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Providing Counseling Services to Spanish Speaking Clients

Maritza Pelayo
005746724@coyote.csusb.edu

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PROVIDING COUNSELING SERVICES TO
SPANISH-SPEAKING CLIENTS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Maritza Pelayo

June 2018

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Approved by:

Dr. Carolyn McAllister, Faculty Supervisor, Social Work

Dr. Janet Chang, MSW Research Coordinator

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ABSTRACT

This study aimed to determine the need for practical and academic training in Spanish for bilingual social work students. Using an exploratory method with a qualitative approach, the researcher interviewed bilingual MSW students who were providing counseling services in Spanish and who had not received any training in clinical Spanish. The study used purposive sampling to interview and evaluate participants' perception of competence in providing services to Spanish speakers. Through data analysis, the researcher identified three themes: linguistic issues in clinical terminology, discomfort feelings, and language expectation. A limitation of this study included that the results could not be generalized to the larger population due to the small sample size. Recommendations included support from bilingual field instructors to process cases in Spanish and to strongly recommend students to participate in the Certificate Program in Healthcare at CSUSB to assist students who wish to continue working with Spanish speaking clients.

ACKNOWLEDGEMENTS

I would like to express my appreciation to my family and friends. I feel fortunate to have received unconditional support throughout my journey in the MSW program. The encouragement I received from my family kept me motivated and grounded. Also, I want to thank Dr. McAllister and Josefina Sierra, LCSW for their expertise and support in completing this research project.

DEDICATION

I would like to dedicate this research project to all the social workers that go the extra mile to serve families and individuals. I have great appreciation for social workers who challenge themselves to work with bilingual clients to make sure they do not go unserved.

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CHAPTER ONE

PROBLEM FORMULATION

There is a growing disparity in mental health services among Spanish-speaking clients (Biever, Gomez, Gonzalez, & Patrizio, 2011). An estimated 37.5 million individuals reported speaking Spanish and approximately 16% reported speaking English “not well” (Ryan, 2013). The increase of dominantly Spanish-speaking citizens has created an issue on the ability to adequately meet the mental health needs of this population (Castaño et al., 2007). Many clinicians in the U.S are trained in English only (Biever et al., 2011). There is a need for formal training for Spanish-speaking social workers in order to provide culturally sensitive and language appropriate services for this underserved population. As reported by Biever and colleagues (2011), bilingual clinicians will be practicing outside of their scope of competence by providing services that they have not received training on.

It is imperative for a clinician and client to understand each other’s language to communicate effectively and build rapport. If the clinician is unable to express their thoughts by using appropriate, culturally sensitive and professional language, the therapeutic relationship can be potentially compromised (Biever et al, 2011). The inability to communicate in the client’s dominant language can affect the quality of services provided and the clinician or the client’s emotional expression can potentially be impacted (Biever et al, 2011). For example, a

social work clinician may know the everyday Spanish language; however, they may not know the clinical vocabulary to educate their clients about diagnosis, coping skills, and treatment goals. The client will spend time figuring what the clinician is trying to say instead of focusing on their personal thoughts and emotions. In addition, the client may be limited in what they can say or express due to the clinician's limited capability to comprehend Spanish (Castaño et al., 2007). Therefore, the clinician will find it difficult to conduct interventions or provide therapeutic sessions successfully due to the language barrier.

Social workers' perceived competence of providing services in Spanish can be applied to macro social work. As stated by the National Association of Social Workers (2008), competence is the social worker's duty to the profession to practice within their scope of expertise and to continue to contribute to their knowledge to apply it in practice. With that being said, social workers who have not received training in Spanish will be practicing out of their scope as they are unable to communicate and service the client appropriately. This brings attention to the need for training and education provided by agencies, schools of social work, and the field placement instructors.

Purpose of the Study

The purpose of this study is to evaluate bilingual MSW students' perceived competence in providing counseling services to Spanish-speaking clients. Students working in an internship may feel pressured to take on Spanish-speaking cases since there may not be any other clinicians who speak Spanish.

The demand on even experienced bilingual clinicians to perform other duties in their agency, such as providing crisis intervention and interpreting, causes the clinician feeling overwhelmed (Castaño et al. 2007). This may be due to the lack of training and competence in clinical Spanish. It has been noted that students who speak Spanish conversationally within in their family and friends are reluctant to use Spanish in professional settings (Castaño et al., 2007). Many clinicians are providing services to this population even when they have not received sufficient training (Castaño et al., 2007). Therefore, this study aimed at understanding and assessing bilingual MSW students' experience when providing counseling in Spanish. Field placements will know how to better support their students in providing appropriate services to their Spanish speaking clients to avoid compromising the therapy sessions due to language barriers.

Through this qualitative research, bilingual MSW students provided an insight of their personal experience in providing counseling in Spanish when they have not received any training. This qualitative research design was selected to get in depth reflections from students who are currently providing counseling services and to discuss any limitations from working with this population.

Significance of the Project

The findings of this study will impact social work practice in that attention can be directed to training bilingual social workers to provide services to Spanish-speaking clients and creating a larger pool of social workers who are competent in working with this population. As Engstrom, Piedra, and Min (2009)

noted, many individuals with limited English proficiency have trouble finding bilingual social workers that are able to provide language appropriate services. In fact, one study showed that 50% of Hispanics do not return back after their first session due to not feeling understood (Dingfelder, 2005). Spanish-speaking clinicians are expected to meet the demands of the agency and clients while being culturally sensitive without any or very little support and resources.

The present study sought to address the need for bilingual social work students to be taught clinical Spanish starting early in the Master's program to get them ready for their career. This was achieved by exploring the needs and struggles of bilingual social workers when working with Spanish speaking clients. Schools of Social Work and field placements can work together to provide formal or informal trainings in clinical Spanish for bilingual MSW students who have a desire to work with this population, which will better prepare bilingual social workers to adequately assist the Spanish speaking community.

Building rapport is crucial to establish in the generalist intervention phases. If the clinical language is not there then it can progressively affect each phase of the intervention process. During the assessment, the client may not open up since they are not comfortable or they are unable to understand what is being asked or discussed. This can cause the bilingual clinician to leave out information since they may not have the skills to express or explain their thoughts or feelings in Spanish professionally. Important information such as, diagnosis, treatment planning, and the informed consent will not be clear to the client. If

rapport is not established due to the language barrier the clinician may not be able to conduct a proper assessment, implement interventions successfully, and discuss treatments goals thoroughly. Thus, the question for the study is the following: How do MSW students perceive their competence in providing counseling services for Spanish-speaking clients when they have not received training or education in clinical Spanish?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will discuss the potential effects in therapy when a language barrier is present between the client and clinician. The significance of implementing trainings and courses in the school of social work will be discussed to better support bilingual MSW Students.

Micro Social Work

With the growing population of immigrants, there is an increasing demand for bilingual professionals in social service agencies. As reported by Biever and colleagues (2002) and Engstrom, Min, and Gamble (2009), providing services to limited English speakers is a challenge for clinicians since they have to meet the demand of a growing population with the misrepresentation of bilingual social service professionals. Spanish-speakers struggle the most in receiving medical and mental health services due to the language barrier (Biever et al. 2002; Engstrom et al. 2009). Misunderstanding a client's preferred language can lead to misinterpretation of social and cultural beliefs by the clinician (Biever et al. 2002). Therefore, the therapeutic relationship can be negatively affected by the inability to communicate, express feelings appropriately and comprehend emotions and events. The client and clinician sessions can be compromised as the communication will be limited by both the clinician and client. Biever and colleagues (2002) stated that bilingual students will focus less on the therapeutic

session and issues since they are directing their attention on how to communicate correctly in Spanish. This coincides with a Castaño and colleagues (2007) study in that bilingual clinicians who received their training in English are challenged to translate therapeutic techniques and terminology in the client's preferred language. Clinicians are more comfortable using English since that is the language used during their professional training (Castaño et al., 2007).

A lot of the literature has been focused on bilingual psychologists. However, little research has been conducted specifically on how bilingual social workers limited linguistic skills, training, and knowledge affects the therapeutic relationship. A study conducted by Castaño and others (2007), 127 psychologists were interviewed who reported providing mental health services to Spanish speakers in where 93% self-identified as being conversationally fluent in Spanish. Over half of the participants reported difficulties in applying concepts and theories when working with Spanish speakers. This indicates that even those who speak everyday Spanish at home and with peers, professional and clinical Spanish is difficult when working with clients. It is common for clinicians to use English words instead when they are unable to communicate a diagnoses or therapeutic word in Spanish. As previously stated, the inability to apply concepts to interventions can negatively affect the effectiveness of therapy or services. With similar findings by Engstrom, Piedra, and Min (2009), bilingual social workers reported feelings of frustration from both client and clinician when unable to communicate or understand due to the clinician's limited Spanish skills. Both

studies were interested on the clinician's view on how their Spanish language skills made it difficult to apply theories and translate clinical terminology for limited English speakers.

Macro Social Work

Due to the growing cultural diversity, the American Psychological Association (1993) noted that there is an increase need for counselors to better understand cultural factors, such as language, to provide appropriate services for all cultural groups. The guidelines address the importance of counselors to provide services in the client's preferred language to avoid misinterpretation or jeopardizing the effectiveness of the interventions; if the services cannot be accommodated, it is the ethical duty of the counselor to refer the client to a clinician that can meet the client's the linguistic needs (American Psychological Association, 1993). Similar the NASW Ethical Principles, social workers have the responsibility to practice within their scope of practice, integrity, and service (National Association of Social Workers, 2008). As reported by Engstrom and others (2009), few graduate social work programs provide cross cultural and language skills training to help students apply in their professional practice. Bilingual social workers are conducting assessments, interventions, and attempting to explain diagnosis with their limited linguistic skills. Therefore, social workers should practice in accordance to these principles by continuing to increase their knowledge in different cultures to ensure that the client is receiving adequate services. Most importantly, comprehending the client's language and

culture is important to avoid misdiagnosing and providing inappropriate interventions. As stated by the NASW Ethical Principles, social workers have integrity to make sure we are honest in our ethics in providing services that we are able to (National Association of Social Workers, 2008).

Impact in Social Work Practice

As MSW students are growing professionally and receiving guidance from professors and field supervisors, it is important that they are equipped with skills to serve the unprivileged and oppressed population. As previously stated, limited English speakers are underserved in mental health services due to the language barrier (Biever et al., 2011). In order to decrease the gap in services for this population, bilingual social workers can make a difference through proper training and education by field supervisors and the school of social work. However, bilingual social workers are often given Spanish speaking clients and are translators for the agency despite the little or no training they have received (Engstrom et al., 2009). In two studies, students reported that once their internship found that they spoke Spanish, they were given all Spanish-speaking clients (Gonzalez, Ivers, Noyola, Murillo-Herrera and Davis, 2015; Engstrom et al., 2009). It can be overwhelming for bilingual social workers to take on more Spanish-speaking clients. As demonstrated in the study by Engstrom and others (2009), 89% of the participants reported that it took more time to service limited English speakers.

Additionally, in the study of Enstrom, Min and Gamble (2009) and Verdinnelli and Biever (2009), participants recommended that courses and field supervision be provided in other languages to assist them in working better with limited English clients. Biever and colleagues (2002) conducted a study to evaluate the effectiveness of the program *PSSSP*; this program aimed at building bilingual psychologists' multicultural knowledge, skills, and awareness to service Spanish-speaking clients. Participants reported an increase confidence and competence in providing services in Spanish and had the ability to think theoretically in Spanish (Biever et al., 2002). Furthermore, participants' clients noticed an improvement in their Spanish (Biever et al 2002). This demonstrates that clients recognize the client's limitations and difficulty in speaking Spanish. A lot of the literature that has been focused on the issues regarding the lack of Spanish-speaking clinicians to service limited English clients agrees that field supervisors play an important role in the training for bilingual clinicians (Verdinelli & Biever, 2009).

To address further details regarding the therapeutic relationship, this study focused on social workers' level of confidence, therapy effectiveness, and their view on the client's verbal and physical responses when they had trouble expressing or understanding thoughts and feelings in Spanish. Much of the literature recruited psychologists as their participants and very few studies focused on social workers. Social workers and psychologist differ in the education they receive and their professional duties. It would be helpful to gain

social workers' perspective on the importance of linguistic skills when providing mental health services and if they felt that their efforts were affective with the language barrier.

Many of the limitations of the studies were that they had a small sample size. A few studies reported the difficulty in recruiting participants. Overall, this is a difficult issue to control, but providing incentives can potentially assist in getting a bigger sample size. These studies paved the way for further research and implications for the need of trainings in other languages to meet the demands of the growing diverse population in the U.S.

Theories Guiding Conceptualization

The theory used to conceptualize MSW students' perceived competence can be guided by Jacqueline L. Rosenjack Burchum's Cultural Competence Model. The cultural model has implications for nursing practice. However, Fuertes (2004) noted that a cultural competence model can be applied to social work practice to assist supervisors and supervisees understand culturally and linguistically sensitive cases. The Cultural Competence Model identifies seven dimensions of cultural competence, including cultural awareness, cultural knowledge, cultural understanding, cultural sensitivity, cultural interaction, cultural skill and cultural proficiency (Burchum, 2002). This model aims at clarifying cultural competence for effective communication (Burchum, 2002). Cultural competence is defined as a nonlinear dynamic process that is ongoing and it continues to grow (Burchum, 2002). Cultural humility in social work is

important since it helps social workers abide by the NASW Code of Ethics. Therefore, this model can be guidance for MSW students to work with limited English clients by understanding their preferred language.

Culture awareness is defined by the ability of the professional to recognize their biases, views and prejudices (Burchum, 2002). Social workers that are aware of their explicit and implicit biases and understand that there are differences between cultures will be able to minimize inappropriate judgements and behavior that can hurt the therapeutic relationship and sessions. Cultural knowledge refers to the expanding of information about different cultures (Burchum, 2002). Social workers can identify what cultures they are not familiar with to learn more about them in which it can assist in treatment goals, diagnosis and interventions.

Cultural sensitivity is appreciating and respecting cultural diversity by acknowledging that there are various perspectives and ways of knowing (Burchum, 2002). The development of professional relationship is established through actively practicing interactions with different cultures (Burchum, 2002). Social workers should learn from their client's communication and understand their values and views to better assist them. This begins by understanding their language in order to comprehend their culture. Through effective cultural interaction, social workers can gain cultural skills that can be integrated in the development of treatment goals, interventions, and assessment. Gaining cultural skills will help professionals choose procedures that will best fit the client's

needs. Social workers have the duty to meet the client where they are to help them meet their treatment goals.

The seventh attribute of the Cultural Competence Model is cultural proficiency; it is the commitment for change (Burchum, 2002). This refers to the professional's development of producing new research and sharing new information about different cultures through education and other alternatives. With these seven concepts, social workers can engage in cultural humility in their practice to meet the demand of the growing population and provide adequate services to the underserved population of limited English speakers.

Summary

With the growing population of Spanish speaking individuals, bilingual social workers are increasingly necessary to provide culturally and linguistically appropriate services. Prior research on this topic highlights that there is gap in knowledge and trainings of clinical Spanish terminology and recommends increasing support and training for clinicians working in Spanish. The cultural competence theory assists in improving effective communication. This study fills in a gap in the literature by focusing specifically on social worker students that are providing services in Spanish.

CHAPTER THREE

METHODS

Introduction

This chapter will examine the methods that will be used to evaluate MSW's perceived competence and feelings in providing counseling services in Spanish when they have not received formal training. This section will discuss study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

A qualitative study was conducted to examine MSW students' perceived competence when working with dominantly Spanish speakers. Through interviews, bilingual students were asked about their level of confidence, support provided by field instructors or the agency, and their experience working with this population. This study was an exploratory research as it aimed at addressing issues between the need for formal training in Spanish and creating a bigger pool of bilingual social workers to provide appropriate and effective services to limited English clients. The research addressed the significance in implementing trainings for students to help them prepare for their career.

It is important to discuss the limitations of this research to identify factors that may influence the findings. One methodological limitation is the small sample size of this research. The findings may not represent the larger population based

on six to eight interviews. Also, this exploratory research will have to take the face value of the information gathered from the participants since it will be impossible to verify the information provided by the participants.

An advantage of using an exploratory method with a qualitative approach is that the participants will be allowed to provide in-depth information of their personal experience of providing counseling services to Spanish speaking clients. They will not be restrained from a multiple-choice questionnaire that may not capture their feelings and opinions of their experience. This may bring to surface other issues and insights of bilingual students and their practice working with this population. Face to face interviews will help the researcher evaluate verbal and non-verbal cues including body language. If a question is not understood, the researcher can explain it to receive an accurate response (Barragan, 2017a).

As previously stated, the question of the study is the following: How do MSW students perceive their competence in providing counseling services for dominant Spanish-speaking clients when they have not received any training or education in Spanish?

Sampling

Participants were gathered using purposive sampling and the snowball effect (Barragan, 2017). The sample size of this study was six participants that were enrolled in a MSW program and that had not received formal training in Spanish to provide counseling services to Spanish speaking clients. Participants

were recruited based on researcher's knowledge of bilingual MSW classmates that met the criteria. Additionally, with the assistance of the field instructor and approval, part-time and full time MSW students from Ontario Montclair School District Family Solutions Collaborative Mental Health Service were selected based on the criteria: bilingual students, have not received any formal training in Spanish, and currently providing counseling services to Spanish speaking clients. This method assisted the researcher to receive information and opinions from the targeted population. All participants were MSW students at California State University, San Bernardino. An approval letter was obtained from the supervisor at Family Solutions Collaborative to allow MSW interns to be interviewed.

Data Collection and Instrument

The qualitative data was gathered in person and audio-recorded at the participants location preference, such as school or library. The participants were given an introduction of the study to help them understand the purpose of the research prior to the interview. Demographic information was gathered, such as age, gender, ethnicity, language, name of university attending, number of months in current internship placement, and whether or not the intern received formal training in Spanish.

The researcher conducted interviews by using an instrument developed specifically for this study. The interview consisted of nine open ended questions that allowed the participants to answer as they wished. The questions were based on the participant's perception, emotions, and challenges of the language

barrier with the Spanish speaking clients. The participants were asked for their professional feedback on any possible effects of the therapeutic relationship and the counseling session when the participant was unable to express a thought or feeling in Spanish.

The researcher ensured that the questions were understood by the participants to get relevant data pertaining to the research. The researcher encouraged participants to express their feelings and concerns of this topic to capture data that can potentially assist schools of social work and internship placements with future recommendations for training and supervision.

Procedures

The participants were solicited from Ontario Montclair School District Family Solutions Collaborative Mental Health Services and other MSW students through the snowball effect. The participants were provided a brief description of the study. Then, the field instructor obtained the student's approval to share contact information who agreed to participant to the researcher to set up a convenient time to conduct interviews. The researcher notified participants that the interview was audio recorded and the researcher took notes as well. Upon agreement, participants were given the option to choose the location since the interview was scheduled based on their availability.

At the interview, researcher introduced the study, provided an informed consent (Appendix A) and discussed confidentiality. Once informed consent form was collected, the participants completed demographic questionnaire provided in

Appendix (B). The audio recording started once the forms were completed and the interviewees understood their role and the study's purpose. The researcher conducted the interviews, based on the interview guide provided in Appendix (C), by asking questions and elaborated if needed by the participants. The approximate length of time for each interview was 30 to 60 minutes. The participants received a \$10 Starbucks gift card after the interview as an appreciation for their participation.

Protection of Human Subjects

The researcher kept participants' identity confidential outside of the interview. Upon recruitment, researcher obtained participants' contact information to schedule interview. Participants signed the consent forms by marking an "X" and their names were not audio-recorded. Participants were assigned an identification number to identify data and to keep their names confidential. Data will be stored in a password encrypted file and it will be transcribed by the investigator in a safe and confidential setting to avoid information being disclosed. After completion of the study, personal information, documentation, and audio recording were destroyed

A possible risk of the study was minimal stress or discomfort to the participants. The study required participants to express their feelings about their competency as a bilingual clinician. Participants may recall a session that was stressful in which the interview questions may elicit some of those feelings. Research was aware of the possible minimal stress that this study could have

caused. Participants were informed that they had the option to omit any questions and allow the participant to stop the interview if needed without any consequences.

Data Analysis

The data for this study was conducted through a qualitative approach. Audio recordings were utilized during the individual interviews and then transcribed into written form. Participants were assigned an identification number to identify data and to differentiate the participants' responses. Nonverbal cues, such as facial expressions, nodding, and other body language movements were noted.

Through data analysis, the researcher categorized and coded responses from the interviews into categories to identify common themes: language barriers in therapy, participant's perceived competence level in providing counseling in Spanish, and recommendations for change. The participants' responses to the open-ended questions were analyzed to identify major themes and sub-themes and then they will be assigned a code in form of numbers. Researcher used SPSS document to organize and analyze themes and sub-themes. Also, researcher reviewed data multiple times for accuracy.

Summary

Through an exploratory research, this study sought to address the importance of identifying issues early when working with Spanish speakers to equip growing professionals with the cultural and linguistic skills needed for their future job. The participants were interviewed on their experience providing counseling services in Spanish at their current internship placement. The researcher ensured that the participants identity was kept confidential and that there was minimal discomfort or stress to the participants.

CHAPTER FOUR

RESULTS

Introduction

This chapter provides the data collected through interviews with MSW students who are providing counseling in Spanish without any clinical training in Spanish. The participants responses were gathered from a self-administered demographic questionnaire and individual interviews.

Qualitative Data

This qualitative study consisted of six participants who were currently in the MSW program in California State University, San Bernardino. Participants were provided a 14 self-administered demographics questionnaire. Participants were asked about what year in the MSW they were. The results indicated that 50% of the participants were in the 1st year full time program, 16.7% in the 2nd year full time program, 16.7% in the 2nd year part time program, and 16.7% in the 3rd year part time program. The participants' ages ranged from 22 to 38 years old with a mean of 27.8. All six participants identified as Hispanic/Latino/Chicano and indicated that they had not received any training in clinical Spanish at their current internship placement or school. 66.7% of participants indicated that Spanish was their first language. 83.3% reported feeling comfortable speaking conversational Spanish and 16.7% reported not

feeling comfortable. A mean of 5.33 was reported for the number of Spanish-speaking clients that the participants currently had.

The table listed below demonstrates the demographic data gathered for this research.

Table 1: Demographics

N=6	%
Age^a	27.67 (5.57)
Providing Clinical Services (months)^a	15.33 (17.75)
Gender	
Males	33.30
Females	66.70
Ethnicity	
Chicano/Hispanic/Latino	100
Received Training	
No	100
Spanish First Language	
Yes	66.70
No	33.30
Comfort in Conversational Spanish	
Yes	83.30
No	16.70
Continue Working with Spanish Speakers	
Yes	100
Spanish Speaking Field Instructor	
No	100

Note: Superscript a figure represents M(SD)

The participants were asked a total of nine open ended questions. The interviews were approximately eight to thirteen minutes. Participants were asked about their comfort level and experiences working with Spanish speaking clients. Participants were asked to provide examples of when they had trouble discussing a diagnosis or symptoms and their feelings during that occasion.

Themes

Through data analysis, the researcher concluded to have the following themes that emerged from the interviews that explained the students' perceived competence when working with clients that are Spanish speakers without receiving any clinical training in Spanish: 1) Linguistic issues in clinical terminology, 2) Discomfort: feelings and language expectation, and 3) Relationship building: cultural similarities and power dynamics.

Linguistic Issues in Clinical Terminology

Transitioning from English clinical terminology to Spanish may be a difficult task for students who have received their education solely in English. Participants were asked about their struggles working with Spanish speaking clients and all participants reported issues in translating diagnosis and symptoms in Spanish and technical issues, such as pronunciation. Participant 1 recalled a situation when she was unable to pronounce a word in Spanish:

Actually, today I was trying to tell my client to circle something and I said something like "oh pon un circle here." She understood but It's different when you are interacting with a client versus every day with a friend or family member. (Participant 1, personal communication, January 2018)

It may be difficult to try to figure out how to describe a diagnosis to a client in simpler terms and in addition to translating that into Spanish. This becomes to be

two issues in that the MSW student wants to make the client understands their diagnosis and the reasoning.

I had to describe the symptoms of a diagnosis. It became difficult and uncomfortable because I try to explain it word by word and it might not sound or come out the way it should so it puts you in a situation where the client might be uncomfortable. (Participant 6, personal communication, February 2018)

Participant 4 had a similar experience where there was a struggle to translate what he learned in English to Spanish.

A simple word or it might be explaining for example angry outburst and how do I go about explaining that and talking about it how it is being described to me. (Participant 4, personal communication, February 2018)

Discomfort

This study focused on MSW students' perception of their skills and competence in providing counselling services in Spanish. Participants were asked if they experienced a difficult time when they were unable to express an idea or feeling in Spanish. When asked about how they felt during that moment, all participants reported feeling either uncomfortable, nervous, worried, or

frustrated. These feelings were due to their inability to explain a diagnosis or translate English terminology into Spanish to discuss it with the client.

So nervous and uncomfortable. My body tensed up. Trying to recover from that and stumbling with your words and everything. Then having to try to recover from that only to have your client correct you. (Participant 1, personal communication, January 2018)

All participants indicated that their struggle working with Spanish speaking clients was using clinical terminology in Spanish. Translating terminology from English to Spanish can be difficult. As stated by the following participant:

It was frustrating because some of the words do not translate the same and it can have a completely different meaning. (Participant 5, personal communication, February 2018)

Another part of this theme that was expressed by participants was language expectation. When participants explained how they felt when they had trouble with clinical Spanish terminology, participants reported feeling ashamed or upset since they did not know Spanish when they were expected to know the language. The following participants expressed:

I should be able to say this but I can't so I get frustrated with myself. I don't want to say that I do not speak Spanish because that's not true. I put it on my resume because I do speak Spanish but the Spanish that they want from me I feel that it is a different language. (Participant 1, personal communication, January 2018)

I felt embarrassed and ashamed. I knew I could not just run out of the session. (Participant 2, personal communication, February 2018)

Relationship Building

Despite the struggles of having discomfort and linguistic issues in clinical Spanish, participants articulated that struggling with Spanish terminology helped them build rapport since they were able to meet the client where they are. Participants stated that being transparent with the client regarding their Spanish skills helped build the clinician-client relationship. As stated by the following participants:

I always check in with my clients or parents. I actually have one adult client who speaks Spanish and I told her that if you feel like my limited Spanish is not something you are comfortable with just let me know. I am more than happy to refer you to another therapist. She said she was ok with it. (Participant 1, personal communication, January 2018)

At the beginning of the session, I normally say I am sorry my words in Spanish are not that good but feel free to correct me or help me.

(Participant 2, personal communication, February 2018)

Participants reported that when they were unable to translate a word in Spanish their client helped them figure out what they were trying to say. They viewed their situation as an opportunity to build rapport as described by participants 3 and 4.

It was a good rapport building because you are trying to find things out together so you are working with your client. (Participant 3, personal communication, February 2018)

Although if you are struggling you build rapport with the client. They will see that you are struggling and try to work with you. (Participant 4, personal communication, February 2018)

Some participants reported that their Spanish skills were appropriate for their client as they were able to meet them where they are. Participants acknowledged their client's education level and found their skills suitable for them.

At the same time, a lot of the Spanish is not proper. It is like speaking at home, we don't really use the proper Spanish. (Participant 3, personal communication, February 2018)

But I did realize that the level of education that I have in Spanish is similar to the level that the population we are working with is that I am not going to be speaking to them in formal Spanish. (Participant 4, personal communication, February 2018)

Summary

This chapter gathered data from a self-administered questionnaire and individual interviews. The themes that were identified were linguistic issues in clinical terminology, discomfort and relationship building. The researcher used a qualitative approach to gain in-depth data of bilingual MSW students' experience when providing counseling to Spanish speaking clients.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will provide a synopsis of the results to address the research question; how do MSW students perceive their competence in providing counseling services for Spanish-speaking clients when they have not received training or education in clinical Spanish? As noted previously, the three major themes identified in chapter four were linguistic issues in clinical terminology, discomfort and relationship building. Some participants reported feeling moderately competent to provide services in Spanish and the rest of the participants indicated that they are able to service this population. However, participants had some struggles due to the lack of training in clinical Spanish. Based on the results, the researcher will make recommendations for the social work profession.

Discussion

As described in Chapter 2, linguistic issues when providing counseling in Spanish appear to be a common finding in the research literature when working with Spanish speaking clients (Beiver et al, 2002; Castaño et al., 2007). The present study was in line with existing research and found that when a clinician is unable to discuss a concept or word in Spanish, clinicians will use English terminology to replace the word they were unable to state in Spanish. This

demonstrates that Spanish terminology is not easy to grasp. Most participants indicated that they were comfortable with day to day conversational Spanish. However, discussing concepts, theories or applying interventions did not come out easily. In addition, many participants noted that it can take more time to describe terminology in Spanish since words may not have the same meaning when translated from English. This is important because if the clinician is not able to apply interventions due to linguistic barriers the effectiveness of services can be questioned and compromised. Clinicians are responsible for educating clients on coping skills, diagnosis, treatment plan, and provide psychoeducation to empower clients. Yet, it will be difficult to do if the clinician is not well equipped with Spanish terminology. Providing trainings, workshops and discussion with field supervisors for MSW students can provide them skills to work with this population effectively and appropriately.

To further assess the client and clinician therapeutic session, participants of this study were asked if linguistic issues affected the flow of the session. Existing research indicated that clinicians are less focused on the session because they are trying to figure out how to translate a word or phrase in Spanish (Biever et al., 2002). Participants from this research reported that they were able to pick up from the interruption due to language impairments and continue with the session. The research concludes that even though the clinicians were able to continue with the session, interruptions do happen often as most participants reported an occurrence. The rapport that the clinician and

client build can supersede any language barriers that come from language difficulties. As reported by participants, clients assisted them when they came across a word they were unable to explain. The client and clinician were able to work together to figure it out in which it contributes to a positive relationship between the client and clinician. However, it is important to be mindful of how many times this happens in a session to keep track of how much time is taken from the therapeutic session. The counseling session is for clinicians to help their client with their symptoms or the reason they are seeking help. The clinicians can learn from their clients and build rapport, but time is limited and should be directed on the client learning than the clinician. This implies that the clinician needs preparation time to go over Spanish terminology before the session in order to limit the time spent correcting translations or word pronunciation in Spanish to allow that time to be used on the client. Furthermore, this can reduce feelings of discomfort as existing research reported that clinicians experience when they are unable to apply theories or translate clinical terminology for limited English speakers (Engstrom, Piedra, and Min, 2009).

An interesting finding of this research was that participants expressed that colloquial Spanish was appropriate to use with the clientele they serve. Even though they had trouble with clinical terminology, it was noted that clients would have not understood the terminology if used during the session. In addition to learning clinical terminology in Spanish, there is a need for clinicians to know simple vocabulary in Spanish that is typically used in this type of setting, such

phrases to express empathy. The negative implications of clinicians using informal Spanish is that they run the risk of not being portrayed as a professional or have the ability to improve their Spanish skills. This can lead to crossing boundaries from a professional to a casual relationship with the client. In addition, it cannot be assumed that all Spanish speaking clients would feel comfortable with a clinician speaking colloquially. Some clients may expect a more formal relationship, or feel demeaned by the use of simplistic language. This is important since all participants indicated that they would like to continue working with Spanish speaking clients in their future career.

Participants indicated that the joys of working with Spanish speakers were feeling comfortable due cultural similarities and seeing that this population that they relate to are seeking counseling services due to the stigma among Hispanics. Many participants shared that they had similar sarcasm and sayings as their clients in which it elicited rapport building. Most participants also indicated that they found it helpful to be transparent about their limited Spanish skills in which the clients were accepting. Culture played an important role in the comfortability of the session and therapeutic relationship. Even though some participants indicated that they did not think they were competent or felt moderately competent to provide services in Spanish the cultural similarities assisted in alleviating the language barriers. This raises further discussion of whether or not clinicians who have trouble communicating with English speakers would perceive their experience and competence the same when the clinician

and client do not have same cultural background. Additionally, participants used colloquial Spanish to help their clients. However, it would be interesting to research if they would use slang with English speaking clients if they were in an equivalent client situation

Unanticipated Results.

One unanticipated result from this study was that most participants perceived their experience when having linguistic issues to be beneficial to the therapeutic relationship. The researcher did not expect that their struggle with Spanish clinical terminology was going to provide a sense of comfort to the client and clinician since their Spanish skills were similar and the clients were also not familiar with clinical Spanish. A tactic that assisted the majority of the MSW students was being transparent with their client about their Spanish language skills. This led to rapport building as the client was able to help the MSW student with the concept or word they were trying to state in Spanish.

Limitations

One limitation of this study was the sample size of 6 participants. The data gathered can be applied to the setting of this research, but it cannot be generalized to the larger population. It would be beneficial for future research to include participants from other field placements and schools of Social Work to understand the experiences of working with Spanish speaking clients. The second limitation of this study was the interview guide that was developed by the researcher. There was no testing of the reliability or validity of the instrument

utilized. The questions created for the interview were based on findings from literature reviews. Lastly, all the participants in this study indicated that they had not received any training on clinical Spanish terminology. However, the researcher did not assess whether or not the participants had previous experience working with Spanish speaking clients in their prior internships or job. This was a limitation since participants perception of working with Spanish speaking clients could have been minimized due to their exposure of working with this clientele previously.

Further Research

Further research will be beneficial to assess if clinicians were able to reduce discomfort feelings after receiving training in Spanish. Research can include how clients perceive the therapeutic session when language barriers are present. This will examine if the participants experience regarding rapport building despite the clinician's limited Spanish skills coincides with the client's perception. This will assist in understanding the importance of trainings for Spanish speaking social workers to provide services for this growing population.

Recommendations for Social Work Practice, Policy, and Research

Social Work Practice

As noted in the research, participants expressed a desire in working with Spanish speakers in their social work career. It is important to support clinicians that want to work with this population. With the support provided, clinicians will feel more prepared and confident to apply theories, interventions, and explain

diagnosis clearly and effectively to clients. Also, the therapeutic sessions can be more productive and focused on the client rather than the language barriers. Equipping clinicians with better Spanish skills can potentially reduce frustration and increase the pool of more bilingual social workers.

Policy

There is no policy in place that indicates that MSW students must receive clinical Spanish training from field placements or schools. In order to increase competence in working with this population, schools of social work and field placements can put in place workshops for MSW students to prepare them with skills that can be applied with their clients that speak Spanish. Also, it would be beneficial if MSW students process Spanish speaking cases with a field instructor who is bilingual to address any language barriers and teach them how to translate or explain phrases in English to Spanish correctly. Currently, California State University, San Bernardino has a Certificate Program in Healthcare Spanish. However, this program has not been strongly marketed and encouraged for MSW students. In the long run, schools of social work can consider a certificate that MSW students can obtain to show potential employers of the training they have received. This will make MSW students more marketable since there is a need for bilingual social workers due to the increase of Spanish speakers in the United States.

Research

As discussed previously, there is little research on social workers limited language Spanish skills and most of the data is based on psychologists. A recommendation is to further assess social workers' needs for training in Spanish and how they perceive their competence when working with Spanish speaking clients. This research can include social workers in different placements, such as mental health, medical, child welfare, case management, and macro settings. This will provide an insight of whether or not there is a necessity to start training in the MSW programs to help social workers transition better to an agency that services clients that are Spanish speaking.

Conclusion

This research aimed to understand MSW students' experience when working with Spanish speaking clients when they have not received any training on clinical Spanish terminology. Based on the existing research and the data collected for this research, MSW students would benefit from a training and supervision in Spanish to expand their clinical Spanish skills to reduce feelings of discomfort and to assist the clients appropriately. With the growing need for social services, MSW students can enter their future career feeling competent to provide services to this growing and underserved population.

APPENDIX A
INFORMED CONSENT



California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 1/17/2018 VOID AFTER 1/16/2019
IRB# SW18221 CHAIR [Signature]

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine MSW students' perception of competence in providing counseling services in Spanish. The study is being conducted by Maritza Pelayo, a graduate student, under the supervision of Dr. Carolyn McAllister, Associate Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to examine MSW students' perception of competence in providing counseling services in Spanish.

DESCRIPTION: Participants will be asked for a few questions on their competence in providing counseling in Spanish, their struggles due to language barriers, and some demographics.

PARTICIPATION: Your participation in the study is total voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your interview responses will be audio taped, transcribed and will remain confidential and data will be reported in the group form only.

DURATION: It will take 30 to 60 minutes to complete the interview.

RISKS: There are no foreseeable risks to the participants, however, participant may feel discomfort.

BENEFITS: There will not be any direct benefits to the participants, however, this will help evaluate the need for additional support for bilingual MSW students.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Carolyn McAllister at cmcallis@csusb.edu.

RESULTS: Results of this study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2018.

909.537.5501

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CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO
College of Social and Behavioral Sciences
School of Social Work

I agree to be recorded: Yes No

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

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APPENDIX B
DEMOGRAPHICS

Demographics

Age _____

Gender

- a. Female
- b. Male
- c. Other

Ethnicity

- a. African/ Black American
- b. Caucasian/White American
- c. Chicano/Hispanic/ Latino
- d. Asian American
- e. Native American
- f. Pacific Islander
- g. Other

Educational Level

- a. 1st year full time
- b. 1st year part time
- c. 2nd year fulltime
- d. 2nd year part time
- e. 3rd year part time

School Attending _____

Have you received any training in clinical Spanish provided by your school of social work and/or internship?

- a. Yes
- b. No

Is Spanish your first language?

- a. Yes
- b. No

Are you comfortable with day to day conversations in Spanish?

- a. Yes
- b. No

Do you want to work with Spanish speakers in your future career?

- a. Yes
- b. No

How long have you provided clinical services in Spanish? _____

Is your field instructor fluent in Spanish? If yes, is your supervision in Spanish when discussing cases of Spanish speaking clients?

- a. Yes
- b. No

Are you currently providing counseling services in Spanish? If yes, how many of your clients are Spanish speaker?

- a. Yes
- b. No

APPENDIX C
INTERVIEW GUIDE

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