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Experiences and perceptions of bilingual Spanish-English Latinx clients and bilingual Spanish-English Latinx therapists in psychotherapy: a systematic review

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EXPERIENCES AND PERCEPTIONS OF BILINGUAL SPANISH-ENGLISH LATINX CLIENTS AND BILINGUAL SPANISH-ENGLISH LATINX THERAPISTS IN PSYCHOTHERAPY: A SYSTEMATIC REVIEW

A clinical dissertation submitted in partial satisfaction

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Doctor of Psychology

by

Irvin I. Navarrete

July, 2023

Miguel E. Gallardo, Psy.D.– Dissertation Chairperson

This clinical dissertation, written by

Irvin I. Navarrete

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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Miguel E. Gallardo, Psy.D, Chairperson

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VITA

EDUCATION

PsyD **Clinical Psychology,** Pepperdine University, *West Los Angeles, CA.* **August 2023**
Clinical Tracks: (1) Humanistic, Existential, and Experiential Psychotherapy; (2) Multicultural Psychology and Community Clinical Psychology

MS **Clinical Psychology,** California State University Fullerton, *CA* **May 2017**
Thesis: The Impact of Social Support Quality on Alcohol Consumption Among Older Adults (Chair: Laura Zettel-Watson, Ph.D.; Committee Members: Barbara Cherry, Ph.D., Melanie Horn-Mallers, Ph.D.)

BS **Psychology,** California State University Fullerton, *CA* **May 2013**
Minor: Health Science, Health Promotion and Disease Prevention

AA **Psychology/Health Sciences,** Saddleback Community College, *Mission Viejo, CA* **May 2011**

HONOR AND AWARDS

Marco Garcia Memorial Fellowship **2019-2021**
- Established to promote mental health services in the underserved multicultural community and Mexican American population.

Graduate Equity Fellowship **2016/2017**
- Established to increase diversity of students completing graduate degree programs and promote university faculty careers among students who have overcome educational disadvantages.

Elevar Scholar Program **2015/2016**
- Grant from the U.S. Department of Education's Title V, pt., B, Promoting Postbaccalaureate Opportunities for Hispanic Americans.

OTHER LANGUAGES

Spanish (Native speaker): Proficient in speaking and reading (proficient in providing clinical intake and assessment; individual, couples, group therapy; and neuropsychological assessments).

CLINICAL EXPERIENCE

Clinical Psychology Intern **August 2022 – August 2023**
Clinical Psychology Doctoral Internship Training Program – Department of Psychiatry & Addiction Medicine at Kaiser Permanente San Diego Medical Care, *Vista, CA*
Supervisor – Primary (English): Krista Freece, Ph.D.
Supervisor – Secondary (Spanish): Aura Barragan, Psy.D.
- Conduct adult and pediatric outpatient clinical interviews and neuropsychological assessments in English and Spanish, including test administration, interpretation, and recommendations for children and adults with developmental, neurodegenerative, motor movement, and other dementia disorders.

- Provide outpatient psychotherapy to individuals (children, adults, family) experiencing acute and chronic medical and psychiatric comorbidities (depression, anxiety, trauma, neurological, stressors, etc.).
- Conduct intakes, treatment plans, coordinate care, and maintain ongoing confidential records.
- Collaborate with a multidisciplinary team in coordinating care; and physicians in screening and evaluating patients for psychiatric medications, ADHD, and candidacy for DBS.
- Participate in weekly neuropsychological didactic seminars, case conference, and related electives in Spanish, as well as neurodevelopmental training.

Clinical Neuropsychology Practicum Student **July 2021 – June 2022**
Pre-Doctoral Neuropsychology Training Program – Cedars-Sinai Medical Center, *Los Angeles, CA*
Supervisor: Dale S. Sherman, Ph.D.

- Conduct in-person clinical interviews and neuropsychological assessments to a diverse patient population experiencing traumatic brain injuries, stroke and cerebrovascular disease, cortical and subcortical dementia syndromes, Parkinson's disease, metabolic disturbance, encephalopathy, neoplasm, orthopedic injuries, and a variety of comorbid psychiatric conditions at the *Outpatient Neuropsychology Clinic*; as well as administer brief cognitive and emotional screeners to patients in *acute inpatient care* (Emergency Department and The California Rehabilitation Institute) who have experienced a stroke, spinal cord injury, brain injury, orthopedic injury, neuromuscular illness, cancer and/or other medical conditions.
- Administer brief in-person clinical interviews and screeners for patients suspected to experience Post-Intensive Care Syndrome (PICS) and cognitive impairment related to COVID-19; Participate in interdisciplinary collaboration efforts to coordinate care and support COVID-19 after ICU stay.
- Reviewing medical records, scoring, preparing data tables, interpreting data, and report writing.

Clinical Neuropsychology Practicum Student **July 2021 – June 2022**
Neuropsychology Track – Pickup Family Neurosciences Institute Hoag Hospital, *Newport Beach, CA*
Supervisor: Lauren L. Bennett, Ph.D.

- Provide in-person outpatient neuropsychological assessments to a diverse patient population experiencing concerns related to memory, dementia, mild traumatic brain injuries, CNS infections, CNS tumors, strokes, epilepsy, and movement disorders; Focus on neurodegenerative disease and geriatric neuropsychology.
- Collaborate with a multidisciplinary team in providing neuropsychological assessments to NFL veterans to track their health as a part of a collection of services set up by the nonprofit The Trust.
- Administer brief in-person memory assessment screenings and feedback for community members through the Orange County Vital Brain program (OCVBAP); Provide psychoeducation about brain health; Coordinate community resources and healthcare services as needed.
- Conduct psychological evaluation of patients before bariatric surgical procedure to assess readiness and factors that may impact coping and adjustment through surgery and the associated lifestyles changes.
- Responsible for scoring, interpreting and reporting neuropsychological data, chart reviews, writing reports.

Clinical Psychology Practicum Student **September 2019 – Present**
Pepperdine Community Counseling Center*, Irvine, CA*

Supervisor: Joan I. Rosenberg, Ph.D.

- Provide in-person and telehealth services to diverse individuals and couples experiencing various challenges such as mood disorders, anxiety symptoms, marital and relationship problems, stress, and lifestyle challenges.
- Conduct clinical intake and assessments, diagnosis, and treatment planning.

Clinical Psychology Practicum Student **June 2021 – October 2021**
Union Rescue Mission*, Los Angeles, CA*
Supervisor: Carolyn Keatinge, Ph.D.

- Provided telehealth neurocognitive and neuropsychiatric assessments to an individual experiencing homelessness and substance abuse.
- Coordinated community resources and placement.

Clinical Neuropsychology Practicum Student **July 2020 – June 2021**
Cultural & Bilingual Neuropsychology Lifespan Track (CBNL) - UCLA Semel Institute for Neuroscience & Human Behavior, *Los Angeles, CA*
Supervisors: Xavier E. Cagigas, Ph.D.; Paola A. Suarez, Ph.D.

- Provided outpatient telehealth neurocognitive and neuropsychiatric assessments in Spanish to monolingual Spanish-speaking and bilingual patients across the lifespan with various diagnoses, including dementia, epilepsy, brain tumors, organ transplant, learning disabilities, and other conditions that impact neurocognitive functioning.
- Reviewed medical records, wrote pre-evaluation reports, and scored neuropsychological assessments.
- Collaborated with a multidisciplinary and interdisciplinary team to coordinate care and meet the needs of the patient.

DBT Clinician and Skill Facilitator **July 2020 – June 2021**
DBT Center of Orange County, *Irvine, CA.*
Supervisors: Sarah Lyndon, Psy.D.

- Conducted telehealth intake interviews and individual psychotherapy and after-hours skill coaching to adolescents and adults experiencing emotional dysregulation, suicidal ideations, self-injurious behaviors, and who engage in high-risk behavior.
- Led multifamily DBT skills groups (via telehealth) for adolescents; skills included mindfulness, emotional regulation, distress tolerance, and interpersonal skills.
- Participated in weekly team consultation and collaborated with other clinicians in coordinating care.

OTHER RELATED CLINICAL EXPERIENCE

Bilingual Clinician **June 2017 – July 2019**
Western Youth Services*, Santa Ana, CA*
Supervisor: Rosemarie Minera, LSW

- Conducted intake interviews and clinical assessments in Spanish and English, diagnosed and developed treatment plans for children, adolescents, and young adults experiencing a range of mental health disorders, including mood disorders, anxiety disorders, psychotic disorders, addiction disorders, post-traumatic stress disorder, stress response syndromes, sexual and gender disorders, behavioral and conduct disorders, interpersonal/family conflicts, and parenting issues.

- Provided crisis interventions, individual, family, and group psychotherapy, and case management services; Collaborated with a multidisciplinary team including social workers, case managers, medical doctors, police, lawyers, community programs, and teachers/schools.
- Trained and delivered evidence-based treatments including Incredible Years (IY), Family Function Therapy (FFT), Seeking Safety, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).
- Administrated, scored, and interpreted psychodiagnostics tests, psychological assessments, and outcome measures.

Registered Alcohol and Drug Technician (RADT-1) **April 2016 – February 2018**
Beach Side Recovery, *Dana Point, CA*

- Managed and coordinated in-patient medical care during the intake process and detox phase of treatment.
- Facilitated counseling and psychoeducational groups that focused on addiction and recovery.
- Worked collaboratively with case managers, therapists/counselors, nurses, and M.D. during the initial recovery treatment phase.

Marriage and Family Therapist Trainee **August 2016 – May 2017**
Western Youth Services, *Santa Ana, CA*
Supervisor: Rosemarie Minera, LSW; Susan Sansour, LMFT

- Conducted clinical interviews and initial assessments (in Spanish and English) to determine medical necessity, developed treatment plans, and coordinated care for children, adolescents, and families meeting medical necessity.
- Provided individual therapy, family therapy, case management, and collateral services to an ethnically diverse population (children, adolescents, families).

Assistant Director of Clinical Operations **August 2007 – July 2016**
Naficy Medical Group / Detox Solutions, *San Juan Capistrano, CA*
Supervisor: K. Mitchell Naficy, M.D.; Tracy Buxton, RN

- Recruited, hired, and trained staff on administrative and clinical procedures for the medical group (referrals, medical billing, vital signs, EKGs, venipunctures, injections) and in/outpatient rehabilitation procedures (meds protocol, detox meds, COW scales, transcribing doctor's orders).
- Coordinated care for medical and in/outpatient rehabilitation patients; Serviced 15+ substance abuse treatment centers in South Orange County.

RESEARCH EXPERIENCE

PEERS for Careers Coach/Research Assistant **May 2020 – October 2020**
College to Career Transition Program - PEERS for Careers, *University of California Los Angeles (UCLA), CA*
Supervisor: Elizabeth Laugeson, Ph.D.

- Received training and implemented the PEERS for Careers curriculum (resume building, career plan, interviewing skills, social skills).
- Coached and practiced behavioral rehearsal and interpersonal/social skills with young adults with autism spectrum disorder (ASD) via online platform during their career transition and monitored progress.

Research Assistant **Spring 2013 – Summer 2014**

Center for the Promotion of Healthy Lifestyle and Obesity Prevention, *California State University Fullerton (CSUF), CA*
Supervisor: Jie Weiss, Ph.D.

- Worked with faculty members and AltaMed Health Services to study Latino women of reproductive age with a BMI > 25% to increase healthy living skills and improve health outcomes.
- Administered surveys in Spanish and performed data collection and entry.
- Trained additional research assistants in the research protocol.

PUPLICATION

Navarrete, I. (2021). Cultural and language considerations in psychological assessment. In Keatinge, C., Himelstein, S. & O'Keefe, C. *Rapid Psychological Assessment* (2nd Ed.) Wiley & Sons. New York. (In preparation).

PRESENTATION

Weiss, J., Cheng, E., Gedissman, A., Ahmed, H. Baker, M., Cho, A. & **Navarrete, I.**, 2014. Obesity Prevention and Reduction among Latinas. The 29th Annual Clinical Conference on Diabetes, Macro Island, Fl.

OTHER EXPERIENCE

Peer Consultant **September 2021 – July 2022**
Supervisor: Joan Rosenberg, PhD
Pepperdine University, Graduate School of Education and Psychology (GSEP)

- Assign to first-year student therapists; meet weekly to consult on cases with ongoing supervision from the primary supervisor.
- Read initial evaluations/intakes and progress notes before being submitted to the primary supervisor.
- Provide initial constructive feedback on report writing, diagnosing, and treatment planning concepts.

Teaching Assistant **May 2020 – May 2022**
Personality Assessment (Master and Doctorate Level Course)
Supervisor: Susan Himmelstein, PhD
Pepperdine University, Graduate School of Education and Psychology (GSEP)

- Verify cognitive and emotional measures scores including MMSE, MMPI-2, MCMI-IV, NEO PI-R, Rorschach Inkblot, RISB, TAT, WAIS-IV, Beery VMI-6, Bender-II, COWAT, RAVLT, Trail Making A & B, WRAT-5.
- Conduct labs for WAIS-IV and Rorschach Inkblots for first-year students.

Teaching Assistant **May 2020 – August 2022**
Group Psychotherapy (Online Course)
Supervisor: Princess Walsh, PsyD
Pepperdine University, Graduate School of Education and Psychology (GSEP)

- Assisting in grading assignments and tracking students' progress.
- Reviewing and providing feedback on weekly video dyads and writing assignments.

Teaching Assistant **August 2014 – July 2015**
Abnormal Psychology (Online Course – Sawssan Ahmed, Ph.D.)
Psychology Department at California State University Fullerton

- Prepared course material – study guides, exam questions, weekly topic discussions.
- Graded writing assignments and recorded grades.
- Held scheduled online office hours.

INVITED LECTURES

- Graduate Panel Guest Speaker for the M.S. Open House – Spring, 2017
- Invited Guest Lecture for a Developmental Psychology Class on the Impact of Social Support Quality on Alcohol Consumption Among Older Adults – Fall, 2016

LICENSES

- Licensed Marriage and Family Therapist (LMFT #136415)
- Associate Professional Clinical Counselor (APCC #4738)

PROFESSIONAL AFFILIATIONS

- American Psychological Association (APA)
- California Association of Marriage and Family Therapist (CAMFT)
- California Psychological Association (CPA)
- International Neuropsychological Society (INS)
- Latino Student Psychological Association (LSPA)
- National Academy of Neuropsychology (NAN)
- Northern California Neuropsychology Forum (NCNF)
- Sport Neuropsychology Society (SNS)
- Society for Clinical Neuropsychology (SCN)

PROFESSIONAL TRAINING

- California Association of Marriage and Family Therapists (CAMFT)
- Billing for Telehealth in the Age of COVID-19
- Navigating COVID-19 Crisis as a Pre-licensed Therapist
- Telehealth with Kids
- Therapist Self-Care During the COVID-19 Pandemic
- Using Telehealth in your Private Practice
- Cognitive Processing Therapy (CPT)
- Conceptualizing and Treating Trauma Seminar
- DBT Skills for Adolescents and Families
- Foundationally Trained in Dialectical Behavioral Therapy (DBT)
- Family Function Therapy (FFT)
- Incredible Years (IY)
- Integrative Treatment for Complex Trauma (ITCT)
- Neuropsychological Assessment of PTSD – Northern California Neuropsychology Forum
- Parent-Child Interaction Therapy (PCIT)
- Seeking Safety: An Evidence-Based Collaborative Harm Reduction Intervention for PTSD and Substance Abuse Seminar

- The Child and Adolescent Needs and Strengths (CANS) Seminar
- Training on Therapy with LGBTQ Population
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Trauma-Informed Care Consultation Group

CERTIFICATIONS

- Incredible Years (IY)
- Medical Assistant (Administrative and Clinical)
- Medical Insurance Coding
- National Certified Phlebotomy Technician
- PEERS Certified Teleconference for School-Based Professionals
- Registered Alcohol and Drug Technician (RADT-1)
- Substance Abuse Treatment and Prevention
- The Child and Adolescent Needs and Strengths (CANS)

EXTRACURRICULAR ACTIVITIES

President for Diversity Committee **July 2020 – June 2021**
Vice President for Diversity Committee October 2019 – June 2020
Student Government Association, Pepperdine University, *West Los Angeles, CA*

- Worked with students and faculty to improve our program's diversity and increase the program's inclusivity.

Spanish Language Enhancement for Bilingual Therapist **October 2019 – June 2022**
Pepperdine University, *West Los Angeles, CA*

- Peer support group that aims to enhance the therapist's comprehension of the Spanish language while improving their competence with working with Latino/a clients.

LGBTQ+ Task Force **March 2018 – July 2019**
Member/ Region Representative, *Western Youth Services, Santa Ana, CA*

- Worked with other clinicians and supervisors to create training material to better address clinical concerns and questions related to the LGBTQ+ community.

Trauma-Informed Care Consultation **August 2017 – July 2019**
Member, *Western Youth Services, Santa Ana, CA*

- Consultation group that focused on increasing trauma awareness, knowledge, and skills needed in clinical practice when working with trauma.

ABSTRACT

As the bilingual Spanish-English Latinx population in the United States increases, so will the need for culturally and linguistically competent mental health therapists. While past research has focused on providing culturally competent care, the role of language in the process of psychotherapy has received limited attention. This study aimed to comprehensively analyze the existing literature on bilingual Spanish-English Latinx clients' and bilingual Spanish-English Latinx therapists' experiences and perceptions within a bilingual psychotherapy setting and identify recommendations to enhance language proficiency. A systematic review was conducted and identified nine studies for inclusion. Results highlight seven themes focusing on bilingual Spanish-English Latinx clients, six themes related to bilingual Spanish-English Latinx therapists, and six themes focusing on recommendations to enhance language proficiency. Limitations of the reviewed studies are considered, and recommendations and implications for future research and practices are discussed for language use in a bilingual psychotherapeutic setting, which may prove valuable for therapists working with bilingual clients regardless of their bilingualism.

Chapter 1: The Problem

More than 44.7 million immigrants live in the United States (US; Migration Policy Institute, 2020). As the population becomes more diverse, the number of bilinguals[1] is increasing. In 1980, 23.1 million spoke a language other than English at home (U.S. Census Bureau, 1984). By 2000, the number more than doubled to approximately 47 million (U.S. Census Bureau, 2004). As of 2018, the total of people who spoke a foreign language almost tripled, with more than 67.3 million individuals, accounting for 21.9% of the total population (U.S. Census Bureau, 2020a).

While at least 350 languages used in the United States, Spanish remains the most common non-English language spoken at home (Center for Immigration Studies, 2019; U.S. Census Bureau, 2020b). In fact, the United States has the second largest Spanish-speaking population in the world and is home to an estimated 41.5 million native Spanish speakers, accounting for 13.3% of the total population (Center for Immigration Studies, 2019; U.S. Census Bureau, 2020c). The Latinx[2] population makes up the majority of those who speak Spanish at home and are bilinguals. While most Latinx individuals speak English with native fluency, about 41% or 25.6 million speak English less than "very well" and are considered limited English proficient (LEP; Center for Immigration Studies, 2019; U.S. Census Bureau, 2020c).

In recent decades, the Latinx community has been one of the fastest and largest growing ethnic groups in the country, accounting for 52% of the population growth. Currently, approximately 60.6 million, or 18.5% of the U.S. population, are estimated to be Latinx (Pew

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[1] *Bilingual(s)* will be used to describe speakers who use two languages, regardless of their level of proficiency in the respective language.

[2] Similar to other researchers (Chavez-Dueñas et al., 2019; Karaman et al., 2018; for a review on the evolution of the term, see Salinas & Lozano, 2019), *Latinx* will be used throughout the review to represent the various intersections of gender identities present among individuals of Latin American descent, including Mexicans, Puerto Ricans, Cubans, South or Central Americans, and individuals from other Spanish cultures or origins regardless of race (U.S. Census Bureau, 2020d).

Research Center, 2020; U.S. Census Bureau, 2020d). By 2060, the Latinx population is projected to almost double and reach 111.2 million (U.S. Census Bureau, 2020c).

The Latinx population is heterogeneous, set apart by their country of origin and cultural factors but connected by the Spanish language. Despite migration patterns and geographic settlement areas, the Spanish language remains both the vehicle for transmitting cultural traditions and the dominant language spoken at home by most Latinx individuals (Santiago-Rivera & Altarriba, 2002). However, language barriers continue to be a significant obstacle to quality mental health treatment for Latinx individuals living in the United States, not only because it impedes their ability to navigate the health care system but also because the demand for bilingual Spanish-English services exceeds the supply of bilingual Spanish-English mental health therapist.

Background of Problem

As the bilingual Spanish-English Latinx population in the United States increases, so will the need for culturally and linguistically competent mental health therapists. Empirical data suggests that Latinx are at risk for sociocultural and psychosocial stressors, health disparities, and mental health, which is further complicated by inequalities in socioeconomic status and education, stigma around mental health, difficulty gaining access to health care services, and language barriers in health care for those with low English proficiency (Alarcon et al., 2016; Eghaneyan & Murphy, 2020; Perez & Cruess, 2014; Shi et al., 2009). According to a 2018 U.S. national survey, 16.9% of Latinx reported having a mental illness in the past year, but only 32.9% received treatment (Substance Abuse and Mental Health Service Administration [SAMHSA], 2019).

For many Latinx with LEP, the ability to communicate effectively in English can serve as a significant barrier to seeking and obtaining mental health treatment as language and communication are the main component of psychotherapy. It is through language that mental health providers and clients connect and communicate. The extent to which the provider understands the verbalization of what is being communicated can further reveal how the client experiences and perceives the world (Clauss, 1998).

Latinx individuals with LEP may find it difficult to express their thoughts and emotions in English, thus laying the foundation for both the monolingual English-speaking mental health provider and the client to misinterpret information, which could lead to detrimental effects on the assessment, diagnosis, treatment, and therapeutic relationship. To take a case in point, a recent study found that Spanish-speaking clients strongly prefer bilingual Spanish-English providers and reported greater privacy, trust, and communication accuracy, despite endorsing a high therapeutic alliance with an English-speaking provider working with an interpreter (Villalobos et al., 2016). When services are not provided in the client's primary language, mental health providers rely on the interpreter's understanding, linguistic skills, and emotional composition to translate what is being shared both by the patient and provider (O'Hara & Akinsulture-Smith, 2011). Unfortunately, this process can be problematic because meaning can be lost in translation, as languages are sometimes not interchangeable (Tribe & Morrissey, 2004). For example, a word might not exist in one language or may reflect a cultural or social context; translating may require interpretation of two separate word views and the ability for the translator to act as a cultural broker; and language abilities and comfort level around uncomfortable topics might dictate what and how the interpreter translate clinically relevant information and the terminology presented (O'Hara & Akinsulture-Smith, 2011; Tribe & Morrissey, 2004). Additionally, models

of interpretation may vary widely from translator to translator and across settings (e.g., medical, psychotherapeutic, etc.), requiring the translation of different aspects of the communication (Tribe & Morrissey, 2004).

Empirical data suggest that bilingualism, specifically language, may significantly affect various sociocultural and psychological outcomes. While language allows an individual to share aspects of themselves and their experience with someone else, it is more than a sequence of choice of words. Language embodies the culture and values in which it is spoken (S.X. Chen, 2015; Clauss, 1998), making it a salient identity symbol that connects people to their specific cultural groups (Trofimovich & Turuševa, 2015; Wei & Li, 2000). Furthermore, research suggests that emotional processing may be embodied differently in bilingual speakers as emotions are enhanced in the first-learned, most proficient language, and reduced in the second-learned, less proficient language (Pavlenko, 2012).

In mental health, language use in psychotherapy is imperative to the therapeutic process. While using the language associated with the early childhood experience in which it occurred may help access affectively strong material, it may also be used by the client to create emotional distance from the experience (Clauss, 1998). As a result, bilingual clients may shift from one language to another when recounting emotional experiences to facilitate emotional expression or distance from the experience (Santiago-Rivera & Altarriba, 2002; Valencia-Garcia & Montoya, 2018). Moreover, when experiencing therapy in a second language, the bilingual client may experience a sense of detachment when describing an experience in a language other than it occurred, as those emotions may not be easily accessible in that language (Marcos & Urcuyo, 1979; Santiago-Rivera & Altarriba, 2002). Therefore, conducting therapy in the client's primary language becomes more than merely translating information from one language to another for

both the client and the mental health provider. The language used to deliver treatment speaks to cultural significance and internal emotional processes (S.X. Chen, 2015; Clauss, 1998; Santiago-Rivera & Altarriba, 2002; Valencia-Garcia & Montoya, 2018)

Unfortunately, the number of trained bilingual Spanish-English mental health therapists who can provide linguistically competent care remains limited, thus widening the language gap disparity in places where bilingual Spanish-English mental health providers are needed. While previous research found that most psychological assessments and treatments are provided in English, even with LEP clients (Altarriba & Santiago-Rivera, 1994), current statistics still need to be discovered due to a lack of research on the topic. However, inferences from other relevant data suggest that such practices continue (American Psychological Association [APA], 2022, 2023). A significant contributing factor is that English is the official language in the United States and many mental health providers' primary language. As a result, bilingual Spanish-English mental health therapists receive their education and professional training in English, with no formal training in Spanish.

While the actual number of bilingual Spanish-English mental health providers is unknown, it is estimated that 7.9% of the overall psychologist workforce in the country is Latinx (APA, 2023). According to an APA (2022) national survey, approximately 10% of licensed clinicians reported providing services in a language other than English, with 4% reporting the ability to provide services in Spanish. To complicate the issue, the same study found that 25% felt 'fairly prepared', 7% felt 'slightly prepared', and 59% were 'not all prepared' to work with culturally diverse groups (APA, 2022).

The reality is that further training is needed to create more culturally oriented mental health providers who understand the dynamics of language in bilingual Spanish-English Latinx

clients and provide therapeutic interventions that are linguistically appropriate (Santiago-Rivera & Altarriba, 2002). For many bilingual Spanish-English mental health therapists, simply knowing Spanish does not equate to language competence in therapy. Unfortunately, very little is known about bilingual Latinx mental health providers' training needs who deliver psychological services in English and Spanish. Variability in language combinations, language histories (i.e., context of the acquisition of the foreign language [LX], number of languages known, dominance, proficiency), context use, and an individual's experience with language (i.e., amount of second language [L2] use, frequency of L2, size of L2 social network, and cross-language similarities) makes bilingualism a challenging research population (Pavlenko, 2012; Trofimovich & Turuševa, 2015).

Consequently, mental health providers are bound by professional codes and guidelines for their education, training, and clinical service. All areas of psychological sciences are bound by APA's (2017a) *Ethical Principles of Psychologists and Code of Conduct* and raise concerns about beneficence and nonmaleficence, boundaries of competence, avoiding harm, and informed consent when working with a culturally and linguistically diverse group. Principle A, Beneficence and Nonmaleficence, promotes the balance of doing good versus bad, which closely aligns with the 3.04 Avoiding Harm ethical standard (APA, 2017a). Therefore, a bilingual Spanish-English mental health therapist needs to consider the risk and benefits of providing services in a language that they have not received formal training or continued supervision and support. The 2.01 Boundaries of Competence ethical standard is meant to ensure that mental health providers deliver services within their area of competence based on education, training, and supervision; and raises questions and concerns about bilingual Spanish-English mental health providers delivering services in a language where no formal training has been received

(APA, 2017a). Lastly, the 3.10 Informed Consent ethical standard focuses on the need to provide clients with proper informed consent regarding the treatment, research, and assessment (APA, 2017a), which raises concerns about providing treatments to a client who is unable to fully understand what they are consenting to and whether the bilingual Spanish-English mental health provider's linguistic abilities should be disclosed. While ethical principles are aspirational goals to guide psychologists towards an ethical course of action, it is essential to note that ethical standards set forth enforceable rules for conduct as psychologists (APA, 2017a). However, they are sometimes forgotten or minimized when working with clients in a language other than English.

While the field of psychology has stressed the importance of providing culturally competent care (APA 2017a, 2017b), the role of linguistic competence with bilingual clients has received limited attention. First, language tends to be subsumed within the category of culture and diversity or sometimes ignored. Second, little training exists for mental health providers who provide psychological services in a language other than English, despite therapy being known as the "talking cure." Unless bilingualism is purposefully addressed in training programs or supervision, most mental health providers do not receive linguistic sensitive training and supervision (Costa & Dewaele, 2019; Valencia-Garcia & Montoya, 2018).

To better serve the growing Spanish-English Latinx population, bilingual Spanish-English mental health therapists must receive the proper training to provide culturally competent psychotherapy and linguistically appropriate interventions. Language use should be given a vital role in the process of therapy, especially when working with bilingual Spanish-English Latinx clients, as empirical data suggest that living in several languages has significant implications for an individual's subjectivity and identity as well as its importance in internal-emotional processes

(Santiago-Rivera & Altarriba, 2002; Trofimovich & Turuševa, 2015; Valencia-Garcia & Montoya, 2018).

Current Theory and Research

Language

Language is made up of a combination of sounds (phenomes), words (lexical items), and meaningful structures (semantics) that are governed by formal and structural rules and mediated by intrinsic and extrinsic context (Wei & Li, 2000). It is a human faculty that serves as a primary means of communication between people as it transmits complex information rapidly to another person. Language allows people to put words and meaning to their experiences and provides an opportunity for people to exchange their thoughts, beliefs, attitudes, and feelings.

While language helps to verbalize thoughts into something that others can understand, empirical data suggests that it is more than just an issue of semantics, grammar, or a tool for communication. Language is an intricate symbol system stored in the form of mental representation and intersects with perception, learning, thinking, and memory (Marcos & Albert, 1976; Marcos & Urcuyo, 1979; Marrero, 1983). Linguist proposes that language development is driven by a dynamic interaction between the mind (i.e., mental representations), body (i.e., overt behaviors such as body actions, orientations, or emotions), and the world (i.e., social context; Trofimovich & Turuševa, 2015). Language operates on the level of associations and meanings depending on the individual's inner world and experiences. Therefore, language serves as a window into how a person perceives and experiences themselves and the world around them.

Linguists also propose that language is socially constructed and co-evolves between people as it is defined in terms of who speaks it, and people vary in terms of their social characteristics (i.e., age, gender, ethnicity, sexuality, or social class) the language they speak will

have various manifestation (Trofimovich & Turuševa, 2015; Wei & Li, 2000). Past research has noted that language carries social and symbolic meaning and represents culture (Clauss, 1998; Fishman, 1996). In fact, language has been termed as the suture between the individual and culture as it serves as the interconnection between an individual's subjectivity and their social and cultural context (Hall, 1996). Others have described language as a culture-carrying vehicle (i.e., cultural scripts, ideas, and practices) that is activated by situational cues (S.X. Chen, 2015; Wei & Li, 2000), allowing people to connect and express their identities and loyalties (Trofimovich & Turuševa, 2015).

Role of Language and Therapy

Language is a fundamental tool in therapy but is often the unspoken variable in psychotherapy practice and training (Clauss, 1998; Valencia-Garcia & Montoya, 2018). Language is the primary means by which clients are expected to articulate their distress and emotions and the tool therapists use to assess, diagnose, and treat accurately. It is through language that the therapist and client connect and communicate. Language is central to therapeutic work as it helps establish and maintain rapport, build the therapeutic relationship, and develop an understanding of the client's view of themselves and their world. Through features of the conversation interaction, the therapist has an opportunity to share a language space with the client and to respond with their language-related self-experience, suggesting a cross-cultural component to communication between therapist and client in the therapeutic relationship (Altarriba & Santiago-Rivera, 1994; Clauss, 1998; Marcos & Albert, 1976; Marcos & Urcuyo, 1979; Pavlenko, 2012; Santiago-Rivera & Altarriba, 2002).

Language can limit access to care as it can be a barrier to communication. Limited English proficient clients may find it challenging to articulate their thoughts and emotions, which

may minimize their statements' complexity and allow for emotional avoidance (Santiago-Rivera & Altarriba, 2002; Valencia-Garcia & Montoya, 2018). Furthermore, the quality of service and therapeutic relationship may be negatively affected by the therapist's inability to accurately understand and interpret the client's experience. Several studies have found significant differences when people speak different languages. For example, they have been found to hold different values (i.e., gender, communication, family, suffering) and identities (i.e., personal, cultural), recall events differently (i.e., trauma, death), engage in conversation differently based on topic (i.e., emotional matter, personal matter, neutral matter) and interlocutors (i.e., strangers, colleagues, friends, family, partners), depending on which language they are using (for more details see Kokaliari et al., 2013; Panicacci & Dewaele, 2017; Trofimovich & Turuševa, 2015). Therefore, having a client whose culture, values, beliefs, and traditions differ from the therapist's may lead to a misunderstanding of what is being reported and attaching different meanings to the symptoms and behaviors.

Bilingualism and Therapy

Research in psychology suggests that language affects how bilingual people express, process, and recall their thoughts and emotional experiences (Altarriba & Santiago-Rivera, 1994; Pavlenko, 2012; Santiago-Rivera & Altarriba, 2002). Some researchers propose that bilingual individuals represent emotional words differently in each language and that those words are typically associated with a broader range of emotions in their first language (Santiago-Rivera & Altarriba, 2002). As a result, bilingual individuals may switch languages to remember and describe the memory in greater detail as the experience and related emotions are encoded in the language in which the experience occurred.

Furthermore, it has been proposed that people living in several languages present themselves differently depending on the language they are speaking (S.X. Chen, 2015; Trofimovich & Turuševa, 2015; Wei & Li, 2000). S.X. Chen reported that using different languages activates corresponding psychological responses, which aids in alternating emotion, cognition, and behaviors. Inconstancy in what is being said and how it is being said could lead to misinterpretation of what the client is reporting and how they perceive their world.

Early writings on language in therapy derive from the neurological studies of aphasia in proficient bilinguals – individuals who display native proficiency in both languages, and the psycholinguistic and psychodynamic framework. Marcos and Alpert (1976) conducted a literature review about psychotherapy with bilinguals and found evidence that supported the phenomenon of language independence – an individual's capacity to acquire and maintain two language codes, each with its own lexical, syntactic, phonetic, and ideational components - among proficient bilinguals patients experiencing aphasia and reported that encoding and decoding mechanism associated with a primary language had higher resistance to language pathology when compared to a secondary language. Furthermore, the review highlighted possible ways language independence operates during psychotherapy. From a psycholinguistics framework, bilinguals verbalize different associations to semantically identical words, depending on the language in which the task is performed. Concrete words stimulate more similar responses (or mental representations) in the two languages than abstract words, which tend to evoke more similar associations of words.

A psychoanalytic framework also provides insight into language independence processes in therapy, including the construct of unavailability—areas of the bilingual's intrapsychic world that remain hidden and unexplored due to being independent of the language system in which the

treatment is conducted (Marcos & Alpert, 1976). Buxbaum (1949) described the psychoanalysis of two German women who spoke German and English fluently, but English was used in the session (as cited in Marcos & Alpert, 1976). In treatment, one woman frequently associated with the word sausage while the other repeatedly dreamed about windows. When the words were translated to German, the women verbalized a chain of relevant associations. It was concluded that for the two bilingual German-English patients, speaking English served as a defense mechanism from the superego that allowed them to unconsciously avoid the language of their fantasies and memories, which enabled them to detach themselves from significant psychic trauma (Buxbaum, 1949).

Bilingualism significantly impacts psychiatric diagnosis and treatment planning, as language is the primary tool for both processes (Bamford, 1991). Whether the assessment is done in the therapist's first language, English, or using a translator, the interview process results are altered. The language independence phenomenon highlights the challenges that clinicians are faced with when working with bilingual clients, including unavailability of information due to the language system in which the treatment is conducted and splitting - lack of association of affects that may lead to a misconception of the patient (Marcos & Alpert, 1976). In contrast, it also presents language switching[3] as a strategy that can be employed strategically during treatment.

Language helps organize the self, and different language systems could be related to different self-experiences. Research has proposed that bilingual individuals possess two sets of verbal systems that codify experiences, and as a result, they can think, feel, interact, and

[3] *Language switching* will be used to describe the process of changing (planned or spontaneously) from one language to another and/or using a combination of both languages within a discussion to express a single phrase or idea (Kapasi & Melluish, 2015).

experience themselves in dual ways (Kokaliari et al., 2013; Trofimovich & Turuševa, 2015; Wei & Li, 2000). Bilinguals convey different thoughts and feelings depending on the language being spoken.

The intricate connections between language and culture, as well as the intersection of language research with other sciences (i.e., anthropology, psychology, sociology, semantics, linguistics, and education) and processes (i.e., perception, learning, thinking, and memory), make language a dynamic and complex construct to understand (S.X. Chen, 2015; Marcos & Albert, 1976; Pavlenko, 2012). The way language is used is not just a reflection of an individual's inner world influenced by social and cultural norms, but also a tool used to construct one's world. Thus, becoming bilingual is not only about learning a new language as a linguistic system but also requires the interpretation of its cultural aspects, including personal and ethnic identity.

Research Questions

This study aims to comprehensively analyze the existing literature on bilingual Spanish-English Latinx clients' and bilingual Spanish-English Latinx therapists' experiences and perceptions in psychotherapy. Language competence has been overlooked in the research and among training and supervision opportunities. Having a comprehensive understanding of the value bilingual Spanish-English Latinx clients and bilingual Spanish-English Latinx therapists find in verbally expressing themselves in two languages may help better understand the impact language may have on the therapeutic process in therapy. A systematic review on bilingualism and psychotherapy found one study featuring language switching by the bilingual therapist and its impact on the therapeutic alliance with bilingual clients (Kapasi & Melluish, 2015). This is the first systematic attempt to identify the empirical literature concerning bilingual Spanish-English Latinx clients and bilingual Spanish-English Latinx therapists to the best of my

knowledge. Reviewing qualitative, quantitative, and mixed methods research is appropriate to answer the review questions given this research's uniqueness. This systematic review will summarize and synthesize existing literature regarding bilingual Spanish-English Latinx clients' and bilingual Spanish-English Latinx therapists' experiences and perceptions in psychotherapy. This review aims to answer four primary questions:

- RQ1: What are the reported experiences and perceptions of bilingual Spanish-English Latinx clients receiving psychotherapy from a bilingual Spanish-English Latinx therapist?
- RQ2: What are the reported experiences and perceptions of bilingual Spanish-English Latinx clients receiving psychotherapy from an English-speaking-only therapist?
- RQ3: What are the reported experiences and perceptions of bilingual Spanish-English Latinx therapists providing psychotherapy to bilingual Spanish-English Latinx clients?
- RQ4: What recommendations have been reported to help bilingual Spanish-English Latinx therapists develop the necessary language proficiency and therapeutic skills to provide therapeutic services to bilingual Spanish-English Latinx clients?

Chapter 2: Methods

Systematic Review Approach

This systematic review considered observational and controlled outcome studies using qualitative, quantitative, or mixed methods and case reports that address the research questions. This review aimed to comprehensively analyze the existent literature on the experiences and perceptions of bilingual Spanish-English Latinx clients and bilingual Spanish-English Latinx therapists in psychotherapy. Therefore, study quality indicators were not considered for eligibility criteria due to the limited psychotherapy research with our population. This review synthesized the experience and perspective of bilingual Spanish-English Latinx clients and bilingual Spanish-English Latinx therapists in psychotherapy. It also identified recommendations to help enhance language proficiency and competence of bilingual therapists and inform clinical practice when working with bilingual clients.

Eligibility Criteria

Inclusion Criteria

Studies were eligible for inclusion if they were empirical research published in English or Spanish and specifically explored bilingual Spanish-English Latinx clients' and bilingual Spanish-English Latinx therapists' experiences and perceptions in psychotherapy within the context of the United States. As the author is a bilingual Spanish-English Latinx therapist and can read and write in Spanish, studies in Spanish were considered. The articles identified in the first step were further reviewed for additional references. Specific definitions for Latinx, bilingualism, psychotherapy, client, therapist, perceptions, and experiences were adopted as part of the inclusion criteria.

Latinx. The population under consideration for this review were bilingual Spanish-English Latinx clients and bilingual Spanish-English therapists living in the United States. It is important to note that most literature on the role of language in psychotherapy focuses on the experiences of bilingual individuals living in Britain (Burck, 2004; Costa, 2010; Costa & Dewaele, 2019; Dewaele & Acosta; 2013; Rolland et al., 2017). While the findings have helped better understand the topic at hand, the population sample does not accurately represent the bilingual Spanish-English Latinx population living in the United States, as immigration patterns have been noted to be different. Immigrants living in the United States come from many different countries. In contrast, immigrants in Britain tend to come from former colonies, representing White Europeans, and include highly educated and professional workers (Waters, 2014). Furthermore, language context is different across countries and cultures, making it difficult to generalize results, if any. Therefore, Latinx was defined as an individual of Latin American descent, including Mexicans, Puerto Ricans, Cubans, South or Central Americans, and individuals from other Spanish cultures or origins regardless of race (U.S. Census Bureau, 2020b). Studies that analyze data for clients and therapists from multiple ethno-racial or national groups were considered for inclusion if separate information was provided on bilingual Spanish-English Latinx clients and bilingual Spanish-English Latinx therapists.

Bilingual. This review focused on the experience and perceptions of bilingual Spanish-English Latinx clients and therapists. Therefore, bilingual was operationalized as any speaker who uses Spanish and English, regardless of their proficiency level in the respective language. Studies that analyzed data from clients and therapists who speak other languages were considered only if specific and individual results were provided for Spanish-English-speaking bilinguals.

Psychotherapy. Only articles that focused on psychotherapy were included in this review. Therefore, psychotherapy was defined as any talk therapy conducted within outpatient mental health settings associated with psychology and associated disciplines that help people with various mental health illnesses and emotional difficulties.

Clients. This review focused on the subjective experience and perceptions of bilingual Spanish-English Latinx clients in psychotherapy. Therefore, clients were operationalized as any bilingual Spanish-English Latinx individual receiving, currently or in the past, talk therapy either from an English-speaking-only therapist or a bilingual Spanish-English therapist.

Therapists. Another focus of this review was the phenomenological experience of the bilingual Spanish-English Latinx therapist. Therapist was operationalized as a mental health professional or paraprofessional who provides psychotherapy to bilingual Spanish-English clients within the broad arena of mental health disciplines such as psychology, psychiatry, counseling, and social work. Bilingual Spanish-English therapists with at least a master's degree were included in this review due to licensing requirements to practice psychotherapy in the United States. Furthermore, it ensures that a certain level of training and education has been provided and obtained.

Experiences. Client and therapist experiences included thoughts, emotions, physical sensations (i.e., discomfort), and psychological factors (i.e., stress, mood).

Perceptions. Client and therapist perceptions included opinions, attitudes, and evolutions about the role of bilingualism in psychotherapy.

Exclusion Criteria

The following studies were excluded from this review:

- non-psychological or non-counseling-related studies

- non-talk therapies (i.e., art and equestrian therapy)
- dissertations
- books reviews
- in-patient settings (i.e., hospitals, emergency rooms, rehabilitation centers)
- non-US sample
- literature published in other languages aside from English and Spanish
- studies evaluation of bilingual/multilingual training programs

Search and Screening Strategy

Information Sources

A systematic literature review was conducted using the following electronic databases: PsycINFO, PsycARTICLES, PubMed, ScienceDirect, Scopus, and Medline (see Appendix A). Major databases used in other similar articles (Kapasi & Melluish, 2015) were identified for inclusion by the author, including PsycInfo, PsycARTICLES, Medline, and Scopus.

Search Terms

Optimized search terms and keywords for each specific database were created to target three key variables: (a) bilingualism, (b) Latinx, (c) and psychotherapy. A Boolean search was conducted to allow terms and phrases to be combined (i.e., [psychotherapy* OR therapy* OR counsel* OR intervention* OR treatment* OR mental health] AND [Latin* OR Hispanic* OR Latino/Hispanic OR Mexican* OR Puerto Rican* OR Cuba* OR Central American* OR South American*] AND [bilingual* OR dual-language* OR multilingual*]). Search strings are provided in a table for reference (see Appendix B).

Screening Process

First, a search was conducted on each database identified (see Appendix C). After removing duplicates, the remaining articles were screened for eligibility by the title, keywords, and abstract to identify potential articles (see Appendix D). Articles needed to answer "yes" to one of the following questions:

- Does the article explore the experience and perceptions of bilingual Spanish-English Latinx clients and/or bilingual Spanish-English Latinx therapists in psychotherapy?
- Does the article provide recommendations that can help enhance language proficiency and competence?

Second, the full text was retrieved, if deemed appropriate, and independently assessed to determine if it met inclusion criteria using the electronic "Screening and Selection Records" form (see Appendix E). The same questions were utilized to guide the screening process and compare against the inclusion (i.e., source [published study, language], research variable [bilingualism, Latinx, psychotherapy], methodology [case study, qualitative, quantitative, mixed], study quality [language]) and exclusion criteria (i.e., non-U.S. sample, published in a language other than English and/or Spanish, evaluation of bilingual/multilingual training programs, non-psychological or non-counseling-related studies, non-talk therapies, dissertations, books reviews, in-patient settings).

Lastly, the author reviewed the eligibility criteria to make the final decision (see Appendix F). Two researcher assistants (masters candidates in psychology and applied behavioral analysis; both identify as bilingual with experience in working with Spanish and English-speaking clients in a clinical setting) assisted with searching and selecting potential studies. Disagreements between any of the reviewers were discussed, and a comparison against

the inclusion and exclusion criteria was made to resolve the issue. If unable to agree, the primary investigator's dissertation chair was consulted for further assistance. The reference list of the identified papers was reviewed for further studies.

Screening and Selection of Studies

Study Variables

Information from each of the identified studies was organized based on three kinds of data: (a) publication details, (b) context descriptions, (c) and findings (Cruzes & Dyba, 2011; see Appendix G). The primary outcome of interest included any aspect of the clients' and therapists' self-reported experiences or perceptions of bilingualism in psychotherapy. The secondary outcome was to identify recommendations that can help enhance language proficiency and competence among bilingual therapists.

Data Collection and Extraction

Coding

The coding process consisted of three stages (Kavanagh et al., 2012; Thomas & Harden, 2008). In the first stage, 'free codes', the primary study's findings of the patient and therapist experiences and perceptions in psychotherapy were identified and coded according to their meaning and content. Line-by-line coding was completed by the author and checked by a second reviewer. When disparities or discrepancies in coding occurred, coding was adjusted accordingly. In the second stage, reviewers looked for similarities and differences between the codes to start grouping them into hierarchical tree structures. ‘Free codes' were grouped into 'descriptive themes' that captured and described patterns in the data across studies. The third stage involved generating 'analytic themes’ for the purpose of ‘going beyond' the primary

reported data's content by synthesizing findings across studies and using that information to help answer the review's research questions.

Data Extraction

For all studies, descriptive data were extracted using a modified data collection and extraction form by the Cochrane Collaborative (see Appendix H), including characteristics of research participants (i.e., client, therapist), data collection methods, study's aim, findings, and recommendations. The author refined and updated the form until the data extraction was completed to ensure all fields' appropriateness and usefulness. All results or findings were extracted for qualitative studies, including major themes, categories, theories, models, and subsequent discussion and conclusions relating to bilingual Latinx clients and therapists in psychotherapy. For quantitative studies, only data relevant to bilingual Latinx clients and therapists in psychotherapy or recommendations to enhance language proficiency were extracted. The extraction was recorded in a written summary for each article, separated by clients' and therapist' experience, and recommendations to enhance language proficiency, and then analyzed for themes across the studies. Once themes were determined, the information was transferred to a table to summarize the findings and facilitate analysis for this review (see Appendix I).

Quality Appraisal Methods

The studies' quality was assessed using the Mixed Methods Appraisal Tool—Version 2018 (MMAT; Hong et al., 2018) concurrent with data extraction. The MMAT can appraise the quality of empirical studies, including case studies, qualitative, quantitative, and mixed methods. The MMAT consists of two parts (see Appendix J): (a) a checklist and (b) an explanation of the criteria. The first part asks two screening questions to determine if there are clear research questions. A 'No' or 'Can't tell' response to one or both questions may suggest that the paper is

not an empirical study and cannot be appraised using the MMAT. Part two was completed if 'Yes' was answered for both screening questions. Once the appropriate category of study to appraise was chosen, the criteria in that category were rated to determine if the data collected addressed the research question. A *"*Can't tell" response indicated that the criterion was not met or that information was unclear to answer "Yes" or "No." An overall score was calculated by examining the ratings of each criterion to inform the quality of the included studies.

Confidence in synthesis findings was evaluated using the Confidence in the Evidence from Reviews of Qualitative Research (CERQual) approach (Lewin et al., 2015). This tool provides a systematic approach to assessing and making judgments, permits these judgments to be reported transparently, and allows the reader to understand easily. The following four components were assessed: (a) methodological limitations of the primary studies that contributed to the review findings; (b) relevance of the primary study's findings to the review, questions; (c) coherence on the findings from the primary studies; and (d) and adequacy of data supporting a review finding (see Appendix K).

Data Management, Synthesis, and Analysis Plan

Data Management

Information about all searches and data gathered was recorded in Microsoft Excel using the modified data collection and extraction form by the Cochrane Collaborative.

Data Analysis and Synthesis

The studies selected were analyzed using a narrative approach, specifically thematic synthesis. The process required three phases (Kavanagh et al., 2012; Thomas & Harden, 2008). The first phase was a thematic synthesis of bilingual Latinx clients' and therapists' experiences and perceptions in psychotherapy and recommendations to enhance language proficiency data

extracted from qualitative studies selected for inclusion in the review. For the second phase, a thematic synthesis of quantitative studies selected for inclusion was attempted; however, only quantitative data was extracted due to its relevance to the search questions of this review. The third phase included an analytic synthesis of all studies as it related to clients, therapists, and recommendations to enhance language proficiency. A table was created as part of the analysis process to show how themes were generated, including writing down each theme as columns and coded data from each study highlighting the themes in a row as part of the constant comparison analytic process. The table's purpose was to facilitate comparison within and between studies and show a divergence of findings on each theme where it applies.

Reporting of the Results

Results are reported using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA; Moher et al., 2009) flow chart of identified studies (see Appendix L). The result section of this review summarized the following:

- clients' experiences and perceptions
- therapists' experiences and perceptions
- recommendations to develop language proficiency

The results section provides a current understanding of bilingual Latinx clients and therapists' experiences and perceptions regarding bilingualism in the context of psychotherapy, as well as recommendations to enhance language proficiency. It reviews the extent to which bilingualism impacts the therapeutic process. Comparing experiences of using one or two languages in psychotherapy and similarities and differences between client and therapist experiences and perceptions were explored as appropriate and to the extent that the data allowed

it. Finally, this review's findings considered the gaps in the existing literature and how existing data can be used to inform practice and potential policy decisions.

Limitations and Potential Contributions

Having a comprehensive understanding of the role that bilingualism plays in psychotherapy may help improve the quality of services that bilingual Spanish-English Latinx clients receive by providing information to bilingual Spanish-English Latinx therapists about the value found in being able to speak and share thoughts, feelings, and experiences in two languages at any time during the session. Such an approach can also help therapists, even if they are not bilingual, be more attuned to what language could mean to some bilingual clients and its effect on the therapeutic process and alliance. However, it is essential to highlight that the evaluations described above entail subjective judgments. The author and reviewers, in good faith, attempted to gather and report findings that consistently and transparently contribute to the empirical evidence for the reader to assess confidence in the effectiveness of each outcome considered in the systematic review.

Chapter 3: Results

Study Selection Results

A flow chart of the review process is shown in Appendix L. A total of 1,917 articles were identified. Following the initial search, duplicates were removed. The titles and abstract were scanned, and the remaining articles were then assessed against the inclusion and exclusion criteria, resulting in 46 articles, of which 37 were excluded as they did not address the experiences and perceptions of bilingual Spanish-English Latinx clients or therapists in a bilingual psychotherapy setting. The remaining nine articles were further screened for their relevance to the focus of this review and subject to strategies of synthesis (data extraction) and analysis.

Overview of Included Studies

A variety of studies were included in this review to provide insight into the experiences and perceptions of bilingual Spanish-English Latinx clients or therapists in a bilingual psychotherapy setting, and to identify recommendations to help bilingual Spanish-English Latinx therapists develop the necessary language proficiency to provide linguistically and culturally oriented services to bilingual Spanish-English Latinx clients (see Appendix M). Out of the nine reviewed articles, six studies used quantitative methods (Pérez-Rojas et al., 2019; Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Sciara & Ponterotto, 1991; Verdinelli & Biever, 2009), one used mixed method (Castaño et al., 2007), and two used literature review methods (Biever et al., 2002; Valencia-Garcia & Montoya, 2018). All studies were authored in the United States. The findings of the nine studies are organized into three separate themes: (a) clients' experiences and perceptions, (b) therapists' experiences and perceptions, and (c) recommendations to increase language proficiency. Some articles are

included in several sections (i.e., clients' and patients' experiences, therapists' recommendations, etc.) as the study findings covered more than one target variable.

Six of the nine reviewed articles explored the experiences and perceptions of bilingual Spanish-English Latinx clients receiving psychotherapy from a bilingual Spanish-English Latinx therapist (see Appendix N; Pérez-Rojas et al., 2019; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Sciara & Ponterotto, 1991; Verdinelli & Biever, 2009). Out of these, only one explored the experiences of bilingual Latinx clients directly (Pérez-Rojas et al., 2019), while the other five used bilingual Latinx therapists' reports of their work with bilingual clients (Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Sciara & Ponterotto, 1991; Verdinelli & Biever, 2009). None of the studies explored the experiences and perceptions of bilingual Spanish-Speaking Latinx clients receiving psychotherapy services from a monolingual English-speaking therapist.

Five of the nine reviewed articles investigated the experiences and perceptions of bilingual Spanish-English Latinx therapists providing psychotherapy to bilingual Spanish-English Latinx clients (see Appendix O; Rodriguez-Keyes & Piepenbring, 2017; Sciara & Ponterotto, 1991; Verdinelli & Biever, 2009). Out of these, one study directly investigated the experiences of bilingual Spanish-English Latinx therapists (Verdinelli & Biever, 2009). The remaining four studies provided case studies to explore the topic from the bilingual Spanish-English Latinx therapist perspective. Three of these used a psychodynamic framework, while one conceptualized the case from a bilingual and bicultural perspective.

Lastly, four studies focused on recommendations to help increase language proficiency among Spanish-English Latinx therapists (see Appendix P; Biever et al., 2002; Castaño et al., 2007; Valencia-Garcia & Montoya, 2018; Verdinelli & Biever, 2009). Of these, two studies used

the actual suggestions from Latinx bilingual therapists to develop their recommendations (Castaño et al., 2007; Verdinelli & Biever, 2009). One article proposed a model for training psychologists to provide psychological services in Spanish along with recommendations for providers who are faced with challenges when providing services in a language other than that of their professional training (Biever et al., 2002), while the other one conducts a literature review and discusses the importance of bilingualism in psychotherapy and offers recommendations for programs training bilingual students (Valencia-Garcia & Montoya, 2018). In both cases, only the recommendations section was extracted and coded accordingly. Although one of the exclusion criteria was training models, one study was included in this review because it was a proposed theoretical training model rather than an evaluation of a bilingual training model (Biever et al., 2002).

Findings

Clients' Experiences and Perceptions

The reported experiences and perceptions of bilingual Spanish-English Latinx clients receiving psychotherapy from a bilingual Spanish-English Latinx therapist were aggregated into subthemes, including:

- language-related issues
- emotional expression and understanding
- an affirming experience
- facilitating therapeutic processes
- utility of the therapists' bilingual orientation
- impact on the therapeutic relationship
- cultural broker

Language-related Issues. Several clients simply prefer using Spanish over English, others English over Spanish, while some do not have a clear preference (Pérez-Rojas et al., 2019; Verdinelli & Biever, 2009). Also, clients reported switching languages because of language nuances, such as not finding the right word in the correct language (Pérez-Rojas et al., 2019). In contrast, therapists reported that their clients' switched languages because of their English language proficiency or when a word did not conceptually translate well (Rodriguez-Keyes & Piepenbring, 2017; Sciara & Ponterotto, 1991).

Emotional Expression and Understanding. The following findings are further separated based on client's experiences and therapists' perceptions of their Spanish-English bilingual clients.

Client Experiences. From the clients' perspectives, using English and Spanish in therapy allowed clients to better express themselves (Pérez-Rojas et al., 2019; Sciara & Ponterotto, 1991). As a result, bilingual Latinx clients felt more understood, personally and culturally, as using two languages in therapy helped them organize and convey their thoughts easier (Pérez-Rojas et al., 2019).

Clients reported using English and Spanish in psychotherapy to express better what matters most (Pérez-Rojas et al., 2019; Rodriguez-Keyes & Piepenbring, 2017; Sciara & Ponterotto, 1991; Verdinelli & Biever, 2009). Clients indicated that the use of Spanish or English depended on what they wanted to achieve, such as using "the right words" to preserve the meaning of the experience and helping the process of "naming things as they are" (Pérez-Rojas et al., 2019). Clients reported switching to Spanish when describing feelings and English when describing medical terminology (Pérez-Rojas et al., 2019). Clients also described instances when a specific language evoked particular memory (Pérez-Rojas et al., 2019; Sciara & Ponterotto,

1991). More specifically, clients in individual therapy indicated that they switched to Spanish when discussing family issues. For example, one client shared that she found it more powerful to talk about her grandmother in Spanish because she was fluent in Spanish and doing so "was like relieving the memory" (Pérez-Rojas et al., 2019).

Clients' language-switch in therapy to facilitate emotional expression and processing (Pérez-Rojas et al., 2019; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Verdinelli & Biever, 2009). For example, clients reported that speaking Spanish in therapy triggered painful but meaningful experiences from the past (Pérez-Rojas et al., 2019). Additionally, some clients found it helpful to recount childhood experiences in Spanish and then use English and Spanish to label the feelings and work through the experience (Pérez-Rojas et al., 2019; Rozensky & Gomez, 1983). Additionally, a therapist indicated that a client naturally switched to Spanish to express a word that held a strong emotion in that language and captured her genuine sentiments, which helped her process associated emotions (Rodriguez-Keyes & Piepenbring, 2017). In general, language switching allowed clients to express themselves better, more meaningfully, and broadly, which meant they could show up more authentically (Pérez-Rojas et al., 2019).

Therapists Experiences. Generally, therapists reported that their clients choose to speak in the language in which the event occurred to improve memory recall, reduce losing meaning in translation, and articulate better the emotionally charged moments that connect them to their cultural roots (Rodriguez-Keyes & Piepenbring, 2017; Verdinelli & Biever, 2009). Therapists also reported that their clients switched languages as a mechanism of protective detachment (Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Sciara & Ponterotto, 1991; Verdinelli & Biever, 2009). Therapists reported that although several

clients indicated that their primary language was Spanish, some attempted to work in English to distance themselves from emotionally charged material or isolate from the "here and now" affective experiences (Rozensky & Gomez, 1983; Verdinelli & Biever, 2009). More specifically, therapists noted that a Spanish-dominant bilingual client in family therapy felt safer talking about his first wife and her abandonment of the family in English in front of his English-dominant bilingual biological children and monolingual Spanish-speaking wife (Sciara & Ponterotto, 1991). Therapists also indicated that speaking about the subject in Spanish could have been too emotionally charged and threatening for the client (Sciara & Ponterotto, 1991). In a different case, a client reported to the therapist that she did not like to speak Spanish with men because "in Spanish, things are more intimate, which makes me more nervous, and I revert to being a submissive female" (Rodriguez et al., 2008, p. 1402).

Affirming Experience. Clients directly reported that being able to choose which language to use in psychotherapy led to an affirming experience in which they felt a sense of empowerment, agency, liberation, gratitude, excitement, and gratifying feelings because they were not restricted to one language, even if the therapist was not able to fully comprehend everything they were trying to say (Pérez-Rojas et al., 2019). Additionally, a therapist noted that being able to switch from English to Spanish allowed her bilingual and bicultural adolescent client to feel a sense of ease, comfort, permission, and unspoken validation that allowed her to honor her mother and culture using language switching (Rodriguez-Keyes & Piepenbring, 2017).

Facilitating Therapeutic Processes. For clients, using English and Spanish in therapy facilitated the process of therapy (Pérez-Rojas et al., 2019; Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Verdinelli & Biever, 2009). Clients reported that being able to switch languages in psychotherapy allowed for more profound and

smoother sessions, eased their ability to work on more vulnerable topics, and helped them address things promptly and reach new insights (Pérez-Rojas et al., 2019). Furthermore, therapists indicated that their clients switched between languages, allowing them to access different feelings according to the language used and moving them towards addressing more affectively charged material (Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Verdinelli & Biever, 2009). More specifically, therapists indicated their clients found it more helpful to speak about their traumatic events in their native language as it elicited more connections to information and emotions when retelling a story in the language it occurred (Verdinelli & Biever, 2009). Additionally, therapists indicated that their client experienced high anxiety when speaking her native language. However, when she used English, it allowed her to "regroup and to temporally re-store higher levels of defenses" (Rodriguez et al., 2008, p. 1406).

Clients reported that switching between languages in psychotherapy alleviated any apprehension associated with seeking psychological services and helped them feel more at ease, thus creating a safe therapeutic environment where they could comfortably express their feelings (Pérez-Rojas et al., 2019). Furthermore, clients indicated that using both languages in psychotherapy boosted their confidence to generalize therapeutic gains outside of therapy (Pérez-Rojas et al., 2019).

Utility of the Therapists' Bilingual Orientation. Of interest, clients highlighted the therapist's role in facilitating the therapeutic process, guided by interventions, attitudes, and comfort with which they approach the bilingual situation (Pérez-Rojas et al., 2019). Clients identified interventions therapists used to open space for their bilingualism, including (a) restating what clients said in the language they said it, (b) inviting or actively encouraging clients to switch language to express themselves, (c) therapist self-disclosing their bilingual ability, (d)

outright switching languages in session, (e) clarifying the meaning of a word or phrase, and (f) inquiring about the underlying motivation behind switching language (Pérez-Rojas et al., 2019).

Clients described the therapist's helpful attitudes using words such as (a) open, (b) respectful, (c) nonjudgmental, (d) accepting, (e) and welcoming of their bilingualism (Pérez-Rojas et al., 2019). Additionally, clients felt comforted when therapists reassured them that they could switch to whichever language they needed during the session, validating their difficulty with finding the right word to expresses themselves, and shared understanding in both languages (Pérez-Rojas et al., 2019). Clients also noted that when the therapist felt comfortable with English and Spanish, they also felt comfortable during the session (Pérez-Rojas et al., 2019). In contrast, clients reported that when the therapist seemed uncomfortable with different language use, clients experienced discomfort (Pérez-Rojas et al., 2019). Additionally, clients shared that while attending to language could express care and understanding, it may not adequately address their bilingual needs, and therapists may need to recognize other ways to show it beyond language (Pérez-Rojas et al., 2019). That said, clients reported that bilingual therapists could serve as a corrective experience for those who have felt hurt and disappointed by therapists who did not show much appreciation or ease when working with their bilingualism (Pérez-Rojas et al., 2019).

Impact on Therapeutic Relationship. Clients reported that using English and Spanish in psychotherapy directly impacted how they experienced the therapeutic relationship (Pérez-Rojas et al., 2019; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Sciara & Ponterotto, 1991). For example, clients described a more organic process of connecting, shared understanding, authenticity, mutuality, and equality in the relationship due to their shared languages (Pérez-Rojas et al., 2019; Rodriguez-Keyes & Piepenbring, 2017; Rozensky &

Gomez, 1983). Additionally, clients indicated that their shared cultural background further accentuated commonality and increased connection (Pérez-Rojas et al., 2019; Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017). Clients also noted the link between language and culture and reported that their shared cultural background made the experience more positive because of a greater understanding of cultural nuances (Pérez-Rojas et al., 2019).

Cultural Broker. Some clients reflected on the link between language and culture as issues of cultural compartmentalization and identity were played out using language (Pérez-Rojas et al., 2019; Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Sciara & Ponterotto, 1991). For example, bilingual clients reported feeling like they are living between two distinct worlds and/or cultures and using language as a bridge to their bicultural identity (Pérez-Rojas et al., 2019; Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Sciara & Ponterotto, 1991). The literature has identified this process as cultural brokering or the act of linking or mediating between different cultural groups (Jezewski, 1993). Bilingual clients demonstrated that they serve as their own personal cultural broker, especially when engaging in language switching. For example, some reported deliberate use of Spanish in session to be more in touch with salient aspects of their Latinx heritage (Pérez-Rojas et al., 2019). Regarding the bilingual and bicultural adolescent, therapists indicated that the client used English to connect to her peer group at school and Spanish to honor her mother and Latinx culture (Rodriguez-Keyes & Piepenbring, 2017).

Furthermore, clients reported and were observed to present differently when they switched languages during a therapeutic session (Rodriguez-Keyes & Piepenbring, 2017; Sciara & Ponterotto, 1991). For the Spanish-dominant bilingual father participating in family therapy, therapists reported that despite low English language proficiency, living in two worlds and

speaking English to his children meant that he was successfully negotiating his transition to the United States and thus made him an "American" (Sciara & Ponterotto, 1991). Interestingly, the father's use of English in session unconsciously engendered a power dynamic between the family system as it allowed him to live in a shared cultural and familial space with his children at the exclusion of his monolingual Spanish-speaking wife (Sciara & Ponterotto, 1991). In contrast, a client reported to her therapist that she did not like speaking Spanish with men to avoid reverting "to being a submissive female" (Rodriguez et al., 2008).

Therapists' Experiences and Perceptions

The reported experiences and perceptions of bilingual Spanish-English Latinx therapists providing psychotherapy to bilingual Spanish-English Latinx clients were grouped into similar subthemes, including:

- language-related issues
- emotional expression and understanding
- an affirming experience
- facilitating therapeutic processes
- impact on the therapeutic relationship
- cultural broker

Language-Related Issues. While some therapists reported using the client's language preference to conduct psychotherapy or following the client's lead when they switched languages in session, others reported that language switching depended on the nuances of language that led to difficulties explaining psychological constructs or understanding a word or phrase with double meaning (Rodriguez et al., 2008; Verdinelli & Biever, 2009). Therapists also reported varying

levels of bilingual abilities, dependent on being a native Spanish speaker [4] (less fluent in English than Spanish) – or a heritage Spanish speaker[5] (less fluent in Spanish than English; Verdinelli & Biever, 2009). In both cases, therapists reported greater self-awareness of their limitations in using their second language, reduced word choices to express themselves, and increased activation of internal translation processes, which impacted their attentiveness to the client and the pace of the session (Verdinelli & Biever, 2009).

Despite the limitations reported, all therapists indicated learning to provide services to Spanish-speaking clients through trial and error or by studying and researching the subject independently (Verdinelli & Biever, 2009). Notably, therapists that were less fluent in Spanish (heritage Spanish speakers) reported continued difficulties with variability in the Spanish language spoken by their clients, such as the use of words that convey different meanings for different Latinx groups, speed of speech, accents or intonations, colloquialisms, and more sophisticated Spanish spoken by educated Latinx clients (Rodriguez et al., 2008; Verdinelli & Biever, 2009).

Emotional Expression and Understanding. In general, therapists' language-switched to improve the client's communication and understanding (Rozensky & Gomez, 1983; Sciara & Ponterotto, 1991). For example, therapists working with a family with varying degrees of bilingualism consistently attempted to redirect the father to switch to Spanish so all members could understand and engage in the discussion (Sciara & Ponterotto, 1991). In other cases, therapists switched language to facilitate emotional expression and processing (Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Verdinelli & Biever,

[4] *Native Spanish speaker(s)* will be used throughout this review to describe individuals born and raised in Spanish speaking countries (Verdinelli & Biever, 2009).
[5] *Heritage Spanish speaker(s)* will be used to describe individuals who learned Spanish at home as a first language or simultaneously with English but were primarily educated in English (Verdinelli & Biever, 2009).

2009). Therapists indicated that switching from English to Spanish in sessions led to more effectively and kinesthetically charged disclosures, while switching from Spanish to English created intellectualized discussions or protective detachment from emotionally charged material (Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Verdinelli & Biever, 2009). As a result, therapists sometimes intentionally language-switched to redirect the client's attention or emphasize particular issues and to helped clients access more related information and emotions, and facilitate disclosures (Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Verdinelli & Biever, 2009).

An Affirming Experience. Therapists used affirming and gratifying terms to discuss their experience of being bilingual in psychotherapy (Verdinelli & Biever, 2009). Therapists expressed pride in speaking two languages, uniqueness because of their ability to provide bilingual services, and helpfulness by serving as a link between two cultures among a community that is in need (Verdinelli & Biever, 2009). Some therapists even reported advocating for clients with lower English language proficiencies because of the additional assistance they need to navigate the mental health and social service system (Verdinelli & Biever, 2009).

Facilitating Therapeutic Processes. Therapists reported ways in which using English and Spanish facilitated the process of psychotherapy (Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Verdinelli & Biever, 2009). Therapists' language-switched to deepen the conversation, work through resistance, and enhance the client's understanding of the topic (Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Verdinelli & Biever, 2009). In fact, some therapists viewed language switching as a tool to facilitate deeper discussion as it allows for more direct access to the client's internal word, such as unconscious thoughts and

affect or repressed infantile or developmental issues (Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Verdinelli & Biever, 2009). For example, therapists working with a bilingual and bicultural adolescent inquired further about her language switching during session to help her identify and process deep seeded emotions (Rodriguez-Keyes & Piepenbring, 2017).

While some therapist cued their clients to speak Spanish, a few noted the benefit of allowing clients to choose when to use Spanish over English as it lends itself to a more natural and smoother session, guided by the therapists' reflective statements and observations to make sense of the meaning for switching (Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Verdinelli & Biever, 2009). According to therapists, such an approach creates a safe and comfortable therapeutic environment and gives unspoken validation and permission to the client to bring language into sessions (Rodriguez-Keyes & Piepenbring, 2017). Therapists also indicated that understanding the clients' language of preference and cultural background facilitated treatment and allowed for a deeper and better understanding of their experiences (Verdinelli & Biever, 2009). Notably, therapists reported using language-switching to access and contain affect when necessary (Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Verdinelli & Biever, 2009).

Impact on Therapeutic Relationship. Therapists reported self-perceived differences when working in English and Spanish, which impacted the therapeutic processes (Verdinelli & Biever, 2009). Native Spanish speakers indicated being less fluent in English and having to pay more attention to pronouncing words, which impacted their attentiveness to the client and the pace of the session. (Verdinelli & Biever, 2009). Heritage Spanish speakers reported increased self-awareness of their Spanish proficiencies during the session, decreased confidence when providing services in Spanish, and increased activation of internal translation processes, which

resulted in misunderstanding and less focus on the psychotherapeutic process (Verdinelli & Biever, 2009). That said, all therapists mentioned that they connected more easily and rapidly with their Spanish-speaking clients than with their English-speaking clients due to their familiarity and commonality with the Latinx culture, thus resulting in feeling more relaxed and using more humor (Verdinelli & Biever, 2009).

While some therapist disclosed their shared ethnic background and bilingualism with their clients, others chose not to do it and highlighted the pitfalls related to cultural matching issues for the therapist (Rodriguez et al., 2008; Verdinelli & Biever, 2009). Therapists reported feeling more connected with their clients after disclosing their shared backgrounds (Verdinelli & Biever, 2009). In contrast, therapists noted making general cultural and linguistic assumptions based on similarities in background or meaning of words (Rodriguez et al., 2008). Some therapists reported that being of a similar culture with their client felt "too intimate" or "too close" thus creating a need for "safe distancing" from specific topics and resulting in less understanding of the situation (Rodriguez et al., 2008). Therapists also noted the potential for transferential and countertransferential processes when working with clients with similar cultural backgrounds and using such processes to guide Socratic questioning to facilitate the client's agency over the matter (Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017).

Cultural Broker. Therapists also reported feeling like they live in two worlds (Rodriguez et al., 2008; Verdinelli & Biever, 2009). In general, therapists noted that language switching bridged their bicultural identity (Verdinelli & Biever, 2009), thus serving as a cultural broker or link between two cultures. In addition, therapists also indicated feeling like a link between two cultures and two languages when working with clients with varying levels of bilingual ability (Verdinelli & Biever, 2009). This experience led therapists to feel a deeper

connection with their ethnic and cultural identity (Rodriguez et al., 2008). Notably, language use not only allowed them to become their own cultural broker, but also served as a cultural broker to their bilingual clients. Furthermore, therapists reported shifting perspectives when client's language switched during sessions and described shifting into the cultural mores associated with that language (Rodriguez et al., 2008).

Recommendations to Develop Language Proficiency

The current review found recommendations to help bilingual Spanish-English Latinx therapists develop the necessary language proficiency and therapeutic skills to provide competent psychological services to bilingual Spanish-English Latinx clients. General recommendations are grouped into domains that cover the development of professional language proficiency, including:

- informal recommendations for the development of general language skills
- informal recommendations for the development of professional language skills
- formal recommendations for the development of professional language skills
- academic curriculum recommendations
- training program recommendations
- clinical supervision recommendations

Informal Recommendations for Development of General Language Skills. Bilingual therapists can use informal means to increase language proficiency, including practicing Spanish daily and actively seeking opportunities to speak Spanish daily to strengthen conversation ability (Biever et al., 2002; Castaño et al., 2007). Among the informal methods to increase proficiency is using popular media such as Spanish radio stations, television, newspapers, and novels (Biever et al., 2002; Castaño et al., 2007; Verdinelli & Biever, 2009). Another informal means can be

traveling to a Spanish-speaking country and having an immersive experience, which can provide more insight and understanding of the specific culture (Verdinelli & Biever, 2009).

Informal Recommendations for Development of Professional Language Skills. Bilingual therapists can also use informal methods to enhance their professional language skills in Spanish, including reading professional material in Spanish (Biever et al., 2002). Many psychotherapy and assessment books are translated through major publishers in Mexico, Argentina, or Spain (Biever et al., 2002). Therapists can practice writing in Spanish more formally and using a dictionary and thesaurus to expand their vocabulary (Verdinelli & Biever, 2009). Developing and maintaining connections with other bilingual colleagues (i.e., friends and peers from graduate school) and discussing translation issues may also be helpful (Verdinelli & Biever, 2009). Continued exposure and increased contact or practice with Spanish-speaking clients can also facilitate language skills (Castaño et al., 2007). Another way to increase professional language proficiency may be by taking formal classes in Spanish, especially those that incorporate language variation across Spanish-speaking countries (Biever et al., 2002).

Formal Recommendations for Development of Professional Language Skills. More formal means to gain proficiency may include developing and maintaining professional relationships with providers in Spanish-speaking countries by attending conferences or joining professional electronic discussions and/or groups (Verdinelli & Biever, 2009). Consulting with other bilingual colleagues and regularly participating in a consultation group to discuss clinical issues bilingually or in Spanish is also highly recommended (Biever et al., 2002; Castaño et al., 2007; Verdinelli & Biever, 2009). Increasing contact or practice with Spanish-speaking clients can facilitate language skills among bilingual therapists and can be achieved by continuing to seek training from sites that provide mental health services to bilingual clients (Castaño et al.,

2007). Other formal means may also include conducting research, writing, teaching, and keeping up with the literature on bilingualism (Verdinelli & Biever, 2009).

Academic Curriculum Recommendations. While therapists can engage in their own means to develop language proficiency, there are necessary elements that training programs need to include in their academic curriculum to help develop equally balanced cultural orientation and linguistic proficiency (Biever et al., 2002; Castaño et al., 2007; Valencia-Garcia & Montoya, 2018; Verdinelli & Biever, 2009). Formal courses in concepts, theories, and delivery of therapeutic interventions should be included in bilingual training programs (Biever et al., 2002; Castaño et al., 2007; Valencia-Garcia & Montoya, 2018). Courses in bilingualism, biculturalism, psycholinguistics, language and psychosocial variables in interviews and assessments with Latinx, and context and roots of Latinx in the United States are also necessary for a well-rounded knowledge about the topic of interest (Biever et al., 2002; Verdinelli & Biever, 2009). These courses should be delivered in Spanish or bilingually and should include readings and discussions of the literature in Spanish, training students in both languages simultaneously and role-playing clinical scenarios to provide an opportunity for in-vivo experience and corrective feedback (Biever et al., 2002; Valencia-Garcia & Montoya, 2018; Verdinelli & Biever, 2009). While reading and writing are essential elements of such courses, applying professional knowledge helps students gain confidence to use Spanish in their clinical practice (Biever et al., 2002; Verdinelli & Biever, 2009). It is also recommended that therapist train and practice using assessment instruments for Spanish-speaking populations and have opportunities to have guest speakers talk about their immigration experiences and what it means to come from a different culture (Castaño et al., 2007; Verdinelli & Biever, 2009).

If therapists have not been formally educated in Spanish or worked with Spanish-speaking clients, it is recommended that they participate in an intensive practice with the Spanish-speaking population during their training (Verdinelli & Biever, 2009). In addition, training programs should also be aware and get to know the population in which training is being provided, such as identifying the major language groups in the training area and tailoring the academic curriculum accordingly in order for students to competently provide services (Valencia-Garcia & Montoya, 2018; Verdinelli & Biever, 2009). Feedback and supervision should be part of students' coursework if they provide services in a language other than English (Valencia-Garcia & Montoya, 2018). That said, the academic curriculum should ensure they teach the difference between cultural and linguistic competence (Valencia-Garcia & Montoya, 2018).

Training Program Recommendations. At a systemic level, training programs must provide students and supervisors with cultural and linguistic training and support (Valencia-Garcia & Montoya, 2018). This can be accomplished by recruiting and retaining racial and ethnic diverse students and faculty with language-specific competence to meet the increasing needs of our linguistically diverse society (Valencia-Garcia & Montoya, 2018). Training programs should avoid making direct assumptions that just because a faculty or student is of an ethnic diverse background, they have the language competence to provide mental health services in another language. Therefore, training programs need to establish cultural and language competency standards to assess the skill sets of Spanish-speaking faculty and students (Valencia-Garcia & Montoya, 2018). The training program should also identify and employ tools to help faculty and students self-assess their comfort and competence in providing therapy and/or conducting

assessments in Spanish, language abilities, and the appropriate level of supervision support needed (Valencia-Garcia & Montoya, 2018).

If a program has high language demands for clinical services, careful consideration for developing a clinical training track focused on training bilingual therapists to address the cultural elements and linguistic training needs of the community of interest is warranted (Valencia-Garcia & Montoya, 2018). Additionally, training programs should ensure that practicum sites do not exploit students by asking to provide additional services outside of their scope of practice (i.e., translate, interpret), given their language abilities, without formal language training (Valencia-Garcia & Montoya, 2018). If services are being provided in Spanish, the training program should consider providing additional practicum coursework or supervision in a group format for peer and institution support (Valencia-Garcia & Montoya, 2018).

Clinical Supervision Recommendations. Hiring bilingual and bicultural supervisors is highly valued and recommended (Castaño et al., 2007). In addition, it is recommended that supervisors who serve in training and supervisory capacities, regardless of bilingual abilities, should work towards increasing their awareness about the culture, values, and challenges (i.e., choice of language, effects of language switching, detachment effects) faced by mental health professionals who provide services in more than one language (Castaño et al., 2007; Valencia-Garcia & Montoya, 2018; Verdinelli & Biever, 2009). Attending workshops or consultation groups related to challenges faced by bilingual trainees or conducting a needs assessment to understand the specific burdens experienced by graduate students in specific sites can shine a light on the matter (Valencia-Garcia & Montoya, 2018). Additionally, detecting when language is a therapeutic or therapist issue is highly recommended to openly address it and validate the trainee's experience (Verdinelli & Biever, 2009).

Supervisors should only allow therapists to provide services in Spanish with a bilingual clinical supervisor; otherwise, it may harm both the trainee and the client (Valencia-Garcia & Montoya, 2018). Therefore, if a therapist provides services to Spanish-speaking or bilingual clients, they must receive supervision from a linguistically competent supervisor and be knowledgeable about interpreting outcome data related to the Latinx population (Valencia-Garcia & Montoya, 2018). Group supervision conducted in Spanish is also recommended and may help therapists think theoretically in Spanish (Biever et al., 2002). Creating a formal consultation or support group for students who provide services in Spanish can provide a space to share with their peers the unique challenges and rewards of providing services in a language different than their formal training (Valencia-Garcia & Montoya, 2018). Supervisors can also collaborate with local agencies that provide services to ethnic and racial diverse populations to recruit bilingual supervisors who can continue supporting other young bilingual clinicians (Valencia-Garcia & Montoya, 2018**).**

Quality Appraisal

All studies (six sources) examining the experiences and perceptions of bilingual Latinx clients and therapists included in this review answered "Yes" to the two screening questions of the MMAT (Hong et al., 2018), suggesting that they had clear research questions. In general, their methodological approach was qualitative and appropriate to the purpose of the study as their topic of interest is phenomenological in nature. Most of the studies (five sources) had adequate qualitative data collection methods. Two were cases studies, and authors reviewed audio tape recordings and provided excerpts to support their findings (Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983); two studies reviewed recorded interview transcripts and conducted a phenomenological and thematic analysis to derive to their results

(Pérez-Rojas et al., 2019; Verdinelli & Biever, 2009); and one study reviewed video recording when presenting the case and included feedback received both from the therapist's supervisor and Grand Rounds discussant when discussing their results (Rodriguez at al., 2008). One of the studies did not provide data collection methods; authors note that the case illustration was taken from the senior author's family practice, but it is unclear how data was collected (i.e., recording, medical records; Sciara & Ponterotto, 1991). The interpretation of the results for each of the studies is supported by the data provided, and there is largely a coherent link between data sources, collection, analysis, and interpretation. Confidence in synthesis findings using the CERQual approach (Lewin et al., 2015) suggests that overall, there are no or very minor concerns regarding methodological limitations, coherence, adequacy, and relevance of data that are unlikely to reduce confidence in the review findings.

Chapter 4: Discussion

Overview of Study and Findings

The purpose of this study was to comprehensively analyze the existing literature on bilingual Spanish-English Latinx clients' and bilingual Spanish-English Latinx therapists' experiences and perceptions in psychotherapy. This exploration was undertaken because bilingualism is closely related to one's psychological development and linked to identity formation, sociocultural processes, and psychological well-being, aspects that are relevant and often the presenting problem that brings patients to psychotherapy (X. Chen & Padilla, 2019; Santiago-Rivera & Altarriba, 2002; Trofimovich & Turuševa, 2015; Valencia-Garcia & Montoya, 2018). However, it is an understudied topic and an unspoken variable in psychotherapy practice and training (Clauss, 1998; Valencia-Garcia & Montoya, 2018). Nine empirical articles were included in this study. Results revealed that more studies explored the perceptions and experiences of therapists in bilingual psychotherapeutic settings than that of clients. Only one study in this review directly explored the experiences and perceptions of bilingual Latinx clients in psychotherapy (Pérez-Rojas et al., 2019); one study examined the experiences of bilingual Latinx therapists in a bilingual setting (Verdinelli & Biever, 2009); and the remaining studies made inferences about the target population (Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Sciara & Ponterotto, 1991). Additionally, recommendations for developing language proficiency were gathered from four studies with various study designs (Biever et al., 2002; Castaño et al., 2007; Valencia-Garcia & Montoya, 2018; Verdinelli & Biever, 2009).

Overall, this review suggests that language use in psychotherapy by the client or therapist has an impact on the therapeutic process as the ability to switch languages provides greater

access to the client's experience, increases emotional expression and processing, affirms both the client's and therapist's experience, facilitates therapeutic processes, enhances the therapeutic relationship, and serves as a cultural broker or bridge between two cultures. Furthermore, clients noted that therapists play a significant role in how language switching impacts such process, guided by the interventions they used to approach the bilingual situation in psychotherapy. While language-switching can enhance emotional expression and facilitate therapeutic processes, it can also create a protective detachment for the client and the unavailability of therapeutic content. This process can lead the therapist to develop assumptions based on the shared cultural and linguistic background, thus prompting disconnection from the "here-and-now." Careful monitoring of language-switching in psychotherapy can further inform treatment and interventions.

From a therapist's perspective, they were self-aware of their language skills, especially when their language proficiency was not equivalent to their clients. Therapists reported difficulty with nuances in language among different Latinx groups and translating technical vocabulary. This may be a direct result of the limited training available to bilingual therapists regarding bilingualism and its impact on the psychotherapeutic process both at an academic and clinical training level, especially when delivering services in a language other than English. Bilingual therapists must be trained and supported to provide linguistically and culturally appropriate services. For bilingual therapists to develop their language proficiency, they must use informal and formal means to develop general and professional language skills. However, training programs and sites must provide foundation courses and diverse training experiences to help bilingual therapists develop equally balanced cultural orientation and linguistic proficiency.

Discussion of Findings

Clients' Experiences and Perceptions

In general, seven overarching themes related to language use were identified when exploring the experiences and perceptions of bilingual Spanish-English Latinx clients receiving psychotherapy from a bilingual Spanish-English Latinx therapist, including:

- language-related issues
- emotional expression and understanding
- an affirming experience
- facilitating therapeutic processes
- utility of the therapists' bilingual orientation
- impact on the therapeutic relationship
- cultural broker

In regards to language issues, this study found that some clients prefer one language over another in psychotherapy because of personal preference or based on language abilities, while others switch language because of nuances inherent in the language (Pérez-Rojas et al., 2019; Rodriguez-Keyes & Piepenbring, 2017; Sciara & Ponterotto, 1991; Verdinelli & Biever, 2009). Language issues identified among clients may reflect individual differences in levels of language proficiency and acculturation, language processing abilities, language acquisition/development history, language acquisition history, and experience with language (Biever et al., 2002; Fricke et al., 2019; Pavlenko, 2012; Trofimovich & Turuševa, 2015; Wei & Li, 2000). Therefore, language preference may point to the client's language dominance and adherence to cultural values and norms, thus providing insight into the cultural factors the client holds. As a result, the degree of bilingualism and language preference should be assessed when starting services and

reassessed as needed (Santiago-Rivera, 1995). Furthermore, past research has found that words are situated within a social and cultural context, so some words may not have a direct translation or parallel cultural significance (Hall, 1996; Trofimovich & Turuševa, 2015; Wei & Li, 2000).

The current study found that the ability to language-switch in psychotherapy allowed clients to express themselves better and process their thoughts, find the word to capture what is most meaningful to them, thus creating greater access to experiences, increased emotional expression and processing, convey their true selves, and be understood (Pérez-Rojas et al., 2019; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Sciara & Ponterotto, 1991; Verdinelli & Biever, 2009). These findings are consistent with earlier work suggesting that bilinguals experience improvement in expression and memory recall when they switch between languages as it intersects with perception, learning, thinking, and memory (Marcos & Albert, 1976; Marcos & Urcuyo, 1979; Marrero, 1983; Pavlenko, 2012). In other words, bilinguals may be able to access different and additional emotions depending on the language they use. Another key finding revealed that clients switched to their nondominant language or second language to protect or distance themselves from emotionally charged material that may be too overwhelming to discuss (Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Sciara & Ponterotto, 1991; Verdinelli & Biever, 2009). Emotional processing may be embodied differently in bilinguals such that they are enhanced in their first-learned, most proficient language and reduced in the second-learned, less proficient language (Pavlenko, 2012).

In general, clients indicated that using both languages in psychotherapy was an affirming experience in which they felt a sense of agency, empowered, liberated, gratifying feelings, and validated (Pérez-Rojas et al., 2019; Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring,

2017; Rozensky & Gomez, 1983; Sciara & Ponterotto, 1991; Verdinelli & Biever, 2009). Such findings may have resulted from using both English and Spanish in psychotherapy, which may have portrayed respect for the client's autonomy and increased their sense of validation (Pérez-Rojas et al., 2019). Using both languages also had an impact on the therapeutic process as it enabled clients to discuss deeper issues, process trauma, and reach new insights, allowing for smoother sessions, thus creating a safe therapeutic environment and boosting their confidence to generalize their gains made in psychotherapy into everyday life (Pérez-Rojas et al., 2019; Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Verdinelli & Biever, 2009). Being able to switch to Spanish may have facilitated memory recall and emotional expression, while switching to English may have created a protective detachment from emotionally charged experiences until they were able to process them (Pavlenko, 2012; Santiago-Rivera & Altarriba, 2002; Valencia-Garcia & Montoya, 2018). In general, language switching may have fostered trust in the relationship and, in return, allowing for a more authentic and uninhibited expression of affect in therapy. Additionally, being able to use English and Spanish may have made psychotherapy a more integral part of the client's life as it resembled their daily experiences, where speaking both languages is common and lends itself to a validating and welcoming experience of their cultural identities (Pérez-Rojas et al., 2019).

Clients noted that the therapist's bilingual orientation also contributed to the process, guided by the interventions, attitudes, and comfort with which they approached the bilingual situation; and how they showed care and understanding beyond language (Pérez-Rojas et al., 2019). The findings of this study also highlighted the impact of bilingualism on the therapeutic relationship from the client's perspective, such that they felt a more organic process of authenticity and connection, mutuality, shared understanding, and equality in the relationship due

to their shared experience of bilingualism (Pérez-Rojas et al., 2019; Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Sciara & Ponterotto, 1991). It may be that allowing both languages in session leveled the communication power inherited in speaking English or the dominant language in the United States (Costa, 2010). In addition, while the shared experience of using English and Spanish may organically lead to stronger connections, our findings suggest the need for adopting a bilingual or multicultural orientation (MCO) framework, marked by linguistic and cultural orientations operating alongside more familiar processes of culturally oriented treatment (i.e., cultural humility, cultural opportunities, cultural comfort) when working with bilingual clients (Davis et al., 2018; Trofimovich & Turuševa, 2015; Wei & Li, 2000).

Our findings also speak of the impact of language on identity. Clients in the current study indicated living between two worlds and two identities, and using language as a cultural broker or bridge that connects two distinct cultures and experiences (Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Sciara & Ponterotto, 1991). This is consistent with earlier research, which suggests that bilingual individuals possess two sets of verbal systems that codify experiences, and as a result, they can think, feel, interact, and experience themselves in dual ways (Kokaliari et al., 2013; Panicacci & Dewaele, 2017; Trofimovich & Turuševa, 2015; Wei & Li, 2000).

Therapists' Experiences and Perceptions

Regarding the experiences and perceptions of bilingual Spanish-English Latinx therapists providing psychotherapy to bilingual Spanish-English Latinx clients, six overarching themes relating to language switching were identified, including:

- language-related issues

- emotional expression and understanding
- an affirming experience
- facilitating therapeutic processes
- impact on the therapeutic relationship
- cultural broker

Therapists reported several language issues that lead them to language switching in psychotherapy, including honoring the client's language preference, following the client's leads when switching languages, language nuance (i.e., difficulty explaining psychological constructs or understanding words/phrases with double meaning), and sensitivity to the client's language proficiencies and dialect (Rodriguez et al., 2008; Verdinelli & Biever, 2009). Language issues reported by the therapist may reflect not only their individual variability in language proficiency and language acquisition but also the limited linguistic training and supervision that therapists who provide psychological services in multiple languages receive (Biever et al., 2002; Costa & Dewaele, 2019; Fricke et al., 2019; Trofimovich & Turuševa, 2015; Valencia-Garcia & Montoya, 2018; Wei & Li, 2000).

Generally, therapists use language-switching as a strategic tool to engage and redirect clients in the session. For example, therapists switched languages as a means to improve the client's communication and understanding, enhance emotional expression and processing, and facilitate disclosure (Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Sciara & Ponterotto, 1991; Verdinelli & Biever, 2009). Similar to their client's experiences, therapists described their experience of being bilingual in psychotherapy in affirming terms in which they felt pride, uniqueness, and rewarding feelings for serving a community in need (Verdinelli & Biever, 2009). Therapists also used language switching to

facilitate the process of psychotherapy. For example, therapists use language to deepen the conversation, create smoother sessions and a safe environment, manage resistance, and generate a protective detachment from powerful emotions (Rodriguez-Keyes & Piepenbring, 2017; Rozensky & Gomez, 1983; Verdinelli & Biever, 2009).

Results suggest that therapists with bilingualism and biculturalism awareness and knowledge may have an advantage to advance therapeutic work. Furthermore, therapist use of language as a therapeutic tool is consistent with the literature on language switching and how it can help bilingual clients access and contain emotionally latent information when necessary (Altarriba & Santiago-Rivera, 1994; Bamford, 1991; Clauss, 1998; Marcos & Alpert, 1976; Santiago-Rivera & Altarriba, 2002). The findings of this study indicated that language use impacted the therapeutic relationship. Therapists were at times self-aware of their language skills, especially when they did not match the client's language proficiencies, which impacted their attentiveness to the client and the pace of the session (Verdinelli & Biever, 2009). Results highlight the challenges that bilingual therapist experience when translating or communicating with the same level of proficiency as their client when using professional language and supports the need for formal bilingual training and the notion that language usage demand differs significantly from a social context to a professional setting (Castaño et al., 2007).

Another finding from this study indicated that culture matching was linked to pitfalls such as making assumptions and increased avoidance in exploring specific topics due to shared backgrounds, as well as transferential and countertransferential processes (Rodriguez et al., 2008; Rodriguez-Keyes & Piepenbring, 2017; Verdinelli & Biever, 2009). These pitfalls may be associated with the therapist's ability to respond with their language-related self-experience coupled with shared cultural and linguistic backgrounds that can make it easier to connect to

clients. However, potentially it can also lead to misinterpreting information and experiences and/or lead to developing assumptions and less exploration of experiences, thus impacting the therapeutic process if the therapist cannot differentiate their experience from the clients. Continued curiosity and the use of clarifying questions are imperative in such cases.

Despite lacking formal training, therapists felt more relaxed and connected to their Latinx clients (Verdinelli & Biever, 2009). It may be that bilingual therapist's understanding of culture and shared language background provided them with skills and insights to feel more connected to their clients (S.X. Chen, 2015; Clauss, 1998; Trofimovich & Turuševa, 2015; Verdinelli & Biever, 2009; Wei & Li, 2000). Lastly, therapists also noted living between two worlds and two identities, and that language linked their biculturalism and bilingualism (Rodriguez et al., 2008; Verdinelli & Biever, 2009). Again, bilingual individuals hold two sets of verbal systems that help them organize their thinking, feelings, interactions, and experiences in dual ways (Kokaliari et al., 2013; Panicacci & Dewaele, 2017; Trofimovich & Turuševa, 2015; Wei & Li, 2000).

Recommendations to Develop Language Proficiency

This study found several recommendations to help bilingual Spanish-English Latinx therapists develop the necessary language proficiency and therapeutic skills to provide therapeutic services to bilingual Spanish-English Latinx clients. These recommendations highlight the need for addressing bilingual training issues from multilevel perspectives and the importance of informal and formal means to increase language proficiency, including:

- informal recommendations for the development of general language skills
- informal recommendations for the development of professional language skills
- formal recommendations for the development of professional language skills
- academic curriculum recommendations

- training program recommendations
- clinical supervision recommendations

Informal methods to increase language proficiency include (a) actively seeking personal opportunities to practice Spanish daily, (b) using popular media (i.e., Spanish radio, television, newspaper, novels), (c) and seeking language immersion experiences (Biever et al., 2002; Castaño et al., 2007; Verdinelli & Biever, 2009). Informal recommendations for the development of professional language skills include (a) reading professional material in Spanish, (b) maintaining connections with other Spanish-speaking colleagues, (c) seeking opportunities for writing in Spanish, (d) using a dictionary or thesaurus to increase vocabulary, (e) continued contact and practice with Spanish-speaking clients, and (f) enrolling in a formal Spanish class (Biever et al., 2002; Castaño et al., 2007; Verdinelli & Biever, 2009). While these informal recommendations may help increase language use through daily practice, they are insufficient to develop equally balanced professional competence in two languages. Increasing language proficiency is about learning a new language and understanding and interpreting its cultural aspects (Clauss, 1998; S.X. Chen, 2015; Fishman, 1996; Wei & Li, 2000). In fact, previous research has noted that language speaks to common discourse and shared cultural significance (Valencia-Garcia & Montoya, 2018). Furthermore, given that language acquisition can be time and context-specific, accessing both languages during a session can be difficult when they have been learned across different times or contexts (Hall, 1996; Wei & Li, 2000).

Formal recommendations for developing professional language skills include (a) consulting with other Spanish-speaking colleagues, (b) forming professional relationships with international Spanish-speaking professionals, (c) seeking training at sites that provides bilingual services, (d) teaching in the area of bilingualism, and (e) keeping up with related literature or

conducting research and writing on the topic. Academic curriculum recommendations include (a) formal courses in concepts, theories, interventions, bilingualism, biculturalism, psycholinguistics; (b) language and psychosocial variables in interview and assessment; and (c) context and roots of Latinxs in the United States. These courses should be delivered bilingually or in Spanish, allowing students to enhance their reading and writing. More importantly, they should have an in-vivo experience to practice their learning and opportunities for corrective feedback. The academic curriculum should also include (a) identification of and training with instruments developed for Spanish speakers, (b) knowing the population in the area, (c) having guest speakers talk about their immigration experience to increase awareness of cultural diversity, (d) training with the Spanish-speaking population, (e) additional practicum coursework or bilingual group supervision for students providing services in multiple languages, and (f) teaching differences between cultural and linguistic competence. The key point in the formal recommendations and academic curriculum is that the diverse methods of training (i.e., course content, bicultural and bilingual supervisors/faculty, workshops, etc.) and continued exposure and practice in Spanish can help increase the therapist's professional language proficiency, as well as their feelings of competence (Allison et al., 1996). Furthermore, it is essential to highlight the significant need for bilingual therapists to receive formal training in Spanish to acquire the technical vocabulary necessary for clinical practice. Only through continued exposure to professional language can the bilingual therapist master applying theoretical concepts and then adapt the language they use according to the client's needs.

Training program recommendations include recruiting and retaining ethnically diverse students and faculty with language-specific competence, avoiding assumptions about students' language proficiency based on their ethnic backgrounds, establishing cultural and language

competency standards, providing tools to assess students' comfort and language competence, developing a bilingual clinical track if the program has a high language demands for clinical services, and assuring training sites are providing formal language training to students providing services in a language different than English (Valencia-Garcia & Montoya, 2018). Clinical supervision recommendations include the use of bilingual and bicultural supervisors who are aware of relevant cultural issues and challenges faced by bilingual therapists, learning to detect when language is a therapeutic or therapist issue, awareness of cultural diversity, providing supervision in Spanish if therapists are providing services in Spanish, discontinuing the practice of allowing students to work with bilingual or Spanish-speaking clients without bilingual supervisors, group supervision in Spanish, community collaboration for recruiting bilingual supervisors, appropriate training in and use of assessment instruments, and continue accessing consultation resources (Biever et al., 2002; Castaño et al., 2007; Valencia-Garcia & Montoya, 2018; Verdinelli & Biever, 2009).

Implications for Theory

Findings from this study suggest that bilingualism may be closely related to one's psychological and social development due to its impact on emotions and self-related constructs such as self-concept and identity. At a theoretical level, individual variability in the bilingual experience makes bilingualism challenging to conceptualize and quantify. Therefore, careful consideration and understanding of an individual's language skills, language acquisition history, and language-use habits are needed when conceptualizing and theorizing about bilingual's complex psycholinguistic and cognitive aspects.

Implications for Research

Unfortunately, the systematic review process of this study found limited empirical data on the experiences and perceptions of bilingual Latinx clients in psychotherapy receiving services from ethnically and linguistically matched therapists and none on the experiences of bilingual clients receiving services from a monolingual psychotherapist. That said, the most relevant information was based on the views of bilingual Latinx therapists working with this population. If the needs of bilingual Latinx clients and therapists are to be met, further work is needed to determine the impact of language use on the therapeutic process. Examining the phenomenological experiences of bilingual clients alongside those of bilingual therapists to better understand the subject and deliver more culturally and linguistically informed care is a necessary next step.

Future research should also examine to what extent the findings of this study relate to other clients with different language pairs. In addition, the next step is looking at differences between native and heritage Spanish speakers among bilingual Latinx clients and therapists, and whether Spanish-language proficiency of bilingual Latinx therapists moderates the alliance and positive outcomes in psychotherapy. Lastly, exploring and comparing the experiences and perceptions of bilingual Spanish-English Latinx clients and therapists across different ethnic and cultural backgrounds may also be beneficial. These implications for future research can shine a light on unique experiences, challenges, and training needs of varying levels of bilingualism.

Implications for Practice

The present findings have important implications for clinical training and practice. Training programs and sites should include information about the cognitive, emotional, and cultural aspects of bilingualism so that therapists have a better understanding of the role of

language in a bilingual individual (Bager-Charleson et al., 2017). The training curriculum should also include information about interventions related to language-switching to facilitate therapeutic processes, disclosure, expression of emotions, and trust in the therapeutic relationship. From a cognitive perspective, clients in this study switched language to evoke specific memories. As such, therapists should know that particular experiences are encoded in memory in a given language and more accessible in the language that it occurred (Santiago-Rivera & Altarriba, 2002). From an emotion-based perspective, clients in this study used Spanish to trigger painful but meaningful experiences from the past and English to work through the experience. Such an approach suggests that emotions are enhanced in the first-learned language and reduced in the second-learned language (Pavlenko, 2012). When processing trauma, it may be helpful to use language-switching as an exposure tool to titrate the experience until the client can work through the discomfort in their first-learned, more proficient language.

Therapists should be aware that because of language-switching and the phenomenon it creates, clients may experience a sense of detachment when describing emotionally laden experiences in a second language, as related emotions may not be easily accessible or vividly remembered (Clauss, 1998; Marcos & Urcuyo, 1979; Santiago-Rivera & Altarriba, 2002). From a cultural aspect, language is a salient identity symbol connecting people to their specific cultural group (Trofimovich & Turuševa, 2015; Wei & Li, 2000). Specifically, the clients in this study presented and behaved differently when they switched languages. The shift may be due to the dual self-organization created by the separate language systems that bilinguals experience. If the therapist is unaware of such changes, the client's presenting concerns or physical presentation during an initial visit may be misinterpreted when verbally expressing them during the session.

Therapists must increase their awareness and knowledge about the impact of language-switching on the therapeutic process and track the client's switching during sessions as it can inform treatment. Helping the client explore reasons for the switching may be beneficial, especially if they switch to their second-learned, less proficient language, to verbally express their experience(s). While some therapists in this study intentionally switched language to redirect the client's attention, facilitate disclosure, and emphasize issues, others followed the client's lead, which allowed for a more natural and smoother process in session and insight into what is most important to the client. That said, using English and Spanish in psychotherapy led clients in this study to experience greater affirmation and validation, which may have fostered trust and allowed for a more authentic and profound expression of affect and new insights into the experience. Furthermore, therapists should be aware that the ability to switch language in psychotherapy introduces issues related to when and how to share that the therapist is also bilingual. Some therapists' theoretical approach may inform disclosures, while others will emphasize the therapeutic relationship when sharing such information when it is not apparent.

While shared language and cultural backgrounds may facilitate connections between therapist and client, therapists should be aware that it can also lead to moving away from curiosity and exploring topics based on the therapist's assumptions and biases instead of the client's interest and reality. Developing the therapist's language abilities includes learning a new language and the cultural norms, values, and attitudes inherited by language. Interestingly, the clients in this review identified an interplay of language and culture, suggesting that one topic cannot be learned without the other and that cultural aspects are inherited in language use. Although there is no finish line or endpoint regarding language and cultural orientation, the more

the therapist is exposed to diverse training experiences and bilingual clients, the closer the therapist can achieve higher language proficiency and levels of biculturalism.

The findings of this study also have important implications for monolingual English-speaking therapists and supervisors. Increased awareness of the role of language in psychotherapy when working with bilingual clients may help monolingual therapists consider alternative interventions to help the client process experiences at a deeper level (Clauss, 1998). One way can be asking the client about how they experience themselves in each language. Such an approach allows the client to use the common language with the therapist to begin sharing how they organize themselves by language. Another way is to ask the client to verbalize the experience in their first language and then reflect on the experience in the second language. This allows clients to access information encoded in their first-learned language and facilitates emotional expression and processing.

Limitations

While this study yields rich and valuable data, its findings are limited based on several variables. First, the generalizability of the findings is limited because it focuses on the experiences and perceptions of bilingual Spanish-English Latinx clients and bilingual Spanish-English Latinx therapists. Therefore, the degree of generalizable certainty to other bilinguals with different language combinations is unknown. Further study of other bilinguals would be beneficial. Second, findings are limited to the therapist's perspective about clients and their language use in therapy. Only one of six articles explored the experiences of eight bilingual Latinx clients directly, while the other five used bilingual Latinx therapists' reports of their work with bilingual clients. As such, this limits our understanding of language use and its impact on the therapeutic process when working with bilingual Spanish-English Latinx clients, as we only

know the perspective of these eight clients. Third, the linguistic competencies of the bilingual Latinx in this review are unknown, as none of the five articles that focused on their experiences and perceptions reported such information. Therefore, it is unclear if higher language proficiency mediated any of the positive findings in this review, such as a greater empathetic understanding of the client's concerns. Fourth, although a data analysis protocol was followed to reduce bias, the author's perception may have influenced the development of the research questions and theme creation.

It is essential to note that the majority of the case studies in this review were conceptualized from a psychodynamic perspective and thus may have influenced specific concepts (i.e., transference, countertransference) when describing the experiences of bilingual clients and therapists. Specifically, three of five articles provided supporting information to illustrate how bilingualism can influence the progression of psychodynamic therapy. Furthermore, this review included nine studies, which may be a relatively small sample for a systematic review. Nonetheless, the size is consistent with the currently available literature on the topic. For example, Kapasi and Melluish (2015) found only one study featuring language switching by the Latinx English-Spanish bilingual therapist and its impact on the therapeutic alliance with bilingual clients in their systematic review of bilingualism and psychotherapy.

It is also important to highlight that two (Biever et al., 2002; Valencia-Garcia & Montoya, 2018) of the four studies included in this review informed the recommendations for enhancing language proficiency were literature reviews. As a result, there may be potential overlap in the descriptive and analytic themes identified. While including such studies limits the findings of this study, it also speaks to the need and lack of research on this topic. Lastly, Latinx is used throughout this study as an umbrella term to describe the identity of a very heterogeneous

group. Therefore, this study's findings may not fully capture the unique experiences and perceptions of individual groups from numerous nations of origins and races represented by the term Latinx.

Concluding Remarks

Enhancing language competence requires learning and mastering a new language and the cultural norms and values inherited from it. Language development and the context in which each language was used may significantly vary across bilinguals and thus impact their ability to use a specific language across settings and people. To develop equally balanced cultural and linguistic professional competence, bilingual therapists should use informal and formal means to develop their language skills, especially their second-learned, less proficient language. Given the changing racial, ethnic, and language demographics in the United States, the field of mental health services in the United States needs to adapt and tailor its clinical training and supervision practices to meet clients' needs. Developing training programs and sites that better prepare students to work with bilingual clients from a culturally and linguistically oriented framework is imperative to serving linguistically diverse client populations.

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APPENDIX A

Information Source

Electronic Base	Description
Medline	Medicine, nursing, dentistry and the pre-clinical sciences
PsycARTICLES	American Psychological Association (APA) APA Educational Publishing Foundation Canadian Psychological Association Hogrefe & Huber
PsycINFO	Behavioral science and mental health
PubMed Central	United States National Library of Medicine
Science Direct	Physical Sciences and Engineering, Life Sciences, Health Sciences, and Social Sciences and Humanities.
Scopus	Life sciences, social sciences, physical sciences, and health sciences

APPENDIX B

Search Terms for Three Databases

PubMed	PsycINFO, PsycARTICLES
("psychotherapie"[All Fields] OR "psychotherapy"[MeSH Terms] OR "psychotherapy"[All Fields] OR "psychotherapies"[All Fields] OR "psychotherapy s"[All Fields] OR ("therapeutics"[MeSH Terms] OR "therapeutics"[All Fields] OR "therapies"[All Fields] OR "therapy"[MeSH Subheading] OR "therapy"[All Fields] OR "therapy s"[All Fields] OR "therapys"[All Fields]) OR ("counsel"[All Fields] OR "counseled"[All Fields] OR "counselings"[All Fields] OR "counselled"[All Fields] OR "counselling"[All Fields] OR "counseling"[MeSH Terms] OR "counseling"[All Fields] OR "counsellings"[All Fields] OR "counsels"[All Fields]) OR ("intervention s"[All Fields] OR "interventions"[All Fields] OR "interventive"[All Fields] OR "methods"[MeSH Terms] OR "methods"[All Fields] OR "intervention"[All Fields] OR "interventional"[All Fields]) OR ("therapeutics"[MeSH Terms] OR "therapeutics"[All Fields] OR "treatments"[All Fields] OR "therapy"[MeSH Subheading] OR "therapy"[All Fields] OR "treatment"[All Fields] OR "treatment s"[All Fields]) OR ("mental health"[MeSH Terms] OR ("mental"[All Fields] AND "health"[All Fields]) OR "mental health"[All Fields]))	(psychotherap* OR therap* or counsel* OR intervention* OR treatment* OR mental health)
AND ("hispanic americans"[MeSH Terms] OR ("Hispanic"[All Fields] AND "americans"[All Fields]) OR "hispanic americans"[All Fields] OR "Latino"[All Fields] OR "latinos"[All Fields] OR ("latinx"[All Fields] OR "latinxs"[All Fields]) OR ("hispanic americans"[MeSH Terms] OR ("Hispanic"[All Fields] AND "americans"[All Fields]) OR "hispanic americans"[All Fields] OR "Hispanic"[All Fields] OR "hispanics"[All Fields]) OR ("latino hispanic"[All Fields] AND "Or"[All Fields] AND ("mexican"[All Fields] OR "mexicans"[All Fields]) AND "Or"[All Fields] AND ("cuban"[All Fields] OR "cubans"[All Fields])) OR ("South"[All Fields] AND ("american"[All Fields] OR "american s"[All Fields] OR "americanization"[All Fields] OR "americanized"[All Fields] OR "americans"[All Fields]) AND "Or"[All Fields] AND ("central"[All Fields] OR "centrally"[All Fields] OR "centrals"[All Fields]) AND ("american"[All Fields] OR "american s"[All Fields] OR "americanization"[All Fields] OR "americanized"[All Fields] OR "americans"[All Fields])) OR "Spanish-Speaking"[All Fields])	AND (Latin* OR Hispanic* OR Latino/Hispanic OR Mexican* OR Puerto Rican* OR Cuba* OR Central American* OR South American*)
AND ("bilingual"[All Fields] OR "bilingual s"[All Fields] OR "bilinguality"[All Fields] OR "bilingually"[All Fields] OR "bilinguals"[All Fields] OR "multilingualism"[MeSH Terms] OR "multilingualism"[All Fields] OR "bilingualism"[All Fields] OR "dual-language"[All Fields] OR ("multilingualism"[MeSH Terms] OR "multilingualism"[All Fields] OR "multilingual"[All Fields] OR "multilinguals"[All Fields]))	AND (bilingual* or dual-language* or multilingual*)

APPENDIX C

Search Documentation Record

Search Date	Search ID #	Type of Search	Database/ Source	Search Term ID #	Search Syntax	Fields Searched	Search Specifier: Years	Search Specifier: Type	# of Records	Notes

APPENDIX D

Initial Screening and Selection Documentation Record

PHASE 1: Title/Keywords/Abstract (Screening)					
Source (SO)/Research Variable (RV)/Participant Variable (PAR)/Methodology Variable (M)/Study Quality (SQ)/Exclusion (EX)					
DECISION CODES: INCLUDE (IN)/CONTINUE TO ABSTRACT (CAB)/CONTINUE TO FULL TEXT (CTF)/UNDECIDED(UN) /EXCLUDE (EX)					
CRITERIA CODES: (IS THE CRITERIA MET?) YES (Y)/UNCLEAR(UC)/NO (NO)					
Author	**Year**	**Abbreviated Title**	**Database/Sources**	**Title/Keyword Screen: Decision/Date**	**Abstract Screen: Decision/Date**

APPENDIX E

Full-Text Screening Record

PHASE 2: Full-Text Review (Eligibility)									
Source (SO)/Research Variable (RV)/Participant Variable (PAR)/Methodology Variable (M)/Study Quality (SQ)/Exclusion (EX)									
DECISION CODES: INCLUDE (IN)/CONTINUE TO ABSTRACT (CAB)/CONTINUE TO FULL TEXT (CTF)/UNDECIDED(UN) /EXCLUDE (EX)									
CRITERIA CODES: (IS THE CRITERIA MET?) YES (Y)/UNCLEAR(UC)/NO (NO)									
1. Full-Text Screen?	**2. INCL (SO): Published**	**3. INCL (SO): Any Date**	**4. INCL (RV): PsychThx**	**5. INCL (RV): Client**	**6. INCL (RV): Therapist**	**7. INCL (PAR): Latinx**	**8. INCL (PAR): Bilingual**	**9. INCL (M): Case Study**	**10. INCL (M): Qual.**

11. INCL (M): Quant.	**12. INCL (M): Mixed**	**13. INCL (SQ): Any Sample Size**	**14. INCL (SQ): Lang. Published**	**15. EXCL: Non-U.S. Sample**	**16. EXCL: Non-Eng/Span**	**17. EXCL: Eval. of Training Program**	**18. EXCL: Non-psych/therapy**	**19. EXCL: Dissertation, Book Review**	**20. EXCL: In-Patient Setting**

APPENDIX F

Final Screening Decision Record

PHASE 3: Final Decision (Selection)			
Source (SO)/Research Variable (RV)/Participant Variable (PAR)/Methodology Variable (M)/Study Quality (SQ)/Exclusion (EX)			
DECISION CODES: INCLUDE (IN)/CONTINUE TO ABSTRACT (CAB)/CONTINUE TO FULL TEXT (CTF)/UNDECIDED(UN) /EXCLUDE (EX)			
CRITERIA CODES: (IS THE CRITERIA MET?) YES (Y)/UNCLEAR(UC)/NO (NO)			
Secondary/Confirmation Decision	**Final Decision**	**Date**	**Notes**

APPENDIX G

Extraction Template

Publication	Context	Findings
- Author(s) - Year - Title - Aims - Research Questions	- Methods - Instruments - Setting - Recruitment Methods - Sample Size - Study Location - Participants - Age (*M*) - Gender - Ethnicity - Education	- Verbatim text/data - Origin - Strength of Evidence

APPENDIX H

Data Collection and Extraction Form

Data Collection and Extraction Form

Extractors' Initials: _____ Date of Extraction: _____

Document ID# *(4-digit assign to each document)*

Authors and Year *(last names of authors and year of publication, e.g., Johnson, 2011)*

Full Document Title

Reference

Notes:

1. GENERAL INFORMATION	
1. **Source Name** *(Title of Journal, Organization, etc.)*	
2. **Document Language** *(English or Spanish)*	
3. **Notes:**	

2. DESIGN CHARACTERISTICS /METHODOLOGICAL FEATURES		
Component	**Descriptions as Stated in Report/Paper**	**Location in text** *(pg &¶/fig/table)*
4. **Aim of study**		
5. **Research question(s)**		
6. **Method**	[ ] Qualitative [ ] Quantitative [ ] Mixed [ ] Case Study	
7. **Participant**	[ ]Client [ ]Therapist	
8. **Instruments**	[ ]Yes [ ]No	
9. **Notes:**		

3. STUDY PARTICIPANT CHARACTERISTICS AND RECRUITMENT		
Component	**Description as stated in report/paper**	**Location** *(pg & ¶/fig/table)*
10. **Participant type**	[ ]Client [ ]Therapist	
11. **Recruitment Methods**		
12. **Sample Size**		
13. **Age (*M*)**		
14. **Gender**		
15. **Ethnicity**		
16. **Education**		
17. **Notes:**		

4. SETTING CHARACTERISTICS		
Component	**Descriptions as stated in report/paper**	**Location** *(pg & ¶/fig/table)*
18. **Study Location**	[ ] North [ ] South [ ] East [ ] West	
19. **Data Collection Setting(s)**		
20. **Notes:**		

5. ANALYSIS CONDUCTED		
Component	**Description as stated in report/paper**	**Location** (pg & ¶/fig/table)
21. **Descriptive Statistics used**		
22. **Inferential Statistics used**		
23. **Qualitative Analyses conducted**		
24. **Notes:**		

6. RESULTS		
Component	**Description as stated in report/paper**	**Location** *(pg & ¶/fig/table)*
25. **Key Result #1**		
26. **Key Result #2**		
27. **Key Result #3**		

7. CONCLUSION AND FOLLOW UP		
Component	**Description as stated in report/paper**	**Location** *(pg & ¶/fig/table)*
30. **Key conclusions of study authors**		
31. **Recommendations for Future Research**		
32. **Does the study directly address your review question?** ***(any issues of partial or indirect applicability)***		
33. **Your Take-Aways: General**		
34. **Your Take-Aways: Implications for Practice**		
35. **Salient Study Limitations** **(to inform Quality Appraisal)**		
36. **References to other relevant studies**		
37. **Other publications from this dataset**		
38. **Further study information needed?** *(from whom, what and when, contact info)*		
39. **Correspondence received** *(from whom, what and when)*		
40. **Notes:**		

APPENDIX I

Summarizing the Findings to Facilitate Analysis

Publication		Context			
Publication		Design/Methods			
Author (Year)	Title	Aim of Study	Research Question	Methods (1 = Qual, 2 = Quant, 3 = Mix, 4 = Case Study)	Instruments (1 = Yes, 2 = No)

Context								
Participants							Setting	
Participants (1 = Client, 2 = Therapist)	Recruitment Methods	*n*	Age (M)	Gender	Ethnicity	Education	Study Location	Data Collection Setting

Context			Findings			
Analysis			Results			
Descriptive Stats. Used (1 = Yes, 2 = No)	Inferential Stats. Used (1 = Yes, 2 = No)	Quant. Analysis Used (1 = Yes, 2 = No)	Key Result # 1	Key Result # 2	Key Result # 3	Key Result # 4

Findings					
Conclusion		Follow-Up			
Key Conclusion	Recommendations	Answered Review Question?	Take-Aways (Gen,)	Reference to Other Studies	Further Info Needed?

APPENDIX J

Quality Appraisal Form

Category of study designs	**Methodological quality criteria**	**Responses**			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?				
	S2. Do the collected data allow to address the research questions?				
	Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?				
	1.2. Are the qualitative data collection methods adequate to address the research question?				
	1.3. Are the findings adequately derived from the data?				
	1.4. Is the interpretation of results sufficiently substantiated by data?				
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5 Did the participants adhere to the assigned intervention?				
3. Quantitative non-randomized	3.1. Are the participants representative of the target population?				
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3. Are there complete outcome data?				
	3.4. Are the confounders accounted for in the design and analysis?				
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?				
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?				
	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. Is the risk of nonresponse bias low?				
	4.5. Is the statistical analysis appropriate to answer the research question?				
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?				
	5.2. Are the different components of the study effectively integrated to answer the research question?				
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?				
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				

APPENDIX K

Evidence Base Research Questions

Table 1. Components of the CERQual approach.

Component	Definition
Methodological limitations	The extent to which there are problems in the design or conduct of the primary studies that contributed evidence to a review finding
Relevance	The extent to which the body of evidence from the primary studies supporting a review finding is applicable to the context (perspective or population, phenomenon of interest, setting) specified in the review question
Coherence	The extent to which the review finding is well grounded in data from the contributing primary studies and provides a convincing explanation for the patterns found in these data
Adequacy of data	An overall determination of the degree of richness and quantity of data supporting a review finding

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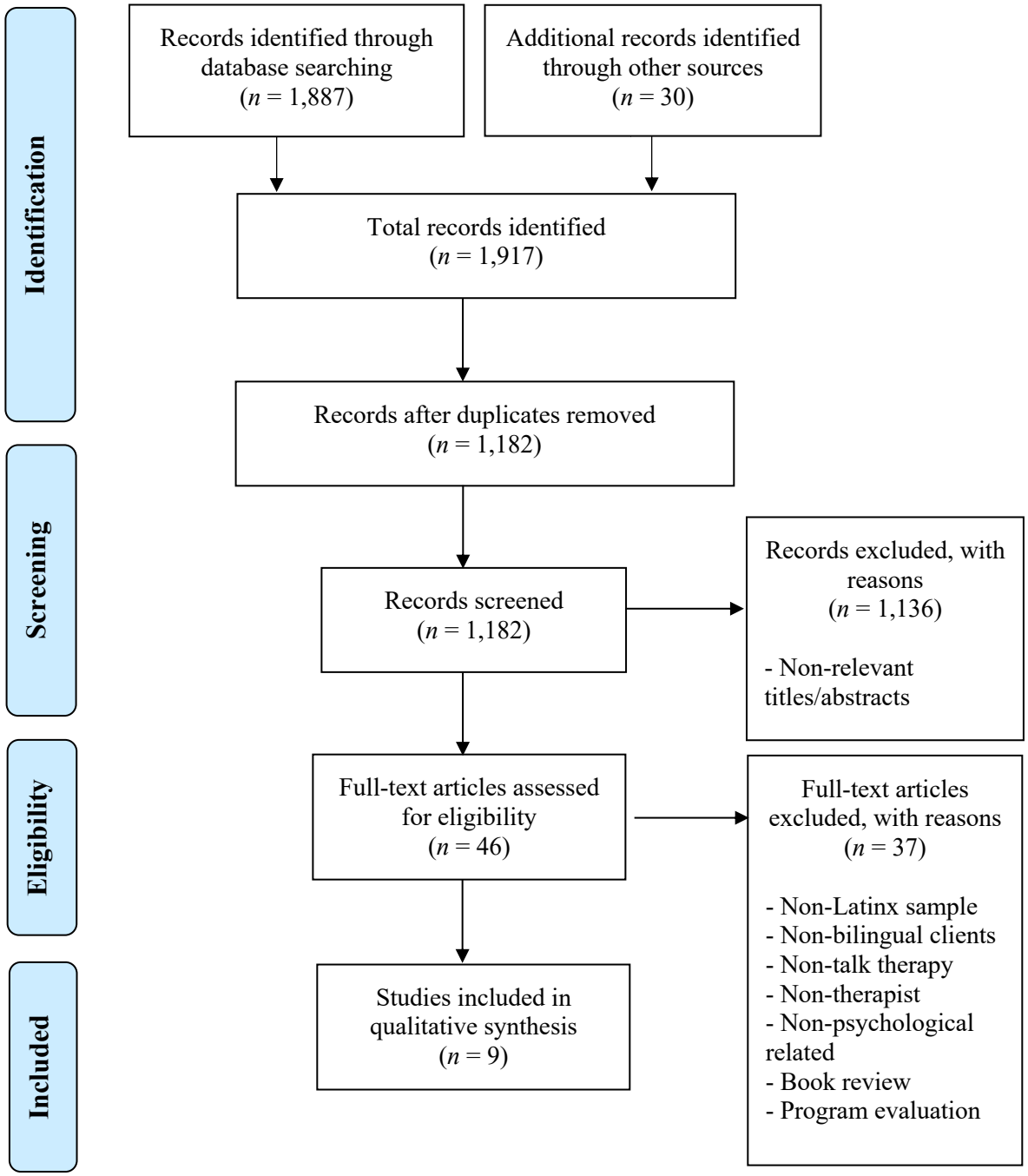
APPENDIX L

Evidence Table (PRISMA) of Included Studies



APPENDIX M

Table Summarizing Studies Included in Review

Study	Design	Sample	Focus
Biever et al., 2002	Literature review	40 articles addressing language needs of Spanish-dominant and bilingual clients to support recommendations.	Rec
Castaño et al., 2007	Mixed	127 bilingual mental health providers 91% doctoral degree providers 85% with 5+ years of clinical experience 93% conversationally fluent in Spanish 95% learned Spanish conversationally at home (60% received formal language training in Spanish)	Rec
Pérez-Rojas et al., 2019	Qualitative	8 bilingual Latinx clients (4 women, 4 men) Latinx heritage: 7 Mexican, 1 Puerto Rican Age: 20-37 years (M = 27.38, SD = 5.81) Education: 2 with some college, 4 with bachelor's degrees, 2 with graduate degree English/Spanish proficiency: 1-7 range (M = 6 = "very good")	Cl
Rodriguez et al., 2008	Case study	1 client (38-year-old bilingual Ecuadorian woman) 2 doctoral level therapist	Cl/Th
Rodriguez-Keyes & Piepenbring, 2017	Case study	1 client (16-year-old second-generation bilingual Mexican-American adolescent) 1 social worker/psychotherapist (female)	Cl/Th
Rozensky & Gomez, 1983	Case study	4 clients (3 women, 1 men) 1 therapist (women)	Cl/Th
Sciara & Ponterotto, 1991	Case study	1 bilingual family with various bilingual abilities (Father = 60-year-old subordinate bilingual with Spanish dominance; Wife = 48-year-old monolingual Spanish speaking; Sons = 13 and 11 years-old bilinguals with dominance in English) 1 doctoral psychotherapist (male)	Cl/Th
Valencia-Garcia & Montoya, 2018	Literature review	28 articles related to bilingualism in psychotherapy	Rec
Verdinelli & Biever, 2009	Qualitative	13 Spanish-English bilingual therapist (9 woman, 4 men) Clinical experience: 2-33 years (M = 14.62, SD = 10.18) Education: Master's = 3, Doctorate = 10 Ethnicity: Latinos = 13 Learned Spanish: Family context Native Spanish speakers: 5 (Home country: El Salvador, Puerto Rico, Cuba, Argentine, Chile) Heritage Spanish speakers: 8 (Ethnic background: 6 Central American, 2 Caribbean)	Cl/Th/Rec

Note. Cl = Client; Th = Therapist; Rec = Recommendations; (N = 9)

APPENDIX N

Themes and Subthemes for Latinx Bilingual Clients

Theme	Subthemes	Study					
		Pérez-Rojas et al., 2019	Sciara & Ponterotto, 1991	Rodriguez-Keyes & Piepenbring, 2017	Verdinelli & Biever, 2009	Rodriguez et al., 2008	Rozensky & Gomez, 1983
Language issues	Nuances in language	X		X			
	Language preference	X	X		X		
	Language proficiency		X				
Emotional expression and understanding	Better communication and understanding	X	X				
	Capturing meaning and experience	X	X	X	X		
	Emotional expression and processing	X		X	X		X
	Authentic self-expression	X					
	Protective detachment		X	X	X	X	X
Affirming experience	Empowerment and agency	X					
	Feeling liberated	X					
	Rewarding and validating feeling	X	X	X			
Facilitating therapeutic processes	Deeper and smoother sessions	X		X	X	X	X
	Safe and comfortable therapeutic environment	X					
	Generalizing therapeutic gains	X					
Utility of therapist bilingual orientation	Facilitating interventions	X					
	Open and welcoming attitude	X					
	Comfort	X					

	Care and understanding beyond language	X				
	Corrective experience	X				
Impact on therapeutic relationship	More authentic connection	X	X	X	X	
	Mutuality, understanding, and equality	X			X	X
	Interplay of language and culture	X				
Cultural broker	Living in two worlds	X		X		
	Power dynamics		X			
	Personal Identity		X	X	X	

Note. (n = 6)

APPENDIX O

Themes and Subthemes for Latinx Bilingual Therapists

Theme	Subthemes	Study				
		Sciara & Ponterotto, 1991	Rodriguez-Keyes & Piepenbring, 2017	Verdinelli & Biever, 2009	Rodriguez et al., 2008	Rozensky & Gomez, 1983
Language issues	Language preference			X		
	Nuances in language			X	X	
	Language proficiency			X	X	
	Language dialect			X		
Emotional expression and understanding	Better communication and understanding	X				X
	Emotional expression and processing		X	X	X	X
	Facilitate disclosure			X		
Affirming experience	Pride, uniqueness, and rewarding			X		
Facilitating therapeutic processes	Deeper and smoother sessions		X	X		X
	Managing resistance		X	X		
	Safe and comfortable therapeutic environment		X			
	Protective detachment		X	X		X
Impact on therapeutic relationship	Commonality and connection			X		
	Self-perceived differences			X		
	Countertransference		X		X	
	Transference		X		X	
	Cultural matching				X	
Cultural broker	Living in two worlds			X	X	
	Personal Identity				X	

Note. (n = 5)

APPENDIX P

Themes and Subthemes for Recommendations to Develop Language Proficiency

Theme	Subtheme	Study			
		Biever et al., 2002	Castaño et al., 2007	Valencia-Garcia & Montoya, 2018	Verdinelli & Biever, 2009
Development of general language skills (informal)	Actively seeking opportunities to strengthen language	X	X		
	Popular media (radio, television, newspaper, novel)	X	X		X
	Immersion experience				X
Development of professional language skills (informal)	Read professional material in Spanish	X			
	Maintaining connections with other bilingual colleagues				X
	Practice writing in Spanish				X
	Use of dictionary and thesaurus				X
	Continued exposure to Spanish-speaking clients		X		
	Formal classes in Spanish	X			
Development of professional language skills (formal)	Bilingual/Spanish clinical consultations	X	X		X
	Professional relationships with international providers	X			
	Seek bilingual training sites		X		
	Research, teach, and/or write on topic				X
	Keep up with current literature				X
Academic curriculum	Formal courses in concepts, theories, and delivery of therapeutic interventions	X	X	X	
	Formal courses in bilingualism, biculturalism, psycholinguistics, language and psychosocial variables in interview and assessment	X			X
	Formal courses in context and roots of Latinx in the US				X
	Deliver courses in Spanish, bilingually, simultaneously			X	X
	Role-playing in both languages	X		X	X
	Reading and writing				X
	Train and practice using assessments for Spanish-speaking population		X		
	Know population serviced in the area			X	
	Immigrants guest speakers				X

Theme	Subtheme	Study			
		Biever et al., 2002	Castaño et al., 2007	Valencia-Garcia & Montoya, 2018	Verdinelli & Biever, 2009
	Training with Spanish-speaking population				X
	Additional practicum coursework or bilingual group supervision			X	
	Teach cultural vs. linguistic competence			X	
Training programs	Recruit and retain ethnically diverse students and faculty with language specific competence			X	
	Avoid assumptions about student's language proficiency			X	
	Establish cultural and language competency standards			X	
	Tools to assess students' comfort and language competence			X	
	Bilingual clinical training track			X	
	Assure formal language training is being provided at training site			X	
Clinical supervision	Use of bilingual/bicultural supervisors		X		
	Awareness about the culture, values, and challenges faced by bilingual therapist		X	X	X
	Detect when language is a therapeutic or therapist issues				X
	Discontinue practice of having therapist provide services without a bilingual supervisor			X	
	Group supervision in Spanish	X			
	Recruiting bilingual supervisors through community collaboration			X	
	Linguistic and assessment competence			X	
	Consultation and support groups			X	

Note. (n = 4)