliance bond, and their willingness to see the therapist, is consistent with prior studies. For instance, Ramos-Sánchez et al. (1999) and Ramos-Sánchez (2009) found that bilingual Mexican American college students perceived therapists who switched between English and Spanish as being no more credible than English monolingual therapists.

In contrast to the results of Ramos-Sánchez et al. (1999) and Ramos-Sánchez (2009), in the current study the offer to switch to Spanish was found to improve perceptions of therapist multicultural competence. This result should be interpreted cautiously, however, because the main effect of the offer to switch languages on multicultural competence did not attain conventional statistical significance ($p = .054$). This important limitation notwithstanding, the observed effect supports the importance of

considering clients' two languages in the context of culturally appropriate, bilingual psychotherapy (Altarriba & Santiago-Rivera, 1994; Santiago-Ribera & Altarriba, 2002). It is possible that by inviting the client to speak Spanish when she seemed to struggle to express herself, the therapist signaled to participants that she was attuned to the client's status as a linguistic minority and was culturally responsive, enhancing perceptions of her multicultural competence. This is consistent with previous research that suggests that attending to bilingual clients' language needs is a culturally effective intervention (Griner & Smith, 2006).

It is interesting to compare the possible findings with regard to multicultural competence with the lack of findings in Ramos-Sánchez et al. (1999) and Ramos-Sánchez (2009). Methodological factors may help explain the discrepancy. The therapists in these prior studies switched between English and Spanish during sessions seemingly at random, even when clients addressed them solely in English. Such switching may have had the unintended effect of nullifying the positive impact of the intervention on perceptions of multicultural competence. In contrast, the therapist in the current study asked the client whether switching to Spanish would be helpful, and only after the client indicated having difficulty expressing herself. In this way, the therapist's conduct was more in line with the intended use of language switching described in the bilingual psychotherapy literature (e.g., Pitta et al., 1978) and may have evinced greater cultural sensitivity and skill than those of therapists in prior studies.

When taken together, the findings from the present study and prior research suggest that therapist-initiated language switching may have only a limited effect in the minds of bilingual Latinos. Indeed, it appears that only perceptions of therapist multicultural

competence were affected by the invitation to switch languages, whereas in prior studies—where therapists switched languages outright—did not affect how bilingual Latinos perceived therapists in terms of their multicultural competence. One interpretation for these findings is that therapists may need to invite clients to switch languages when such switching is clinically called for by the client's verbal and nonverbal responses. For example, the client may signal that he or she cannot recall a word in English to express a thought, or he or she may appear to struggle with expressing certain material in English. Such was the case in the simulated session used in the present study. In such cases, if the therapist judges that clients may benefit from switching languages, the therapist may offer them the option to switch. Among the possible benefits of doing so may be promoting clients' perceptions of the therapist as multiculturally competent.

Most of the hypothesized interactions between the offer to switch to Spanish and cultural identity, operationalized here as consisting of an ethnic and an American identity component, were unsupported by the data. Thus, there were no differences between participants high and low in ethnic and American identity commitment with regard to therapist multicultural competence, the anticipated alliance bond, and willingness to work with the therapist. These hypotheses were based on the notion that how bilingual people react to individuals who switch between their languages in conversation depends in part on their identification with a particular cultural group (e.g., Tong et al., 1999). The present findings suggest that in the context of bilingual psychotherapy, cultural identity may not affect how bilingual Latinos perceive therapists who invite clients to speak Spanish during a session, at least on the assessed dimensions.

By contrast, present findings suggest that the credibility of therapists who offer clients to shift to Spanish may be influenced by clients' ethnic identity. Participants high in ethnic identity commitment perceived the therapist who invited the client to speak Spanish as being *less* credible than the therapist who did not. In turn, there were no differences in perceptions of credibility for participants low in ethnic identity commitment. A plausible explanation for this unexpected finding comes from accommodation theory (West & Turner, 2010). Participants high in ethnic identity commitment may have perceived the therapist in this condition as engaging in *intergroup overaccommodation*, which involves treating individuals according to group stereotypes and not as distinct people. In other words, these participants may have interpreted the invitation to speak Spanish as an ethnic slight, leading them to rate the therapist as less credible. This is also consistent with studies suggesting that a strong ethnic identity can intensify the effects of perceived discrimination and increase attributions of prejudice in certain situations (e.g., Operario & Fiske, 2001; Pascoe and Smart Richman, 2009). However, it should be noted that several other studies have found that ethnic identity functions as a buffer against such race-related stressors (e.g., Torres & Ong, 2010). Thus, more research is needed to clarify whether language-switching interventions may be perceived as being motivated by stereotypes, and the moderating nature of ethnic identity on this perception.

A plausible alternative explanation for this unexpected finding is that participants high in ethnic identity commitment may have seen the client's difficulty speaking in the session as unrelated to language. This was perhaps aided by perceptions of the client as being highly fluent in English, even as she was brought up speaking Spanish as well. Although participants were told prior to listening to the session that the client was raised

bilingual, pilot studies showed that the actresses who portrayed the client had little to no Spanish accents. Thus, participants high in ethnic identity commitment may have regarded the therapist's invitation to switch to Spanish as misguided, an indication that the therapist may have missed what was truly going on with this client. It is also possible that the offer to switch languages was perceived as disingenuous, leading these participants to rate the therapist as less credible.

The finding that inviting bilingual Latinos to switch to Spanish neither hinders nor helps the formation of a working alliance bond is particularly notable in light of prevailing thought. The prevalent view in the bilingual psychotherapy literature is that language switching as a therapeutic technique can help establish trust between client and therapist and strengthen the alliance as treatment progresses (Pitta et al., 1978; see also Altarriba & Santiago-Rivera, 1994). Santiago-Rivera et al. (2009) provided the only empirical support for this view. These researchers found that bilingual therapists viewed language switching as useful in establishing and maintaining the alliance with their Latino clients. The results from the present study contradict these findings.

To some extent these discrepancies may reflect differences in points of view. After all, Santiago-Rivera et al. (2009) examined the effects of language switching from the therapist's perspective, whereas in this study the effect of the offer to switch was assessed from the client's point of view. Perhaps therapists and clients perceive language switching and related interventions differently. It could be that therapists' intention behind language switching (i.e., to foster the alliance) is lost on clients, accounting for these differences in findings. Also, perhaps extant theories of language switching have considered this issue more from the perspective of therapists, and may need deeper consideration of how

bilingual clients may perceive and experience the intervention. Future research may thus need to compare therapists' and clients' concurrent views of language switching in order to clarify whether these discrepancies indeed stem from the different perspectives that have been assessed, and/or if other factors are at play.

Another possibility is that the effects of language switching depend on the strength of the alliance (or the therapeutic relationship in general). For instance, it may be that language switching is effective when the therapeutic relationship is strong, whereas it may have no effect or a negative effect at lower levels of the relationship. This possible moderation hypothesis could explain why simulation studies have not found the favorable effects of language switching that have been described in case studies (e.g., Rozensky & Gomez, 1983), or that therapists endorsed in the Santiago-Rivera et al. (2009) study. Simulation studies, like the present study, have only captured the initial period of psychotherapy. In turn, individual case studies and the previous qualitative investigation took into account the totality of treatment between bilingual clients and therapists, where other factors, such as treatment length and a strong therapeutic relationship, were likely at play. All of this suggests that language switching and related interventions—like offering to switch languages—may be more effective in later stages of treatment, when the therapeutic relationship tends to be stronger. This is also a fruitful area for future inquiry.

The broader question that the present study raises, however, is under what conditions, if any, is it effective to invite bilingual Latino clients to use Spanish in psychotherapy? Obviously, it may be best to offer this choice to a client who has trouble speaking English. Effectiveness in these cases may simply depend on how fluent clients are in English, and how much they struggle with the language. This is consistent with

studies showing the benefit of imparting services to Spanish-dominant Latinos in Spanish (e.g., Ziguras, Klimidis, Lewis, & Stuart, 2003). This was not, however, the purpose of this study; the focus here was on the process of bilingual psychotherapy wherein therapists and clients may actually switch between English and Spanish. Moreover, the current sample was composed of university students who reported being highly proficient in English, the language they use most. Thus, this study provides no evidence as to whether it is effective to invite clients who struggle with English to switch to Spanish.

Perhaps what the analogue research conducted to date suggests is that there needs to be an "experience-near" component for the theorized benefits of language switching to emerge. This investigation, and prior analogue experiments, dealt with the mindset of university students, and as such, they assessed would-be clients prior to entering psychotherapy. Thus, the lack of significant findings with regard to language switching (ignoring for now the possibly significant effect of the offer to switch languages on multicultural competence) may be due to the experience-far nature of these simulations to the actual psychotherapy experience. What this implies is that bilingual Latinos may actually need to engage in language switching, or experience firsthand a therapist inviting them to switch, for the intended effects to be observed. Thus, because the effects of language switching on perceptions of bilingual therapists may not be evident to third-party observers, analogue studies may be ill equipped to capture them.

This limitation notwithstanding, the results of this study suggest that language switching may in fact have limited effects on bilingual Latino clients. Considerable effort was made in the present study to improve the clinical and cultural sensitivity of the language-switching intervention used in previous analogue studies, by framing it as an

invitation to switch to Spanish at a time when the client appeared to struggle with her words. Yet the intervention appeared to have no influence on participants' perceptions of the therapist's overall way of being with the client. Only perceptions of multicultural competence appeared to be affected. Although perceptions of monolingual therapists versus bilingual therapists were not examined here, when present findings are considered within the context of previous research, they suggest that monolingual therapists are for the most part just as effective as bilingual therapists in the eyes of proficient bilingual Latinos. This is noteworthy because most authors (e.g., Santiago-Rivera & Altarriba, 2002) strongly advocate the use of language switching in psychotherapy with Latino clients. The research thus far, however, indicates that its effects may be limited.

Limitations

There are limitations that must be kept in mind when considering the findings of this study, in addition to those already noted earlier in this chapter. Although the current state of knowledge on bilingual psychotherapy called for a rigorously controlled laboratory investigation, this study presents all of the limitations of the audio-analogue method (Gelso & Fretz, 2001). As hinted at earlier in this chapter, the inherent superficiality of psychotherapy simulations may limit the extent to which phenomena of interest (in this case, the effects of language switching interventions) may be observed. Furthermore, analogue studies promote internal validity and permit causal inferences, but questions remain as to the generalizability of their results. In this case, reactions by actual bilingual Latinos to being invited to switch to Spanish by actual bilingual therapists may be quite different from reactions to a simulated therapist. In general, in order to get around the inherent problems with analogue research designs, future researchers may consider using

other methods, such as a quasi-experimental design, qualitative research, or case study research, to examine these questions with actual client-therapist pairs.

Characteristics of the current sample must also be kept in mind when generalizing the findings. The sample consisted of bilingual Latino university students, not actual clients. Although fluent in Spanish, participants were more proficient in English, and reported using this language more than Spanish on a daily basis. It was important for the purposes of the study that the sample comprised participants who were sufficiently fluent in Spanish; otherwise, the effects of the manipulation may have been skewed in favor of the offering therapist. For this reason, participation was limited to bilingual Latinos who were at least functionally bilingual, but it is recognized that this also limited the range of the bilingualism variables, and it may also have limited the range of the cultural identity variables. Future researchers may thus consider including participants that reflect the entire range of client linguistic and cultural variables (note also that the majority of the sample comprised second-generation individuals). Using a larger sample size than the one used in this study may aid with these considerations.

Another limitation of this study concerns the experimental conditions that were compared. The current design does not allow one to determine whether the observed effects of the manipulation were due to offering to speak Spanish or to offering a choice. It is possible, as suggested in the literature (Tryon & Winograd, 2001), that by offering choices therapists promote clients' positive perceptions of them. The offered choice that constituted the manipulation in the present study, however, is a specific choice given in a particular context. Thus, from a theoretical standpoint it is not clear how offering *any* choice would account for the observed effects of the manipulation (i.e., enhanced

perceptions of multicultural competence). Nonetheless, one way to address this limitation would be to compare conditions in which the therapist either offers the option to switch languages or simply switches but does so in a clinically and culturally sensitive manner. From a methodological standpoint, this comparison could help establish whether the effect of the manipulation used in the present study is due to offering the choice to speak Spanish, rather than offering any choice.

A set of limitations pertains to the variables of interest for the current study, and by extension, their measurement. First, only the bond that is part of the three-factor model of the working alliance (Hatcher & Barends, 2006) was included. Tasks and goals, the other factors, were not assessed. Only the bond was included because existing theoretical and empirical literature do not bear upon how language switching affects the other components of the working alliance construct. Also, the original WAI (Horvath & Greenberg, 1983) is made up of 36 items, stimulating concerns about the overall number of items that participants had to respond to when participating in the study. Nonetheless, it would be important for researchers to consider and examine whether and how switching languages influences therapeutic tasks, and whether it helps clients reach their goals. For now, the results from this study are only germane to the bond.

A related limitation involved the use of six items from the CCCI-R to assess multicultural competence. A content analysis was conducted to derive items for a shortened version of the CCCI-R, given concerns about participant fatigue and burden. Although the measure yielded theoretically meaningful findings and its reliability was acceptable, further validity and psychometric analyses were not conducted. The limited psychometric evidence for the six-item CCCI-R thus suggests caution in interpreting the

resulting findings. Moreover, although the full CCCI-R is effective for assessing multicultural psychotherapy behaviors, other aspects of multicultural competence, like knowledge and awareness, may not be adequately represented in the measure (Worthington et al., 2007). It is thus more appropriate to consider the present findings with regard to multicultural competence as concerning multicultural psychotherapy skills. Whether language switching, or an offer to switch languages, affects perceptions of multicultural knowledge and awareness requires future study.

Future Research

Findings from this study suggest that the benefits of language switching and the effects of bilingual clients' cultural identity are promising areas of research. First, replication of this study with a larger sample will be important to clarify some of its findings. Specifically, the effect of the offer to switch to Spanish on multicultural competence did not attain strict conventional significance ($p = .054$). Although this result was interpreted cautiously, replication of this study will help clarify its validity. Replication using a larger sample may also clarify the joint effect of the offer to switch to Spanish and American identity commitment, as this effect approached but did not attain significance ($\Delta R^2 = .05$; $p = .11$). Also, *post hoc* power analyses suggested there might have been insufficient power to detect expected main (.55) and interaction effects (.56). Further research with a larger sample size may thus serve to address the limited power observed.

In general, it would be important to continue to investigate how language switching and related interventions operate within the context of cultural identity. As mentioned earlier, the effect of the offer to speak Spanish on perceptions of therapist credibility was

found to differ for participants high versus low in ethnic identity commitment. Among the possible interpretations that were offered was that participants high in ethnic identity commitment could have perceived this intervention as being motivated by stereotypic assumptions. This interpretation was based on accommodation theory (Giles & Ogay, 2007; West & Turner, 2010), but future researchers may wish to examine this and similar findings using a different theory, such as microaggression theory (Sue, 2010). Consideration of other theoretical viewpoints may help expand the scope of research on language switching and the influence of cultural identity in bilingual psychotherapy, and perhaps lead to the inclusion of other cultural variables as potential moderators. Likewise, there are factors other than commitment that are important to the structure of cultural identity (most notably exploration; Phinney & Ong, 2007) that future researchers may wish to examine.

In addition, future researchers may consider other variables related to bilingual therapy processes. For example, it is plausible that language switching may have a positive effect on client memory recall and emotional expression, as studies have shown that bilinguals remember past events in richer detail, and experience these episodes' accompanying emotions more strongly, when recalling them in the language in which they occurred (Ayçiçegi-Dinn, & Caldwell-Harris, 2009; Marian & Neisser, 2000). Other variables that may be worth considering include linguistic fluency and client insight, as these may also be affected by client bilingualism, according to psycholinguistic research (e.g., Gollan & Ferreira, 2009) and the bilingual psychotherapy literature (e.g., Javier, 1990). Another suggestion, mentioned earlier, is to examine whether the strength of the therapeutic relationship moderates the effects of language switching, but other variables

may include timing of language switching, client readiness for switching, and client expectations. Future researchers can attend to these and other factors and explore the interactions among them when conducting research in this area.

Furthermore, in the future researchers may examine therapist factors with regard to language switching and the process of bilingual psychotherapy. Therapist countertransference may be an interesting area of subsequent research. For example, just as clients' reactions to language switching or the offer to switch may differ according to their cultural identities, therapists' cultural identity might also affect their use of language switching or their perceptions of clients who switch between languages during a session.

It would also be important for future researchers to include in their studies some kind of language history questionnaire like the one used in the present study. To date, the present study appears to be the only psychotherapy investigation to include ratings of participants' proficiency in reading, writing, speaking, and listening in both of their languages, as well information on other bilingualism variables that are key to ensuring that findings are replicated and generalized properly (Marian, 2008). Determining the language proficiency of bilingual participants is also important because some authors have focused on clients' language ability as a rationale for using language switching in therapy (Santiago-Rivera & Altarriba, 2002). Finally, research in this area has focused on bilingual Latinos, so it would be fruitful to extend the scope of this research to include bilinguals of different linguistic and ethnic backgrounds.

Conclusion

The present findings suggest that language switching plays a complex role in the process of bilingual psychotherapy, one that is influenced by cultural factors such as

cultural identity, and that is more complex than what has been previously acknowledged. Indeed, when considered within the context of prior research (Ramos-Sánchez et al., 1999; Ramos-Sánchez, 2009), the current study suggests that the effects of language switching as an intervention are limited. Evidence emerged that inviting bilingual Latinos to switch to Spanish promotes views of therapists as being multiculturally competent, but the intervention appeared not to impact perceptions of therapists' overall effectiveness or their ability to form an alliance bond. There was also evidence that making this offer may in fact harm therapists' credibility among bilingual Latinos who are highly committed to their ethnic culture. In all, numerous questions await empirical scrutiny. Perhaps the most fundamental of these is whether there are conditions under which it is indeed effective to switch between languages with bilingual clients.

Appendix A: Counselor Rating Form – Short Version

Please mark an X at the point on the scale that best represents how you view Dr. Esposito.

FRIENDLY
not very ___ : ___ : ___ : ___ : ___ : ___ : ___ very

EXPERIENCED
not very ___ : ___ : ___ : ___ : ___ : ___ : ___ very

HONEST
not very ___ : ___ : ___ : ___ : ___ : ___ : ___ very

LIKEABLE
not very ___ : ___ : ___ : ___ : ___ : ___ : ___ very

EXPERT
not very ___ : ___ : ___ : ___ : ___ : ___ : ___ very

RELIABLE
not very ___ : ___ : ___ : ___ : ___ : ___ : ___ very

SOCIABLE
not very ___ : ___ : ___ : ___ : ___ : ___ : ___ very

PREPARED
not very ___ : ___ : ___ : ___ : ___ : ___ : ___ very

SINCERE
not very ___ : ___ : ___ : ___ : ___ : ___ : ___ very

WARM
not very ___ : ___ : ___ : ___ : ___ : ___ : ___ very

SKILLFUL
not very ___ : ___ : ___ : ___ : ___ : ___ : ___ very

TRUSTWORTHY
not very ___ : ___ : ___ : ___ : ___ : ___ : ___ very

Appendix B: Cross-Cultural Counseling Inventory – Revised

The purpose of this inventory is to measure your perceptions of Dr. Esposito's multicultural competence. We are interested in your opinion so please make a judgment on the basis of what the statements in this inventory mean to you. In recording your response, please click the circle that corresponds to the appropriate rating under each statement. Be sure you check every scale even though you may feel that you have insufficient information on which to make a judgment.

1	2	3	4	5	6
Strongly disagree	Disagree		Slightly disagree	Slightly agree	Agree Strongly agree

___ 1. Dr. Esposito values and respects cultural differences.
___ 2. Dr. Esposito demonstrates knowledge about client's culture.
___ 3. Dr. Esposito elicits a variety of verbal and non-verbal responses from the client.
___ 4. Dr. Esposito sends messages that are appropriate to the communication of the client.
___ 5. Dr. Esposito is at ease talking with this client.
___ 6. Dr. Esposito appreciates the client's social status as an ethnic minority.

Appendix C: Working Alliance Inventory – Bond Subscale

Take 5 to 10 seconds to imagine what it would be like to work with Dr. Esposito to solve an emotionally painful personal problem. You would be the client, and Dr. Esposito would be your therapist. Take 5 to 10 seconds.

Below there are sentences that describe some of the different ways that you might think of feel about Dr. Esposito were you to work with her to solve an emotionally painful personal problem. Below each statement there is a seven-point scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

If the statement describes the way you would ***always*** feel (or think) while working with Dr. Esposito, circle the number 7. If it would ***never*** apply to you circle the number 1. Use the numbers in between to describe the variations between these extremes.

Work fast; your first impressions are the ones we would like to see.
(PLEASE DON'T FORGET TO RESPOND TO ***EVERY*** ITEM)

Thank you for your cooperation.

---

1. I would feel uncomfortable with Dr. Esposito.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

---

2. Dr. Esposito and I would understand each other.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

---

3. I believe Dr. Esposito would like me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

---

4. I believe Dr. Esposito would be genuinely concerned for my welfare.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

---

5. Dr. Esposito and I would respect each other.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

6. I feel that Dr. Esposito would not be totally honest about her feelings toward me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

7. I would be confident in Dr. Esposito's ability to help me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

8. I feel that Dr. Esposito would appreciate me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

9. Dr. Esposito and I would trust one another.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

10. My relationship with Dr. Esposito would be very important to me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

11. I have the feeling that if I were to say or do the wrong things, Dr. Esposito would stop working with me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

12. I feel Dr. Esposito would care about me even if I did things that she does not approve of.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

Appendix D: Willingness Scale

Please answer the following question by circling the number that corresponds to your answer.

How willing would you be to work with Dr. Esposito in long-term personal therapy (20 to 25 sessions) to solve an emotionally painful personal problem?

1	2	3	4	5
Very Unwilling	Unwilling	Moderately Willing	Willing	Very Willing

Appendix E: Multigroup Ethnic Identity Measure-Revised (Commitment Subscale) and American Identity Questionnaire

In this country, people can think of themselves in many different ways. For example, they may feel that they are members of various ethnic groups, such as Colombian, Latino/a, (etc.), and that they are part of the larger society—the United States or American society. These questions are about how you think of yourself in this respect.

Using the scale below as a guide, write a number in the space provided to indicate how much you agree or disagree with each statement.

1	2	3	4	5
Strongly disagree	Somewhat disagree	Not sure/ neutral	Somewhat agree	Strongly agree

(MEIM-R)

___ 1. I have a strong sense of belonging to my own ethnic group.

___ 2. I understand pretty well what my ethnic group membership means to me.

___ 3. I feel a strong attachment towards my own ethnic group.

(AIQ)

___ 4. I feel that I am part of mainstream American culture.

___ 5. I have a strong sense of being American.

___ 6. I am proud of being American.

Appendix F: Demographics and Language History Questionnaire

Thank you for your willingness to assist us with this study. Please respond honestly and fully to the following questions. Note that at the bottom of each survey page there are buttons that allow you to move forward and backward through the survey. You can use these buttons to move to a previous part of the survey if you wish to go back and change a response.

Part A – Demographics Questionnaire

1. Please write your age (in years): _____

2. What is your gender?
__ Female __ Male __ Transgender __Intersex __ Other (please specify): _____

3. What is your class?
__ Freshman __ Sophomore __ Junior __ Senior __ Other (please specify): ____

4. What is your major?: _____

5. Please check the appropriate group(s) for your Hispanic, Latino, or Spanish ethnic heritage.

___ Mexican, Mexican American, or Chicano

___ Puerto Rican

___ Cuban

___ Another Hispanic, Latino, or Spanish origin (please type origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on) _____

6. What is your race? (Please indicate one or more to which you self-identify)

___ White

___ Black or African American

___ American Indian or Alaska Native (please type enrolled or principal tribe) _____

___ Asian Indian

___ Chinese

___ Filipino

___ Japanese

___ Korean

___ Vietnamese

___ Other Asian (please type race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on) _____

___ Native Hawaiian

___ Guamanian or Chamorro

___ Samoan

___ Other Pacific Islander (Please type race, for example, Fijian, Tongan, and so on)

___ Some other race (please type) _____

7. Which do you consider most appropriate in describing your generational status?

___ 1st Generation = I was born in a country other than U.S. and came to U.S. as an adult.

___ 1.5 Generation = I was born in a country other than U.S. and came to U.S. as a child or adolescent.

___ 2nd Generation = I was born in the U.S. and one or both parents born in a country other than U.S.

___ 3rd Generation = I was born in the U.S., both parents were born in U.S., and all grandparents were born in a country other than U.S.

___ 4th Generation = I was born in the U.S., both parents were born in U.S., and at least one grandparent was born in a country other than U.S. and one grandparent was born in U.S.

___ 5th Generation = I was born in the U.S., both parents and all grandparents also born in U.S.

___ Don't know what generation best fits since I lack some information.

___ Other = Please specify: _____

8. Are you a U.S. citizen?

___ Yes

___ No

Part B – Language History Questionnaire

9. Country (or territory) of birth: _____

10. Country (or territory) of residence: _____

11. If country or territory of birth and residence are the same, how long have you lived in a foreign country where your second language is spoken? If they are different, how long have you been in the country of your current residence? (in years)

12. What is your native language?

___ English

___ Spanish

___ Other (please specify): _____

13. What is your second language?

___ English

___ Spanish

___ Other (please specify): _____

14. Please specify the age at which you started to learn your second language in the following situations. If a situation does not apply, please write "Not applicable" or "NA."

At home: _____
In school: _____
After arriving in the second language-speaking country _____

15. How did you learn your second language up to this point? (check all that apply)

___ Mainly through formal classroom instruction.

___ Mainly through interacting with people.

___ A mixture of both

___ Other (please specify): _____

16 & 17. Please rate your ability in English/in Spanish on the following aspects according to the following scale:

Very poor	Poor	Fair	Functional	Good	Very good	Native-like
1	2	3	4	5	6	7

	Reading proficiency	Writing proficiency	Speaking fluency	Listening ability
English				
Spanish				

18. Estimate, in terms of percentages, how often you use English and Spanish per day (in all daily activities combined; circle one that applies):

English:	<25%	25%	50%	75%	100%
Spanish:	<25%	25%	50%	75%	100%

19. If there is anything else that you feel is interesting or important about your language background or language use, please comment below.

Appendix G: Balanced Inventory of Desirable Responding—6

Using the scale below as a guide, write a number beside each statement to indicate how true it is.

1	2	3	4	5	6	7
not true			somewhat			very true

_____ 1. My first impressions of people usually turn out to be right.

_____ 2. It would be hard for me to break any of my bad habits.

_____ 3. I don't care to know what other people really think of me.

_____ 4. I have not always been honest with myself.

_____ 5. I always know why I like things.

_____ 6. When my emotions are aroused, it biases my thinking.

_____ 7. Once I've made up my mind, other people can seldom change my opinion.

_____ 8. I am not a safe driver when I exceed the speed limit.

_____ 9. I am fully in control of my own fate.

_____ 10. It's hard for me to shut off a disturbing thought.

_____ 11. I never regret my decisions.

_____ 12. I sometimes lose out on things because I can't make up my mind soon enough.

_____ 13. The reason I vote is because my vote can make a difference.

_____ 14. My parents were not always fair when they punished me.

_____ 15. I am a completely rational person.

_____ 16. I rarely appreciate criticism.

_____ 17. I am very confident of my judgments

_____ 18. I have sometimes doubted my ability as a lover.

_____ 19. It's all right with me if some people happen to dislike me.

_____ 20. I don't always know the reasons why I do the things I do.

_____ 21. I sometimes tell lies if I have to.

_____ 22. I never cover up my mistakes.

_____ 23. There have been occasions when I have taken advantage of someone.

Using the scale below as a guide, write a number beside each statement to indicate how true it is.

+_____+_____+_____+_____+_____+_____+
1 2 3 4 5 6 7
not true somewhat very true

____ 24. I never swear.

____ 25. I sometimes try to get even rather than forgive and forget.

____ 26. I always obey laws, even if I'm unlikely to get caught.

____ 27. I have said something bad about a friend behind his/her back.

____ 28. When I hear people talking privately, I avoid listening.

____ 29. I have received too much change from a salesperson without telling him or her.

____ 30. I always declare everything at customs.

____ 31. When I was young I sometimes stole things.

____ 32. I have never dropped litter on the street.

____ 33. I sometimes drive faster than the speed limit.

____ 34. I never read sexy books or magazines.

____ 35. I have done things that I don't tell other people about.

____ 36. I never take things that don't belong to me.

____ 37. I have taken sick-leave from work or school even though I wasn't really sick.

____ 38. I have never damaged a library book or store merchandise without reporting it.

____ 39. I have some pretty awful habits.

____ 40. I don't gossip about other people's business.

Appendix H: Stimulus Materials

Client name: Ana Gómez
Age: 21
Gender: Female
Occupation: Undergraduate student

Ana is a 21-year-old Hispanic American junior in Communication at the University of Maryland. She commutes from home, where she lives with her Puerto Rican mother, her Guatemalan father, and her 17-year-old brother. Her parents spoke English and Spanish to her while she was growing up, so Ana is fluent in both languages.

Ana always had a distant relationship with her father. He was there for things like food and money, but she never felt close to him. She described it as though "he was there, but at the same time not really there." With her mother she has had a more emotional, tumultuous relationship. They argue often, and Ana feels like her mother is always criticizing her. Her relationship with her brother is much less chaotic. "We're good," she says, "just not that close or anything."

Ana went to the University Psychology Clinic soon after her boyfriend broke up with her. The relationship lasted two years. Since the relationship ended, Ana has not been sleeping well. She has had difficulty getting out of bed to go to class and, once there, can't concentrate. She cries whenever thoughts of her ex-boyfriend pop into her head, and she says that she "just knows" that she will "never be able to find someone as good as him." Ana feels like she is having "an emotional breakdown."

Therapist name: Mariana Esposito, PhD
Age: 41
Gender: Female

The following brief description of Dr. Esposito is found on the clinic's website:

"My name is Dr. Mariana Esposito. I was born and raised in Costa Rica, but I have spent much of my adult life in the United States. I was trained as a counseling psychologist at the University of Florida, and I am a licensed psychologist with several years of experience. I speak Spanish and English, and I can provide psychotherapy in either one or both languages.

"I see psychotherapy as a learning, growing, and healing experience for my clients. I believe in the great potential of people to understand themselves and to make decisions that positively impact their lives. I get to know my clients by listening carefully to their feelings and experiences. I use techniques and methods best suited to help my clients solve their problems; however, the problem to solve, and the goals and methods of psychotherapy, are always mutually agreed upon. Essentially, I try to adapt my therapeutic strategies to fit clients' needs. I am genuine and honest with my clients, and it is my policy to treat them with respect, positive regard, and professionalism."

Session Script

ANA: I've been feeling really out of it this week, like I'm not myself, or something. Most days I make it through school okay, but when I get home, I just lose it. I don't have the time or the energy to deal with my emotions right now; they're all over the place. On top of that, my work is piling up. I don't know how I'm going to get through all the things I need to do. Things that stress me out, even little things, just feel more intense, like they bother me more. So I don't know how I'll be able to handle anything else that comes up.

And things at home don't make it any easier on me. Like, I'm getting the sense that my dad is pissed at me for something. He keeps giving me these disapproving looks, and it really irritates me. It's just so… He's so unapproachable. I don't even know what I'm supposed to say to him sometimes. Or even how I'm supposed to *be* around him.

For example, we were having dinner the other night, and he was just sitting there at the table, not saying anything, but every time I said something— honestly, anything—, or whenever I looked up at him, I got the sense that he was giving me this look? Like he just didn't care that I was there, or that he disapproved of me, or something. I couldn't tell what. (*Said agitated rather than sad*).

DR. ESPOSITO: It sounds like you're angry at your father.

ANA: Yeah, I am. I just get frustrated sometimes that he's so distant and unapproachable, you know? There's like zero support from him, especially when I need it. I mean, right now it's so obvious that something is bothering me. Like, people at school ask me all the time how I'm doing. But my parents? Nothing. They see me everyday and they still haven't asked what happened. Like, in life sometimes things are hard, you know? I'm going through a lot. So I don't understand how my parents can't see that I need them right now. I need them to be there for me and not just express their disapproval of me, like they always do. They shouldn't make me feel worse than I already feel. I mean, they're my parents; they should be there for me when I need them, and they shouldn't be making things harder for me, especially my dad. So yeah, it's just frustrating that my dad just doesn't give a damn.

DR. ESPOSITO: It sounds like you see your father as unapproachable when you really need him. That must be very upsetting to you.

ANA: It really is. I think he's just that sort of person, you know? He can be so cold as a human being. It's just all like… He's like the typical father figure in that he provides for me but that's it. I can't talk to him about school, or relationships, or I can't tell him why I'm upset, or angry. He expects to be treated a certain way, and as long as I treat him that way, and show him respect, then that's the end of the relationship.

DR. ESPOSITO: And what does it mean to you to have that kind of relationship with your father?

ANA: I think I get upset. I get upset because on the one hand he provides for me, and I almost feel grateful for that. And he's never done anything wrong to me. But on the other hand, sometimes I get so angry because I have no support at home, and I really need it when times are hard. (*Pause*)

Yeah, it's been really rough the past couple of weeks. My boyfriend broke up with me, as you know, and I'm having a really hard time trying to understand why… It was pretty sudden. I think we had a good thing going, and then it was over.

DR. ESPOSITO: It sounds like it was pretty confusing to you.

ANA: It is, it is, and this whole week, you know, I've been upset. I lock myself up in my room and I cry so much because I just don't know what to do. (*Audible sigh.*) We had such good times together. I remember, like, when we were just enjoying fall, we went out on a date together, it was just such a wonderful time, and now I feel like I'll never have that again, ever.

DR. ESPOSITO: What do you mean you think you'll never have that again?

ANA: Just the way he talked to me, I knew that we won't have those times again, that's it's really over between us. That just seems weird to me 'cause things were so different not long ago. And I could tell that he'd already moved on almost right away. I don't know why I didn't see it coming. He was just done with it; he said, "It's over between us, we can't see each other anymore," like he'd given it a lot of thought. So I just know that he's moved on and doesn't care about me. (*Pause*)

And you know, the thing that really gets to me most, it's just how sudden I feel it to be. And now that I'm talking about it, I get the sense that he knew the relationship is not going anywhere. But I didn't, you know? I really thought we were so good together. And I really do miss him. (*As she says this, she begins to tear up, and her voice changes a bit*). It's just so hard. (*Pause*)

DR. ESPOSITO: You seem to be in a lot of pain right now, Ana.

ANA: Yeah, pain… It's like the world around me is not the same. I feel so… helpless. I don't know what to do. I just get the feeling that nothing will ever be the same for me again, you know? I just feel so sad all the time; I've forgotten what it's like when I don't feel sad. I just feel miserable. I get up in the morning and I don't feel like getting through the day. It's so much effort. And then my home environment adds to it since I don't get any support. So I just feel sometimes that I don't know how I'm going to get out of this.

And then I think about him, and how he's doing so well that he probably doesn't stop to think about me or how I'm doing. He just left me to pick up after the pieces. It's amazing how he can be so much like my father sometimes… The way he broke up with me, that

same cold, distant way. It's like there was no emotion, after all the good times, and everything we've been through together… Looking back in our relationship, I definitely do feel I was the more emotional one. It's just unbelievable that he would treat me this way.

DR. ESPOSITO: It's interesting that you compare your ex-boyfriend and your father. I'm really struck by how you brought up the similarity between them. What do you make of that?

ANA: Well, I'm not sure what to make of it. That's just what I've experienced. My dad is like that, cold and withdrawn. And my boyfriend could be kind of like that, too. He hated it when I cried. Whenever I would get emotional he would change the subject or make a joke about something. I mean, I get it: nobody likes being sad or down. But in the last couple of months it was just too much. There were days when I didn't know if he would call me or talk to me, so I would text him during the day and just ask him, "is everything okay? What's wrong? You know how much I love you, right?" And he would get mad at me! (*Pause*)

Now that I'm talking about this more, it just seems so obvious that things weren't going to work out. It was right there in front of me, you know what I mean? (*Slight pause.*) He just wasn't there for me.

DR. ESPOSITO: You felt abandoned.

ANA: (*Sighs*) I did. No matter what I did, it wasn't good enough. I wasn't good enough for him. And I hate feeling that way. I hate the way that always happens. I just feel like I'm not good enough for anyone to love me. I just don't understand what it is about men. And it just feels like I'm going to die alone or something (*said with a crack in her voice*). I don't know why I keep doing this to myself… I keep thinking there will be someone out there who'll be different, but I guess that's just not true, because they always leave.

DR. ESPOSITO: I'm hearing a lot of despair in what you're saying. Like this isn't the first time you feel this way.

ANA: It isn't the first time, you're right. This happened with my other ex also. With that ex it got to the point where I just knew that I wasn't really the one for him. Things ended badly, and we haven't talked since. That was really surprising too, you know? I mean, I don't know, I felt like I was really into it, but now I'm not sure what I was thinking when I was with him. But it definitely felt bad when it was over. I don't know, I felt that things weren't great, they weren't as happy as they were in the beginning. But I was surprised, because he was the one to break it off. He wasn't willing to put in the effort to make things work, I guess. But I was. So what if things weren't great in the beginning? People change. He just didn't want to put in the effort.

DR. ESPOSITO: So in both instances—in both relationships—I get the sense that you gave so much of yourself to the relationship, but you feel like you didn't get as much back.

ANA: Yeah, that's right. I don't know what the deal is. Why cant guys see that I'm just a happy, super affectionate person? It always gets to the point where they just pull away from me and leave me, like there's something wrong with me, and the more I give of myself the less I get back. So it makes me wonder what's so wrong with me that guys just don't want to be with me.

DR. ESPOSITO: You know, Ana, I find it interesting that you're drawing comparisons between your ex-boyfriends. And earlier you had compared your boyfriend and your father. There seem to be a lot of similarities between the men in your life. How does that sound?

ANA: Wow… I don't know, I hadn't thought about it until now. (*Slight pause.*) I think there are definitely, like, a lot of similarities, and that's just really scary. The same thing keeps happening over and over. I don't know. (*Pause*). I'm having a hard time right now with this.

DR. ESPOSITO: It sounds like you're really scared.

ANA: I am. This is scary… I don't want to be alone.

DR. ESPOSITO: What is feeling alone like for you?

ANA: It's… lonely. I guess it is… empty.

DR. ESPOSITO: And what is it like for you to feel empty?

ANA: I don't really know. I don't like it. I … (*Long pause. Sighs.*) Hmm, it's hard to describe. I don't really know how to put it. (*Pause, nervous laughter. Ana is struggling to find the words of her thoughts and feelings*) I don't know. I'm having a hard time… I'm not good at verbalizing things sometimes.

[Content in italics replaces content in parentheses to create the *non-offering* condition]
DR. ESPOSITO: I can see what a great struggle this is for you. (Would it be helpful if you tried to say it in Spanish?) *Would it be helpful if you tried this a little more?*

Appendix I: Manipulation Check

Please answer TRUE (T), FALSE (F), or NOT SURE (N) to each of the following statements:

___ Dr. Esposito knows English and Spanish.
If not sure, please elaborate:

___ Ana knows English and Spanish.
If not sure, please elaborate:

___ Ana is Hispanic/Latina.
If not sure, please elaborate:

___ Dr. Esposito is Hispanic/Latina.
If not sure, please elaborate:

___ Dr. Esposito suggested that Ana try speaking in Spanish during their session.
If not sure, please elaborate:

Appendix J: Additional Tables

Table J1

Intercorrelations, Means, and Standard Deviations for All Continuous Study Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. CRF												
2. CRF – Expertness	.85**											
3. CRF – Attractiveness	.82**	.47**										
4. CRF – Trustworthiness	.89**	.66**	.66**									
5. WAI – Bond	.75**	.54**	.66**	.70**								
6. WILL-S	.57**	.61**	.34**	.49**	.59**							
7. CCCI-R	.47**	.39**	.43**	.38**	.51**	.41**						
8. MEIM-R-C	.18	.19	.06	.21	.25*	.27*	.21					
9. AIQ	-.09	-.16	.12	-.21	-.23	-.26*	-.03	-.08				
10. BIDR6	-.02	-.19	.07	.10	.26*	-.18	.21	.18	-.09			
11. BIDR6-SDE	-.14	-.28*	-.02	-.03	-.05	-.34**	.05	.06	.02	.80**		
12. BIDR6-IM	.09	-.04	.12	.19	.37**	.03	.29*	.21	-.17	.83**	.33**	
Mean item	5.54	5.47	5.47	5.85	5.45	3.63	4.92	4.49	4.04	12.37	5.63	6.73
SD	1.01	1.34	1.15	1.03	0.87	1.04	0.65	0.65	0.97	6.30	3.72	3.99

Note. $N = 52$. CRF = Counselor Rating Form Total; CRF – Expertness = Counselor Rating Form Expertness Subscale; CRF – Attractiveness = Counselor Rating Form Attractiveness Subscale; CRF – Trustworthiness = Counselor Rating Form Trustworthiness Subscale; WAI – Bond = Working Alliance Inventory Bond Subscale; WILL-S = Willingness Scale; CCCI-R = Cross-Cultural Counseling Inventory-Revised; MEIM-R-C = Multigroup Ethnic Identity Measure-Revised Commitment Subscale; AIQ = American Identity Questionnaire; BIDR6 = Balanced Inventory of Desirable Responding-6; BIDR-6-SDE = Balanced Inventory of Desirable Responding-6 Self-Directed Enhancement Subscale; BIDR6-IM = Balanced Inventory of Desirable Responding-6 Impression Management Subscale.

* $p < .05$. ** $p < .01$

Table J2.

Means and Standard Deviations of Dependent Measures as a Function of Experimental Condition in ANCOVA

Dependent variable	Experimental Condition					
	Non-Offering Therapist			Offering Therapist		
	M	*SD*	*n*	*M*	*SD*	*n*
Expertness	5.63	1.41	24	5.33	1.29	28
Attractiveness	5.42	1.19	24	5.19	1.17	28
Trustworthiness	5.85	1.06	24	5.84	1.03	28

Table J3.

Hierarchical Regression Analyses Testing Ethnic Identity Commitment as a Moderator

Variable	*B*	*SE B*	95% CI	β	R^2
Dependent variable: Expertness					
Step 1					.08**
Self-deceptive enhancement	-.10	.05	-0.19, -0.01	-.29**	
Step 2					.15
Self-deceptive enhancement	-.11	.05	-0.20, -0.01	-.30**	
Condition (A)	-.39	.36	-1.11, 0.34	-.15	
Ethnic identity commitment (B)	.49	.28	-0.07, 1.05	.24*	
Step 2					.19[a]
Self-deceptive enhancement	-.09	.05	-0.19, 0.00	-.27**	
A	-.36	.36	-1.08, 0.35	-.14	
B	.79	.34	0.11, -1.48	.38**	
A x B	-.89	.59	-2.07, 0.29	-.25	
Dependent variable: Attractiveness					
Step 1					.02
Condition (A)	-.26	.34	-0.94, 0.41	-.11	
Ethnic identity commitment (B)	.15	.26	-0.37, 0.67	.08	
Step 2					.05[a]
A	-.24	.33	-0.91, 0.43	-.11	
B	.39	.32	-0.24, 1.04	.22	
A x B	-.73	.54	-1.82, 0.36	-.24	

Table J3 continued.

Variable	*B*	*SE B*	95% CI	β	R^2
Dependent variable: Trustworthiness					
Step 1					.05
Condition (A)	-.09	.29	-0.68, 0.49	-.05	
Ethnic identity commitment (B)	.35	.23	-0.11, 0.80	.22	
Step 2					.09[a]
A	-.08	.29	-0.66, 0.50	-.04	
B	.59	.27	0.04, 1.15	.38**	
A x B	-.72	.48	-1.66, 0.22	-.26	

Note. Condition = Offering-therapist condition, dummy coded 1, or Non-offering therapist condition, dummy coded 0. CI = confidence interval.

[a] $\Delta R^2 > .03$

* $p < .10$. ** $p < .05$.

Table J4.

Hierarchical Regression Analyses Testing American Identity Commitment as a Moderator

Variable	*B*	*SE B*	95% CI	β	R^2
Dependent variable: Expertness					
Step 1					.08**
Self-deceptive enhancement	-.10	.05	-0.19, -0.01	-.29**	
Step 2					.12
Self-deceptive enhancement	-.10	.05	-0.19, -0.00	-.28**	
Condition (A)	-.24	.36	-0.97, 0.49	-.09	
American identity commitment (B)	-.20	.19	-0.58, 0.18	-.15	
Step 3					.13
Self-deceptive enhancement	-.10	.05	-0.19, -0.01	-.29**	
A	-.24	.36	-0.97, -0.49	-.09	
B	-.37	.26	-0.89, 0.15	-.27	
A x B	.36	.38	-0.40, 1.12	.18	
Dependent variable: Attractiveness					
Step 1					.03
Condition (A)	-.26	.33	-0.92, 0.41	-.11	
American identity commitment (B)	.15	.17	-0.19, 0.49	.13	
Step 2					.03
A	-.26	.33	-0.93, 0.41	-.11	
B	.14	.24	-0.34, 0.62	.12	
A x B	.03	.35	-0.67, 0.72	.02	

Table J4 continued.

Variable	*B*	*SE B*	95% CI	β	R^2
Dependent variable: Trustworthiness					
Step 1					.04
Condition (A)	.03	.29	-0.55, 0.61	.01	
American identity commitment (B)	-.22	.15	-0.53, 0.08	-.21	
Step 2					.05
A	.03	.29	-0.56, 0.61	-.01	
B	-.32	.21	-0.74, 0.09	-.30	
A x B	.20	.30	-0.41, 0.81	.13	

Note. Condition = Offering-therapist condition, dummy coded 1, or Non-offering therapist condition, dummy coded 0. CI = confidence interval.

[a] $\Delta R^2 > .03$

* $p < .10$. ** $p < .05$.

References

Abreu, J. M., & Gabarain, G. (2000). Social desirability and Mexican American counselor preferences: Statistical control for a potential confound. *Journal of Counseling Psychology, 47*(2), 165-176. doi:10.1037/0022-0167.47.2.165

Altarriba, J., & Heredia, R. (2008). *An introduction to bilingualism: Principles and processes*. Mahwah, NJ US: Lawrence Erlbaum Associates Publishers.

Altarriba, J., & Santiago-Rivera, A. (1994). Current perspectives on using linguistic and cultural factors in counseling the Hispanic client. *Professional Psychology: Research and Practice, 25*(4), 388-397. doi:10.1037/0735-7028.25.4.388.

Altarriba, J. (2003). Does *cariño* equal "liking"? A theoretical approach to conceptual nonequivalence between languages. *International Journal of Bilingualism, 7*, 305-322. doi:10.1177/13670069030070030501

American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist, 58*, 377–402. doi: 10.1037/0003-066X.58.5.377

American Psychological Association [APA], Office of Ethnic Minority Affairs. (2008). *A portrait of success & challenge: Progress report: 1997– 2005*. Washington, DC: Author. Retrieved from http://www.apa.org/pi/oema/resources/success-challenge.pdf

Atkinson, D., & Wampold, B. (1982). A comparison of the Counselor Rating Form and the Counselor Effectiveness Rating Scale. Counselor Education and Supervision, 22(1), 25-36.

Ayçiçegi-Dinn, A., & Caldwell-Harris, C. (2009). Emotion-memory effects in bilingual

speakers: A levels-of-processing approach. *Bilingualism: Language and Cognition, 12*(3), 291-303. doi:10.1017/S1366728909990125.

Barak, A., & LaCrosse, M. B. (1975). Multidimensional perception of counselor behavior. *Journal of Counseling Psychology, 22*, 471-476. doi:10.1037/0022-0167.22.6.471

Bauer, L. M., & Altarriba, J. (1998). Counseling the Hispanic client: Cuban Americans, Mexican Americans, and Puerto Ricans. *Journal of Counseling & Development, 76*, 389-395.

Berry, J., Phinney, J., Sam, D., & Vedder, P. (2006). *Immigrant youth in cultural transition: Acculturation, identity, and adaptation across national contexts.* Mahwah, NJ: Erlbaum.

Binder J.L., & Strupp, H.H. (1991). The Vanderbilt approach to time-limited dynamic psychotherapy. In P. Crits-Christoph & J. P. Barber (Eds.), *Handbook of short-term dynamic psychotherapy* (pp. 137-165). New York: Basic Books.

Biever, J. L., Castaño, M.T., de las Fuentes, C., Gonzáles, C., Servín-López, S., Sprowls, C., & Tripp, C.G. (2002). The role of language in training psychologists to work with Hispanic clients. *Professional Psychology: Research and Practice, 33*(3), 330-336. doi:10.1037/0735-7028.33.3.330

Biskin, B. H. (1980). Multivariate analysis in experimental counseling research. *The Counseling Psychologist, 8*(4), 69-72. doi:10.1177/001100008000800422

Bond, M., & Lai, T. (1986). Embarrassment and code-switching into a second language. *The Journal of Social Psychology*, *126*(2), 179-186.

Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working

alliance. *Psychotherapy: Theory, Research & Practice*, *16*(3), 252-260. doi:10.1037/h0085885.

Bordin, E. (1994). Theory and research on the therapeutic working alliance: New directions. In A. O. Horvath, & L. S. Greenberg (Eds.), *The working alliance: Theory, research, and practice* (pp. 13-37). New York, NY: Wiley.

Bourhis, R. Y., Giles, H. (1977). The language on intergroup distinctiveness. In H. Giles (Ed.), *Language, ethnicity, and intergroup relations* (pp. 119-135). London: Academic Press.

Bourhis, R., Giles, H., & Lambert, W. (1975). Social consequences of accommodating one's style of speech: A cross-national investigation. *International Journal of the Sociology of Language, 6*, 55-71. doi:10.1515/ijsl.1975.6.55

Bourhis, R. Y., Giles, H., Leyens, J. P., & Tajfel, H. (1979). Psycholinguistic distinctiveness: Language divergence in Belgium. In H. Giles & R. S. Clair (Eds.), Language and social psychology (pp. 158-185). Baltimore: University Park Press. 158--185.

Bradac, J. J., Giles, H. (2005). Language and social psychology: Conceptual niceties, complexities, curiosities, monstrosities, and how it all works. In K. L. Fitch & R. E. Sanders (Eds.), *Handbook of Language and Social Interaction* (pp. 201-230). Mahwah, NJ: Lawrence Erlbaum Associates.

Brown, C., Alabi, B. O., Huynh, V. W., & Masten, C. L. (2011). Ethnicity and gender in late childhood and early adolescence: Group identity and awareness of bias. *Developmental Psychology, 47*(2), 463-471. doi:10.1037/a0021819

Butler, Y. G., & Hakuta, K. (2004). Bilingualism and second language acquisition. In T. K.

Bhatia & W. C. Ritchie (Eds.), *The Handbook of Bilingualism* (pp. 114-144). Malden, MA: Blackwell Publishing.

Buxbaum, E. (1949). The role of a second language in the formation of ego and superego. *The Psychoanalytic Quarterly*, *18*279-289.

Castaño, M., Biever, J., González, C., & Anderson, K. (2007). Challenges of providing mental health services in Spanish. *Professional Psychology: Research and Practice, 38*(6), 667-673. doi:10.1037/0735-7028.38.6.667.

Castonguay, L., Constantino, M., & Holtforth, M. (2006). The working alliance: Where are we and where should we go?. *Psychotherapy: Theory, Research, Practice, Training*, *43*(3), 271-279. doi:10.1037/0033-3204.43.3.271

Charles, C., Gafni, A., & Whelan, T. (1997). Shared decision-making in the medical encounter: What does it mean? (Or it takes at least two to tango). *Social Science & Medicine, 44*(5), 681-692. doi:10.1016/S0277-9536(96)00221-3.

Cohen, J., Cohen, P., West, S.G., & Aiken, L.S. (2003). *Applied multiple regression/correlation analysis for the behavioral sciences.* Hillsdale, NJ: Lawrence Erlbaum Associates.

Cokley, K. (2007). Critical issues in the measurement of ethnic and racial identity: A referendum on the state of the field. *Journal of Counseling Psychology, 52*, 224–239. doi:10.1037/0022-0167.54.3.224

Constantine, M. G. (2001). Predictors of observer ratings of multicultural counseling competence in Black, Latino, and White American trainees. *Journal of Counseling Psychology, 48*, 456–462. doi: 10.1037/0022-0167.48.4.456

Constantine, M. G. (2002). Predictors of satisfaction with counseling: Racial and ethnic

minority clients' attitudes toward counseling and ratings of their counselors' general and multicultural counseling competence. *Journal of Counseling Psychology, 49,* 255–263. doi: 10.1037/0022-0167.49.2.255

Corrigan, J., & Schmidt, L. (1983). Development and validation of revisions in the Counselor Rating Form. *Journal of Counseling Psychology, 30*(1), 64-75. doi:10.1037/0022-0167.30.1.64.

Enders, C. K. (2003). Performing multivariate group comparisons following a statistically significant MANOVA. *Measurement and Evaluation in Counseling and Development, 36*(1), 40-56.

Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39*, 175-191. PMid:17695343

Festinger, L. (1957). *A theory of cognitive dissonance*. Evanston, IL: Row, Peterson.

Fitch, K., & Sanders, R. (Eds.). (2005). *Handbook of language and social interaction*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Fraley, R., Heffernan, M. E., Vicary, A. M., & Brumbaugh, C. (2011). The experiences in close relationships—Relationship Structures Questionnaire: A method for assessing attachment orientations across relationships. *Psychological Assessment, 23*(3), 615-625. doi:10.1037/a0022898

Frazier, P. A., Tix, A. P., & Barron, K. E. (2004). Testing Moderator and Mediator Effects in Counseling Psychology Research. *Journal of Counseling Psychology, 51*(1), 115-134. doi:10.1037/0022-0167.51.1.115

Fuertes, J. N., & Brobst, K. (2002). Clients' ratings of counselor multicultural competency.

Cultural Diversity and Ethnic Minority Psychology, 8(3), 214-223. doi:10.1037/1099-9809.8.3.214

Fuertes, J., Costa, C., Mueller, L., & Hersh, M. (2005). Psychotherapy process and outcome from a racial-ethnic perspective. In R. Carter (Ed.), *Handbook of Racial-Cultural Psychology and Counseling, Vol. 1: Theory and research* (pp. 256-276). Hoboken, NJ US: John Wiley & Sons Inc.

Fuertes, J. N., & Ponterotto, J. G. (2003). Culturally appropriate intervention strategies. In G. Roysircar, P. Arredondo, J. N. Fuertes, J. G. Ponterotto, & R. L. Toporek (Eds.), *Multicultural counseling competencies 2003: Association for multicultural counseling and development* (pp. 51–58). Alexandria, VA: ACA.

Fuertes, J., Stracuzzi, T., Bennett, J., Scheinholtz, J., Mislowack, A., Hersh, M., & Cheng, D. (2006). Therapist multicultural competency: A study of therapy dyads. *Psychotherapy: Theory, Research, Practice, Training, 43*(4), 480-490. doi:10.1037/0033-3204.43.4.480.

Gelso, C. J., & Carter, J. (1994). Components of the psychotherapy relationship: Their interaction and unfolding during treatment. *Journal of Counseling Psychology, 41*(3), 296-306. doi:10.1037/0022-0167.41.3.296.

Gelso, C. J., & Fassinger, R. (1990). Counseling psychology: Theory and research on interventions. *Annual Review of Psychology*, 41355-386. doi:10.1146/annurev.ps.41.020190.002035.

Gelso, C.J., & Fretz, B. (2001). *Counseling psychology* (2nd ed.). Belmont, CA: Wadsworth, Cengage Learning.

Gelso, C. J., & Hayes, J. A. (1998). *The psychotherapy relationship: Theory, research, an*

practice. New York, NY: Wiley.

Gelso, C. J., & Samstag, L. (2008). A tripartite model of the therapeutic relationship. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed.) (pp. 267-283). Hoboken, NJ US: John Wiley & Sons

Genesee, F., & Bourhis, R. (1988). Evaluative reactions to language choice strategies: The role of sociostructural factors. *Language & Communication, 8*(3-4), 229-250. doi:10.1016/0271-5309(88)90020-1.

Giles, H., & Johnson, P. (1987). Ethnolinguistic identity theory: a social psychological approach to language maintenance. *International Journal of the Sociology of Language, 68*, 69-99. doi:10.1515/ijsl.1987.68.69.

Giles, H., & Ogay, T. (2007). Communication accommodation theory. In B. Whaley, & W. Samter (Eds.), *Explaining communication: Contemporary theories and exemplars* (pp. 293-310). Mahwah, NJ US: Lawrence Erlbaum Associates Publishers.

Giles, H., Taylor, D., & Bourhis, R. (1973). Towards a theory of interpersonal accommodation through language: Some Canadian data. *Language in Society*, *2*(2), 177-192. doi:10.1017/S0047404500000701.

Gollan, T. H., Fennema-Notestine, C., Montoya, R. I., & Jernigan, T. L. (2007). The bilingual effect on Boston Naming Test performance. *The Journal of the International Neuropsychological Society, 13*, 197–208. PMid:17286875

Gollan, T., & Ferreira, V. (2009). Should I stay or should I switch? A cost–benefit analysis of voluntary language switching in young and aging bilinguals. *Journal of Experimental Psychology: Learning, Memory, and Cognition, 35*(3), 640-665. doi:10.1037/a0014981.

Graves, T. D. (1967). Acculturation, access, and alcohol in a tri-ethnic community. *American Anthropologist, 69,* 306–321. doi:10.1525/aa.1967.69.3-4.02a00030

Greenson, R. R. (1950). The mother tongue and the mother. *The International Journal of Psychoanalysis*, *31*, 18–23.

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training, 43*(4), 531-548. doi:10.1037/0033-3204.43.4.531

Grosjean, F. (2008). *Studying bilinguals*. Oxford, UK: Oxford University Press.

Hakimzadeh, Shirin, and Cohn, D'Vera. (2007). *English usage among Hispanics in the United States*. Washington, DC: Pew Hispanic Center. Retrieved from http://pewhispanic.org/files/reports/82.pdf

Hackett, G., Enns, C. Z., & Zetzer, H. A. (1992). Reactions of women to nonsexist and feminist counseling: Effects of counselor orientation and mode of information delivery. *Journal of Counseling Psychology, 39*, 321-330. doi:10.1037/0022-0167.39.3.321

Hatcher, R., & Barends, A. (2006). How a return to theory could help alliance research. *Psychotherapy: Theory, research, practice, training, 43*(3), 292-299. doi:10.1037/0033-3204.43.3.292.

Heppner, P., & Claiborn, C. (1989). Social influence research in counseling: A review and critique. *Journal of Counseling Psychology*, *36*(3), 365-387. doi:10.1037/0022-0167.36.3.365.

Heppner, P. P., Wampold, B. E., & Kivlighan, D. M., Jr. (2008). *Research design in counseling* (3rd ed.). Belmont, CA:Thomson Brooks/Cole.

Heredia, R.R., & Altarriba, J. (2001). Bilingual language mixing: Why do bilinguals code switch? *Current Directions in Psychological Science, 10*, 164-168. doi:10.1111/1467-8721.00140.

Hill, C. (Ed.). (2011). *Consensual qualitative research: A practical resource for investigating social science phenomena*. Washington, DC US: American Psychological Association.

Hong, Y., Morris, M., Chiu, C., & Benet-Martínez, V. (2000). Multicultural minds: A dynamic constructivist approach to culture and cognition. *American Psychologist, 55*(7), 709-720. doi:10.1037/0003-066X.55.7.709.

Horvath, A. (1994). Empirical validation of Bordin's pantheoretical model of the alliance: The Working Alliance Inventory perspective. In A. Horvath & Greenberg, L (Eds.). *The working alliance: Theory, research, and practice* (pp. 109-128). New York, NY: Wiley.

Horvath, A., & Greenberg, L. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology, 36*(2), 223-233. doi:10.1037/0022-0167.36.2.223.

Horvath, A., & Symonds, B.D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*(2), 139-149. doi:10.1037/0022-0167.38.2.139

Hoyt, W. (1996). Antecedents and effects of perceived therapist credibility: A meta-analysis. *Journal of Counseling Psychology, 43*(4), 430-447. doi:10.1037/0022-0167.43.4.430.

Huberty, C. J., & Petoskey, M. D. (2000). Multivariate analysis of variance and

covariance. In H. E. A. Tinsley & S. D. Brown (Eds.), *Handbook of multivariate statistics and mathematical modeling* (pp. 183-208). San Diego, CA: Academic Press. Citation

Javier, R. (1989). Linguistic considerations in the treatment of bilinguals. *Psychoanalytic Psychology*, *6*, 87–96. doi:10.1037/0736-9735.6.1.87

Javier, R. A. (1990). The suitability of insight-oriented therapy for the Hispanic poor. *American Journal of Psychoanalysis*, 50, 305–318. doi:10.1007/BF01254078

Jones, A., & Gelso, C. (1988). Differential effects of style of interpretation: Another look. *Journal of Counseling Psychology*, *35*(4), 363-369. doi:10.1037/0022-0167.35.4.363

Kohnert, K. J., Hernandez, A. E., & Bates, E. (1998). Bilingual performance on the Boston Naming Test: Preliminary norms in Spanish and English. *Brain and Language, 65*, 422–440. doi:10.1006/brln.1998.2001

Koven, M. (1998). Two languages in the self/the self in two languages: French-Portuguese bilinguals' verbal enactments and experiences of self in narrative discourse. *Ethos 26*(4), 410-455. doi:10.1525/eth.1998.26.4.410.

Krapf, E. (1955). The choice of language in polyglot psychoanalysis. *The Psychoanalytic Quarterly*, 24343-357.

Kreyenbuhl, J., Nossel, I., & Dixon, L. (2009). Disengagement from mental health treatment among individuals with schizophrenia and strategies for facilitating connections to care: A review of the literature. *Schizophrenia Bulletin*, *35*(4), 696-703. doi:10.1093/schbul/sbp046.

LaFromboise, T., Coleman, H., & Gerton, J. (1993). Psychological impact of

biculturalism: Evidence and theory. *Psychological Bulleting, 114*(3), 395-412. doi:10.1037/0033-2909.114.3.395.

LaFromboise, T., Coleman, H., & Hernandez, A. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory—Revised. *Professional Psychology: Research and Practice, 22*(5), 380-388. doi:10.1037/0735-7028.22.5.380

Lee, R. M. (2003). Do ethnic identity and other-group orientation protect against discrimination for Asian Americans? *Journal of Counseling Psychology, 50*(2), 133-141. doi:10.1037/0022-0167.50.2.133

Li, P., Sepanski, S., & Zhao, X. (2006). Language history questionnaire: A Web-based interface for bilingual research. *Behavior Research Methods, 38*(2), 202-210. PMid:16956095

Marcos, L.R. (1976). Bilinguals in psychotherapy: Language as an emotional barrier. *American Journal of Psychotherapy, 30*(4), 552-560. PMid:984259

Marcos, L. (1988). Understanding ethnicity in psychotherapy with Hispanic patients. *The American Journal of Psychoanalysis, 48*(1), 35-42. doi:10.1007/BF01252920.

Marcos, L., & Alpert, M. (1976). Strategies and risks in psychotherapy with bilingual patients: The phenomenon of language independence. *The American Journal of Psychiatry, 133*(11), 1275-1278. PMid:984217

Marcos, L.R. & Urcuyo, L. (1979). Dynamic psychotherapy with the bilingual patient. *American Journal of Psychotherapy, 33*(3), 331-338. PMid:495826

Marian, V. (2008). Bilingual research methods. In J. Altarriba & R. R. Heredia (Eds.). *An introduction to bilingualism: Principles and processes* (pp. 13-37). New York, NY: Lawrence Erlbum.

Marian, V., & Neisser, U. (2000). Language-dependent recall of autobiographical memories. *Journal of Experimental Psychology: General, 129*(3), 361-368. doi:10.1037/0096-3445.129.3.361.

Marín, G., & Marín, B. V. (1991). *Research with Hispanic populations*. Newbury Park, CA: Sage.

Martin, D., Garske, J., & Davis, M. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, *68*(3), 438-450. doi:10.1037/0022-006X.68.3.438.

Matsunaga, M., Hecht, M., Elek, E., & Ndiaye, K. (2010). Ethnic identity development and acculturation: A longitudinal analysis of Mexican-heritage youth in the Southwest United States. *Journal of Cross-Cultural Psychology*, *41(*3), 410-427. doi:10.1177/0022022109359689.

McClelland, G. H., & Judd, C. M. (1993). Statistical difficulties of detecting interactions and moderator effects. *Psychological Bulletin, 114*, 376–390. doi: 10.1037/0033-2909.114.2.376

Myers-Scotton, C. (1999). Explaining the role of norms and rationality in codeswitching. *Journal of Pragmatics, 32*(9), 1259-1271. doi:10.1016/S0378-2166(99)00099-5.

Norcross, J. (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York, NY US: Oxford University Press.

Operario, D., & Fiske, S. T. (2001). Ethnic identity moderates perceptions of prejudice: Judgments of personal versus group discrimination and subtle versus blatant bias. *Personality and Social Psychology Bulletin, 27*(5), 550-561. doi:10.1177/0146167201275004

Owen, J., Leach, M. M., Wampold, B., & Rodolfa, E. (2010a). Multicultural approaches in psychotherapy: A rejoinder. *Journal of Counseling Psychology, 58*(1), 22-26. doi:10.1037/a0022222

Owen, J. J., Tao, K., Leach, M. M., & Rodolfa, E. (2011b). Clients' perceptions of their psychotherapists' multicultural orientation. *Psychotherapy, 48*(3), 274-282. doi:10.1037/a0022065

Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin, 135*(4), 531-554. doi:10.1037/a0016059

Paulhus, D.L. (1991). Measurement and control of response bias. In J.P. Robinson, P.R. Shaver, & L.S. Wrightsman (Eds.), *Measures of personality and social psychological attitudes* (pp.17-59). San Diego: Academic Press.

Paulhus, D.L. (2002). Socially desirable responding: The evolution of a construct. In H.I. Braun, D.N. Jackson, & D.E. Wiley (Eds.), *The role of constructs in psychological and educational measurement* (pp. 51-73). Mahwah, NJ: Lawrence Erlbaum Associates.

Pavlenko, A. (2006). Bilingual selves. In A. Pavlenko (Ed.) *Bilingual minds: Emotional experience, expression, and representation* (pp. 1-33). Clevedon, UK: Multilingual Matters.

Pearson, B. (2007). Social factors in childhood bilingualism in the United States. *Applied Psycholinguistics, 28*(3), 399-410. doi:10.1017/S014271640707021X.

Perrin, P., Heesacker, M., Pendley, C., & Smith, M. (2010). Social influence processes and

persuasion in psychotherapy and counseling. In J. E. Maddux, & J. P. Tangney (Eds.), *Social psychological foundations of clinical psychology* (pp. 441-460). New York, NY US: Guilford Press.

Pew Hispanic Center. (2004). *Survey brief: Bilingualism*. Retrieved from http://pewhispanic.org/files/factsheets/12.pdf.

Phinney, J. (1990). Ethnic identity in adolescents and adults: Review of research. *Psychological Bulletin*, *108*(3), 499-514. doi:10.1037/0033-2909.108.3.499.

Phinney, J. (1992). The Multigroup Ethnic Identity Measure: A new scale for use with diverse groups. *Journal of Adolescent Research, 7*, 156–176. doi:10.1177/074355489272003

Phinney, J., Berry, J., Vedder, P., & Liebkind, K. (2006). The Acculturation Experience: Attitudes, Identities and Behaviors of Immigrant Youth. In J. Berry, J. Phinney, D. Sam, & P. Vedder (Eds.), *Immigrant youth in cultural transition: Acculturation, identity, and adaptation across national contexts* (pp. 71-116). Mahwah, NJ US: Lawrence Erlbaum Associates Publishers.

Phinney, J., Cantu, C., & Kurtz, D. (1997). Ethnic and American identity as predictors of self-esteem among African American, Latino, and White adolescents. *Journal of Youth and Adolescence*, *26*(2), 165-185. doi:10.1023/A:1024500514834.

Phinney, J., & Devich-Navarro, M. (1997). Variations in bicultural identification among African American and Mexican American adolescents. *Journal of Research on Adolescence, 7*(1), 3-32. doi:10.1207/s15327795jra0701_2.

Phinney, J., & Ong, A. (2007). Conceptualization and measurement of ethnic identity:

Current status and future directions. *Journal of Counseling Psychology, 54*(3), 271-281. doi:10.1037/0022-0167.54.3.271.

Phinney, J., Romero, I., Nava, M., & Huang, D. (2001). The role of language, parents, and peers in ethnic identity among adolescents in immigrant families. *Journal of Youth and Adolescence, 30*(2), 135-153. doi:10.1023/A:1010389607319.

Pitta, P ., Marcos, L.R., & Alpert, M. (1978). Language switching as a treatment strategy with bilingual patients. *The American Journal of Psychoanalysis, 38*, 255-258. doi:10.1007/BF01252975

Ramos-Sánchez, L. (2009). Counselor bilingual ability, counselor ethnicity, acculturation, and Mexican Americans' perceived counsellor credibility. *Journal of Counseling & Development, 87*(3), 311-318.

Ramos-Sánchez, L., Atkinson, D. R., & Fraga, E. (1999). Mexican Americans' bilingual ability, counselor bilingualism cues, counselor ethnicity, and perceived counselor credibility. *Journal of Counseling Psychology*, *46*, 125-131. doi:10.1037/0022-0167.46.1.125.

Ridley, C. R., & Shaw-Ridley, M. (2011). Multicultural counseling competencies: An analysis of research on clients' perceptions. Journal of Counseling Psychology, 58, 16–21. doi: 10.1037/a0022221

Roberts, R., Phinney, J., Masse, L., Chen, Y., Roberts, C., & Romero, A. (1999). The structure of ethnic identity of young adolescents from diverse ethnocultural groups. *The Journal of Early Adolescence*, *19*(3), 301-322. doi:10.1177/0272431699019003001.

Romano, V., Fitzpatrick, M., & Janzen, J. (2008). The secure-base hypothesis: Global

attachment, attachment to counselor, and session exploration in psychotherapy. *Journal of Counseling Psychology*,*55*(4), 495-504. doi:10.1037/a0013721.

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Rozensky, R.H., & Gomez, M.Y. (1983). Language switching in psychotherapy with bilinguals: Two problems, two models, and case examples. *Psychotherapy: Theory, Research, and Practice, 20*(2), 152-160. doi:10.1037/h0088486.

Rumbaut, R. G. (1994). The crucible within: Ethnic identity, self-esteem, and segmented assimilation among children of immigrants. *International Migration Review, 28*, 748-794. doi:10.2307/2547157.

Sachdev, I., & Giles, H. (2004). Bilingual accommodation. In T.K. Bhatia, & W.C. Ritchie (Eds.), *The Handbook of Bilingualism* (pp. 353-378). Malden, MA: Blackwell Publishing.

Santiago-Rivera, A. (1995). Developing a culturally sensitive treatment modality for bilingual Spanish-speaking clients: Incorporating language and culture in counseling. *Journal of Counseling & Development, 74*(1), 12-17.

Santiago-Rivera, A. L., & Altarriba, J. (2002). The role of language in therapy with the Spanish English bilingual client. *Professional Psychology: Research and Practice, 33*, 30-38. doi:10.1037/0735-7028.33.1.30

Santiago-Rivera, A., Altarriba, J., Poll, N., Gonzalez-Miller, N., & Cragun, C. (2009).

Therapists' views on working with bilingual Spanish–English speaking clients: A qualitative investigation. *Professional Psychology: Research and Practice*, *40*(5), 436-443. doi:10.1037/a0015933

Santiago-Rivera, A., Arredondo, P., & Gallardo-Cooper, M. (2002). *Counseling Latinos and la familia: A practical guide*. Thousand Oaks, CA US: Sage Publications, Inc

Sciarra, D.T., & Ponterotto, J.G. (1991). Counseling the Hispanic bilingual family: Challenges to the therapeutic process. *Psychotherapy, 28*, 473-479. doi:10.1037/0033-3204.28.3.473

Schmid Mast, M., Jonas, K., & Hall, J. (2009). Give a person power and he or she will show interpersonal sensitivity: The phenomenon and its why and when. *Journal of Personality and Social Psychology*, *97*(5), 835-850. doi:10.1037/a0016234.

Schubert, T., & Jacoby, J. (2004). SiSSy: Simple slope syntax for test of moderation and simple slopes for one dichotomous or continuous moderator candidate of one centered IV in SPSS. http://www.igroup.org/projects/sissy/.

Schwartz, B., & Ward, A. (2004). Doing better but feeling worse: The paradox of choice. In A. P. Linely, & J. Stephen (Eds.). *Positive Psychology in Practice* (pp. 86-104). Hoboken: john Wiley & Wons Inc.

Searight, H., & Searight, B. (2009). Working with foreign language interpreters: Recommendations for psychological practice. *Professional Psychology: Research and Practice, 40*(5), 444-451. doi:10.1037/a00167

Stewart, M. (1995). Effective physician-patient communication and health outcomes: A review. *CMAJ: Canadian Medical Association Journal = Journal De L'association Medicale Canadienne, 152*(9), 1423-1433.

Stewart, M., Brown, J., Donner, A., McWhinney, I., Oates, J., Weston, W., & Jordan, J. (2000). The impact of patient-centered care on outcomes. *The Journal Of Family Practice, 49*(9), 796-804. PMid:11032203

Strong, S. (1968). Counseling: An Interpersonal Influence Process. *Journal of Counseling Psychology, 15*(3), 215-224. doi:10.1037/h0020229.

Sue, D. (1990). Culture-specific strategies in counseling: A conceptual framework. *Professional Psychology: Research and Practice, 21*(6), 424-433. doi:10.1037/0735-7028.21.6.424.

Sue., D. W. (2010). *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. Hoboken, NJ: Wiley, 2010

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development, 20*(2), 64-88.

Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., et al. (1982). Position paper: Cross-cultural counseling competencies. The Counseling Psychologist, 10, 45–52. doi:10.1177/0011000082102008

Sue, D. W., Carter, R. T., Casas, J. M., Fouad, N. A., Ivey, A. E., Jensen, M., et al. (1998). *Multicultural counseling competencies: Individual and organizational development*. Thousand Oaks: Sage.

Suro, R., & Passel, J. S. (2003). *The rise of the second generation: Changing patterns in the Hispanic population growth.* Washington, DC: Pew Hispanic Center. Retrieved from http://pewhispanic.org/files/reports/22.pdf

Syed, M., Azmitia, M., & Phinney, J. (2007). Stability and change in ethnic identity among

Latino emerging adults in two contexts. *Identity: An International Journal of Theory and Research*, 7(2), 155-178.

Tajfel, H., & Turner, J. (1986). The social identity theory of intergroup behavior. In S. Worchel & W.Austin (Eds.), *Psychology of intergroup relations* (pp. 7–24). Chicago: Nelson-Hall.

Tong, Y., Hong, Y., Lee, S., & Chiu, C. (1999). Language use as a carrier of social identity. *International Journal of Intercultural Relations, 23*(2), 281-296. doi:10.1016/S0147-1767(98)00039-X.

Torres, L., & Ong, A. D. (2010). A daily diary investigation of Latino ethnic identity, discrimination, and depression. *Cultural Diversity And Ethnic Minority Psychology*, *16*(4), 561-568. doi:10.1037/a0020652

Tracey, T., Glidden, C., & Kokotovic, A. (1988). Factor structure of the Counselor Rating Form—Short. *Journal of Counseling Psychology*, *35*(3), 330-335. doi:10.1037/0022-0167.35.3.330.

Tracey, T., & Kokotovic, A. (1989). Factor structure of the Working Alliance Inventory. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, *1*(3), 207-210. doi:10.1037/1040-3590.1.3.207.

Tryon, G., & Winograd, G. (2001). Goal consensus and collaboration. *Psychotherapy: Theory, Research, Practice, Training*, *38*(4), 385-389. doi:10.1037/0033-3204.38.4.385.

U.S. Bureau of the Census. (2010). *U.S Census Briefs: The Hispanic population.* Available from http://2010.census.gov/2010census/data/

U.S. Bureau of the Census. (2003). *Language use and English-speaking ability: 2000* (U.S.

Census Bureau Publication No. C2KBR-29). Retrieved from http://www.census.gov/prod/2003pubs/c2kbr-29.pdf

Valdez, J. N. (1991, August). *Research and the psychotherapy with Mexican-American clients*. Paper presented at the 99th Annual Convention of the American Psychological Association, San Francisco, CA

Vogel, B., Leonhart, R., & Helmes, A. (2009). Communication matters: The impact of communication and participation in decision making on breast cancer patients' depression and quality of life. *Patient Education and Counseling, 77*(3), 391-397. doi:10.1016/j.pec.2009.09.005.

Wampold, B. (2007). Psychotherapy: The humanistic (and effective) treatment. *American Psychologist, 62*(8), 857-873. doi:10.1037/0003-066X.62.8.857.

Wei, L. (2003). 'How can you tell?' Towards a common sense explanation of conversational code-switching. *Journal of Pragmatics, 37*(3), 375-389. doi:10.1016/j.pragma.2004.10.008.

West, R. L., & Turner, L. H. (2010). *Introducing Accommodation Theory: Analysis and Application*. New York: McGraw-Hill.

Wilson, F. R., & Yager, G. G. (1990). Concurrent and construct validity of three counselor social influence instruments. *Measurement and Evaluation in Counseling and Development*, 23, 52–66.

Worthington, R. L., Soth-McNett, A. M., & Moreno, M. V. (2007). Multicultural counseling competencies research: A 20-year content analysis. *Journal of Counseling Psychology, 54*(4), 351-361. doi:10.1037/0022-0167.54.4.351

Yoon, E. (2011). Measuring ethnic identity in the Ethnic Identity Scale and the Multigroup

Ethnic Identity Measure-Revised. *Cultural Diversity and Ethnic Minority Psychology*, 17(2), 144-155. doi:10.1037/a0023361.

Ziguras, S., Klimidis, S., Lewis, J., & Stuart, G. (2003). Ethnic matching of clients and clinicians and use of mental health services by ethnic minority clients. *Psychiatric Services, 54*(4), 535-541. doi:10.1176/appi.ps.54.4.535