SPANISH-SPEAKING CLIENTS' EXPERIENCES IN BILINGUAL THERAPY

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DEDICATION

Para los clientes latinxs en los Estados Unidos. Gracias por inspirarme a realizar este trabajo investigativo. Sus voces hacen la diferencia y me continúan motivando a seguir esta hermosa labor. Espero que ustedes y las generaciones futuras reciban el apoyo que tanto merecen.

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ABSTRACT

REBEKAH JOLIE SHELTON ZAREMBA

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As the Latinx population in the United States continues to grow, psychologists should deepen their understanding of how to provide multiculturally aware services to this population focusing not only on English-Spanish bilingual trainees', supervisors', and therapists' experiences. This phenomenological qualitative inquiry sought to answer the question: What are Spanish-speaking Latinxs clients' experiences in bilingual or Spanish-only therapy? Eight Latinx participants who met age, language, and therapy experience criteria were interviewed. Participants expressed appreciation for the language-specific services and recommended that services be advertised better and made more accessible for other Latinx clients. They were also grateful for the opportunity to connect relationally with their therapists who they could trust and by whom they felt heard and understood. Most participants felt more connected with Latinx-identified therapists and believed this led to more effective therapy. While participants predominantly reported positive experiences, challenges and negative experiences were also disclosed and explored. Results are integrated with current scholarship. Discussion of the implications of the results for practice, research and training are included, along with the study's strengths and limitations.

Keywords: Latinx therapy, bilingual therapy, client experiences, multicultural training

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CHAPTER I

INTRODUCTION

In the last several decades, the field of psychology has dedicated itself to improving multicultural research, training, and practice (American Psychological Association [APA], 2017a, 2017b; Benuto et al., 2018). The ultimate goal is not just an awareness of differences, rather that sensitive and respectful practices be put into place with regards to these different arenas (APA, 2017b). Respect for others' dignity and rights, including their cultural identities, is central to ethics in psychology, and thus, multiculturally informed training and practice are considered ethical practices (Valencia-García & Montoya, 2018). While not many have studied language-specific training in psychology, Valencia-García and Montoya strongly advocated for the inclusion of language-specific training for students who work with individuals who have low English proficiency or whose first language is not English. In fact, they argued that providing mental health services in a language in which one has not been trained could be considered unethical and potentially harmful.

These ethical and multicultural imperatives should be considered when working with the largest growing minority in the United States (U.S.): the Latinx population (Flores et al., 2019). Most of the 60 million Latinx individuals in the U.S. are citizens, and most Latinx immigrants have resided in the U.S. for a long time (Flores et al., 2019). Although often thought of as a homogenous group, the Latinx population in the U.S. is composed of individuals with a large variety of cultures, dialects, traditions, and demographic characteristics (Motel & Patten, 2012). Recently, there has been a slight decline in this population, mostly due to lower birthrates and a decrease in immigration from Mexico (Flores et al., 2019).

Not all, but many Latinxs speak Spanish, making it the second most common language spoken in the U.S. after English (M. López, Krogstad, & Flores, 2018). Recently, there has been an increase of Latinxs who speak English or who are bilingual, and speaking Spanish in the home is declining, though immigrant and second-generation Latinxs report they still speak to their children in Spanish (Krogstad & González-Barrera, 2015; M. López, Krogstad, & Flores, 2018). Also, despite the decline, the number of Spanish speakers is still significant at around 40 million people. Metropolitan areas, especially those with higher numbers of Latinx immigrants, tend to be home to most of the Spanish-speaking population, and more than half live in the states of California, Florida, and Texas (Krogstad & López, 2017). Despite great variability within the Latinx population with regards to English and Spanish use, most Latinxs endorsed speaking both English and Spanish is important and valuable for future generations (Krogstad & López, 2017).

Latinxs in the U.S. face unique challenges that may impact their mental health, including acculturative stress and discrimination. The process of cultural adaptation that Latinxs go through has been shown to affect their psychological wellbeing, and this is especially present among those who feel pressure to learn English (Torres, 2010), such as Latinx college students (Crockett et al., 2007) and migrant workers (Hovey & Magaña, 2002). A related stressor is Latinxs' experience of discrimination in the U.S., which has worsened since the 2016 presidential election, and the associated fear of being deported (M. López, González-Barrera, & Krogstad, 2018). Fear of deportation is especially high among those who speak primarily Spanish (M. López, González-Barrera, & Krogstad, 2018). Despite these negative experiences, Latinxs in the U.S. have shown resilience. Latinx immigrants appear to have lower levels of depression, anxiety, and substance use disorder than the White non-Latinx population (Alegría,

Chatterji, et al., 2008). However, this varies among different nationalities of Latinxs and individuals' level of acculturation.

Although Latinxs, especially Latinx immigrants, tend to have lower rates of mental health issues compared to the non-Latinx White population, they nevertheless have needs for services. In fact, studies have shown that Latinxs are an underserved population when it comes to mental health, even when controlling for poverty, insurance coverage, and education levels (Alegría et al., 2002; Nam et al., 2017). When paired with the fact that mental health concerns are less likely to be detected in racial and ethnic minority populations (Hahm et al., 2015), this information is troubling.

Nevertheless, some Latinxs are open to receiving mental health services and have positive experiences doing so (Ishikawa et al., 2010). Some prefer to get emotional support from their family, clergy, or medical providers, but others are advised by these support systems to seek out professional psychological support. Additionally, Latinxs are influenced in their own beliefs by their family culture as well as broader cultural messages with regards to help-seeking. The cultural norms of *familismo, personalismo, respeto*, and *marianismo* all have an impact on decisions to obtain counseling services or other mental health support.

Several factors have been examined in exploring incentives and barriers to seeking psychological help among Latinx individuals. In one study, Latinas who were open to attending counseling preferred to receive services from a mental health professional, though the majority of participants showed preference for going to a primary care setting for these services (Kaltman et al., 2014). Among Latinx college students, the same trend of lower help-seeking rates has been found despite finding high levels of depression, likely impacted by minority stress (Arbona & Jiménez, 2014; J. Kim et al., 2016). Researchers hypothesized that stigma against mental health

may contribute to low levels of counseling attendance among Latinx college students, including Latinx students presenting primarily with academic concerns. However, once in therapy, Latinx college students have relatively low attrition rates (J. Kim et al., 2016). Among Latinx undocumented immigrants, mental health stigma, fear due to racism, intersecting identities, counternarratives from support systems, and self-advocacy were found as themes in their experiences with mental health (E. González, 2018). While they identified barriers to attaining services, they also expressed positive experiences from obtaining support from others, including mental health services.

Given that so many Latinxs do speak Spanish, the need for bilingual services has been noted although there are shortages of bilingual providers (Guilman, 2015; Smith, 2018). Pérez-Rojas and colleagues (2019) found that bilingual clients in bilingual therapy felt like they could express themselves better, felt more understood and affirmed, had an easier process in therapy, felt that it was useful, and felt that the therapeutic relationship was stronger. While similar findings have been discussed from the point of view of mental health providers, Pérez-Rojas et al.'s study was the only investigation looking at bilingual clients and their experiences receiving bilingual mental health services at the time this dissertation was started. Research on the providers themselves shows a need for better training and supervision with regards to working with bilingual and Spanish-speaking clients (J. López, 2017; Rivero, 2017; Trepal et al., 2014). Thus, the current study sought to obtain more data on Spanish-speaking Latinxs' experiences in therapy for the purposes of informing future training and supervision practices to improve these services.

Definition of Terms

- *Familismo*: Based in a collectivistic culture worldview, a focus on family and family values over individual opportunities (Guilamo-Ramos et al., 2007).
- *Latinx*: A gender-neutral, inclusive term referring to people from Latin America (APA, 2021)
- *Marianismo*: A female gender role stereotype; women's behavior and attitudes should be submissive, pure, and self-sacrificing, based on teachings in the Catholic Church about the Virgin Mary (Arredondo & Toporek, 2014).
- *Personalismo*: The value of personal goodness and ability to get along with others (Ramírez, 1989).
- *Respeto*: The literal translation is respect, but its meaning is understood as in relation to position or status (Falicov, 1998)

CHAPTER II

LITERATURE REVIEW

This literature review covers empirical literature on what is known to date about providing Spanish or bilingual therapy in the U.S., supervision issues with bilingual therapists, and client perspectives on working with bilingual therapists. Ethical and training perspectives on providing therapy in Spanish are noted. Following, relevant information about the Spanish-speaking population and their socio-political and cultural considerations, as well as access and barriers to therapy, are discussed. The review concludes with a summary and rationale for the proposed investigation.

Importance of a Multicultural Perspective

In the last several decades, the field of psychology has been dedicated to growing in multicultural awareness in both research and practice (APA, 2017a, 2017b; Arredondo & Toporek, 2004; Benuto et al., 2018). It is central to the values of psychology. One of the five principles in the APA's code of ethics is Respect for People's Rights and Dignity (APA, 2017a). This principle includes respect and consideration for cultural factors, including race, ethnicity, culture, and national origin, which are the focus of this study. In addition, the APA Multicultural Guidelines (2017b) were created to expand and focus on the imperative for implementing culturally informed practices in psychotherapy, supervision, consultation, research, and education with an understanding of context, intersectionality, and lifespan development. Several guidelines are relevant to this current study:

> Guideline 2. Psychologists aspire to recognize and understand that as cultural beings, they hold attitudes and beliefs that can influence their perceptions of and interactions with others as well as their clinical and empirical conceptualizations. As such,

psychologists strive to move beyond conceptualizations rooted in categorical assumptions, biases, and/or formulations based on limited knowledge about individuals and communities.

Guideline 3. Psychologists strive to recognize and understand the role of language and communication through engagement that is sensitive to the lived experience of the individual, couple, family, group, community, and/or organizations with whom they interact.

Guideline 5. Psychologists aspire to recognize and understand historical and contemporary experiences with power, privilege, and oppression. As such, they seek to address institutional barriers and related inequities, disproportionalities, and disparities of law enforcement, administration of criminal justice, educational, mental health, and other systems as they seek to promote justice, human rights, and access to quality and equitable mental and behavioral health services.

Guideline 7. Psychologists endeavor to examine the profession's assumptions and practices within an international context, whether domestically or internationally based, and consider how this globalization has an impact on the psychologist's self-definition, purpose, role, and function. (APA, 2017b, p. 4–5)

Valencia-García and Montoya (2018) argued that language-specific training in counseling is of ethical importance, given that cultural competence includes language-specific competencies. These authors raised the ethical dilemmas that could appear when bilingual trainees without proper training provide therapy in a language other than English. When students have not received language-specific training and have supervisors who may not have language competency, they are faced with considering issues of ethical beneficence and nonmaleficence

(APA, 2017a). In other words, they must balance doing good and doing no harm. Further, Standard 2.01 (APA, 2017a) stated that psychologists operate within the boundaries of their cultural and linguistic competence and pursue training or make referrals when their competence does not meet scientific or professional standards for effective provision of services. The authors noted that some trainees may have learned Spanish in their homes, which likely did not equip them with the linguistic skills or cultural competence to provide therapy in that language. Finally, the issue of informed consent from Standard 3.10 (APA, 2017a) was addressed with regards to whether trainees should inform their clients that they have not received training in Spanish and how such informed consent could impact the therapeutic alliance. All of these considerations point to the necessity of researching therapeutic outcomes and structuring training that allows professionals to provide therapy competently, and for clients to receive an improved quality of services.

Benuto and colleagues (2018) were also interested in competency issues of future psychologists and conducted a systematic review of literature regarding the goals, procedures, and evaluations of cultural competence training. Overall, their findings show an increase in attention to multicultural training research. However, with regard to the outcome measures of training programs, these centered around beliefs and attitudes, awareness, and knowledge, with some asking about self-report of skills, but none measured trainees' actual performance. Analogous to a previous review of the literature regarding the impact of health care professionals' cultural training on client outcomes (Lie et al., 2011), Benuto et al. (2018) found that little research exists regarding the benefit to clients, stating, "…client outcomes are not evaluated as an outcome of cultural competency training of their therapists despite the fact that improved client outcomes should be the ultimate goal of cultural competency trainings" (p. 132).

In summary, there is a clear ethical imperative for diversity-sensitive practice, which must include those aspects of cultural competence related to language when working with populations whose main or first language is not English. Also, although research from trainees and professionals is useful, obtaining client perspectives regarding therapy outcomes is also essential. The focus of the present investigation was on the Latinx population, which is projected to be the largest minority group in the U.S. electorate by next year (Flores et al., 2019).

Latinx Population in the U.S.

Following, a brief description of the Latinx population's demographics, the use of Spanish among this population, and common stressors and strengths are discussed. The term "Latinx," a gender-neutral alternative for "Latino" or "Latina," refers to individuals who originate from Latin American countries (Mexico, the Caribbean, and Central and South American countries), while the term "Hispanic" refers to Spanish-speaking populations or individuals originating from Spain (Salinas & Lozano, 2017). These terms are often used interchangeably, including on the Pew Research Center website (2019); however, "Hispanic" is distinct in its indication of the use of the Spanish language and its connection to Spain (Salinas & Lozano, 2017). In this paper, "Latinx" will be used generally, but I will also specify regarding Spanish-speaking Latinxs.

According to researchers at the Pew Research Center, the Latinx population in the United States reached nearly 60 million people in 2018 (Flores et al., 2019). They have been one of the fastest growing minorities in the U.S. until recently. The deceleration in growth is in part due to fewer births, as well as decreased immigration specifically from Mexico (Flores et al., 2019). Nevertheless, in the south of the U.S., the Latinx population has outpaced all other minorities (Flores et al., 2019). While a significant part of the Latinx population in the U.S. are immigrants,

the majority are not, and most of them are U.S. citizens, and even among immigrants, most are long-time immigrants (Noe-Bustamante, 2019). Mexicans still compose the largest origin group, making up over half of Latinxs in the U.S., but Venezuelans, Dominicans, and Guatemalans have had the greatest growth rate in the last decade. It should be noted that within the Latinx minority group, there is variability in culture, including dialects, traditions, and demographic features (Motel & Patten, 2012).

Spanish and Bilingualism

Although not all Latinxs speak Spanish, it remains an important cultural aspect to this population (Krogstad & López, 2017). Spanish is the most common non-English language in the U.S., and more than 40 million Latinxs speak it at home (M. López, Krogstad, & Flores, 2018). Rates of speaking Spanish at home are declining while English-speaking at home is increasing, as well as the use of Spanglish among younger generations (Krogstad & López, 2017). Nevertheless, 85% of Latinx parents endorsed speaking Spanish to their children. This varies by generational status: nearly all immigrant Latinxs, almost three quarters of U.S.-born second-generation Latinxs, and about half of third- or higher generation Latinxs endorsed speaking Spanish to their children (M. López, Krogstad, & Flores, 2018). Also, the majority of adult Latinxs speak English or are bilingual (Krogstad & González-Barrera, 2015). Regarding adult Latinxs' use of the languages, 25% mainly use English, 38% use mainly Spanish, and 36% are bilingual (Krogstad & González-Barrera, 2015). Adult children of Latinx immigrants, who made up almost half of the Latinx population in the U.S. as of 2013, are most likely to be bilingual (Krogstad & González-Barrera, 2015). Also, a third of Latinx immigrants and nearly a quarter of Latinxs with U.S.-born parents are bilingual (Krogstad & González-Barrera, 2015).

The use of Spanish also varies by geographical area, in part due to a higher concentration of immigrant Latinxs in certain locations, who are more likely to speak Spanish than U.S.-born Latinxs (Krogstad & López, 2017). Nearly half of Latinxs who speak Spanish at home lived in the metro areas with the largest Spanish-speaking populations, and 57% of Spanish-speaking Latinxs all live in California, Texas, and Florida (Krogstad & López, 2017). Despite variability in the use of English and Spanish among Latinxs, being able to speak both English and Spanish appears to be consistently valued. Eighty-seven percent agreed that learning English is necessary for Latinx immigrants to achieve success in the U.S., and 95% said that speaking Spanish is important for future generations of Latinxs.

Common Latinx Stressors

Some of the challenges Latinxs may face that can impact mental health include acculturation and discrimination. Acculturative stress refers to the process of cultural adaptation or the experience of contact with another culture (Berry, 2006). Some examples of the stressors that relate to acculturation include the pressure of learning English, learning new cultural values and balancing these values with their own, and negotiating between the daily ways of life expected in the U.S. versus those in their home culture (Araújo Dawson & Panchanadeswaran, 2010; Rodriguez et al., 2002). Acculturative stress has been shown to impact psychological wellbeing (Moyerman & Forman, 1992; Williams & Berry, 1991). In the Latinx population, the impact of acculturation has been observed in Latinas who felt the pressure to learn English (Torres, 2010), in Latinx college students (Crockett et al., 2007); and in Mexican migrant farm workers (Hovey & Magaña, 2002). Also, Torres and colleagues found that acculturative stress mediated the relationship between perceived discrimination and psychological distress (Torres et al., 2012). Further, the relationship between acculturative stress and perceived discrimination

was moderated by high levels of behavioral Anglo orientation or cultural orientation to the mainstream U.S., rather than by Latino orientation (Berry, 2006).

Regarding Latinxs' experiences of discrimination, nearly half of Latinx interviewed in a recent Pew Research survey stated they experienced discrimination between the years 2017 and 2018 (M. López, González-Barrera, & Krogstad, 2018). Sociopolitical changes in recent years have also affected Latinx's experience of discrimination. A year after the presidential election of 2016, 32% of Latinxs said their situation has worsened (M. López, González-Barrera, & Krogstad, 2018). Nearly half of them are very concerned about their place in society, and more than half expressed feeling worried that they, a family member, or a close friend could experience deportation regardless of their legal status, and this fear is higher among those who speak Spanish as their primary language (M. López, González-Barrera, & Krogstad, 2018). Sixty-seven percent of the Latinx population identified the current administrations' policies as harmful to Hispanics or Latinxs, and nearly the same number endorsed being dissatisfied with the nation's direction (M. López, González-Barrera, & Krogstad, 2018). Additionally, the toll of minority stress can be significant (Cokley et al., 2013; Smedley et al., 1993). Arbona and Jimenez (2014) found that Latinx college students experience high levels of depression, which was impacted by minority stress.

Protective Factors

Despite the distress experienced by Latinx groups in the U.S., great strengths stem from these cultures. These strengths encompass several levels, from culture to community, to family and internal qualities. These protective factors are briefly addressed next.

Consoli and colleagues (2011) conducted a mixed methods study on Latinx resilience and thriving among a west coast community of Latinxs, examining both internal and external

strategies. Thematic analyses revealed a relationship between resilience and thriving, and although researchers distinguished between the two concepts, participants often used the terms interchangeably. Family support was seen as protective and the foremost of external factors that boost thriving. Conversely, not having family support was reported as an adverse event by some participants. These findings are in line with the protective role of *familismo* (Coohey, 2001). In addition to family support, community support was also noted as important but mentioned less than the impact of family. Participants also identified their religious beliefs as an aid in overcoming problems. Internal strategies were also discussed, including positive thinking and internal strength as helpful to overcoming adversity.

Religious beliefs were also found to be beneficial in a study on Mexican immigrants. Moreno and Cardemil (2018) conducted a path analysis on data from a national sample on the role of religious attendance in Mexican mental health. Results indicated an overall lower lifetime rate of depression, anxiety, and substance use disorder and higher religious attendance among Mexican immigrants compared to Mexican American participants. There was also a significant negative relationship between the same three mental health issues and religious attendance, such that religious attendance was found to be a mediator in the relationship between generation status and lifetime prevalence of substance use disorder, but not for depression or anxiety. This data should not be used to predict mental health outcomes among other groups within the Latinx population due to the cultural and mental health variability between them, but it still provides evidence of a protective factor for some (Alegría, Canino, et al., 2008).

Latinx immigrants benefit from lower rates of mental disorders. Alegría, Canino, et al. (2008) looked at psychiatric information from two large national samples and found that generally, the Latino sample had lower rates of psychiatric disorders than non-Latino White

individuals. However, U.S.-born Latino subjects reported higher rates of diagnoses than Latino immigrants. This difference may be explained by a phenomenon titled the immigrant paradox, in which foreign-born individuals tend to be more resilient to mental health issues despite navigating highly stressful experiences, such as immigration and poverty (Burnam et al., 1987). The immigrant paradox appeared to be present among Mexican individuals with regards to mood disorder, anxiety, and substance disorders. However, the immigrant paradox was only present for Cubans and other Latinos regarding substance disorders, and there were no differences for Puerto Rican subjects. The authors cautioned against studying Latinxs as an aggregate, given the great variability between their experiences of migration and mental health, which may lead to undertreatment of mental health concerns.

Mental Health Treatment in Latinx Populations

Alongside the strengths of the Latinx community, mental health needs also exist. Mental health needs and barriers to mental health resources for Latinxs are discussed next.

Need for Therapy

Although Latinx immigrants can have high resiliency, they still suffer from mental health concerns and tend to have decreased access to services. Only 6% of Latinx immigrants have received mental health services (Lee & Matejkowski, 2012). In a nationally representative sample that included non-English-speaking minorities, Alegría, Chatterji, et al. (2008) found that only 36% of Latinx individuals received treatment for depression, compared to 60% of non-Latinx people diagnosed with depression. Even after adjusting for social class-related factors (including poverty, insurance coverage, and education), all racial and ethnic minority groups were less likely to receive mental health treatment compared to non-Latinx White individuals. Also, the authors noted that mental health concerns, like depression, are less likely to be detected

in racial and ethnic minorities, which could put them at greater risk of not being able to receive the appropriate care (Hahm et al., 2015).

Nam et al. (2017) found similar results from their research regarding utilization of contemporaneous mental health and substance abuse treatment, given the high prevalence of comorbidity. They explored racial/ethnic differences and found that Latinx individuals were less likely to utilize substance and mental health treatments as well as mental health treatment on its own compared to their non-Latinx White counterparts. Additionally, Cheng et al. (2013) found that greater psychological distress was related to higher rates of help-seeking for mental health services among Latinx students, demonstrating the need for more attuned providers who may identify mental health concerns sooner.

Barriers to Counseling

Some of the factors that impact Latinxs from attaining services include socioeconomic status and health insurance, language, as well as some cultural factors. Latinxs' underutilization of mental health services due to socioeconomic and cultural barriers has been documented (Rastogi et al., 2012). Rastogi et al. asked community members about their views on mental health, their perception of barriers to accessing mental health services, and their recommendations for improving access and reducing barriers to mental health services specifically for Latinxs. The study was of note given that it took place in the Midwest (rather than West coast of the U.S., where many studies take place). Eighteen self-identified Latinx individuals were interviewed via focus groups and one individual interview. Some of the self-reported barriers included a lack of information, stigma, fear about legal issues (especially for undocumented immigrants), concerns about racism, and cultural miscommunication, as well as not being able to find a Spanish-speaking therapist and distance to services. However, the major

reason for not accessing mental health services was the cost of therapy and lack of insurance. Five individuals noted the importance of increased information about resources, and most participants stated the need for local services in the community in order for people to access them. Participants identified that increased availability of information about mental health could be beneficial for increasing access to services in their community. Participants' recommendations centered around the barriers they identified. Not only are there various barriers to Latinxs accessing therapy, but they have lower retention rates in therapy (as do other ethnic minorities; Cooper & Conklin, 2015).

Regarding language, Delgado et al. (2006) found a positive relationship between English proficiency and help-seeking, which could be seen as beneficial, given that more acculturated Latinxs tend to have greater prevalence of mental health diagnoses. Also, Derr (2015) found that the acculturation level of immigrants (including Latinx immigrants) affects their help-seeking behaviors. She noted that more highly acculturated individuals are more likely to use mental health services.

In addition to looking at the relationship between acculturation and mental health, Sánchez and colleagues looked at the differences in mental health diagnoses within the Latinx population in their geographical area (Sánchez et al., 2014). They conducted a community based participatory research needs assessment with regards to mental health experiences among the Latinx community in a northeastern town. Sánchez et al. sought to understand differences between Puerto Ricans, immigrant Latinxs and Brazilians. While more specific identification of participants within the immigrant Latinx group would have been ideal, the sample size did not allow for greater specificity. The researchers interviewed 250 participants about their history of mental health and substance abuse status as well as treatment for each. They used measures to

assess stigma towards mental health and a composite measure of acculturation standardized scores of the Brief Acculturation Scale (Norris et al., 1996) combined with a standardized score representing the length of time they have lived in the U.S. They found no significant differences between groups in the endorsement of depression symptoms, but Puerto Rican participants endorsed a significantly higher rate of anxiety symptoms in comparison to the Brazilian and immigrant Latino group. Puerto Ricans also endorsed seeking treatment for anxiety and depression at a higher rate than the other two groups. There was an interaction between ethnic group and acculturation: the more acculturated Brazilian participants were more likely to endorse seeking treatment for anxiety than the more acculturated Puerto Rican participants. Generally, stigma did not play a role in seeking treatment, nor did acculturation, with the exception of Brazilians seeking treatment for anxiety.

As discussed previously, the Latinx population is greatly diverse and heterogeneity of experience with regards to immigration is one facet of this diversity. Specifically focusing on undocumented immigrants, E. González (2018) explored definitions and experiences of mental health in her qualitative research. Eight undocumented Mexican immigrants who lived in the U.S. for more than 5 years were interviewed about how they define and experience mental health. The themes that emerged included: a) stigmatization of mental health problems within the community, b) ongoing fear due to racism, c) intersection of identities limiting options for services, d) "counternarratives of mental health stigma offered by support system," (p. 71), and e) self-advocacy to cope with marginalization. Most participants identified that within the Latinx community generally and also within their families and with their friends, mental health concerns were stigmatized, and individuals were deemed as "crazy" and were marginalized. They noted that they received messages that individuals who deal with mental illness ought to deal with it in

isolation, and while some agreed with the message, others were striving to change their families' understanding of mental health. Participants noted specific fears due to institutionalized racism, including fear of being discovered, separated from family, discriminated against, and fear about their future. Most participants voiced that their options were limited due to the intersection of their legal status and SES, which in turn affected their self-efficacy with regards to attaining services. For example, some participants shared that income was a significant barrier to accessing services and was impacted by their inability to secure profitable employment due to having multiple marginalized identities. Even for those with health insurance, mental health care was not accessible. For others, the intersections of ability status, family roles, and employability with their legal status generally affected their sense of self-efficacy.

While most of the themes in E. González's (2018) study demonstrate external factors that disempower the interviewed undocumented immigrants with regards to their mental health, two of them highlight resilience that helped the participants cope. Most participants received support that offered counternarratives to the stigmatizing messages about mental health. Support systems, including family members, community members, and God, influenced participants' definition and experiences of mental health (i.e., supportive individuals influenced participant's positive conceptualization of mental health). Support systems also aided in participants' coping through positive interactions and open communication. Finally, most participants voiced persevering through their marginalized experiences through self-advocacy, a positive perspective, and planning for the future despite their uncertainty.

Latinxs Preferences for and Experiences in Counseling

Much of the extant research on Latinx in psychotherapy is specific to subsets of the Latinx population (e.g. college students, women in therapy, geographically limited samples, or

immigrants). None of the studies are completely representative of the Latinx population, but together they provide pieces of the puzzle of Latinxs in therapy.

While most research shows that Latinx individuals typically seek support from their family or clergy for mental health concerns (Consoli et al., 2011), some researchers have focused on the process for Latinxs who do seek help. Ishikawa et al. (2010) interviewed 13 Latinx men and women about formal and informal help-seeking and help-receiving with regards to mental health. Participants were asked about individual and family help-seeking views as well as how cultural norms influenced them. Help-seeking views were informed by personal beliefs on the origin of pain and whether they believed it could be modified. Individuals were influenced especially by their family's disapproval or approval of disclosing personal problems to individuals outside of the family, which reflects the value of *familismo*. For participants who experienced it, endorsement of outside help further reinforced their therapeutic gains. Some participants whose families did not approve of outside help were able to garner emotional support from their families, while others dealt with the dismissal from their family by denying the intensity of their concerns. Overall, the level of *familismo* played a significant role in how the individual sought help. With regards to the cultural value of marianismo there appeared to be less variation: female participants endorsed feeling burdened by taking on other family members' issues and both male and female participants indicated that they did not want to burden their own mothers due to the load they observed their mothers carrying.

Participants in Ishikawa et al.'s research (2010) also discussed factors related to accessing services, including motivation and referrals. For example, it was beneficial when referral sources were able to ease participants' concerns about the stigma of receiving mental health care. Participants endorsed using different forms of care to get needs met (e.g., religious,

meditation, case management, support groups, alternative care), and their previous help-seeking experiences also affected their decision-making. Prior positive experiences with mental health services led to viewing the services as helpful and being more likely to seek them out in the future, and the opposite was true for those who had negative experiences. Finally, clients shared about the treatment they received and their satisfaction with it. Client-therapist match and relationship emerged as important factors regarding satisfaction. Some participants referred to cultural similarities (e.g., race, ethnicity, language, age, gender) as critical, while others indicated that ethnic match was not as important to them if the therapist was open to learning about their culture. The cultural value of *respeto* was evident as participants expressed acting with deference toward older therapists and feeling more comfortable and relaxed with therapists closer to their own age. With regard to relational style, most participants noted that warmth and openness were important to their trust in their therapist, which embodies the norm of *personalismo*. This study provided insight about the complexity of help-seeking and help-receiving in the Latinx community, which is impacted by the intersection of the individual's perspective and family messages, cultural values, and life circumstances.

Kaltman and colleagues (2014) focused on Latinxs who are open to therapy and their preferences. They conducted a mixed-methods study in which they interviewed 27 Spanish-speaking women who met criteria for PTSD at primary care clinics that served uninsured patients. A card-sorting task was utilized to ascertain their preferences regarding treatment modality, type of psychotherapy, type of provider, location for services, logistical factors that might influence their decision to seek professional assistance, and potential barriers to seeking help. Most participants stated that they would prefer talking to a mental health professional, but with regards to the physical location preference, most of them selected a primary care setting.

Another qualitative study focused on second generation Latinas, who tend to have higher incidence of depression (Heilemann et al., 2016). Participants were interviewed 3 months after they completed an eight-session treatment module for depression. The women named three therapy engagement enhancers: feeling that their needs were being met, viewing the therapist as a trusted "co-pilot," and recognizing the program was flexible. They noted several valuable processes in therapy: understanding feelings about past experiences, observing patterns and attaining perspective, accepting themselves and their present lives, and changes in family patterns. Participants shared that their takeaways from treatment included strengthened confidence and a toolbelt of techniques. While these findings are not generalizable to all Latinxs, and despite personal, cultural, and systemic barriers to attaining help, there is evidence that Latinx clients who attend therapy value the process and help they receive.

Among Latinx college students, the overall findings mirror lower rates of help-seeking compared to the general student population, which may relate to cultural stigma against mental health concerns (J. Kim et al., 2016). J. Kim et al. (2016) studied racial/ethnic differences in initial severity, number of sessions attended, and therapy outcomes among a large and diverse sample of college students from 2008 to 2012. Participants self-identified as Asian America, Latino/a, or White; 15% of their sample were Latinx students. About half of the Latinx students identified as Mexican and researchers did not report nationality or background of other Latinx participants. Most Mexican and non-Mexican Latinx individuals were first generation college students. The top two presenting issues for Mexican and non-Mexican Latinx participants were academic concerns and depression. Overall, Latinx students were less likely to return to therapy after their first session compared to most other ethnic/racial groups. J. Kim et al. (2016)

hypothesized that Latinx college students may report academic issues as their primary concern due to cultural stigmas against help-seeking.

In the E. González (2018) study noted earlier, most of the participants indicated they had a negative experience with mental health services due to the sociopolitical climate in addition to stigmatization within their own cultural group. From a LatCrit framework (Latinx critical race theory; Valdes, 1996), E. González conceptualized that undocumented Mexican immigrants are oppressed due to their race and legal status, and those who experience mental health concerns are further marginalized because they are invalidated by their own community as well.

Bilingual Services

While bilingual mental health services are considered best practice (APA, 2017b), due to shortages in providers who are bilingual, those seeking such services are often on waitlists. Primary language and bilingualism are additional aspects of diversity important among Latinx individuals. Pérez-Rojas et al. (2019) investigated the role of bilingualism in psychotherapy for bilingual Latinx clients. Eight bilingual Latinx clients were interviewed about their experiences of using English and Spanish in therapy. Themes that emerged included: (a) enhancing expression and understanding, (b) an affirming experience, (c) facilitating therapeutic processes, (d) utility of a therapist bilingual orientation, and (e) strengthening the therapeutic relationship.

Pérez-Rojas and colleagues' (2019) participants all shared that they were better able to express their thoughts, experiences, emotions, and their authentic selves using both English and Spanish. With regards to the process of therapy, they expressed that it was easier, that they felt more understood, that it facilitated the processing of emotions, and that it was helpful to be able to talk about culture-specific topics in their native tongue. With regards to feeling affirmed, participants expressed feeling empowered to choose the language in which to speak. Other

positive descriptions of the experience included freedom, release, and they expressed feeling fortunate, grateful, and happy to be able to switch between English and Spanish. Participants shared that speaking bilingually facilitated the flow of the conversation, made it easier to get to the point, but also helped clients work through more vulnerable material, solidify new thoughts, cultivate insight, foster safety, and aided in applying what was discussed in therapy (e.g. mindfulness or other concepts and role-plays) to their lives.

Participants in Pérez-Rojas et al.'s (2019) study discussed actions and words their therapists used to communicate understanding, openness to, and comfort with their clients' bilingualism. The interviewees discussed interventions their therapists used to create space for bilingualism, ways they communicated understanding and comforted clients' bilingualism, and attitudes that demonstrated openness, welcoming, and non-judgment of clients' bilingualism. Most expressed that attention to language was a way to express care, but some identified that language was not primary, just one way to display that care. The final theme researchers identified from interviews was the strengthening of the therapeutic relationship. Interviewees noted feeling a greater connection to their therapists over shared languages. They expressed experiencing equality and mutuality: that not only could they be and communicate more authentically but that their therapists could too.

Need for Training and Supervision

The need for increased quality opportunities for training and supervision for Spanish-speaking therapists working with Spanish-speaking clients has been well-documented at different levels, both from trainee's experiences as well as their supervisors and professional counselors and psychologists. While a model of training has been proposed (Biever et al., 2011), learning about the effectiveness of the program with regards to client outcomes has not been studied.

However, Biever et al. (2011) did examine the effectiveness of the *Psychological Services for Spanish Speaking Populations* program in terms of student language proficiencies. The goal of the program was to improve professional Spanish (oral and written) proficiency as well as increase cultural competence for working with Latinx clients. Students were placed in two separate groups based on language proficiency (tested using the Oral Proficiency Interview). At the beginning and end of a 16-week training, instructors rated students on improvements in spoken language proficiency, while students self-rated on their mental processing in Spanish, process of absorbing questions in Spanish and responding, and cultural confidence and competence. The researchers noted that they likely encountered a ceiling effect with regards to cultural competence, given that students entered the training with previous knowledge and experience. Regarding the measurement of language improvement, Biever et al. (2011) stated that their assessments were limited in terms of how they measured the training objectives. Nevertheless, anecdotal and preliminary data showed that the training was beneficial. The authors recommended developing new measures that match the learning objectives more specifically in addition to attaining client perspectives on the effect of training.

Trainees and professionals alike have expressed the need for more specialized instruction to work with Spanish-speaking clients, specifically with regards to the use of language and cultural considerations with this population. While studies have considered the perspectives of trainees, supervisors, and trained professionals working with the Spanish-speaking population, only one study to date has considered the perspectives of Latinx clients receiving services from mental health providers (Pérez-Rojas et al., 2019).

Trainee Perspectives

Trepal et al. (2014) conducted a phenomenological study on trainee perspectives of counseling in their second language. Six counseling students were interviewed about their experiences and discussed the challenging aspects as well as connecting aspects of working with clients in their second language. English was the primary language and Spanish second language of the majority of the participants However, one participant spoke Arabic as her second language, and yet another participant's first language was Spanish and English her second. Trepal and colleagues found that the challenges trainees experienced included having to learn and rehearse basic therapy-related terms and encountering differences in language and culture between them and their clients, which led to the need to modify communication. Despite these challenges, trainees underscored the positive experiences they had connecting with clients, noticing that they could understand their clients and that their clients had the experience of being understood as well. Regarding future research, the authors recommended hearing perspectives of clients who receive services from trainees whose first language is not Spanish.

Similarly, L. González et al. (2015) reflected on their experiences as supervisors and supervisees in bilingual (English and Spanish) supervision. They recommended not only improving training but also increasing research into institutional incentives and barriers to bilingual supervision. Obtaining client perspectives on bilingual counseling was also suggested.

Valencia-Garcia and Montoya (2018) documented the need to distinguish between cultural competence and linguistic competence in training. Among their general recommendations for training programs, academic curriculum, and for supervision, they attended to several factors. These included recruitment of diverse faculty and students, not making assumptions about individuals' cultural background or language proficiency, and finding ways to

measure cultural and linguistic competence. They discussed the importance of training counselors simultaneously in both languages, as they will perform counseling in both languages. Providing adequate supervision was also critical. Additionally, due to the low number of bilingual counselors, those mental health professionals who are bilingual are overworked and under-supported, which leads to increased needs in supervision, consultation, mentorship. It seems that appropriate training and supervision could perhaps decrease the burden bilingual counselors experience during training.

Supervisors and Mental Health Professionals

Rivero (2017) interviewed five bilingual licensed psychologists about their experience supervising bilingual trainees working with Spanish-speaking clients. She also attained feedback from the supervisors about a Spanish Language Assessment measure. Themes included formal and informal evaluation to gauge trainee competencies, addressing cultural factors in supervision, and Spanish language supervision. Supervisors discussed conducting formal assessment through student self-evaluations and case vignettes and informal evaluations via discussing cases and case conceptualizations, and observation of trainees to assess strengths and areas of need. They also spoke about addressing cultural factors in client work and also professional use of the language separately. Both cultural competency and language fluency were viewed as important. However, supervisors stated that it is not necessary for their supervisees to have working knowledge of psychology terminology in Spanish, rather that the ability to understand and connect with clients is what matters. Finally, they talked about providing language-related supervision, including discussions in Spanish and creating training goals to increase cultural competence and linguistic proficiency. Many of the supervisors interviewed stated that they also did not have specific training for providing services in Spanish,

a limitation that could also impact their ability to provide competent supervision for trainees working with Spanish-speaking clients. Although Rivero did not address clients' perspectives in therapy, the aim of her research was to understand supervision and improve training so that future psychologists may provide better services to Spanish-speaking Latinxs.

Rubio (2017) conducted a qualitative study on supervisors of bilingual Spanish-speaking trainees. The emergent themes included: active reflection and consideration of topics they would like to incorporate in supervision, levels of systems involved in the supervision process, "meaning making through and beyond language" (p.71), incorporating culture and language in supervision, identity of the supervisor, and supervisors' conceptualization of their role in supervising bilingual therapists. She noted how the emergent themes related to the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2015) and used the integrated developmental model (Stoltenberg et al., 1998) in her analysis framework. The theme of active discourse consisted of the supervisor's reflections during the interview about their supervision and how they would like to improve. The sociological approach included sub themes of intrapersonal (e.g., inner dialogue and personal work around culture and language), interpersonal (interactions with students and colleagues), organizational (ways different sites need to or attempt to make changes), and community systems (areas where Latinx population was more prominent or not) with regard to their supervision.

The importance of supervisors not only advocating for their supervisees but also their supervisee's clients was discussed, especially with regards to bringing awareness of the quality of services given to clients. Some examples of advocacy include: creating forms, materials, and signs in Spanish within client areas; for family members to be included in therapy; for acculturation to be addressed during the intake (on paper); and by providing bilingual mental

health services in order to decrease the language barrier (Bauer et al., 2010; G. Kim et al., 2011; Umaña-Taylor & Updegraff, 2007). Advocating for appropriate translation services can both improve the client's experience and relieve the burden trainees sometimes carry to interpret for their clients when they likely have not been trained to do so. Rubio (2017) also pointed to the need to explore bilingual supervision, not just trainees' experiences, and discussed the need for further research in the area regarding ethical issues around language and cultural diversity issues and how these relate to advocacy and practicing bilingual counseling.

Despite many bilingual mental health workers not having language-specific training to work with Spanish-speaking Latinxs, some training programs exist. As noted earlier, Biever et al. (2011) created a Spanish language-based training program that also included cultural components to address the need for more culturally competent and linguistically proficient professional counselors in the U.S. They stressed the importance of also looking at the clients' perspective in counseling with regards to training, which the proposed study seeks to provide. While improvement of training and supervision for bilingual therapists is important for better services to be provided to clients, training and supervision should also take into account clients' experiences of counseling.

J. López (2017) interviewed eight licensed professional counselors who work with Spanish-speaking clients about their motivation to enter the field, how they acquired skills and competencies to work with Spanish-speaking clients, their personal and professional experiences as bilingual counselors, and their view of competencies needed for effective counseling with Spanish-speaking clients. López echoed other researchers' call for specialized training for bilingual therapists to be able to better serve the Spanish-speaking population in the U.S. through greater availability and improved quality of Spanish mental health services.

Summary and Rationale

While the experiences of bilingual trainees and their supervisors have been explored, clients' experiences of bilingual therapists remain largely undocumented (L. González et al., 2015). In order to provide the best services to the growing Spanish-speaking population in the U.S., hearing the perspectives of the clients themselves is important, especially as they belong to a minority population and their voices are seldom given space to be heard. The focus of this study was on client experiences in therapy, to have a richer understanding of the benefits and areas for improvement for counselors working with this population. One of the aims of increased knowledge in this area was to further influence the training Spanish-speaking therapists receive in order to improve upon the services they provide Spanish-speaking clients. Thus, the primary research question of this study was: What are the experiences of Spanish-speaking and bilingual clients in therapy with Spanish-speaking therapists?

CHAPTER III

METHODS

The following section contains the researcher's qualifications and biases with regards to conducting a qualitative study on Spanish-speaking clients' experiences in therapy. Sampling methods are described, including recruitment of participants, as are data collection procedures. The philosophical approach for this investigation along with the steps that pertain to data analysis are delineated below. Finally, triangulation methods used for the purposes of credibility conclude the chapter.

Researcher's Contributions

Qualifications

My qualifications as a researcher include conducting and co-conducting various research projects, some qualitative in nature and others quantitative. I took a qualitative research methods class, in which I attained experience with qualitative methods and analyses. As part of the course, I co-conducted a phenomenological study on social service professionals who work with refugees. I have also served as a cross-coder on three qualitative dissertations.

Being a therapist and a psychologist-in-training for almost 10 years is also an asset to my qualifications for this study. In my training as a therapist, I have learned to be more observant, and to bring awareness to my assumptions and biases as much as possible. For example, as a therapist, paying attention to non-verbal cues in addition to what words are used and how they are spoken. Regarding my assumptions, I actively ask myself how I know what I know, what leads me to believe certain things, and especially when there is a judgment about an issue that I view positively or negatively. I have also learned not just to listen but to listen actively, using clarifications and follow-up questions, and to be nonjudgmental and curious. In addition, I try to

be analytical, specifically of context, power, privilege, and the intersection of identities coming from a feminist program. I believe these qualities are integral to qualitative research (Giorgi, 1997; Patton, 2015).

Furthermore, I have a personal connection with the Latinx community. Although my heritage is U.S. American, I and both of my parents grew up in Latin America. I grew up in Argentina and completed all my pre-university education through the public schools there. Not only am I fluent in Spanish, I almost feel that part of my identity is Latinx. In my personal life, I learned about, and have come to identify as, Third Culture Kids (TCK) and Adult TCKs (Pollock et al., 2009 Useem & Cottrell, 1996). These individuals grow up in a country other than their parents' country of origin. As children, they adapt to the culture in which they live, but also experience a separate culture at home. My experience of being a TCK was that I believed I could fit into both the U.S. American and Argentine cultures, yet I also felt that I did not belong completely in either. So, although I am not Latina, I feel a very strong connection to the Argentine culture in particular, the Latinx culture at large, and to this day find that there are words I struggle finding in English, yet I also hold some values and practice traditions that are Western. As I conceptualized this study, I momentarily felt that because I am not Latina I was not qualified to carry it out. However, as I have reflected, I believe that conducting this research is part of my personal and professional integration. One way is through bringing this part of my cultural heritage and experience into my professional work. The second way I am integrating my personal and professional identities is by hopefully using my White and American privilege to advocate for the improvement of mental health services to the Spanish-speaking Latinx community.

Finally, my personal and professional qualifications come together as I have conducted psychotherapy in Spanish. In my first practicum experience at a non-profit organization that provided counseling and other services to survivors of relationship violence and sexual assault, most of my caseload was composed of Latina clients, including many Spanish-speaking clients, and I facilitated two psychoeducational groups in Spanish. During this time, I felt very aware of my status as a novice counselor, but it was also my first experience conducting therapy in Spanish. I think because it was all new at once, I was less aware of my need for training and supervision in Spanish. I experienced the awkwardness of trying to translate terminology and curiosity about the differences in paradigm around mental health with my Latina clients. I also remember feeling less effective with my Spanish-speaking Latina clients and more nervous to challenge them due to unspoken cultural norms. Yet, I did not have the reflective capacity or energy to be aware of and ask for what I needed in this area with so many other new skills and processes to attend.

I realized at the end of my practicum at that agency that other trainees had similar struggles. I noticed that sometimes we believed we should figure out linguistic differences on our own since we were fluent. It took having more experience to recognize that I needed more support and that I could ask for it. In my final feedback for the agency, I discussed the possibility of creating space for Spanish group supervision for staff and trainees working with Spanish-speaking clients. I heard the following year that it was implemented, and to my knowledge it still continues. These experiences fuel my desire to become a better therapist for my clients and to also improve training and supervision with bilingual and Spanish-speaking trainees—both for their own confidence as well as the quality of services they can provide to their clients.

Biases

While my own experiences within the Latinx community and seeing Spanish-speaking clients in therapy strengthen my ability to conduct this research, my experiences and lens can lead to bias from the beginning stages of this research throughout the interpretation. That is, it is possible that my own experience of having lived in Argentina impacted the way I understand the participants' experiences. It was also possible I would make assumptions based on my knowledge and experience of conducting therapy in Spanish and filter data through my experience of my clients. In fact, my desire to conduct this research stemmed in part from wishing I could have been a better therapist to my own Latina Spanish-speaking clients. I also hoped to provide better services to future clients and supervision to Spanish-speaking supervisees with the findings of this research.

While I cannot be fully rid of my biases, acknowledging them is important in being truthful and in allowing readers to judge for themselves how they may or may not have impacted the study. Based on Moustakas (1994) and Giorgi's (1997) recommendations, I continued noting my expectations and reflections throughout the research process. Therefore, I documented my own assumptions and reflections to acknowledge my personal perspective in an attempt to grant Spanish-speaking clients a space for their voices to be heard.

Predictions

I predicted that participants would discuss positive experiences they have had in therapy with their bilingual therapists. I also predicted that they would have had some challenging experiences in therapy or with the system through which they were referred. I believed they would be appreciative of being able to attend therapy and use Spanish, yet I imagined they would also desire to have engaged in more explicit, meaningful conversations around the role of

language and culture in counseling. I was curious about Latinx clients' thoughts or ideas about the great need for improved supervision and counseling, that is, whether they believed they had received quality services. I sincerely hoped that they would be comfortable enough to share constructive feedback as well.

Bilingualism in the Proposed Investigation

Given the nature of this research and the participants' background, I used both English and Spanish throughout the process: from recruitment until the step of data organization. My recruitment letter was in English and Spanish, as were the demographic questionnaire, consent form, and the interview questions. At each of these steps, participants had the choice of which language they wanted to use. During the interview itself, I explicitly told them they could speak in either language or both languages throughout. I then transcribed the interviews verbatim without translating and did not begin the process of translation until after I analyzed it and began the process of reporting results. It should be noted that my Spanish is Argentine, whereas most of the Latinx population in the United States is Mexican and Central American. Therefore, I consulted with Spanish-speaking colleagues who may have a more similar dialect about my instrumentation. For quote translations in the Results sections, I used a reputable online translation website, DeepL Translator (DeepL, n.d.). I then edited the quotes for accuracy, to ensure that the essence can be comprehended.

Data Collection

Participants

I utilized criterion sampling (Patton, 2015) and selected participants who met these criteria: 18 years or older, currently attends or has attended therapy in the U.S. with a bilingual therapist within the last 2 years, and sessions were conducted partially or completely in Spanish.

Ideally, I hoped the sample would be somewhat varied in age, gender, nationality or family's nation of origin. The reason I specified that they must have attended therapy in the U.S. is that the process of getting to therapy, reasons for therapy, and especially therapist training will differ significantly in the U.S. than in other countries.

Patton (2015) recommended selecting a sample size that will achieve saturation: to reach the maximal information without reaching redundancy. This informed the number of participants I interviewed. I initially planned to have between eight and 12 participants. I stopped sampling after eight because I believed saturation was reached.

Participants were recruited through Latinx-serving agencies in two metropolitan areas in the West and Southwest areas of the U.S., university counseling centers, psychologists involved in training, and personal contacts (i.e., one participant was referred via a personal acquaintance who knew about this study). All 15 individuals who consented to the study and completed the demographics questionnaire were contacted, and I verified whether they met criteria for this study. Seven individuals who did not meet the criteria or did not respond to follow-ups were excluded.

Demographic data and semi-structured interviews were completed by seven female-identified individuals and one non-binary individual who met criteria for this study. Table 1 outlines pseudonyms and demographic variables of participants. The participants ranged in age from 18 to 45 years of age. Regarding educational level, one participant reported that she attended school to fifth grade, while the majority had attended one to several years of college, and one participant had a master's degree. Three participants reported being from the U.S., one was from Colombia, one from the Dominican Republic, one from Honduras, and one from El Salvador. One participant did not disclose her country of origin. When asked about cultural

heritage participants answered: immigrant, Hispanic, Mexican, Mexican American, Caribbean, and Latina. All participants responded that neither one of their parents was born in the U.S. Three participants endorsed being first-generation immigrants and five endorsed second-generation. Regarding the types of settings in which they received treatment, answers included: agency, private practice, family advocacy center, university counseling center, and health clinic. Participants' number of sessions varied between 8 and 20+.

The majority of participants identified Spanish as their first language, though one said Spanish/English, and another said English was her first language. Participants varied regarding the language they speak most during the day. Only one participant reported speaking Spanish most, three said they spoke English most, and four reported speaking both equally (typically Spanish at home, English outside the home). Participants further detailed the contexts in which they spoke Spanish: home/with family or parents, with friends and classmates, at work, at school, other places where Spanish is spoken. Contexts in which English is spoken included: school, work, school, and friends.

Table 1

Participants' Demographics

Pseudonym	Age	Gender	Level of education	Self-identified cultural background	Country of origin	Generation in the USA	Type of setting
Araceli	24	NB	SC	Hispanic	Mexico	First	UCC
Carolina	18	F	SC	Immigrant	Colombia	First	HC
Daniela	21	F	SC	Mexican American	USA	Second	CA, PP

Pseudonym	Age	Gender	Level of education	Self-identified cultural background	Country of origin	Generation in the USA	Type of setting
Elena	21	F	-	Mexican American	-	Second	UCC
Guadalupe	31	F	5th grade	Latina	El Salvador	First	CA
Isabel	21	F	SC	Mexican	USA	Second	UCC & CA
Veronica	45	F	M	Caribbean	Dominican Republic	Second	PP
Yolanda	22	F	SC	Hispanic	USA	First	PP

Note. SC = some college; M = Master's degree; CA = community agency; HC = health clinic; PP = private practice; UCC = university counseling center.

Instrumentation

Instruments were provided in both Spanish and English. In the relevant appendices, both forms of language appeared side by side when possible, or alternatively, they appeared sequentially.

Recruitment Letter and Flyer

A recruitment script was created describing the purpose of the study and criteria for participation, which was shared with agencies. Later, a recruitment flyer was created and provided for distribution to clients at said agencies. See Appendices A and B for these, respectively.

Demographic Questionnaire

A demographic questionnaire was given to ensure that participants met inclusion criteria and to understand the nature of the sample obtained. Items included gender, age, cultural background or country of origin, number of sessions (preferably more than one), type of setting in which services were received, as well as questions about language use and proficiency (see Appendix C).

Interview Guide

A list of questions was utilized to guide the semi-structured interview to establish consistency of focus and lines of inquiry across participants. The questions are provided in Appendix D. It should be noted that clarifying questions or requests for elaboration were routine follow-up comments for any given question, as is common in semi-structured interviewing (Patton, 2015).

Procedure

Once my proposal was approved, I applied for IRB (Institutional Review Board) approval. I contacted various organizations and providers in metropolitan areas in the West and Southwest U.S. who offer counseling services to Spanish-speaking Latinx clients to discuss the possibility of recruiting participants through their organizations. I selected these geographical areas based on proximity and previous connections respectively. I also handed out flyers and explained my study to colleagues at the National Latinx Psychological Association annual conference. One organization confirmed their willingness to allow me to recruit participants. Permission letters were requested from organizations that agreed to participate (see Appendix E).

Participants learned about the study through agencies and individual providers or other contacts. They either accessed a link through the flyer or contacted me via email and I sent them

a link. The link directed them to an informed consent form listing the study procedures, risks, and benefits (see Appendix F). If participants consented to the study, the website would then take them to the demographic questionnaire, which also asked about how they would like to be contacted should they be selected for the interview. At the end of the online portion of the study, participants were provided with a printable/downloadable list of referral resources should they have experienced any discomfort during the study (see Appendix G).

Using the demographic forms obtained, I selected a number of participants from the pool who met criteria and contacted them to determine if they were interested in participating in the interview and to schedule. All interviews were conducted over Zoom. Confidentiality was prioritized, and the investigator conducted them from a private location. Informed consent was reviewed again verbally prior to starting the interview. Interviews were based on the guiding questions and were recorded on a digital audio device. Participants were reminded of the list of resources at the end of the interview and thanked for their time. Once the interview had been completed, a $75 Visa gift card was emailed to participants.

Data Analysis

Philosophical Approach

I utilized a phenomenological approach, in which inquirers seek to understand the meaning and essence of individuals' direct or lived experiences of a phenomenon (Moustakas, 1994). Husserl (1913/1982), the philosopher who first applied phenomenology to social science, held that humans can gain knowledge about their experiences through attention to our perceptions and the meanings of which we become conscious. At the core of phenomenology is the idea that each individual senses and organizes their experience through description, and therefore, that objective reality does not exist (Giorgi, 1997). Rather, phenomenological research

focuses on the individuals' experience and the meaning they make through the description of their experiences.

I used Giorgi's (1997, 2009) method of phenomenological inquiry for this study. Phenomenology seemed to be a well-suited approach for my study because I was most interested in Spanish-speaking or bilingual clients' perspectives on and descriptions of their experiences in counseling, as well as the search for meaning in their experiences. Due to the growing population (Flores et al., 2019), need for services (Guilman, 2015; Lee & Matejkowki, 2012; Smith, 2018), and lack of research in this area (Pérez-Rojas et al., 2019), this method was chosen to elucidate clients' experiences and aid in the improvement of training and supervision so that future clients have better services. Phenomenological inquiry also involves the researcher and their experience of the phenomenon being studied. While I have not experienced bilingual therapy or therapy in Spanish in the U.S., as a bilingual person who has attended therapy and a psychologist in training who has provided services in Spanish, I felt personally connected to this research. I was committed to performing this study with care and integrity, and as such, worded and structured the research questions and interview guide thoughtfully and carried out the interviews and analyses with the same intentionality. It was important to me that this research placed participants' experiences in the forefront, while my own were acknowledged but held in a secondary role (e.g., facilitating understanding, examining bias).

Giorgi (1997) discussed three philosophical steps to conducting a phenomenological study: phenomenological reduction, description, and searching for essences. Phenomenological reduction refers to understanding the presence of the phenomenon from the participant's interaction and conscious experience of it before it reaches the objective world's influence. Giorgi stated that reduction, "…has to begin at a more fundamental place, where there is

'presence' but not yet that type of presence to which one attributes 'existence'" (Giorgi, 1997, para. 12). The attitude of reduction also implies bracketing one's past knowledge about the phenomenon being studied to be experienced and intuited for more precise description. Bracketing also means acknowledging and setting aside one's biases and expectations about the phenomenon to embrace an open-minded stance and find new ways of understanding the phenomenon. During this process, meaning units in the data were distilled down to the universal essence of the phenomenon and gathered into themes. The concrete steps for this process will be discussed further below.

Second in Giorgi's (1997) phenomenological analysis is description. Description is limited to what is given by participants in the interview data, and is not an interpretation, construction, or explanation of the data. Rich, detailed description provides a comprehensive account of the phenomenon. Third and lastly, the researcher searches for essences or the core, invariant meanings. Utilizing various frames of reference or perspectives in this step helps to identify the meanings that do not change across perspectives.

Concrete Steps of Analysis

Giorgi's (1997) steps include: collecting the data, reading the data, dividing or breaking down the data into parts, organizing the data, and finally, synthesizing the data to share with others. Each step will be fully described below.

Collecting the Data

I collected the data through in-depth semi-structured interviews with my participants. Each participant was asked the same questions, but I also asked further questions that arose throughout my dialogue with them. After each interview I recorded my experience of the interview, including thoughts, reactions, and lingering questions, in accordance with the practice

of bracketing one's biases. Next, the interviews were transcribed verbatim, with both Spanish and English language usage exactly as spoken by each participant.

Reading the Data

I read the transcriptions and made further notes of my thoughts, reactions, but mostly gained a global perspective of the data without beginning to search for themes. Giorgi (1997) emphasized that this step ought to be listed explicitly, as phenomenological researchers approach the data holistically.

Breaking Down the Data

After reading the transcriptions, I divided the data into smaller segments, or what Giorgi referred to as "meaning units" (Giorgi, 1997, para. 29) that were relevant to the phenomenon of study. Meaning units are identified by a shift in meaning, so I reread the data slowly so as to notice and mark transitions between meanings until every meaning unit has been demarcated. In this process, bracketing continues to be important so that my own thoughts and experiences did not color the meaning units. Simultaneously, I aimed to maintain an open stance to allow discovery of meanings (Giorgi, 1997). I used Nvivo software to demarcate meaning units. These meaning units were then coded in the next step, data organization.

Data Organization

After I identified the meaning units, I analyzed and re-described them with psychological terminology. Participants referred to therapy experiences in colloquial terms and/or spoke in Spanish in the interviews. The intention behind translating at this point and not sooner was to preserve as much of the integrity of participants' responses, that is, for there to be less opportunity for biases and translation to alter the data. This is the step in which I transformed the participants' responses, describing their essence from my discipline-specific perspective into

codes, a process referred to as “free imaginative variation” (Giorgi, 1997, para. 20). During free imaginative variation, the researcher may modify aspects or features of the phenomenon to help distill the essential parts of it. That is, as the researcher changes or reimagines the parts, she can take note of whether the phenomenon is still identifiable (Giorgi, 1997). The identified meaning units became codes in the NVivo software used to manage the study data; the organization of codes and subcodes can be found in Appendix H.

Data Synthesis

Lastly, I synthesized the data into themes and essences of the phenomenon. These were not limited in number, rather, the codes and themes emerged from the data and meanings therein.

Triangulation

Triangulation is the process of collecting and analyzing data from various perspectives to ensure that the data are trustworthy (Patton, 2015). According to Patton (2015), qualitative researchers use multiple methods of triangulation to maintain credibility and quality in their work. Triangulation fits with the phenomenological inquiry method as the step of imaginative variation (Giorgi, 1997). For this study, I utilized analyst triangulation and attempted to use a member check.

Analyst Triangulation

I obtained the help of second analyst to also examine the data from this study independently from my analysis. Although this analyst did not have a background in psychology, he has a doctorate in education with a focus on bilingual literacy and education. He has conducted qualitative research and is fluently bilingual and literate in English and Spanish, which allowed him to complete the analysis in the language participants spoke. The purpose of including a second analyst was to decrease biases and also to increase credibility in the

consistent themes that emerge (Patton, 2015). The second analyst and I met four times to discuss our biases, approach to analysis, and some of our interpretations once we had both gone through the coding process. During our meeting about the approach we planned to take, I provided some insight into some broad, preliminary themes and how I understood them based on my background and experience since his training background is not in mental health. Therefore, his coding was informed by some of the literature and knowledge I had gathered as well. Once he completed the steps in Giorgi's framework (1997, 2009), I took into account the codes from his analysis along with my own. There were very similar themes generated from each of our analysis, which thereby provides greater validity to this study.

Review by Participants

I also conducted a member check. This is another form of triangulation in which participants of the study review the results and express feedback about how the analysis corresponds with their own experience (Patton, 2015). Since the participants were the source of data, attaining their reactions and reflections after synthesizing themes was important regarding the credibility of the study. I contacted participants after I created a summary with the themes that emerged (See Appendix I) and asked them for feedback regarding accuracy, any missing data that they believe is important, and any reflections they believe would be relevant to the topic. Out of the eight participants, three responded and said they confirmed what was in the summary and did not have anything they would like to add.

CHAPTER IV

RESULTS

After coding study transcripts, it was apparent that there were four levels at which the question of "What are bilingual clients' experiences in therapy?" was answered: experiences gaining access to therapy, experiences with the therapist, cultural context in therapy, and use of language in therapy. Participants' relationship with their own culture and the cultural context was meaningful components to their experiences as it related to what sometimes led them to therapy. I also looked at participant's experiences in the interview and process-related codes that mirror some of the paramount experiences and phenomena of the topic at hand.

Most participants described a narrative of how they became connected to therapy in addition to the actual experience during therapy. Therefore, it seemed logical to organize the Results section based on the chronological order, beginning with factors that impacted their access to therapy, their initial contact and history with therapy, followed by how they described their experiences, including the experiences of language and culture in therapy, and finally, feedback they have for therapists and the field of counseling based on these experiences. The codes created during analysis fit fairly smoothly into this framework.

It should be noted that some participant quotes were double-coded if the essence of their meaning spanned more than one concept. For instance, some segments of interviews that have been utilized to exemplify one concept may have also been an example for another. The reader is encouraged to consider how these are not only specific but also inextricably connected.

In choosing quotes for each theme in this this chapter I made an effort to represent all voices. Nevertheless, a few participants so clearly articulated their experiences in a way that I believe capture the essence of the themes, that I selected several more sections from their

particular interviews. For quotes that were in Spanish, the original is shared with a translation in English below.

Access

There were a variety of factors influencing access to therapy. The theme of finding out about the possibility of attending therapy, especially in Spanish or bilingual therapy, was discussed throughout the interviews. Relatedly, learning about low-cost or free options was significant for participants to have access to therapy.

Language

In commenting on Spanish-speaking therapists, Carolina said:

Porque el lenguaje es una barrera muy grande, que me he dado cuenta que en el servicio a la salud me gustaría que fuera implementado más seguido. Tuve la suerte de encontrar una terapeuta, una psicóloga, que habla español, pero sé que muchas veces no las hay. Pero con ella ha sido bueno, ha sido algo muy positivo que he encontrado.

Translation

Because language is a very big barrier, which I have realized that in health care I would like to see implemented more often. I was lucky to find a therapist, a psychologist, who speaks Spanish, but I know that many times there are not. But with her it has been good, it has been a very positive thing that I have found.

Gaudalupe expressed a sense of relief in finding a Spanish-speaking therapist:

Ay, me sentí muy bien porque incluso cuando yo fui a hacer la aplicación le dije a la muchacha, '¿Pero hablan español?' Dice, 'sí!' 'Ah, okay, porque yo no hablo inglés y no voy a entender.' Y me sentí muy bien porque dije que, guau! hay alguien que habla español y yo me voy a sentir bien. Voy a desahogarme como yo quiero.

Translation

Oh, I felt really good because even when I went to fill out the forms I said to the girl, 'But do you speak Spanish?' She says, ‘yes!’ ‘Ah, okay, because I don't speak English and I'm not going to understand.’ And I felt really good because I said, wow, there's somebody who speaks Spanish and I'm going to feel good. I'm going to get it off my chest the way I want to.

Daniela presented a similar perspective:

Honestly, I feel like people would be more willing to go, just because I know how that's how it was for my family. Especially my parents would be willing to go if it was in their native tongue.

Cost

In addition to language as an issue for access to therapy, financial burden also plays a role. For some participants, having access to free services meant they were able to attend therapy. For others, knowing they had insurance that would assist them with decreasing the total cost of payment made therapy obtainable. Several participants also noted concern about the cost of services, especially two students who have access to therapy through their university counseling center, and also woman who in one season of her life was a single mother without insurance and spent resources in other ways for self-care.

Guadalupe wished she had known about free services:

Sí, me hubiera gustado saber eso antes, pero no, no sabía. Porque yo pensé, “bueno me imagino que uno tiene que pagar para ir ahí.” Y no, no pago es gratis. No sabía nada de eso, sino mi vida hubiera sido tan diferente desde hace mucho tiempo. Pero no… no sabía hasta hoy.

Translation

Yes, I would have liked to have known that before, but no, I didn't know. Because I thought, "well, I imagine that one has to pay to go" and no, I don't pay there. It is free, and I didn't know about any of that. Otherwise, my life would have been so different from a long time ago. But no, I didn't know until now.

Carolina noted the connection between access to care with insurance and immigration status:

Sé que el acceso a la salud mental es un tema grande aquí y también presenta ciertas complicaciones porque pues el costo de una terapia no es que sea muy alcanzable para ciertas familias que incluso lo necesitan… El hecho de, pues, poder agendar una cita y poder ir a cada cita porque sé que puedo pagarlo o sé que puedo tener el servicio, gracias a mi seguro o lo que sea, pero saber que tengo esa persona ahí, saber que tengo el servicio ahí ha sido bueno. El no poder acceder a un seguro médico por el hecho de no tener documentación no es un tema que a nosotros nos aqueja mucho, afortunadamente, pero sí hemos encontrado ciertas barreras en acceder a un seguro médico que pueda cubrir los gastos de la terapia. Si bien no es el tema relacionado como la terapia en español por decirlo así, sí tiene bastante relación en el acceso al servicio para ciertas familias, ciertas comunidades, comunidades inmigrantes más que nada.

Translation

I know that access to mental health is a big issue here and it also presents certain complications because the cost of therapy is not, it is not very affordable for certain families that even need it... The fact that I can schedule an appointment and I can go to every appointment because I know I can pay for it or I know I can have the service, thanks to my insurance or whatever, but knowing that I have that person there, knowing

> that I have the service there has been good… Not being able to access medical insurance because we don't have documentation is not an issue that affects us very much, fortunately, but we have encountered certain barriers in accessing medical insurance that can cover the costs of therapy. Although it is not an issue related to therapy in Spanish, so to speak, it does have a lot to do with access to services for certain families, certain communities, immigrant communities, more than anything.

Araceli shared about their motivation to use free services:

> *Y que me entero de que ofrecen terapia y estoy como que, esta es mi oportunidad. Tengo que, tengo que hacerlo. Llamar. Tengo que! Es gratis. Supuestamente la pagamos con la tuition, pero pues aún así, si voy a terapia fuera de la escuela, va a ser más caro. Así que tengo que, tengo que aprovechar estos resources.*
>
> Translation
>
> And I find out that they offer therapy and I'm like this is my chance. I have to, I *have to do it*. To call. I *have* to! It's free. Supposedly, we pay for it in our tuition, but still, if I go to therapy outside of school, it's going to be more expensive. So, I have to, I have to take advantage of these resources.

Reasons for Therapy and Point of Access

Participants endorsed a variety of reasons for attending therapy, including being referred to family therapy due to a family member's presenting concern, family concerns discussed in individual therapy, anxiety, depression, sleep difficulties, anxiety triggered by college, and abusive relationships. Two participants who currently attend college specifically noted the pressure of attending college as bilingual students and fearing not meeting the standards or being negatively evaluated in comparison to their English-only speaking peers. This will be discussed

in a later section. Regarding points of access, the majority of participants were referred to therapy through medical doctors or clinics and school referrals. One participant noted that she was referred to therapy by the police due to surviving domestic violence at the hands of her then partner.

Other Influencing Factors

As noted, gaining access to therapy was a significant first step for participants, including knowing about therapy, being able to communicate in their language, and finding financially accessible care. However, family experiences and cultural messages also played a role in participants' experiences with therapy.

Family Experience With Therapy

Most participants reported that their families also had experiences with therapy, which was a part of their own individual narrative. A couple of participants noted that their family did not support them attending therapy, which also impacted them by delaying their efforts to reach out.

Yolanda shared about her family's experience:

Yo pienso que sí nos ayudó mucho porque mis papás sí fueron buenos para llevarme a terapia; porque muchos papás no llevan a sus hijos ahí. Piensan que no ayuda o que nomás le dicen cosas para lavarle la cabeza. Pero pienso que esto nos ayudó y nos unió más. Especialmente porque aunque sea difícil que yo tuve que decirle mis cosas y traducir… siento que me ayudó mucho para abrirme más con mis papás, para sentirme más cómoda. Y yo siento que con ellos también, como que se sentían más cómodos.

Translation

I think it did help us a lot because my parents were good about taking me to therapy; because many, many parents don't take their children. They think it doesn't help or that [therapists] just say things to brainwash [their children]. But I think this helped us and brought us closer together. Especially… because even though it is difficult that I had to tell them about my things and translate for them… I feel that it helped me a lot in opening up more with my parents, to feel more comfortable. And I feel that it's the same with them, that they also felt more comfortable.

Messages About Therapy

Mental health stigma also appeared in participant's narratives of their access to therapy. Guadalupe noted her hesitance in considering attending due to someone's discouraging comment:

Sentí como, "¿Será que no estoy bien? ¿Será que estoy mal de mi cabeza?" Porque cuando lo platiqué con alguien, dice, "Ah! eso es para locos! ¿Que estás loca?" Porque es lo que la gente piensa. No, lo que pasa es que no me siento bien y eso me puede ayudar.

Translation

I felt like, "Could it be that I'm not well? Have I lost my mind?" Because when I talked about it with someone, they say, "Ah! that's for crazy people! Are you crazy?" Because that's what people think. No, actually, I don't feel well and that can help me.

Araceli explained about their process and stigma:

Por mi mente nunca pasó la idea de ir a terapia porque era algo que yo no lo tenía normalizado en mi cabeza. Porque la idea de que si vas a terapia estás loco y yo no quería ser cachada como una persona loca, porque es la vergüenza de la familia.

Translation

> The idea of going to therapy never crossed my mind because it wasn't normalized in my mind. Because the idea [was] that if you go to therapy you are crazy and I didn't want to be caught as a crazy person, because it brings shame to the family.

Daniela shared the messages she received about therapy, but also how having services in Spanish may mitigate the impact of stigma:

> I don't know. People are more open to it, at least for my community. Like the Latino community, they're not very open to therapy, at least in my experience. And like where I grew up around, therapy's like, "Oh you're crazy! Like, why are you in therapy?" But I think if you, I don't know, even just that factor of the language thing, I think they are more willing to go.

Experiences in Therapy

Participants had a variety of experiences in therapy, as would be expected. To one degree or another, all of them had reports of at least one positive experience and expressed gratitude for their therapist(s). Some participants also noted specific challenges even when they experienced benefits, and others reported greater negative experiences in therapy. The distinction between coding *challenges* and *negative experiences* seemed necessary to account for some of the nuance and the spectrum of experiences rather than create dichotomous, positive-negative codes. The primary delineation between the two occurs in the level at which the challenge or negative situation happened and the magnitude of impact. That is, if an adverse experience felt peripheral to the work done in therapy or the therapeutic relationship, or if the impact was not intense, then it landed in the category of *challenge*. Whereas, if a difficult experience was more central to the

work in therapy and/or the impact it had on the participant was detrimental, it was coded as a negative experience.

Finally, this section also includes segments on continuing to attend therapy and starting over. Most participants have had more than one therapist or therapeutic relationship and the ongoing nature of therapy was evident. Also, starting with a new therapist appeared to be challenging for some.

Positive Experiences

All participants had some positive experience in therapy, and the majority expressed sincere gratitude toward their therapist, hence the code *Gracias.* Participants also discussed learning in therapy, whether about themselves or coping skills, and how they changed due to their positive experiences in therapy.

"Gracias" (Thank You)

Elena expressed her gratitude: "I'm forever grateful to all of the therapists I've had because they helped me through like the most difficult times of my life, and without them I honestly don't know how I would be coping."

Carolina similarly stated: "*Le diría ¡gracias! Es la primera palabra que se me viene a la cabeza. Ella me ha tenido mucha paciencia, mucha dedicación*." Translation: I would say thank you! Those are the first words that come to my mind. She has had a lot of patience with me, a lot of dedication.

Isabel noted the positive impact her therapist has had on her:

> *Ay, Dios, primero que todo le agradecería mucho todo el apoyo que me ha brindado. No sé si ella sabe el gran impacto que ha tenido en mí, mi persona. Será porque ahorita estoy pasando por unas cosas muy fuertes, o sea, yo conmigo misma, mi persona. Pero su*

apoyo… Es como un ángel para mí, en serio. Estoy muy agradecida. Es que, uy, ¡si usted la conociera!

Translation

Oh God, first of all, I would like to thank her very much for all the support she has given me. I don't know if she knows how great an impact she has had on me, my person. It might be because right now I am going through some very intense things, I mean, with myself, my person. But her support... She is like an angel to me, seriously. I am very grateful. It's just that, oh, if you knew her!

"Aprendí" (I Learned)

Participants shared how they learned about themselves, their emotions, relationships, and skills. This was also connected to how they changed in therapy.

Elena explained what she learned:

It was more like feelings, emotions, and like anxiety-based, which again was helpful in terms of the tools I received, like what I learned. And like, I learned a lot about myself as well… "How does your background and your family and your upbringing affect you in education, how you feel today," you know?

Guadalupe also noted:

Entonces al principio me sentí como rara, como dije "ah, no sé si me vaya a ayudar." Es algo como que le cuenta a una amiga y ya no pasó no pasa nada más. Pero no, ellos se ve que son unos profesionales. En verdad que a mí me ha ayudado muchísimo, es increíble. He aprendido cosas que no sabía. Me ayudó mucho; es una experiencia que tengo que no la voy a olvidar.

Translation

So, at first I felt kind of weird, like “oh, I don't know if it's going to help me”. It's something like what you would tell a friend, and then nothing else happens. But no, they seem to be real professionals. It has truly helped me a lot, it's incredible. I have learned things I didn't know. It helped me a lot; it is an experience that I will never forget.

“He Cambiado” (I Have Changed)

Participants also shared that change had occurred beyond learning, that therapy impacted their personhood, as mentioned by Isabel earlier. Guadalupe also shared: “*He cambiado mucho a la persona que yo era antes. Ahora yo soy una persona diferente*.” Translation: I have changed a lot from the person I was before. Now I’m a different person.

Araceli expounded on that, noting the changes in their behavior, thoughts, and emotional experiences:

Me ha ayudado a hacer cambios que al poner atención a mis comportamientos y cambios para entender que … yo no tuve la culpa de mi niñez, que eso lo tengo que sanar y tengo que aceptar de que no podemos cambiar los demás, y que no podemos cambiar el pasado.

Translation

It has helped me to make changes by paying attention to my behaviors and to understand that … I was not to blame for my childhood, and that I have to heal that, I have to accept that we cannot change others, and that we cannot change the past.

Challenges

As aforementioned, challenges were situations that led to a less-than-ideal therapy experience or aspects of therapy that make it less beneficial than it could have been. Daniela

talked about the impact of the challenge of connecting with one of her therapists who had different cultural identities:

> I want to say it was hard to connect with my therapist or my counselor just because she was, and I hate to say it. I apologize, but she was a White woman and she was a little bit she was a lot older, she was older.

While Yolanda shared that one of her therapists was helpful, she also was affected by serving the role of translator between her therapist and her parents when they spoke about her:

> *Si tus papás no hablan inglés y tratas de traducirles… Pues, es muy difícil cuando tú eres la persona que está con el tratamiento pero también les tienes que decir lo que está pasando. Porque a veces, pues, vamos con una terapista para desahogarnos. Porque a veces como yo me sentía que no me podía desahogar con mis papás, pero como la terapista me está también está diciendo que les tengo que decir… entonces es más fácil cuando si una terapista se lo dice a ellos directamente, y tu nomás está ahí. Pero cuando yo también lo tengo que decir a ellos y a la terapista, sí es muy difícil eso*.
>
> Translation
>
> If your parents don't speak English and you try to translate for them…. Well, it is very difficult when you are the person who is in treatment, but you also have to tell them what is going on. Because sometimes we go to a therapist to get things off our chest. Because sometimes I felt like I couldn't get things off my chest with my parents, but the therapist is also telling me that I have to tell them [these things]. So, it's easier when a therapist tells them directly, and you're just there. But when I also have to tell them *and* the therapist, it is very difficult.

She also shared a specific example of how this played out during a specific therapeutic intervention:

> *Había un tiempo donde pasaba que no estaba tan cerca con mi mamá, y en la libreta mi terapista dijo que le escriba una carta a ella. Y cuando vino el tiempo, me preguntó si se la quería leer a mi mamá. Para mí era bien difícil para hacer porque eso pues, a ver, eran muchas emociones que puse allí. Quisiera que mi terapista se la leyera a ella, pero como no sabía el español muy bien, yo se la tuve que leer y me tardé mucho para leerla porque tuve que pasar muchas, muchas veces para poder controlar mis emociones para que se pueda escuchar claro.*
>
> Translation
>
> There was a time when I wasn't that close with my mom, and in the notebook my therapist said to write her a letter. And when the time came, she asked me if I wanted to read it to my mom. For me it was very difficult to do because there were so many emotions that I put in there. I wanted my therapist to read it to her, but since she didn't know Spanish very well, I had to read it to her, and it took me a long time to read it because I had to go through many, many times to control my emotions so that it could be heard clearly.

Negative Experiences

Several participants noted that there were therapists with whom they did not have a good connection or that they felt did not hear or try to understand them. Verónica had multiple negative experiences that left her feeling hurt by therapists and impacted the relationship and further pursuit of therapy. She noted her first experience of therapy was family therapy and that a therapist told her mother and the children that she, her mother, abandoned them. Verónica also

felt abandoned by therapists that left the center she and her daughter attended, which served survivors of intimate partner violence and their children. Finally, she also mentioned experiences with Latinx-identified therapists who she felt crossed professional boundaries and ended up feeling more like friends than therapists.

Verónica shared about her first experience:

Lo que mi mamá sintió y así yo también sentí, es que lo único que ella hizo fue criticar a mi mamá de la manera de ella ser, como ella nos estaba criando. Y ahí fue que nos enteramos, por ejemplo de que "mami nos abandonó." Esas fueron las palabras que comenzaron a usar. Eso lo que hizo fue traernos más dolor en vez de ayudarnos.

Translation

What my mom felt, and what I felt too, is that the only thing she did was to criticize my mom for the way she was, how was raising us. And that's when we found out, for example, that "mommy abandoned us." Those were the words they started using. What that did was bring us more pain instead of helping us.

Then another time she felt hurt:

Por ejemplo, una vez tuve un psicólogo, no era solamente consejero, ya tenía su doctoría en psicología. Le expliqué, por ejemplo, que estaba teniendo problemas con alcohol y él lo que hizo fue mandarme a AA [Alcoholics Anonymous]. Me dijo "A nosotros los psicólogos no nos gusta trabajar con ustedes los borrachos." Ese fue un americano. Te digo, yo digo: de dónde es que estás personas se gradúan? Será que cogieron su maestría, su doctoría de ellos mismos, de una academia de ahí de Google?

Translation

For example, one time I had a psychologist, he wasn't just a counselor, he already had his doctorate in psychology. I explained to him, for example, that I was having problems with alcohol and what he did was send me to AA [Alcoholics Anonymous]. He said 'we psychologists don't like to work with you drunks." That was an American. I tell you, I say: where do these people graduate from? Could it be that they got their master's degree, their doctorate from themselves, from an academy over there at Google?

Finally, she described professional boundaries being crossed:

Todo comienza muy lindo y después como que ya no es lo mismo, no. Como que no sé si es que la persona coge mucha confianza y, no sé. Como que yo siento que yo los escucho a ellos en vez de ellos escucharme a mí. Me ha pasado varias veces ya cuando son con hispanos especialmente.

Translation

Everything starts out very nice, and then it's not the same anymore, no. I don't know if the person gets too familiar, and I don't know. I feel like I listen to them instead of them listening to me. It has happened to me several times already when they are Hispanic, especially.

Additionally, Araceli shared about an experience where they felt ignored:

Con ella siento que hablábamos de temas pero nunca le dábamos. Nunca íbamos deep in en los temas, así que siento que no fue una forma efectiva de estar en terapia. Aparte de que yo sentía como mi terapia no era en español, yo sentía que mi terapeuta a veces no me entendía lo que yo le decía; porque a veces me preguntaba las mismas cosas y ya se las había respondido. Y era como que "Ay, ¿sí me estás escuchando?" Como que a

cierto punto me sentí ignorada. Y ya no me empecé a sentir cómoda porque dije, pues no le estamos dando, no… ¿Cómo se dice en español? No encuentro la palabra, deep in, no le estamos dando con profundidad.

Translation

With her I feel that we talked about issues, but we never really went for it. We never went *deep in* to issues, so I feel that it was not an effective way to be in therapy. Besides that, I felt since my therapy was not in Spanish, I felt that my therapist sometimes did not understand what I was saying because sometimes she would ask me the same things and I had already answered her. And it was like "Ugh, are you listening to me?" At a certain point I felt ignored. And I didn't feel comfortable anymore because I said, well, we are not giving it… How do you say it in Spanish? I can't find the word, *deep in*. We are not giving it depth.

"Seguí Yendo" (I Continued Attending)

A common experience among participants was attending therapy over a long span of time and having had multiple therapists, therefore the theme of *seguí yendo* emerged. Some participants had experiences with multiple therapists for a variety of reasons, including session limits, lack of connection, cost, and time constraints.

Yolanda stated of going to therapy for years:

Se me hace que lo que me ayudó mucho es que seguí yendo por muchos años. So, sí, yo digo que como un, an advice que les doy a la gente que quiere venir a terapia, que sigan yendo aunque piensen que no les está ayudando, pero yo pienso que eso ayuda mucho. Yo no cambiaría nada ahorita. Yo fui, yo seguí yendo hasta que ya me sentía mejor. Yo,

pues, hasta sigo yendo los días que no me siento tan bien aunque yo estoy mentalmente mucho, mucho, mucho mejor.

Translation

I think that what helped me a lot is that I kept going for many years. So, yes, I say that as [a piece of] advice I give to people who want to come to therapy, to keep going even if they think it's not helping them, but I think it helps a lot. I wouldn't change anything right now. I went, I kept going until I felt better. I even keep going on the days when I don't feel so good even though I am mentally much, much, much better.

Isabel similarly expressed:

> Yeah, I think I've gone like with 3 or 4 maybe. It was... I would always try, like, I would give them a try. I wouldn't like just one session, like okay, I would give them several sessions. But then I would just… I wasn't feeling it, the click just wasn't there and… I don't know maybe because for the longest I thought I was just very picky. But no, I think it's just a trial-and-error, I feel like. And I feel very blessed with the therapist I have right now.

Daniela noted the benefits of seeing multiple therapists at different settings:

> Also, I do appreciate that like having a different range of therapists and like getting to experience that. Because now I understand and I know what I want and what I don't want, what I like and what I don't like, and the things that I want to talk about, and things that will be effective for me. So, it's like much of like all this hopping around, I do appreciate having that. So yeah, I don't think I'd change honestly ‘cause I think I came to like what I want now and what I look for.

"Empezar de Nuevo" (Start Again)

Empezar de nuevo was also mentioned by some participants regarding starting with a new therapist and having to build rapport and share one's story with someone new. This seemed to create some resistance to finding a new therapist, though not to the level of being a barrier. Verónica expressed feeling fatigued:

> I wanna start *here* at 45, I don't want to start again at 12 or 9 years old, even though I know that's the whole concept, you know? But yeah, definitely. It doesn't hurt me, I'm just tired of it.

Likewise, Elena shared:

> I feel like I don't know, it's difficult sometimes to be with someone new because you have to go through that process of getting to know them, having to tell them your whole life story. It just seems like a lot.

Relationship With Therapist

The theme of relationship and connection was evident throughout the interviews. Connection with a therapist and trust were closely related. Additionally, participants talked about the actions their therapists took in therapy, including listening, being non-biased and non-judgmental, helping and supporting, validating and normalizing, and providing skills.

Confianza and Connection

Connection and *confianza* played an important role in participants' experiences in therapy. The term *confianza* means more than the simple translation of trust. For Spanish-speaking Latinxs, it is the sense of "mutual trust, respect, and commitment" (Teeters et al., 2022, p. 3). If the sense of being understood and the *confianza* was not present, or if there seemed to be too much comfort and lack of professionalism on the therapist's part, the therapeutic relationship

and the course of therapy were negatively impacted. However, when these clients felt they could trust their therapist and had a sense of connection, it laid a substantial foundation for a positive experience in therapy. Cultural similarities and shared language also played a part in the sense of *confianza* and connection with therapists.

Araceli said of one of their therapists:

Es una persona muy compasiva que te quiere escuchar, que te quiere ayudar. Y eso a mí me daba confianza. Me da demasiada confianza porque no es fácil contar tus cositas a cualquier persona y siento que ella nos abrió la puerta, nos abrió su espacio, su corazón. Y me sentí demasiado cómoda.

Translation

She is a very compassionate person who wants to listen to you, who wants to help you. And that gave me confidence. It gives me so much confidence because it is not easy to tell your stuff to just anyone, and I feel that she opened the door for us, she opened her space, her heart. And I felt very comfortable.

Isabel shared about one therapist with whom she struggled to open up:

No sé cómo explicarlo, pero ella era muy amable y me encantaba su, su... lo que me decía sí me ayudaba mucho, pero para ser sincera, nunca creo que me sentí cómoda el 100%, y no sé por qué y no lo puedo explicar. Cómo me gustaría tener palabras para este sentimiento que tengo. Pero con eso también he batallado un poco en un principio. Siento que personalmente, es muy difícil que yo me pueda abrir.

Translation

I don't know how to explain it, but she was very kind and I loved her, her... what she would say to me did help me a lot, but to be honest, I don't think I ever felt 100%

> comfortable, and I don't know why, and I can't explain it. I wish I had words for this feeling I have. But I also struggled a little bit with that in the beginning. I feel that personally, it's very difficult for me to open up.

Guadalupe made the connection between a shared language and having a sense of trust: “Me imagino teniendo más terapeutas que hablen español, Latinos que hablen español como nosotros así, perfecto, fluido para que nos puedan entender, para que nosotros nos sintamos más en confianza.” Translation: I imagine having more therapists who speak Spanish, Latinos who speak Spanish like this, perfect, fluent so that they can understand us, so that we feel more trust.

Therapist Actions

Following are specific verbs that participants named when recounting their experiences with their therapists.

Provide Empathy

A crucial element in therapy is providing empathy, and participants felt the effects of it. Daniela shares about that sense of connection through empathy:

> I know what feeling you are talking about. It's not something that they're, how do I tell you? They don't feel sympathy for me, it's more like an empathetic feeling, if that makes sense. Like, so, yeah, they can relate to me. I think that's really important to me.

“Escuchar” (Listen)

Eschuchar as well as “providing space” for participants to express themselves completely, came up frequently as participants discussed their experiences in therapy and a fundamental action that therapists take. Yolanda stated: “Me da lo suficiente tiempo para expresarme todo lo que quiero expresarme.” Translation: she gives me enough time to express all that I want to express.

Similarly, Carolina noted:

> *Se siente bien, muy bien. A veces necesitas una persona que sólo está ahí para escuchar y es lo suficientemente neutral para no contradecir lo que estás diciendo, para no influenciar lo que piensas. A veces sólo necesitas a esa persona que te dice "sí, te entiendo," punto.*
>
> It feels good, very good. Sometimes you need a person who is just there to listen and is neutral enough not to contradict what you are saying, not to influence what you think. Sometimes you just need that person who says "yes, I understand you," period.

Ayudar y Apoyar (Help and Support)

Participants all remarked on feeling helped and/or supported by their therapists. Carolina asserted: "He recibido el apoyo que necesitaba, ha sido constante." Translation: I have received the support I needed. It has been constant.

Guadalupe further disclosed:

> *Él me ha ayudado a valorarme como mujer, a quererme, a saber lo bueno y lo malo para cuando yo tenga una nueva relación. Me ha ayudado mucho, mucho como persona. He cambiado mucho a la persona que yo era antes ...Me ha ayudado muchísimo muchísimo.*
>
> Translation
>
> He has helped me to value myself as a woman, to love myself, to know the good and the bad for when I have a new relationship. He has helped me a lot, a lot as a person. I have changed a lot from the person I was before...He has helped me a lot, a lot, a lot.

Validate and Normalize

Most participants also noted how their therapist(s) validated and normalized their emotions and experiences. Elena voiced:

It's been helpful because it's helped me realize that like I am normal in a sense but it's just that like we all go through different things and you know it sucks that sometimes you might have certain… not mental illnesses but it's just some things might trigger you more than other people and it just feels good to finally know that it's common among other people; it's just not really talked about and that it's just my feelings are valid and I am not crazy sometimes. It definitely gives me that validation that I really needed.

Provide Skills

Several participants talked about being taught skills in therapy, for example, to help manage anxiety or depression symptoms. Araceli noted the value of skills being taught in therapy:

También la forma en la que la terapeuta te ayuda porque hay personas que te dan como actividades para, no sé, para relajar la ansiedad. Eso está chivo porque es práctica, estás practicando cómo sentirte mejor y te da ideas para que tu ansiedad y tu depresión reduzca. Y siento también muy importante, porque no es nada más platicarlo. Platicarlo es súper importante, pero le agregamos las actividades que te dan para reducir ese estrés y ansiedad es aún más importante. Siento que el trabajo es más completo.

Translation

Also, the way the therapist helps you because there are people that give you like activities to, I don't know, to relax the anxiety. That's cool because it's practice, you are practicing how to feel better and [the therapist] gives you ideas to reduce your anxiety and your depression. And I also feel it is very important, because it's not only talking about it. Talking about it is very important, but adding the activities they give you to reduce stress and anxiety is even more important. I feel that the work is more complete.

Language in Therapy

One of the central questions in this investigation was the issue of language, given the focus on bilingual and Spanish-speaking clients. Participants shared about their use of language generally and in therapy, specifically. Below the use of Spanish, English, and speaking both in therapy will be discussed.

Spanish

The majority of participants in this study appreciated being able to speak Spanish in therapy, and most of them took the opportunity to do so when possible. Araceli stated that it led to more authenticity for them: "*siento que me expreso mejor en español y siento que, como lo mencioné teniendo la libertad de expresarme en español, siento que soy más como yo soy, más auténtica*." Translation: I feel that I feel that I express myself better in Spanish and I feel that, as I mentioned having the freedom to express myself in Spanish, I feel that I am more like myself, more authentic.

She also specifically mentioned a connection between speaking Spanish and being able to express her emotions: "*Si hablara inglés en terapia, siento que mis emociones no saldrían, como las siento en verdad*." Translation: If I were to speak English in therapy, I feel that my emotions would not come out, as I really feel them.

Similarly, Isabel, who had spoken English in therapy previously, expressed:

> *Pues, o sea, sí me puedo articular. Sí puedo hablar, you know? Pero ya cuando empecé con esta terapeuta más reciente dije "Oh my gosh." O sea, era algo que yo nunca había experimentado. Un sentimiento así como que (sigh), pues en las en las terapias, algo maravilloso. Ya que, pues, yo le dije que era bilingüe y ella tomó como la iniciativa de hablar solamente el español y dijo "si tú quieres también podemos hablar inglés." Y yo*

dije "sabes que, yo me voy a proponer solamente voy a hablar el español, a ver." Y no sé, es algo… Fluyó, no sé… Ahora, no me puedo imaginar yendo a terapia y solamente hablando en inglés, ya que es una experiencia muy bonita.

Translation

Well, I mean, I can articulate [what I want to say]. I can talk, you know? But when I started with this most recent therapist I said "Oh my gosh." I mean, it was something I had never experienced before. A feeling like (*sigh*), well in the therapy, something wonderful. Because, well, I told her that I was bilingual and she kind of took the initiative to speak only Spanish and she said "if you want we can also speak English." And I said "you know what, I'm going to aim to speak only Spanish, let's see." And I don't know, it's something... It flowed, I don't know... Now, I can't imagine going to therapy and only speaking English, because it's a very nice experience.

While Verónica had a variety of negative experiences with therapy with Latinx providers, she also noted that "when [therapy] is in Spanish, it is just a little bit easier to say it because Spanish is my native language, and that's the first thing that I think of." Elena noted that although she prefers working with Latinx providers, she also prefers therapy in English: "in Spanish I am going to be stuttering or trying to find the proper word to use."

English

Some participants also discussed speaking English in sessions. A few of them preferred this as they felt less comfortable speaking Spanish due to their relationship with the language. Carolina noted that she primarily speaks in English, although she also appreciates that her therapist can speak Spanish with her parents:

Cuando estamos solas es inglés todo el tiempo. Cuando tengo a veces bloqueos mentales que no me puedo expresar, solo le digo "dame un segundo." No digo en español, sino que trato de organizar mis ideas en inglés. Hay a veces, ocasiones, en las que me gustaría expresarme con más facilidad y tiendo a frustrarme harto cuando no puedo decir las cosas como las diría en español.

Translation

When we are alone, it is English all the time. When I have mental blocks at times when I can't express myself, I just tell her "give me a second." I don't say it in Spanish, but I try to organize my ideas in English. There are times when I would like to express myself more easily and I tend to get very frustrated when I can't say things the way I would say them in Spanish.

Verónica's experience was similar:

Sometimes I feel like I struggle a little bit just because I'm thinking of the correct words. "How am I gonna translate this in English?" because you know how you have to go like backwards? So, I think I feel comfortable saying it in English as long as they have the patience with me and I'm like "wait, *¿cómo se dice?*," and I start talking like that, you know?

Back-and-Forth

Several participants shared that it was helpful to be able to go back and forth between Spanish and English in therapy, which more closely resembled how they speak at home or how they think. Daniela, who typically feels more comfortable speaking in English, noted:

I mean I feel like I'm better at speaking English, I mean at least some more comfortable like communicating and having conversation with somebody. But there were times where

like we'll go back and forth from English to Spanish, which I appreciate, just because that's how I am at home and like that's…I don't know, it's easy for me, it comes easy to me. So, yeah that was nice.

She also shared about why and when she tends to speak Spanish in therapy:

> My parents are both immigrants from Mexico, so, I mean there is a lot of Spanish at home. So, I think, for me, like it felt like, like I just feel more comfortable sharing the story like in terms yeah like just heavier topics in Spanish.

Elena expressed:

> Once I saw that it was both English and Spanish, it just felt different. It's not something I felt uncomfortable with, like, it was immediately something I enjoyed and I don't know I just felt something like… Like home, I guess I could say. I just felt comfortable, that's the best way I could explain it.

On the Therapist's Language

Therapists' level of proficiency in Spanish made a difference to some participants, but not to others. Isabel noted that one of her therapists who identified as Latinx and spoke Spanish, yet her proficiency was not sufficient to do therapy in Spanish. While this quote could have been simplified for ease of reading, I wanted readers to see the initial transcription, which demonstrates her hesitance and how difficult it was for her to say that it was less comfortable for her to do therapy with this therapist compared to her current fluent therapist.

> One did, and that was good, but it wasn't… This is going to sound weird, but her Spanish… The majority of our sessions would be mainly in English and sometimes you would like code-switch, but it wasn't… It was just like some, like phrases, you know like, it wasn't full on sentences. I felt like, it was, not to say that her Spanish wasn't great… but

> I think it was the… I think like what's helped a lot is that right now, my therapist is a native speaker, like *native* Spanish speaker, and my other one, I think she was Chicana or Latina and just like me, and since I'm… that's not to say like my Spanish is nowhere and like awesome, great, but, and I don't know, I wasn't really comfortable; I felt like [we weren't] able to have full-on sessions in Spanish because I don't think she was able to.

Carolina also noted that her therapist was not completely fluent, but that the time it takes her to understand does not impact therapy: "*Ella entiende español. Le cuesta un poco comunicarlo, entonces, pues, a veces tenemos esas pausas de que está procesando la información pero, pues, no es un problema*." Translation: She understands Spanish, but it is a little difficult for her to communicate it. So sometimes we have those pauses when she is processing the information, but it is not a problem.

Culture in Therapy

Cultural similarities and differences between participants and their therapists appeared to shape their relationship and the work of therapy. While for most participants having a similar cultural background to their therapist led to more connection, for others, having cultural differences led to feeling like fewer assumptions were made and created a more professional environment. This is further explored in the cultural similarities and differences codes below.

Moreover, some participants had explicit conversations about cultural similarities and differences between them while other times they were not named in sessions, but participants were implicitly aware of them and reflected on their experiences in the interview. Examples of these are provided below.

Similar

Most participants expressed that they felt more *confianza* and connection with therapists who shared identities, whether these were explicitly or implicitly discussed. In fact, for many this seemed to be at least as important as sharing the language. Generally, the factors that were mentioned or alluded to fell into the race category, but the intersection of race and gender also seemed consistent and significant.

> Daniela talked about the similarity of her and her therapist's identity-related experiences:
>
> At some point like we shared about [culture], and I was just like, "oh my gosh, like being in like White schools as a Latina," like I remember sharing something like that to her. And it was like a little bit of a bonding moment. She made me feel more comfortable about it.

Araceli also noted that having similarities in values as well as identities was connecting:

> *Y conectamos mucho en eso también respecto a la comunidad LGBT. Mi familia y su familia, pues, no están de acuerdo con eso y nosotras… O sea, es como ni siquiera tienes que estar de acuerdo o no de acuerdo, es lo más normal del mundo. Sí conectamos mucho en ideas, como se ven ahora en el presente y cómo nuestros padres o nuestra familia lo veían antes. Porque es una persona que también habla español y sí me entiende porque igual conectamos con la cultura, conectamos con nuestras ideologías, y me ha ayudado demasiado.*
>
> Translation
>
> And we connect a lot on that as well regarding the LGBT community. My family and her family, because they don't agree with that and we…. I mean, it's like you don't even have to agree or disagree. It's the most normal thing in the world. We do connect a lot in our

ideas, how things are seen now in the present and how our parents or our family saw it before. Because she is a person who also speaks Spanish and she understands me because because we connect over culture, we connect over our ideologies, and she has helped me a lot.

Different

Two participants shared the benefits they have experienced from therapists who do not share some of their most salient identities, in these cases, race and language. However, most other participants also mentioned feeling less connected from therapists who did not hold similar identities to theirs. Some noted that they would prefer to not work with a White therapist, a male therapist, or a therapist who had different values or beliefs. Earlier in the section on challenges, Daniela recounted the difficulty of connecting with her older, White female therapist. However, Guadalupe, who was the single participant to only ever have had a male therapist noted that while there were some challenges with sharing some intimate details about her life, the age difference and trusting professional relationship made it easier.

Yolanda, who had experiences with both a bilingual (English-Spanish), Latina therapist and a Black, monolingual (English-only) therapist, noted this about the latter therapist whom she was saw the longest:

Pero siento que a veces si somos de la misma cultura, como que dicen "Oh, sí, eso siempre pasa." Y me gusta que tenemos la diferencia porque no sabe exactamente de qué es lo que estoy hablando y qué es lo que estoy expresando. Y me da de su perspecto (perspectiva) de que es lo que entienda.

Translation

But I feel like sometimes if we're from the same culture, they kind of say “Oh, yeah, that always happens.” And I like that we have differences because she doesn't know exactly what it is that I'm talking about and what it is that I'm expressing. And she gives me [a response] from her perspective, from what she understands.

Verónica noted about her variety of experiences:

Al mismo tiempo me siento como mejor atendida con los que hablan inglés. Me siento que estoy con alguien bien profesional si es en inglés, si no es de mi cultura. Porque al mismo tiempo es bueno tener una opinión que sea non-biased.

Translation

At the same time I feel like I am better served by those who speak English. I feel like I'm with someone very professional if it's in English, if it's not from my culture. Because at the same time it's good to have a non-biased opinion.

Explicit

Participants spoke about explicit conversations in therapy regarding cultural similarities and differences between them and their therapist. Araceli noted that they had experienced explicit conversations in her therapy group:

Hablamos sobre nuestra cultura, sobre nuestros backgrounds, sobre de dónde venimos, quiénes somos, cómo nos va en la familia, y nuestras cosas de niñez. Pues es un grupo en el que podemos compartir cualquier cosa. Hemos tocado el tema de pues de dónde venimos y todo eso.

Translation

We talk about our culture, about our background, about where we come from, who we are, how we are doing in our family, and our childhood things. Well, it is a group where we can share anything. We have touched on the subject of where we come from and all of that.

Implicit

This code was when cultural similarities or differences were not explicitly discussed but were implied, perceived, or assumed. Isabel reflected on the unspoken realization that she and her therapist share cultural identities and experiences: "*Nunca lo había pensado que sí entiende, no sé, ahora que lo pones [así]… Me estoy dando cuenta como que 'ah si, compartimos la misma cultura.' La misma. Pero no es algo que he pensado*." Translation: I had never thought about it that she does understand. I don't know, now that you put it [that way], I'm realizing like that 'ah yes, we share the same culture.' The same one. But it's not something I've thought about.

Familia

While family in and of itself is not typically considered part of an individual's cultural identity, the family background, history, and cultural differences, such as immigration status, acculturation, and cohort or generation do make up parts of one's identity. As mentioned previously, familial messages regarding mental health were part of participants' journey to therapy. Also, family seemed to be preponderant in providing context for therapy access and attendance as well as making up content of therapy. Daniela noted that it was present in her various experiences of therapy:

I [talked about family] with most of them, if not all of them. I remember that the first one, that was like a big thing and kind of like that was like my first impression of therapy: it

was kind of like breaking down my whole family tree, like where I come from and everything like that. Just so like she could understand like my roots and like what my upbringing was like.

Feedback for Therapists

Participants were asked to provide feedback for their therapists, the agency and the field of counseling. While many of them initially said that they did not have specific feedback, as the conversation unfolded their responses broadened to illuminate their preferences, hopes, and needs. All segments that were coded as feedback have been included to allow participants' voices to speak for themselves. Among responses, a couple of themes surfaced: one related to family in therapy and one about advertising services. For young adults who had attended therapy individually or with their parents, having the choice of how or when to have family included felt important, though including family or a partner for a session or two when seen in individual therapy was also requested. The promotion of counseling services specifically in Spanish was one of the common threads between participants regarding feedback.

Araceli

Araceli would have liked to provide this feedback to their first therapist:

Siento que a la primera terapeuta que tuve aquí en la universidad, antes de la que estoy viendo ahorita, a la que ya que me ignoraba, a la que no me entendía bien… Siento que a mí me gustaría que esa persona fuera sincera, y si no me entendía que me lo dijera o si quería que lo repitiera antes de que me volviera a preguntar alguna cosa. O sea, estás ayudando a los demás, ¿o no? No tienes que fingir que sí estás en la conversación cuando no. Así no puedes ayudar a las personas… Y que si fuera necesario que me

cambiara de terapeuta, pues lo podía hacer. Porque en serio la estoy pasando mal y no estoy aquí para que me digan que sí me entienden, pero no me entienden.

Translation

I feel that the first therapist I had here at the university, before the one I am seeing now, the one who ignored me, the one who did not understand me well... I feel that I would like that person to be sincere, and if she did not understand me to tell me or if she wanted me to repeat it before she asked me something again. I mean, are you helping others, or not? You don't have to pretend you are in the conversation when you are not. That way you can't help people... And if it was necessary for me to change therapists, I could do it. Because I'm really having a hard time, and I'm not here to be told that they understand me but they don't understand me.

When providing services to bilingual clients, she recommended letting them choose the language:

Pues siento que lo más importante, así como tú lo hiciste conmigo antes de empezar, preguntar de cómo quieres tener la terapia, es darle la persona la elección de que él/ella elijan. Siento que ese es el primer paso. No sé, la primera buena opción. Y después de ahí, pues, simplemente, ayudar al paciente con lo que tiene, pues, con sus preguntas, con sus situaciones de vida.

Translation

Well, I feel like the most important thing, just like you did with me before you started, it to ask about how you want to have therapy, is to give the person the choice that he/she chooses. I feel like that's the first step, I don't know, the first good choice. And after that,

well, simply helping the patient with what he/she has, with his/her questions, with his/her life situations.

She also expressed:

Siento que es muy necesario tener más personas, más terapeutas, que hablen español… Siento que es súper necesario porque hay personas que totalmente no hablan inglés y quieren o necesitan la ayuda, y a veces no la hay. Y siento que al tener como que una terapeuta que sea bilingüe es una ayuda enorme. Así como me la han dado a mí, siento que puede ayudar a muchísimas otras personas que, a lo mejor, no pueden hablar inglés. Siento de mi perspectiva y de mi experiencia, siento que eso podría ayudar a muchas personas.

Translation

I feel that it is very necessary to have more people, more therapists, who speak Spanish... I feel it is very necessary because there are people who totally don't speak English and want or need help, and sometimes there is none. And I feel that having like a bilingual therapist is a huge help. Just like they've given it to me, I feel like it can help a lot of other people who might not be able to speak English. I feel like from my perspective and from my experience, I feel like that could help a lot of people.

Carolina

Carolina talked about feedback from her individual therapy experience and also, more broadly, the importance of promoting Spanish or bilingual services.

Regarding her own therapist, she reflected:

Tal vez el tema de saber, que si yo hubiera sabido que ella hablaba español desde un comienzo, creo que hubiera usado el español muchísimo más seguido. Y hubiera podido

expresar ciertas cosas de mejor manera porque hubiera sabido que ya me hubiera entendido mi idioma. Sí, ha sido bastante de ayuda, pero me hubiera gustado saberlo desde un principio para yo no ponerme esa presión o ese peso en los hombros de decir, "Bueno cómo se dice esto? Tengo que decirlo bien. Cómo poner las palabras en orden para tratar de expresar lo que realmente estoy sintiendo?" Si yo hubiera sabido eso, el peso hubiera sido mucho menos, hubiera sido mucho más ligero, por supuesto. Entonces diría, saber eso desde un comienzo me hubiera permitido muchas cosas, hablar de muchas más cosas, y sentirme más tranquila, más de lo que ya me siento hubiera sido bueno.

Translation

Maybe the issue of knowing that if I had known that she spoke Spanish from the beginning, I think I would have used Spanish a lot more often. And I would have been able to express certain things in a better way because I would have known that she would have understood my language. Yes, it has been quite helpful, but I would have liked to have known that from the beginning, so that I didn't put that pressure or that weight on my shoulders to say, "Ok, how do you say this? I have to say it right. How do I put the words in order to try to express what I'm really feeling?" If I had known that, the weight would have been much less, it would have been much lighter, of course. So, I would say, knowing that from the beginning would have allowed me to do many things, to talk about a lot more things, and to feel calmer, more than I already feel would have been good.

Carolina further detailed the importance of promoting Spanish-language services:

Debería decir mucho de que el acceso viene primero de la promoción del servicio por decirlo así. Muchas veces, o pues, como te digo, yo no sabía, mis padres no sabían,

porque nunca nadie nos dijo, "Hay especialistas que hablan en español; puedes acceder al servicio porque tenemos alguien que habla tu idioma." No es algo que se dice muy frecuentemente y es una barrera que siento que es muy presente. Hablo, ejemplo, la comparación de mi experiencia con la mis padres. Yo llegué ahí hablando inglés, y oh, ¡sorpresa! Hablaba español perfecto. Pero mis padres inicialmente buscan una persona que hable español. Si no se promociona bien o no se dice, es algo que no es mencionado, por lo que hace que ellos no busquen ayuda. Es decir, porque cómo voy a ir allá si no hablan el idioma? Cómo me voy a expresar si no me entienden? No me van a entender o no me voy a hacer entender. Sería muy bueno que se promocionara ese servicio, que se le hiciera saber a esas familias que "sí tenemos gente que te pueda ayudar porque hay gente que te entiende y gente que habla tu idioma." Si se enfocara más la ayuda bilingüe al solo hacer la promoción o hacerle saber a la comunidad que el servicio es accesible para todos, sería muy bueno, muy bueno.

Translation

I should say a lot of the access comes first from the promotion of the service, so to speak. A lot of times, or well, as I sad, I didn't know, my parents didn't know, because no one ever told us, "There are specialists who speak Spanish; you can access the service because we have someone who speaks your language." It's not something that's said very often and it's a barrier that I feel is very present. I talk about, for example, the comparison of my experience with my parents. I arrived there speaking English, and what a surprise! She spoke perfect Spanish. But my parents initially would look for a person who speaks Spanish. If it's not promoted well or it's not said, it's something that's not mentioned, so it makes them not seek help. I mean, because how am I going to go there if they don't speak

the language? How am I going to express myself if they don't understand me? They are not going to understand me or I am not going to make myself understood. It would be very good to promote this service, to let these families know that "we do have people who can help you because there are people who understand you and people who speak your language." If they focused more on bilingual assistance by just promoting it or letting the community know that the service is accessible to everyone, it would be very good, *very* good.

Daniela

It felt like it was more of like oh, this is academic anxiety or this is just everyday stresses that you have. It wasn't more of like a "you told me ABC, um, like being Mexican-American, being first generation, has to play part in how you're feeling right now." But yeah, I think if I would have recognized that I would have continued a little bit longer, I don't know, it would have been helpful for me.

Elena

Elena's feedback was for less pressure initially when trying out group therapy and to promote therapy in Spanish:

The one thing I will say that I do sometimes wish was different is that when you first sign up for therapy they tell you like, "Oh if you try out group like you could just come in and listen in and see what it's like." But I feel like they kind of lie because they make you speak, and they're like, "How do you feel about this, how do you feel about that?" And that kind of like brings pressure to the person.

Also, regarding promotion:

I guess maybe just promote it ‘cause I feel like maybe not a lot of people know that there's Spanish-speaking therapists or that there's a space for you to be in group and speak in Spanish. Because … maybe a lot of different other Spanish speakers don't feel like they have a space where they could be open or vulnerable in Spanish.

Guadalupe

Aside from Guadalupe’s sincere gratitude for the help she received and expressing that she felt the quality of services was what she wanted and needed, she also mentioned that it would be beneficial to have more Spanish-speaking providers: “*Me imagino teniendo más terapeutas que hablen español, latinos que hablen español como nosotros, así, perfecto, fluído para que nos puedan entender, para que nosotros nos sintamos más en confianza*.” Translation: I imagine having more Spanish-speaking therapists who speak Spanish like us, yes perfect, fluent so that they can understand us, so that we can feel more confidence, trust.

Isabel

Isabel’s feedback for the therapists was primarily: “*Pues la otra me hubiera gustado que hubiera usado el español un poco más. De esta, ahorita, no, no es que no me puedo quejar. No se me viene nada a la mente*.” Translation: Well, the other one I would have liked to have used Spanish a little more. This one, right now, no, it's not that I can't complain. Nothing comes to mind.

Regarding access to therapy in Spanish she stated:

Yo diría que la única cosa es más, like exposure. Creo que yo, pues, antes de mi terapeuta actual pues, yo ni sabía que era una opción, especialmente en las escuelas. Ya que pues aquí todo es en inglés, no? Y creo que esto ayudaría muchísimo en las escuelas así diversas como las mía, the high school. O sea, esto no era una opción que yo hubiera

mirado o escuchado like growing up. Y pero, sí se entiende, ¿no? Porque también, pues no sé si el personal también es limitado. Yeah, pero… No sé la única cosa es que más exposure, especialmente en los campuses, en las universidades.

Translation

I would say the only thing is more, like, exposure. I think that I, well, before my current therapist, well, I didn't even know it was an option, especially in schools. Because everything here is in English, right? And I think this would help a lot in schools as diverse as mine, the high school. I mean this was not an option that I would have looked at or heard about like growing up. And yet, it makes sense, doesn't it? Because also, well I don't know if the staff is also limited. Yeah but... I don't know the only thing is that more exposure, especially in the campuses, in the universities.

Verónica

Verónica was the participant with the most extensive history in therapy and had reflected for some time about aspects she wish were different. She hoped to have a perspective that acknowledged strengths as well as challenges:

> I felt like I have to change everything. I feel like every time I went to therapy, I have to change… there's nothing good about me. I got to have some good stuff you know. I wanted to say "Just let me vent and accept it. Period. That's the end of it!"

Feedback she would want to provide the therapists from whom she benefited the most who ended up leaving the agency for survivors of domestic violence:

> The other thing is, don't quit! You traumatized me when you left. So do not do that again, but people have to move on. Or maybe before you left, send me to someone you trust that

you think, so I can continue with my sessions. Do not leave me hanging because that really did a number on me and my daughter at that time.

She reported feedback she would provide to a recent Latina therapist:

I would definitely tell her she needed to listen to her client more instead of talking about her family so much. If you know you have a session from your home, do not be distracted by the dog, by your daughter or the rice. This happened three times. And make it more about your client, not about yourself. I know you said just one thing, but I had to say all those things.

She pondered about how to involve her family even if she were attending individual therapy:

Yo sé que las terapias son individuales, pero si yo pudiera dar feedback sería cómo incluir a la familia, aunque sea una vez, de vez en cuando. Porque si yo te estoy hablando de mi familia, de mi esposo, de mis hijos, sería para mi ideal. Yo sé que no es terapia familiar, pero si mis hijos están aquí, pueden escuchar yo que yo les estoy diciendo de otro punto de vista, como que, si tú le dices a mi hija lo que yo estoy pasando, ella lo puede entender mejor. ¿Me entiendes? Does that make sense? O mi esposo, si estoy pasando por un problema con mi esposo, aunque no sea marriage counseling, pero, ¿por qué no traerlo a una sesión para que todos estemos on the same level?

Translation

I know that therapy is individual, but if I could give feedback it would be how to include the family, even once in a while. Because if I am talking about my family, my husband, my children, it would be ideal for me. I know it is not family therapy, but if my children are here, they can hear what I am telling them from another point of view, like, if you tell

my daughter what I am going through, she can understand it better. Do you understand me? Does that make sense? Or my husband, if I'm going through a problem with my husband, even if it's not marriage counseling, but why not bring him to a session so that we're all on the same level?

Regarding her logistical preferences in duration and scheduling for therapy, she mentioned:

Prefiero una hora y media cada dos semanas. Una hora semanal no es nada. Uno trabaja tanto y tiene tantas cosas que hacer, que se me hace difícil, y yo creo que en una hora y media uno puede sacar lo que ha vivido en una semana y media.

Translation

I prefer an hour and a half every two weeks. An hour a week is nothing. One works so much and has so many things to do, that it is difficult for me, and I believe that in an hour and a half one can get out what one has lived in a week and a half.

Tal vez no involucrarse tanto en, ¿cómo explicar? No creo que hay que mejorar tanto, tal vez ser un poquito más professional… No ser tan confianzudo. Con otros he hablado y sentimos que cuando hemos ido a un terapéutico hispano, es con que estamos hablando con la vecina.

Translation

Maybe not to get so involved in, how to explain? I don't think you have to improve so much, maybe be a little bit more professional... Not be so trusting. I've talked to others and we feel that when we've gone to a Hispanic therapist, it's like we're talking with our neighbor.

She also offered feedback about the content of therapy:

Pero también entrar más a lo fundamental y enseñar a las personas a llegar a lo profundo, del principio, del fundamento de la razón de la que estoy como estoy hoy. De ahí sale todo. Si mi familia era así, yo también salgo así, pero quiero cambiar y necesito aprender cómo.

Translation

But also to go more into the fundamentals and teach people to get to the depths, to the beginning, to the foundation of the reason why I am the way I am today. That is where everything comes from. If my family was like that, I also come out like that, but I want to change and I need to learn how.

Finally, she shared her desire for Latinx therapists to teach and validate Latinx clients:

Nos pueden enseñar tanto. Yo creo que aquí en Estados Unidos tienen que enseñar a los padres que no es normal. Le hacen creer eso a uno pero no es así. Los terapéuticos hispanos deben involucrarse en decir, "I'm sorry you grew up that way. You should not have gone through what you went through just because the culture accepted that you were treated that way." I think I wish I could tell them that. So teach us!! Because we don't know. It's just a vicious cycle of mistreatment and pain.

Translation

They can teach us so much. I think here in the United States they have to teach parents that it's not normal. They make you believe that but it's not. Hispanic therapists should get involved in saying…

Yolanda

The majority of Yolanda's feedback centered around listening to clients, offering space, asking for their preferences, and finding ways to have translators even if therapists do not speak Spanish. She initially encouraged therapists to just listen:

> *Yo digo que pues nomás de escuchar a los pacientes aunque si hay un lenguaje que no sabe la otra persona que aunque sea just nomás intentar o a tratar de encontrar formas para hacerlo porque me acuerdo que la terapista que le dije de que nomás fui como tres veces, ella como que no escuchaba muy bien los pacientes. Como nomás les contaba cosas y como "okay next, okay next." Y que como no deja hablar del tema más. Como, si alguien está hablando un tema, deje que hable de ese tema hasta que no quiera. Y después mover a la segunda pregunta porque yo pienso que nada más quería ponerle check a todas sus preguntas en vez de preguntar cosas, escuchar y dar consejos o algo así. Nomás era, "okay me contestó esta, me contestó este, y ya."*
>
> Translation
>
> I say just to listen to the patients, even if there is a language that the other person does not know, just try or try to find ways to do it, because I remember the therapist that I told you about that I only went about three times, she did not listen very well to the patients. Like she just told them things and like "okay next, okay next." And like she doesn't let them talk about it anymore. Like, if someone is talking about a topic let them talk about that topic until they don't want to anymore. And then move on to the second question because I think she just wanted to check all her questions instead of asking things, listening and then giving advice or something like that. It was just, "okay she answered this one, she answered this one, and that's it."

She also mentioned what would have felt helpful to her:

> *También lo que la terapista hizo es que no preguntó si quería que mi mamá esté allí o no. Y a veces, no sé si es algo que ella tenía que hacer? Pero a veces yo prefiero que no esté o que esté por una porción de la sesión y luego que venga o que no esté. Nomás que pregunten si quieren que los papás estén aquí o no. Y si quieren, ya después al ultimo.*
>
> Translation
>
> Also what the therapist did is she didn't ask if she wanted my mom to be there or not. And sometimes, I don't know if it's something that she had to do? But sometimes I'd rather she not be there or be there for a portion of the session and then come or not be there. Just ask if they want the parents to be here or not. And if they want them to be here at the end of the session.

Lastly, she agreed that there is a lack of Spanish-speaking therapists, "*Yo creo que no hay suficiente gente que habla español que son terapistas…O aunque sea que hagan como un título para tener un asistente que sí habla español, y así pueden traducirse entre todos juntos*." Translation: I think there are not enough Spanish-speaking people who are therapists… Or at least make it like a degree to have an assistant who does speak Spanish, so they can translate for each other together.

Cultural Experiences and Background

The cultural context theme was one that I struggled to situate in relation to how participants described their experiences in therapy because it did not emerge as a response to the primary questions in the study. Notwithstanding, cultural context and experiences are meaningful to the conversation given that these aspects are woven into the therapy experiences shared by participants, and related to the reasons for therapy or relevant content to their therapeutic

process. Participants spoke about their history of immigration, relationships to language, experiences of discrimination, and their association with their own cultural backgrounds. Some of them reported that they discussed these experiences in therapy while others made mention of them not in relation to their experience in therapy. Regardless of whether or not it was stated in therapy, the interrelation between participants' identities, life experiences, and therapy is compelling.

Two limitations that pertain to understanding the following section are: the challenge of pinpointing some of the participants' experiences in clear, succinct quotes, and the connections between the phenomena I want to represent. As a researcher I had the benefit of taking in the whole of participants' narratives and now have a panoramic view of which I can only convey a slice. Also, significant relationships exist between the themes addressed and it was at times difficult to select a category or code because of these nuances.

Immigration

All participants talked about either their own experiences or their parents' experience immigrating to the United States, and how that plays a part in their language, experiences of discrimination, and relationship to their own culture. Given that this was communicated in passing or as a way to explain something else, direct quotes are not included. However, looking at other sections, the reader will notice that immigration was discussed.

Bilingualism

Participants had distinct relationships with Spanish and English, which impacted how they engaged in therapy as well as their view of themselves living in an English-speaking society or Spanish-speaking family or community. These relationships generally corresponded with their preference for speaking English, Spanish, or both in therapy. This section is distinct from the

previous one which delineated their language preference in therapy in highlighting the stress and challenges of being bilingual.

Carolina mentioned talking about the impact of learning English with her therapist:

Creo que también hemos hablado de la brecha del lenguaje, más en el sentido individual, no tanto familia. Una de las cosas, pues, que le he comentado, una de las fuentes de mi estrés, ha sido los retos que me ha puesto el lenguaje, y los retos que a mis padres como individuos, no como familia, les ha puesto en su camino y en nuestra estancia aquí en este país.

Translation

I think we have also talked about the language gap, more in the individual sense, not so as a much family. One of the things, then, that I have talked to you about, one of the sources of my stress, has been the challenges that language has put on me, and the challenges that my parents as individuals, not as a family, have been put in their way and in our stay here in this country.

Elena noted her experience of being bilingual with pressure to speak Spanish well in addition to English:

I'm bilingual, but sometimes it's hard for me to speak [Spanish] because I just feel like there's a lot of judgment if you don't say things properly. And I feel like I just want to say things properly, and sometimes I feel like I can't because I have both languages. So, it's kind of difficult, and I sometimes forget a word so that makes me switch on and off.

Isabel commented about the challenge of being bilingual, and growing up in a Spanish-speaking home:

Mi mamá lo entiende, mi papá también habla un poco, pero en la casa solemos hablar solamente el español. Y creciendo, pues, así fue. So, para mí el inglés y el español es una batalla que he tenido. Ha sido muy fuerte en mi vida, personalmente.

Translation

My mom understands it, my dad speaks a little bit too, but at home we usually only speak Spanish. And growing up, well, that's how it was. So, for me English and Spanish is a battle I've had. It has been very strong in my life, personally.

Relationship With Spanish

One more aspect to the relationship with language is how it is tied to culture and a sense of belonging. Verónica explained:

Hablando en español, I feel… home. Does that make sense? Hablando en español, I feel like it has to do with culture, I think. Como que siento que… Viste como me entendiste de una vez cuando yo te dije que la terapéutica fue a cocinar el arroz? Si yo se lo digo eso a un gringo, he's gonna be so confused, like what? You know what I mean? Como que yo no siento que tengo que explicártelo tantas veces o tratar de buscar una manera de… Ya me entendiste.

Translation

Speaking in Spanish, I feel… home. Does that make sense? Speaking in Spanish, I feel like it has to do with culture, I think. Like I feel that... Did you see how you understood me once when I told you that the therapist went to cook the rice? If I say that to a gringo, he's gonna be so confused, “like what?” You know what I mean? Like I don't feel like I have to explain it to you so many times or try to find a way to... You know what I mean?

Viviendo en (Living in) América and Discrimination

Along with sharing about their immigration stories, participants discussed their experiences of living in the United States (*viviendo en América)*, especially with regards to discrimination they faced based on their race, culture, and language. Daniela noted the challenge of her parents coming from Mexico and being less familiar with the educational system in the U.S:

> At least for me, I mean, my parents are immigrants from Mexico, again super smart people, of course I love my parents and like I will give them their title everyday, you know. But it was, when it came to school, it was like they can only help me up to a certain grade.

She further shared the challenge of processing in therapy:

> It's just if my, like my trauma came from my upbringing in White schools and being like the only Mexican person, like I don't know, I feel like it's hard to… I'm going to tell this to a White woman. Like it doesn't feel like, I don't know, it's like there's a disconnect there for me.

Isabel had a similar type of experience in college: "*Y ya cuando entré a la universidad ese disbalance, mirando a mis roommates, eran muy inteligentes. Yo me comparaba y me sentía muy tonta, especialmente con lo que le digo de español e inglés. No, aún más*." Translation: And then when I entered college that imbalance, looking at my roommates, they were very smart. I was comparing myself and I felt very silly, especially with what I tell you about Spanish and English. No, even more.

Relationship With *Latinidad*

Participants' relationship with their cultural heritage and identity varied, but several discussed challenges with acculturation, being bicultural and navigating their specific Latinx culture (e.g., Mexican, Colombian, Dominican), and others also discussed their positive relationship with their culture of origin. The idea *ni de aquí ni de allá was* discussed with my cross-coder, that is, not from here nor from there, and feeling like they could not belong in either culture.

Carolina spoke of her positive relationship with her culture:

Sí hemos tenido conversaciones sobre eso. Cuando yo hablo de mi cultura, yo amo mi cultura, amo mi país, amo mis valores. No es algo que yo quiera cambiar porque, si bien estamos en un nuevo país, hay cosas a las que tengo que adaptarme, por supuesto. La cultura no es algo que yo quiera cambiar. No es no porque no quiera y no me quiera abrir a experimentar otras cosas. Es porque como soy, como he crecido, me han ayudado a estar donde estoy. Me es algo que ha sido positivo en mí. He tenido buena influencia. Es algo que yo amo, no es algo que yo quiera cambiar.

Translation

Yes, we have had conversations about that. When I talk about my culture, I love my culture, I love my country, I love my values. It's not something I want to change because, even though we are in a new country, there are things I have to adapt to, of course. Culture is not something I want to change. It's not because I don't want to and I don't want to open myself to experience other things. It's because the way I am, the way I've grown up, they have helped me to be where I am. It's something that has been positive in

me. I've had good influences. It's something that I love …it's not something that I want to change.

Elena shared about her challenging relationship to her culture:

There was a time that I kind of didn't want to be Mexican. It's kind of sad for me to say that I just felt like I didn't. There was no connection there because I was obviously I grew up with the language, the traditions, and in a predominantly Hispanic city, but I just felt like I didn't have the real connection with my look and like my parents' native country. I just feel like there wasn't enough representation. And I just like I didn't really have a proper example of what our country is, I guess you could say. I didn't really know the country as well. I'd never been to Mexico until I was 14.

Intersectional Identities

The intersection of identities, especially Latina (Latinx and female-identified) along with level of Spanish language proficiency, cultural background in terms of values and experiences, and even immigration experiences, were sometimes assumed to be related, like in the implicit similarities and differences discussed earlier. As previously presented, for some participants, the more cultural similarities, the more *confianza* they felt. The intersection of language and race in particular was notable across interviews. For example, while Daniela did not prefer to attend therapy completely in Spanish, it was important to have a therapist that had more cultural similarities, who looked like her and understood her switching between languages:

And that's why I kind of like when I had my White therapist, I was like, "I don't think I can say something and you'll understand it," know it was just like I couldn't go back and forth and I think that was like again the comfortability thing. Like I feel more comfortable going back and forth, English and Spanish, with someone and then also in

terms of like I can talk to somebody who looks like me. That was a big part of it too for me.

Here Carolina describes her experience and understanding of the intersections between her English speaking ability and discrimination:

Creo que también hemos hablado de la brecha del lenguaje, más en el sentido individual, no tanto familia. Una de las cosas, pues, que le he comentado, una de las fuentes de mi estrés, ha sido los retos que me ha puesto el lenguaje, y los retos que a mis padres como individuos, no como familia, les ha puesto en su camino, y en nuestra estancia aquí en este país. Esa ha sido una bastante grande que desglosa muchas otras diferencias: experiencias de racismo, experiencias de discriminación. Sólo por el hecho de no poder hablar inglés, hay cierta percepción por parte otras personas, ciertas concepciones que se crean solo por el hecho de no poder expresarse bien en inglés. Esa es una que hemos explorado más en el sentido individual, no tanto yo como hija, ellos como padres, sino como individuos separados; cómo nos hemos ayudado, cómo han sido así las cosas, pero esa es una muy grande, una muy grande que hemos experimentado.

Translation

I think we have also talked about the language gap, more in the individual sense, not so much family. One of the things, then, that I've talked to you about, one of the sources of my stress, has been the challenges that language has put on me, and the challenges that my parents as individuals, not as a family, have had in their journey and in our stay here in this country. That's been a pretty big one that breaks down a lot of other differences: experiences of racism, experiences of discrimination. Just because you can't speak English, there are certain perceptions by other people, certain conceptions that are created

just because you can't express yourself well in English. That's one that we've explored more in the individual sense, not so much me as a daughter, them as parents, but as separate individuals; how we've helped each other, how things have been that way, but that's a very big one, a very big one that we've experienced.

Process Codes

The final set of codes reflects participants' experience in the interview, which is peripheral to their experiences in therapy, nevertheless their experiences in the interview mirrored some of their experiences in therapy and are relevant. Participants were eager to share about their experiences in therapy and appreciated having the space to share openly. Carolina's response summarized many participants' experiences:

Me hiciste sentir muy cómoda al saber que también podía hacer la entrevista en español. Como pues dije no me importa mucho si la hubiéramos hecho en inglés, pues perfecto también, pero pues expresarme en mi idioma me hace sentir bien. Me hace sentir cómoda. Me sentí muy a gusto contigo hablando de estas cosas. Saber que hablas español es muy bueno también. Buenas, muy buenas preguntas. En ningún momento me hiciste sentir incómoda o nada. Muy buena conversación, muy buena conexión, así que diría que ha sido muy buena, muy fructífera, eso debería decir.

Translation

You made me feel very comfortable knowing that I could also do the interview in Spanish. As I said, I don't care much if we had done it in English, that would have been perfect too, but expressing myself in my own language makes me feel good. It makes me feel comfortable, I felt very comfortable with you talking about these things. Knowing that you speak Spanish is very good too. Good, very good questions. At no time did you

make me feel uncomfortable or anything. Very good conversation, very good connection, so I would say it was very good, very fruitful, I should say.

Language During Interview

Participants had a variety of experiences using English and Spanish, including feeling most comfortable in English, most comfortable in Spanish, and comfortable switching back and forth between the two. Although I began every interview offering to conduct it in Spanish, Isabel and I spoke English for at least the first third or so. I offered again and she agreed to: "*Yo me sentí super cómoda. Te quería agradecer por haber ofrecido de que podíamos hablar español. No sé si hubiera sido lo mismo si la entrevista y sólo hubiera sido en inglés. Pero me senti cómoda*." Translation: I felt super comfortable. I wanted to thank you for offering that we could speak Spanish. I don't know if it would have been the same if the interview had only been in English. But I felt comfortable.

Daniela whose relationship with Spanish is different than some of the other participants shared what it would have felt like to have the interview in Spanish: "*Pienso que yo me intimido. Otra vez porque mi español, pienso que, sí hablo bien, pero,* I can only like, I don't know, go back and forth. But I think I would have been intimidated if it was just all in Spanish." Translation: I think I'm intimidated. Again, because my Spanish, I think that, I do speak well, but, I can only like…

Verónica enjoyed switching between English and Spanish: "I think it was great going back and forth. I feel very comfortable because I speak Spanglish and me gusta mucho ir para tras y pa'delante. La entrevista fue excelente." Translation: I like to go back and forth. The interview was excellent.

Translanguaging

Translanguaging is "the deployment of a speaker's full linguistic repertoire without regard for watchful adherence to the socially and politically defined boundaries of named (and usually national and state) languages" (Otheguy et al., 2015, p. 281). With the help of my cross-coder, this concept was observed across most participants. The switching back-and-forth, as discussed elsewhere, is a beneficial and adaptive skill. Below are some examples:

Verónica said:

> *Por ejemplo, porque yo reaccionaba a todo, porque yo era en auto-pilot, siempre like, I couldn't breathe. Pero, unfortunately, las dos se fueron al mismo tiempo, un año después, un año y medio después. So yo senti abandono doble all over again.*
>
> Translation
>
> For example, because I reacted to everything, because I was on auto-pilot, always like, I couldn't breathe. But, unfortunately, they both left at the same time, a year later, a year and a half later, so I felt double abandonment all over again

Araceli: "*Y ya no me empecé a sentir cómoda porque dije, pues no le estamos dando, no, como se dice en español no encuentro la palabra, deep in*." Translation: And I didn't feel comfortable anymore because I said, well, we're not giving him, no, as they say in Spanish, I can't find the word.

Connection

As was evident in the therapeutic relationship, the theme of connection was also present when discussing participants' experiences of the interview. Araceli noted:

> *Pues me sentí muy cómoda, también me sentí libre de expresarme, y también me gusta porque hay personas que te interrumpen cuando hablas y aquí como que yo hablaba, y tú*

me escuchabas. Y era como que me estás escuchando, me estás, este cómo se dice… dándome el espacio para expresar y hasta yo misma puedo analizar lo que estoy diciendo y a lo mejor entender varias cositas, y sabes, qué es lo que me gusta y qué es lo que no con las preguntas que me has hecho.

Translation

Well, I felt very comfortable, I also felt free to express myself, and I also like it because there are people who interrupt you when you speak and here it was like I was speaking, and you were listening to me. And it was like you are listening to me, you are, how do you say, giving...there is a word... giving me the space to express [myself], and even I can analyze what I am saying and maybe understand several little things, and you know, what I like and what I don't like with the questions you have asked me.

Gratitude

Many participants conveyed appreciation for the opportunity to participate in the study and to discuss their personal stories in therapy. Elena noted:

I just feel grateful for you giving me this opportunity to speak about my experiences with therapy because honestly not a lot of people are willing to hear it. I just felt really comfortable the whole time. I felt like you gave me an opportunity to speak of something I feel really passionate. Something about it just feels special to me.

Guadalupe similarly stated: "*Muy bien, muy bien, me siento bien de contar mi experiencia y contarle un poco de mi vida, lo que he pasado y que estoy mejor*!" Translation: Very good, *very* good, it feels good to tell you my experience and tell you a little bit of my life, what I have been through, and that I am better!

CHAPTER V

DISCUSSION

Following a brief summary, this chapter focuses on integrating the results of this study within the extant literature. Sections from results are compared with the scholarship till this point, then implications for practice, training, and research are addressed.

Summary of Findings

Given that scant research had previously focused on the clients' perspectives, this project began to answer a crucial question, especially as the Spanish-speaking population continues to grow and the field of psychology furthers their mission to provide culturally appropriate services (Pérez-Rojas et al., 2019; Trujillo, 2023). This study specifically adds to the literature by including participants from a variety of settings, and who describe their experiences in therapy, with specific focus on language use in therapy and cultural discussions. The answers to the question at hand varied given the unique experience of each participant, though based on my analysis, there are some general themes. Participants agreed that there was a lack of knowledge about bilingual therapy, too few bilingual providers, and poor affordability of these services. Once interviewees were able to access services, they generally had positive experiences, which led to feeling supported, to changes in their personal lives, and they expressed genuine gratitude for their therapists.

One additional, more global takeaway would be that given the diversity among the Latinx population (Motel & Patten, 2012), researchers and clinicians alike would benefit from considering the spectrum of their experiences. For example, this investigation revealed differences between participants' relationship with Spanish, how much they wanted to speak it in therapy, and their preferences for cultural similarities and differences with their therapists.

A relationship I have observed from this study is that between Latinxs and the need for culturally humble and language-specific services. As discussed in the literature review, the Latinx population has been growing rapidly (Flores et al., 2019), and while they have idiosyncratic strengths (Consoli et al., 2011; Coohey, 2001; Moreno & Cardemil, 2018), they also face mental health challenges, which are less likely to be addressed compared to White Americans (Alegría, Chatterji, et al., 2008). These challenges are often exacerbated by acculturative stress and socio-cultural messages as well as direct discrimination (Berry, 2006; M. López, Krogstad, & Flores, 2018). Lack of knowledge about therapy, lack of resources, stigma around mental health concerns, and potentially access to resources that may not be attuned to cultural and language needs for Latinxs then may exacerbate or at least perpetuate their mental health symptoms. Change must occur within the mental health system concurrently with socio-political change to support the health and wellbeing of our fellow human beings.

Integration With Literature

The purpose of this research was to highlight the voices of Spanish-speaking clients and feature their experiences in therapy, given that research has generally focused on Latinxs' experiences in therapy without the additional consideration of language. It was also important to center clients' voices, as much prior research has been on clinicians' experiences, including therapists-in-training and supervisors (e.g., Díaz-LePage et al., 2023; L. González et al., 2015; K. González, 2022; Interiano-Shiverdecker, 2021; J. López, 2017; Mezquita, 2020; Rivero, 2017; Rubio, 2017; Trepal et al., 2014; Valencia-Garcia & Montoya, 2018). The section below details how the present study's findings confirm, expand, or contradict others' related scholarship.

Access to and Reasons for Therapy

The two most preeminent factors that participants discussed regarding access to therapy were knowledge about therapy, especially in Spanish or bilingual, and free or low-cost services. Secondarily, family and cultural messages, whether supportive or not, created some degree of force toward or away from therapy. This study confirms previous findings, that cost and access to insurance are significant barriers (E. González, 2018; Rastogi et al., 2012). However, the participants for past studies were community members or groups of immigrants and not individuals who had attended therapy. In the current study, the cost was specifically more of a concern for non-college student participants, of whom there were only two. Nevertheless, college students also mentioned feeling nervous about cost once they graduated, unless they were already familiar with their insurance or knew of a community mental health agency that provided low cost or free services to them.

In the present study, individuals' family's views on mental health and accessing therapy played a salient role in access. Most of the participants sought help with the approval from their families, and those that did not were more likely to hesitate initially, which is akin to earlier literature (Ishikawa et al., 2010). However, one slight difference in the role of *familismo* is that Ishikawa et al. specifically noted the importance of not sharing personal or family matters with outsiders. In the present study, participants did not mention the notion that familial issues ought to remain within the privacy of the family.

The majority of participants in the study were referred to therapy by health or public services (school or police) and did not seek care on their own, comparable to Ishikawa et al.'s research (2010). Ishikawa et al. found that having a referral eased participants' fears about stigma and that having had previous positive experiences with mental health services led to

greater likelihood that they would seek out services again. Many of the participants in the present investigation had more than one experience with therapy and generally had positive ones.

Another difference between the present study and past research were legal status concerns when considering therapy, which was not explicitly discussed by participants in this study. Participants did not disclose legal status, but one acknowledged that being undocumented could be an impediment to others in the Latinx immigrant community. Rastogi (2012) and E. González (2018) both reported that their participants were fearful of experiencing racism and other forms of discrimination, which was another potential obstacle to seeking services. Participants in this study did not mention those experiences concerning therapy, but perhaps it was because generally they had positive, welcoming experiences. Nonetheless, they all alluded to experiences of discrimination outside of therapy and it was either a stressor that led them to therapy or specifically a topic discussed in therapy.

Regarding the presenting concerns for therapy, a variety were stated: from anxiety or depression, to another family member having a mental health diagnosis, to academic stress, and abusive or unhealthy relationships. Although I did not specifically ask about participants' level of distress when they began therapy, it appears that those who were in greater distress accessed therapy more quickly, whether for the first time or subsequent courses of therapy in line with past findings (Cheng et al., 2013). Previous research also noted that more highly acculturated individuals are more likely to seek out services (Derr, 2015). Relatedly, those with greater English proficiency are also more likely to be help-seeking (Delgado et al., 2006). Though this study did not focus on English proficiency, two participants chose to conduct the interview in English, and several mixed English and Spanish. Additionally, although Carolina completed the interview in Spanish and prefers Spanish, she said she uses English almost exclusively in

therapy. This is likely not sufficient evidence to support earlier research, but the data also do not disconfirm it.

Finally, regarding barriers to therapy, the concern about mental health stigma, which has been previously documented, was present as well (Cheng et al., 2013; E. González, 2018; Ishikawa et al., 2010; Kim et al., 2016). One distinct aspect of the mention of stigma in the interviews in comparison to the literature is that some participants mentioned it mostly in passing and it seemed to be much less prominent in their experiences. However, it is possible that their positive experiences in therapy surpass the impact of the stigma against therapy they once held or observed. Alternatively, perhaps the stigma around mental health services is starting to decrease in the Latinx community, though these hypotheses await further research.

Experiences in Therapy

Participants reported predominantly positive experiences in therapy. They expressed deep gratitude, shared that they learned from therapy, and reflected on how they have changed through the therapeutic process, similarly to prior research (Heilemann et al., 2016; Trujillo, 2023).

Notwithstanding, some of them also encountered challenges and negative experiences. For instance, one participant had difficulty connecting with a therapist based on cultural differences and was not able to share as openly. Another enjoyed working with her therapist but was put in the position of translator between her parents and her therapist. Negative experiences were differentiated from challenges based on the degree of impact on the client and their course of therapy. Examples include one participant who encountered more than one therapist who talked about their personal problems and crossed professional boundaries, a therapist who called her drunk and said he did not want to work with her, and finally a time she felt abandoned by

therapists with whom she had good rapport but ended up leaving without a referral. Another participant discussed their experience with an ineffective therapist that made them feel ignored.

Past literature does not address challenges, negative experiences, or harmful therapy specifically with Spanish-speaking or Latinx clients. The two closest studies to this one focus on the specifically positive experiences in therapy for Latinx clients (Trujillo, 2023) and the use of Spanish in therapy (Pérez-Rojas et al., 2019). However, previous scholarship on harmful therapy exists (Williams et al., 2021) as well as harmful therapy in explicitly aware, reflective, intentional multicultural counseling (Wendt et al., 2015). Some of the negative experiences mentioned by participants in this study certainly affected the therapeutic relationship, the effectiveness of treatment, and the individual. A further layer is the consideration of the multiple marginalized identities these individuals hold, and how difficult interactions with mental health professionals, regardless of professionals' own cultural identities, add to the stress and oppression of Latinx clients.

Regarding course of therapy, many of the participants in the present investigation have seen more than one therapist or had a variety of experiences in therapy, including non-individual modalities like group therapy and family therapy. Confirming the existing literature, most of them had positive experiences that led to them returning to therapy (Ishikawa et al., 2010). Those who returned to therapy when they had a less-than-positive experience appear to have advocated for their needs and persisted, similarly to Trujillo's (2023) findings.

Relationship With the Therapist

Participants' relationship with the therapist was a central component to clients' positive experiences. It appeared that connection and *confianza* are foundational to working through their presenting concerns or goals. The essential nature of the therapeutic relationship to client change

generally has been well-documented (Norcross & Wampold, 2011) as well as with Latinx-focused research (Ishikawa et al, 2010; Trujillo, 2023). Regarding relational style, most participants noted that warmth and openness were important to their trust in their therapist, which exemplifies the cultural value *personalismo* (Ishikawa et al, 2010).

The specific actions therapists took noted by participants consisted of, but were not limited to, showing empathy, listening, helping and supporting, validating and normalizing, and providing skills. These experiences corroborate prior research regarding positive Latinx experiences with their therapists (Ishikawa et al, 2010; Trujillo, 2023) as well as research on effective therapeutic relationships (Norcross & Wampold, 2011). Additionally, it is essential to call attention to the interrelatedness between relationship with therapist, culture, and language. While specific discussion of the cultural and language aspects of bilingual therapy will occur separately, an initial presentation regarding language in therapy follows.

Language in Therapy

Results from qualitative analysis demonstrated the diversity of relationships with language among these participants and how they preferred to speak in therapy, as discussed in prior literature (Pérez-Rojas et al., 2019). Some participants chose Spanish, others English, and finally, several appreciated being able to switch between the two. Those who chose Spanish or both Spanish and English to communicate with their therapist expressed a sense of comfort in doing so, like being home, which mirrors past research (Pérez-Rojas et al., 2019; Trujillo, 2023). However, two participants reported an inclination to speak in English given their relationships with both languages and greater ease of communication, albeit of importance for them to connect culturally with their therapist.

The finding that some Spanish-English bilingual clients prefer speaking English in therapy is new the literature, although other research on multilingual clients has also found that sometimes bilingual clients prefer using their second language (Cook & Dewaele, 2022). The reason these two participants preferred English to Spanish, though, was not the same as Cook and Dewaele's participants, who preferred to distance themselves linguistically from the trauma that had occurred in their countries of origin. Nevertheless, it is significant to observe the diversity of reasons multilingual clients choose the language in which they communicate in therapy. One of these participants specifically noted that she actually preferred discussing some of her trauma in Spanish, which also aligns with previous findings (Cook & Dewaele, 2022). Another distinction in Cook and Dewaele's research was the way the second language had been learned. Pavlenko (2012) proposed that because language learning happens simultaneously with emotional development, emotions tend to be felt more intensely in that language. Therefore, often, speaking in the language of origin in therapy can be helpful to process emotions and trauma (Verkerk et al., 2023). On the other hand, speaking in a language that was learned later in life may aid individuals in disclosing emotion-laden content in therapy that might otherwise feel too vulnerable to utter (Cook & Dewaele, 2022). Another association the authors observed was that perhaps the connection between a second language which has been experienced in a safe context could also make a difference, including with utilizing self-talk in whichever language feels safest. Recommendations for how to apply this research will be found below.

Culture in Therapy

In this study, participants shared regarding the cultural similarities and differences between themselves and their therapists, both those which they observed and assumed, and those explicitly discussed in therapy. The primary cultural identities identified in the interviews were

race and nationality, which was often also connected to language. Age, gender, and a social justice orientation as well as religion were present but mentioned less, while ability, immigration, and socioeconomic statuses were not considered.

Cultural similarities were typically experienced very positively, whether they were discussed explicitly or not. Participants felt more comfortable with therapists who shared similar backgrounds and identities and clients believed that they were better understood by them. This data resonates with past research that shows that not only the relationship but the match between client and therapist regarding level of similarity in cultural identities (race, age, gender, language) led to greater satisfaction in therapy (Ishikawa et al., 2010). Furthermore, for some, similarity was critical for connection, while others asserted that as long as their therapist demonstrated interest in understanding and openness to discussing their culture (i.e., cultural humility; Mosher et al., 2017), they felt connected. In another study, participants emphasized the comfort of having shared identities with their therapists, which then increased their safety in the therapeutic relationship (Trujillo, 2023). The relationship between the client and therapist, especially the role of connection and *confianza*, as stated earlier, are interwoven with cultural understanding.

Interestingly, one participant in particular preferred to not have a therapist from the same geographic area as herself, noting that she did not feel they were as professional as other therapists. At one point she stated she would want a "White, male" therapist. However, she endorsed that having a more similar age or an older therapist as well as a therapist who shared her spiritual beliefs were important for her to feel like she could respect and connect with her therapist. The age aspect may be related to the cultural value of *respeto*, as is the feeling that she could respect someone her age or older, or that it would be difficult to show the same level of

deference for someone younger. In a previous study, *respeto* was evident as participants expressed acting with deference toward older therapists and feeling more comfortable and relaxed with therapists closer to their own age (Ishikawa et al, 2010). Another possible explanation for this could be internalized racism (David et al., 2019). This occurs when individuals outside of the dominant White race are indoctrinated with values and stereotypes about their own racial group, which leads them to disrespect and devalue their own group or themselves.

Regarding the explicit and implicitness of cultural differences, research supports discussing culture in therapy as beneficial to outcome (Mosher et al., 2017). Although participants did not distinctly provide an opinion or feedback regarding cultural conversations, effective therapists likely created a safe space for clients. One participant who noted that cultural differences were not discussed explicitly by her therapist, said this deficit impacted her felt sense of safety to discuss cultural topics, which were ultimately impacting her presenting concern.

One more aspect of culture was discussed, which is family. The value of *familismo* appeared throughout interviews as participants narrated their experiences in therapy: from getting connected to therapy through family or keeping a distance initially because of family, to discussing family-related topics in therapy, most participants talked about their relationship with their family throughout their interviews.

Feedback

Given that this phenomenological inquiry sought to understand the essence of participants' experiences and be a platform for clients' voices, segments that were coded as feedback from participants was simply transcribed as such without further categorizing. However, the most repeated themes from participants were the need for promotion of services

and access to therapy for their fellow Latinxs. Another one was navigating family relationships within therapy: some wanted to be able to integrate family members in the session, one specifically wanted more collaboration to decide when to bring parents into her sessions. Lastly, there were responses to the challenging and negative experiences described earlier. For example, one participant who translated for her therapist and parents to understand each other shared the feedback that she would like to have a translator to do that or have a therapist who speaks Spanish.

As I reflect on asking participants to give feedback, I also know that *respeto* may have also been keeping them from sharing their complete opinions since I am a White, American woman who they just met, and am in academia in addition to being a therapist. I think they noted having a connection and trusted me, but unconsciously my role and social location might have also had an unfavorable impact.

Cultural Experiences and Backgrounds

Participants spoke of other cultural experiences as they shared about therapy. Some of these were discussed and processed with their therapists, but others surfaced tangentially as we dialogued. The topics included: immigration, discrimination, bilingualism, relationship with Latinidad, and intersectional identities. Each of these represents experiences of adversity and can also demonstrate resilience developed through them. These experiences point to the sociocultural system in which Latinx clients live, the backdrop of their day-to-day lives. Research points to the impact of acculturative stress, which mediated the role between perceived discrimination and psychological distress (Torres et al., 2012), and the impact of acculturative stress is especially present for college students and those with high levels of behavioral Anglo orientation (Berry, 2006; Crockett et al., 2007). While acculturation levels were not assessed in this study, most of

the participants were college students, and therefore likely experienced more acculturative stress. Several of them specifically talked about the stress around speaking a language correctly (English or Spanish), trying to navigate systems and values different than their own, and fear of not doing well or being thought of as "stupid."

Bilingualism was included due to the struggles multiple participants mentioned about feeling like they do not speak or one both languages well and the isolation and fear of judgment that ensues. Regarding relationships with Latinidad, similarly, some participants noted that they felt more or less connected to their culture. Feeling less connected seemed to increase internal turmoil and may be an indication of acculturative stress (Crocket et al., 2007). Finally, the theme of intersectional identities arose as participants assumed certain experiences or identities to be related to others, including language, nationality and race, immigrant identity. In addition to recognizing how Latinxs might think about and experience the connection between these multiple identities, it also behooves the reader to consider these as multiple layers of marginalization that many Latinxs experience.

Implications for Practice

Paramount to practice, this research sheds light on the need for more Spanish-speaking and Latinx therapists, as a shared language and cultural similarities help create the sense of *confianza* and connection that helps Spanish-speaking and bilingual clients feel safe and be able to address other issues in therapy (Ishikawa et al., 2010; Trujillo, 2023). For therapists who do and do not speak Spanish, whether or not they identify as Latinx, addressing cultural similarities and differences, including asking about acculturation, immigration, language preferences and client's relationship with each language (Burck, 2004), experiences of discrimination, and their experiences with Latinindad, would likely both create a stronger connection and be a meaningful

assessment regarding underlying concerns that clients may not initially disclose. Regarding asking about language, it is also worth noting that the use of each language is not set, it is dynamic, and changes based on context as well as over time. Sharing that information with clients could be normalizing and validating for them. Switching back and forth between languages can have multiple purposes (Cook & Dewaele, 2022). Research suggests that asking clients which language they feel is easier to use and also asking how they see themselves in each language, may be important.

Most participants had a preference for therapists who identified as Latinx and spoke Spanish, but there were also several who were content to meet with therapists who did not meet these criteria. The assumption that all Latinx clients prefer a Latinx therapist or all English-Spanish bilingual clients prefer speaking Spanish is inaccurate, and practitioners would do well to remember that and there is significant variability within Spanish-speaking Latinxs. When possible, it would likely be beneficial to match therapist identities and language to those that client's request. When it is not possible to offer what clients prefer, therapists should consider processing the impact on them and exploring how to move forward. Given that attending therapy at all means that Latinx clients have already overcome stigma and other barriers and they may not have knowledge about access to bilingual therapy or therapy in Spanish. It would likely be beneficial to help them seek services that would be a better match culturally, linguistically, or financially. If that is not an option an open, mutual conversation including offering of concrete ideas (especially considering the role of *respeto* and their respect for professionals' opinions) could be helpful. As mentioned, the cost of services and access to services can be challenging. Spanish-speaking and Latinx therapists ought not bear the burden of being the only ones to offer

low-cost services, but perhaps working with non-profits or engaging with social-justice oriented organizations might help advocate for their needs to be met.

Regarding the content of therapy, it seems that clients want to grow and change, they want to deepen their understanding of themselves, improve relationships, manage symptoms, and learn skills. Recent literature pointed to utilizing strengths, including the values of *familismo* and *personalismo* to create change in therapy (Lauricella et al., 2021). Another study looked at the isolation that Latinx immigrants experience due to immigration, acculturation, discrimination, and how therapy can work with clients to decrease it (Hawkins et al, 2021), which appears promising.

Implications for Training and Research

The findings from this study have implications for training and research, may improve the quality of services for clients, and can provide more resources so that professionals, supervisors, and trainees feel better equipped in serving the Latinx population. For example, there is a growing body of literature that addresses the needs for improved support with regards to training, supervision, and consultation of Spanish-speaking therapists. Several recent studies have focused on the creation and evaluation of training programs or certificates to prepare socially just and linguistically competent professionals who are supported in their learning and growth and not on the road to burnout (Diaz-LePage et al., 2023; K. González, 2022; Interiano-Shiverdecker, 2021; Mezquita, 2020). Continuing to engage in this research is valuable yet can also be done concurrently with research on client experiences and needs.

It may be useful for programs to share resources on behalf of improving services for this underserved population, including training resources that are culture and language-specific. While some trainees may have Spanish proficiency they also need support learning counseling

competencies and discipline-specific vocabulary in Spanish, which most trainees do not receive (Pérez-Rojas et al., 2019). Based on the present study, what seems most relevant is not just language proficiency, but knowledge about the gamut of Latinx cultures. Participants alluded to having strong therapeutic bonds based in empathy and understanding, which were inextricably also related to language and culture, but were more than just knowledge. Cultural humility, openness, creating space, and decreasing the power differential as much as possible, seizing cultural opportunities, and using interpersonal skills that tap into their values of *personalismo* would likely be beneficial, based on participants' narratives.

In addition to training implications, more research on clients' experience in bilingual therapy is needed. Some examples for future research include: dyadic research, including both therapist and client; research on experiences which includes acculturation as a focus given its relationship to mental health (Berry, 2006; Crocket et al, 2007); research that looks at views on the relationships between language, culture, race, and immigration; and research that seeks to understand not just positive but negative experiences in therapy for Latinx and all the in-between, including how these relate to their life experiences as well as cultural values, language, and oppressed identities.

Strengths and Limitations

This study had various strengths, most notably, hearing from clients themselves on their experiences in therapy in Spanish or bilingual therapy. Additionally, having participants from a variety of geographical in terms of country of origin and geographical locations in the United States is a plus. Participants had a wide range of different experiences in therapy, providing rich and varied data. Also, participants' diverse relationships to language and culture, even with a small sample, demonstrates the diversity among the Latinx population. Participants sharing their

challenging and negative experiences in therapy adds to the literature as well. Finally, the fact that the researcher herself is fluent in both Spanish and English was a strength, allowing interviews to be conducted in whatever language(s) participants wished and allowing for coding of the data in both languages.

Limitations of this study include that the majority of participants were female-identified and there was only one non-binary-identified individual, and that many of them were college students, impacting representation. Results could have been biased due to the group of participants being mostly traditional college student aged and most of them having some college education, which could mean they have more favorable views of mental health treatment than most Latinx adults. Future research may consider attaining a more representative sample of Latinxs who attend therapy in addition to exploring intersectional identities. Also, the fact that I am not a Latina individual could have impacted participant responses, especially given that these participants typically prefer Latinx therapists, and then the power differential would likely have been experienced differently. Finally, inclusion of a scale on acculturation would have been beneficial to help understand the data received.

Researcher Bias

The personal and professional experiences that led me to this research likely have biased this study. First of all, while not specifically related to my own bias, I am curious how my White and American identities along with my level of education and upbringing in Argentina were perceived and influenced participants' responses. Especially due to what participants communicated about their preference for cultural similarities in therapy, I wonder about how they perceived our similarities and differences, and therefore, felt comfortable disclosing their experiences. It is likely that my own sense of consciousness about our perceived or actual

similarities and differences influenced how I interacted with them too. In fact, due to my self-consciousness, in most interviews I felt the need to disclose that I am not Latina. While I am still processing the purpose of this self-disclosure, some possible explanations include not wanting to be an imposter, providing participants with informed consent, and my insecurities about my level of Spanish and dialect. I plan to continue reflecting on this experience and how it relates to my desire to be an ally and not a White savior.

During and after the interviews, I felt surprised at hearing about so many positive experiences with Spanish-speaking therapists because of my own difficult experiences when I began providing counseling in Spanish. While I do not think my personal experiences directly influenced the study significantly, I am curious about how my critical outlook of the needs and shortcomings of bilingual therapy/therapy in Spanish were perceived by participants and potentially impacted this study. My hope is that it led to greater authenticity and openness in their feedback, but it is possible that the opposite is true. In one instance, I mentioned my belief about the need for more bilingual therapists to a participant who agreed with me, but my bias likely influenced her response. Thankfully, this was toward the end of the interview and not in the beginning of our dialogue. However, I surmise that I tacitly communicated some of my own biases in various interactions with participants.

Finally, in the analysis stage, as I read through interviews, I could not help but consider similarities with the clients I saw at different sites and their experiences with language, immigration, and culture, but I attempted to maintain fairness and not confound their stories. I believe and hope that holding my clients' and the participants' stories together enriched my understanding and analysis rather than detracting or confusing it.

Having completed this project, aspects of my perspective have remained the same while others have shifted. I was pleasantly surprised to hear how positively participants described their experiences in therapy. I anticipated some level of gratitude, but I was touched, even overwhelmed, by the warmth and enthusiasm the majority of participants expressed toward their therapists. That is not to say that I expected significantly negative reviews either; I think my expectation for the challenges and negative experiences were more realistic, although the specific stories differed from what I imagined.

I was also surprised at the agencies from which the participants heard about the study, given that multiple came from an undergraduate class and two others found out about it from a different university's counseling center. I had expectations that more would come from community mental health agencies, but only two participants did.

I thoroughly enjoyed my experience conducting the interviews, and I reconnected with a passion for engaging with therapy clients in Spanish or bilingually. I also have decided that while I have further reflection and growth to work through on my end about my own cultural identities, engaging with these dialogues with clients who are not my own encouraged me to connect with a little more bold curiosity along with my humility regarding my own Spanish and own my knowledge and experiences more than I have felt comfortable to do in the past I have been personally and professionally impacted by dialoguing and hearing the voices of participants in this study. I have been speaking more Spanish and finding more opportunities to do so even though I feel at times like an impostor, though it makes me feel more complete and brings me joy. I look forward to my own continued growth personally and professionally as I work with Latinxs in therapy.

Conclusion

Due to the rising need for mental health services among Latinxs as the population grows, this study sought to hear and share the voices of Latinx clients, and specifically their experiences in bilingual therapy or therapy in Spanish. Language-specific services are important given how it allows for better expression and can be more useful for processing and learning about emotions. Generally, Spanish-speaking clients are appreciative of the services to which they have been able to gain access. They also reported need for more Spanish-speaking clinicians and especially for better systems of information for Spanish-speaking Latinxs to learn about what is available to them. Participants were thankful to be able to talk in their own language and feel that they were able to get the help they needed through warm, impactful therapeutic relationships, in which they felt understood. Cultural understanding was believed to be connected to cultural similarities, and as such, most participants preferred a therapist who is Latinx. Latinxs who have mental health concerns have multiple marginalized identities, and therefore, need therapists who understand the cultural dynamics of oppression, specifically how acculturation and discrimination play a part in their mental health experiences.

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APPENDIX A

RECRUITMENT LETTER

Dear Clients at (Name of Agency),

I would like to invite you to share about your experiences attending counseling, psychotherapy, or mental health services in Spanish or English and Spanish. Your views can help everyone who gets Spanish/bilingual mental health services! Also, if you are selected for participation, you will receive a $75 Visa gift card.

My name is Jolie Shelton Zaremba. I am a fourth-year doctoral student in Counseling Psychology at Texas Woman's University (TWU). I am conducting research for my dissertation that examines the experience of Spanish-speaking clients who attended counseling, psychotherapy, or received mental health services in the United States. This study has been approved by the TWU Institutional Review Board (protocol IRB-FY2020-208). You are eligible to participate in this study if:

- You are at least 18 years old
- You speak Spanish
- You have attended at least one therapy session in the US in the last two years

Participation is completely voluntary and confidential. If you are interested in participating, please go to the internet link below. The link will take you an Informed Consent letter and a brief questionnaire. Following, you may or may be selected for an interview if you consent. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions.

If you have any questions about the study or your eligibility, please feel free to email me at RShelton@twu.edu, or my dissertation advisor, Dr. Sally Stabb, at SStabb@mail.twu.edu. Emails will remain confidential.

To access the study, please go to the following link:
https://www.psychdata.com/s.asp?SID=190372

Thank you very much,

Jolie Shelton Zaremba, M.A.
Counseling Psychology Doctoral Candidate
Department of Psychology and Philosophy
Texas Woman's University
rshelton@twu.edu

Estimados Clientes de (Nombre de la agencia),

Quisiera invitarles a compartir sus experiencias de haber asistido a consejería o psicoterapia o recibido servicios de salud mental en español o bilingüe. ¡Sus puntos de vista pueden ayudar a todos los que reciben estos servicios! Si usted es seleccionado para este estudio, recibirá una compensación en la forma de una tarjeta de Visa con $75.

Mi nombre es Rebekah Jolie Shelton Zaremba y estoy completando mis estudios doctorales en Psicología de Consejería en Texas Woman's University (TWU). Realizaré una investigación para mi tesis doctoral que examina la experiencia de clientes hispanohablantes que asistieron a psicoterapia o consejería o recibieron servicios de salud mental en español o terapia en los Estados Unidos. Esta investigación ha sido aprobada por la Junta de Revisión Institucional de TWU (protocolo IRB-FY2020-208). Usted está invitado para participar en este estudio si:

- Tiene por lo menos 18 años de edad
- Habla español
- Ha asistido al menos a una sesión de terapia en los Estados Unidos en los últimos dos años

Su participación en este estudio es completamente voluntaria y confidencial. Si está interesado en participar, vaya al enlace a continuación. El enlace le llevará a una carta de consentimiento informado y a un cuestionario breve. Después de completar el consentimiento, puede o no ser seleccionado para una entrevista. Hay un riesgo potencial de causar pérdida de confidencialidad causada por la comunicación por correo electrónico, descargas electrónicas, reuniones virtuales, y transacciones por internet.

Si tiene preguntas sobre esta investigación o su participación, no dude enviarme un correo electrónico a RShelton@twu.edu, o a mi directora de tesis doctoral, Dra. Sally Stabb, SStabb@mail.twu.edu. Comunicación por email se mantendrá confidencial.

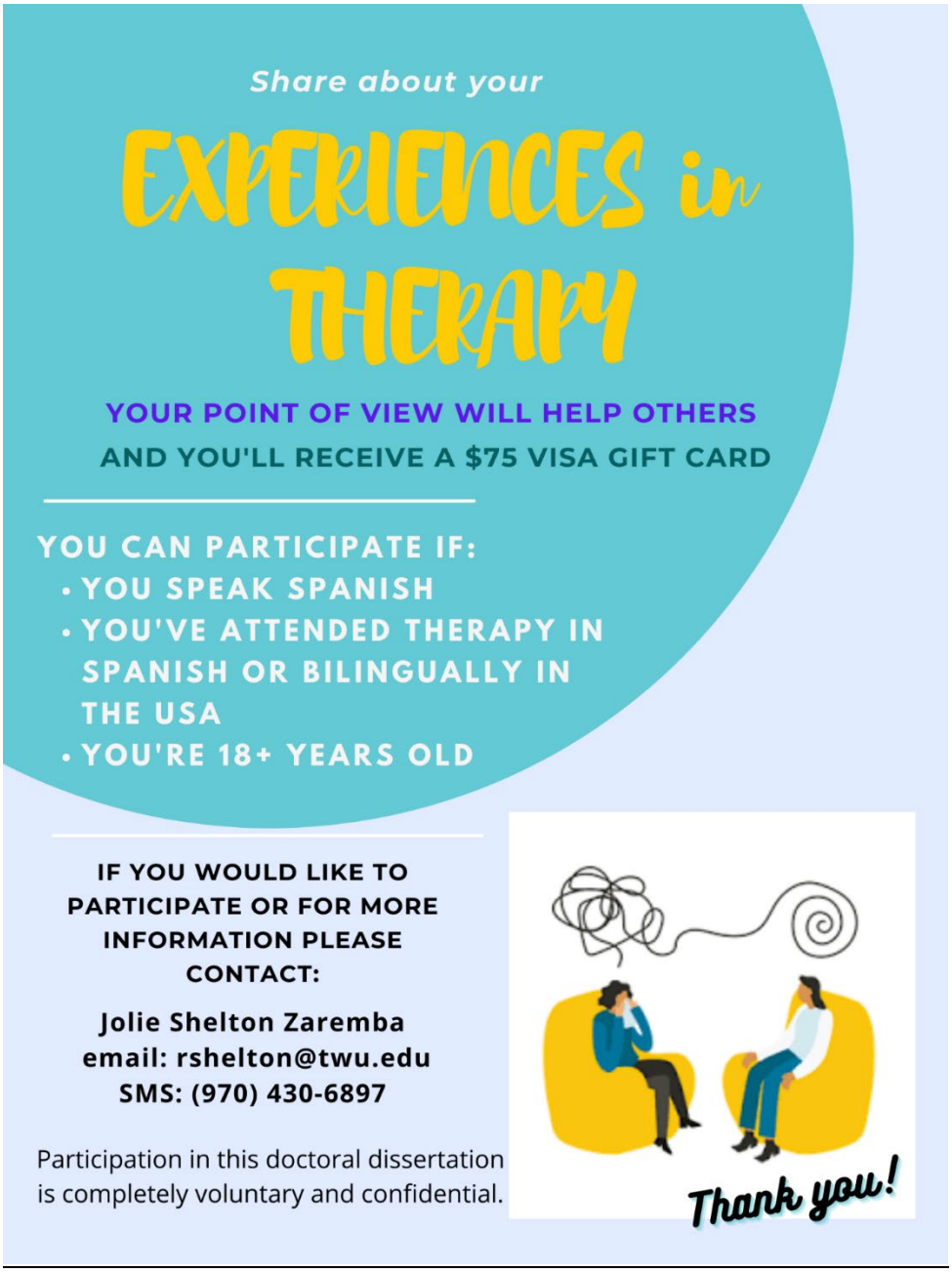
Para acceder al estudio, vaya al enlace a continuación:
https://www.psychdata.com/s.asp?SID=190372

Muchas gracias,

Jolie Shelton Zaremba, M.A.
Candidata para el Doctorado en Psicología
Departamento de Psicología y Filosofía
Texas Women's University
rshelton@twu.edu

APPENDIX B

RECRUITMENT FLYER



Comparte tus

EXPERIENCIAS en TERAPIA

¡TU PUNTO DE VISTA AYUDARÁ A OTROS!

Y RECIBIRÁS UNA TARJETA VISA CON $75

PUEDES PARTICIPAR SI:

- **HABLAS ESPAÑOL**
- **HAS ASISTIDO A TERAPIA EN ESPAÑOL O BILINGÜE EN LOS EE.UU. DE A.**
- **TIENES 18+ AÑOS**

SI TE GUSTARÍA PARTICIPAR O QUIERES MÁS INFORMACIÓN CONTACTA A

Jolie Shelton Zaremba
email: rshelton@twu.edu
SMS: (970) 430-6897

Participación en esta tesis docotral es completamente voluntaria y confidencial.

APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

1. Nombre/Name:
2. Correo electrónico)/ email address:
3. Contacto preferido (teléfono o email) / Preferred way of contacting you (phone number or email)
4. Edad/Age:
5. País de origen o trasfondo cultural /country of origin or cultural heritage:
6. Género/gender:
7. Nivel de educación/Level of education:
8. Alguna vez ha visto un psicólogo o recibido servicios de salud mental en los Estados Unidos? /Have you ever attended therapy or received mental health services in the U.S.?
9. En qué tipo de lugar? (agencia, hospital, privado) / In what type of setting (agency, hospital, private practice)?
10. Cuántas sesiones asistió?/ How many sessions did you attend?
11. Cuál es su primer idioma/ What is your first language?
12. Califique su habilidad en los siguientes aspectos en cada lenguaje. Por favor, use la escala siguiente./ Rate your ability on the following aspects in each language. Please rate according to the following scale (write down the number in the table)

very poor	poor	fair	functional	good	very good	native-like
1 _____	2 _____	3 _____	4 _____	5 _____	6 _____	7 _____

Lenguaje/ Language	**Lectura/ Reading**	**Escritura/ writing**	**Fluidez oral/ Speaking fluency**	**Comprensión oral/ Listening ability**
Español				
English				

13. Qué idioma habla durante la mayoría del día? What language do you speak most of the day?
    a. En qué contextos habla Español (hogar, trabajo, con amigos, otro)? In which contexts do you speak English (home, work, with friends, other)?
    b. En qué contextos habla Inglés? In which contexts do you speak English?

APPENDIX D

INTERVIEW GUIDE

1. ¿Cómo fue su experiencia en terapia? / What was your experience in therapy like?
2. Aproximadamente qué porcentaje hablaron en español? En inglés? / What percentage was in Spanish, approximately? In English?
3. ¿Cómo fue su experiencia de hablar en español y/o inglés con su terapista/psicólogo? / What was your experience of speaking both Spanish and English with your therapist/psychologist?
    a. ¿Qué notó con respecto al uso del lenguaje en terapia? / What did you notice regarding the use of language in therapy?
4. ¿Qué notó con respecto a su cultura [insert culture here—e.g. Mexicana] y la cultura estadounidense? / What did you notice about your [insert culture here—e.g. Mexican] culture and U.S. culture during therapy?
    a. ¿Qué tan semejante es su cultura a la de su terapista/psicólogo? / How similar is your culture from your therapist's/psychologist's?
5. ¿Qué quisiera decirle a su terapista/psicólogo acerca de su experiencia? / What would like to say to your therapist/psychologist about your experience?
    a. ¿Qué le hubiera gustado que fuera diferente? / What would you have liked to be different in your therapy?
    b. ¿Qué le pareció la calidad de los servicios que recibió? / What did you think about the quality of services you received?
6. ¿Cómo podemos mejorar la experiencia de terapia en español o bilingüe?/ How can we improve the experience of therapy in Spanish or bilingual therapy?

7. ¿Qué le pareció la entrevista?/ What did you think about the interview?
    a. ¿Qué notó acerca de su uso de lenguaje (cuándo habló en inglés o español)?/ What did you notice about your language (as in, when you spoke in English or Spanish?

APPENDIX E

AGENCY APPROVAL LETTER

Servicios de La Raza
Services for the People

February 24, 2020

To whom in may concern,

We have reviewed the requirements for Rebekah Jolie Shelton Zaremba's study Spanish-Speaking Clients' Experiences in Therapy.

The agency gives approval for her to recruit and contact potential participants from our site to interview them for her this research project.

Please let me know if you have any additional questions.

Respectfully,

Ana Vizoso, LPC, LAC
Director of Behavioral Health

United Way Mile High United Way

3131 W 14th Ave, Denver, CO 80204
(P) 303.458.5851 - (F) 303. 455.1332 - www.serviciosdelaraza.org

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APPENDIX F

INFORMED CONSENT

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: The Lived Experience of Spanish-Speaking Clients in Therapy

Primary Investigator:……..Jolie Shelton Zaremba, M.A. 214-xxx-xxxx
Chair: …….Sally D. Stabb, Ph.D. 940-898-2149

Explanation and Purpose of the Research
You are being asked to participate in a research study for the fulfillment of Mrs. Shelton Zaremba's doctoral dissertation at Texas Woman's University. The purpose of this research is to understand the lived experience of Spanish-speaking and bilingual Latinx clients in therapy in the United States. You have been asked to participate in this study because you have endorsed having attended therapy in Spanish or bilingual therapy.

Description of Procedures
In the first stage of this study, you will be provided with a copy of this informed consent to research via a Psychdata website link. Should you continue to be interested in participating, you will fill out a pre-screening form. On this form, your email address, name, phone number or other preferred contact method, and several pieces of information about yourself will be requested. You may or may not be selected for participation in an interview. If you are not selected for participation in this study, you will be thanked for your time and no further involvement will be required. However, if you would like a copy of the study summary, you may request this at any time. This summary will be delivered via email upon study completion. If you are selected, you will be contacted via your preferred method of contact.

If you have been chosen for the study interview, you will be asked to spend between 45 minutes to 75 minutes of your time in a recorded telephone or Zoom interview with the primary investigator. The researcher will ask you questions about your experiences with bilingual therapy (Spanish/English); the list of questions will be provided to you ahead of time. You and the interviewer will choose a pseudonym for use during the recorded interview before the start of the interview to protect your confidentiality. The interview will be audio recorded and then transcribed so that the researcher can be accurate when studying what you have said. In order to be a participant in this study, you must be at least 18 years of age or older and have attended therapy that was conducted in Spanish and English in the last 2 years in the United States.

Once the interview is complete, you will be sent a de-identified summary of themes found in the data to be reviewed to ensure accuracy and to give you the opportunity to respond to the initial findings. This will take approximately 20-30 minutes of your time and will be completed electronically.

Potential Risks

One risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. All email correspondence with identifying information will be stored in a password-protected database that will be deleted upon the study's completion. Interviews will be conducted in the researcher's private office or other agreed upon private location, which you may suggest. A pseudonym, not your real name, will be used in the interviews. Should any names be inadvertently used in the interview the researcher will change the names in the written transcripts. Material related to the study, including any identifiable information (name, email, and phone contact information), will be kept separate and stored in a password-protected electronic database. All interview recordings will be electronically stored in a secure and encrypted drive. Interview recordings will only be heard by the primary researcher. Transcripts will be read by the primary researcher and one colleague who will check the researcher's analysis. Recordings will be deleted at the conclusion of the transcription process. De-identified transcripts of interviews will be shredded within five years of the study's completion.

There is a potential loss of confidentiality when information is collected over the Internet. There is a potential risk of loss of confidentiality in all emails, downloading, and Internet transactions. All emails that contain your name or contact information will be deleted upon study completion. Information from your demographics questionnaire will be kept confidential through Psychdata.com, which stores information in a secure data facility. The researcher will be the only individual who has access to your personal information and will share de-identified transcripts only with those involved in the research process.

Another risk in this study is the possibility of psychological or emotional harm. The researcher will ask you questions about your experiences attending therapy bilingual therapy. Remembering your experience in therapy could lead to re-experiencing some of the emotions that led you to therapy or that you experienced in therapy. If you have had a negative experience in therapy, this interview could bring up memories from those negative experiences. However, as noted, you will have received the interview questions ahead of time so that you can choose what you are comfortable revealing. You may stop the interview at any time should you experience any psychological or emotional discomfort. You may choose which questions you wish to answer and decline to answer any questions that may cause you discomfort. The researcher will provide you with a list of resources in the event you experience any feelings of discomfort.

Another possible risk in this study is fatigue. If you become tired or upset, you may take breaks as needed. You may also stop answering questions at any time and end the interview.

Because study questions will center on personal experiences, there is a risk of the invasion of privacy. However, participation is voluntary and you may stop the interview at any time, skip any questions that cause you discomfort, and leave the study at any time. Data will be de-identified and stored in a password-protected file. Identifiable data (name, email, and phone contact information) will be separated and stored in its own password-protected file. As noted, the researchers will provide you with a list of resources in the event you experience any feelings of discomfort.

There is a risk of loss of time. Participation in the study is voluntary. Interviews are expected to last between 45 and 75 minutes. You may choose to leave the study at any time for any reason.

The researchers will try to prevent any problem that could happen because of this research. You should let the researcher know at once if there is a problem and she will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Your participation will help advance the research in the areas of bilingual/Spanish psychotherapy and training for future bilingual/Spanish-speaking therapists. Another benefit to you is that at the completion of the study, a summary of the results will be emailed to you upon request.

Questions Regarding the Study

You may print out a copy of this informed consent form to keep. If you have any questions about the research study, you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

By clicking the "I agree" button below, you acknowledge that you have read this information and are giving your informed consent to participate in this study.

TEXAS WOMAN'S UNIVERSITY
CONSENTIMIENTO PARA PARTICIPAR EN LA INVESTIGACIÓN

Título: La Experiencia Vivida en Terapia con Clientes Hispanohablantes

Investigadora principal: …….Jolie Shelton Zaremba, M.A. 214-xxx-xxxx
Directora de Disertación:……..…..Sally D. Stabb, Ph.D. 940-898-2149

Explicación y Propósito de la Investigación
Se le solicita que participe en un estudio de investigación para el cumplimiento de la tesis doctoral de la Sra. Shelton Zaremba en TEXAS WOMAN'S UNIVERSITY. El propósito de esta investigación es comprender la experiencia vivida en terapia de los clientes hispanohablantes y bilingües latinos en los Estados Unidos. Se le solicita que participe en este estudio porque ha mostrado interés al haber participado de terapia en español o terapia bilingüe.

Descripción de procedimientos
En la primera etapa de este estudio, se le proporcionará una copia de este consentimiento informado para poder investigar a través de un enlace al sitio web de Psychdata. Si está interesado en participar, completará un formulario de preselección. En este formulario, se le solicitará su dirección de correo electrónico, nombre, número de teléfono u otro forma de contacto preferido, y otros datos personales. Puede o no ser seleccionado para participar en una entrevista. Si no está seleccionado para participar en este estudio, se le agradecerá su tiempo y no se requerirá más su participación. Sin embargo, si desea una copia del resumen del estudio, puede solicitarlo en cualquier momento. Este resumen se enviará por correo electrónico. Al finalizar el estudio, si es seleccionado, será contactado a través de su método de contacto preferido.

Si ha sido elegido para la entrevista del estudio, se le pedirá entre 45 y 75 minutos de su tiempo para una entrevista telefónica grabada o por Zoom con la investigadora principal. La investigadora le hará preguntas sobre sus experiencias sobre la terapia bilingüe (español / inglés); se le proporcionará la lista de preguntas con anticipación. Antes de la entrevista usted y el entrevistador elegirán un seudónimo para usar durante la entrevista grabada para proteger su confidencialidad. La entrevista se grabará en audio y luego se transcribirá para que la investigadora pueda ser preciso al estudiar lo que usted ha respondido. Para participar en este estudio, debe tener al menos 18 años de edad y debe haber asistido a una sesión de terapia realizada en español e inglés en los últimos 2 años en los Estados Unidos.

Una vez completada la entrevista, se le enviará un resumen (sin que aparezca su nombre) de los temas encontrados en su entrevista que se revisarán para garantizar la precisión y darle la oportunidad de responder a los hallazgos iniciales. Esto le tomará entre 20 y 30 minutos y se completará electrónicamente.

Riesgos potenciales
Un riesgo en este estudio es la pérdida de confidencialidad. La confidencialidad estará protegida a la medida permitida por la ley. Toda la correspondencia por correo electrónico con información de identificación será almacenado en una base de datos protegida por contraseña que se eliminará

al completar la investigación. Las entrevistas serán llevadas acabo en la oficina privada de la investigadora o un lugar privado acordado que usted puede sugerir. Se utilizará un seudónimo y no su nombre real en las entrevistas. Si surgen nombres personales inadvertidamente en la entrevista, la investigadora los cambiará en las transcripciones escritas. Los datos relacionados con el estudio, incluyendo cualquier información identificable (nombre, correo electrónico e información de contacto telefónico), se mantendrán separados y almacenados en una base de datos electrónica protegida por contraseña. Todas las grabaciones de las entrevistas serán electrónicamente. almacenados en una unidad segura y encriptada. Las grabaciones de las entrevistas sólo serán escuchadas por la investigadora principal. Las transcripciones serán leídas por la investigadora principal y un colega que verificará el análisis de la investigadora. Las grabaciones se eliminarán al finalizar el proceso de la transcripción. Las transcripciones inidentificadas de las entrevistas se triturarán dentro de los cinco años posteriores a la finalización del estudio.

Existe una posible pérdida de confidencialidad cuando la información se recopile a través de internet. Así mismo existe un riesgo potencial de pérdida de confidencialidad en todos los correos electrónicos, descargas y transacciones en internet. Sin embargo, todos los correos electrónicos que contengan su nombre o información de contacto serán eliminados al finalizar el estudio. Se mantendrá la información de su cuestionario demográfico confidencial a través de Psychdata.com, que almacena información en una instalación de datos segura. La investigadora será el único individuo que tendrá acceso a su información personal y compartirá la transcripción inidentificable resultante de la entrevista solamente con personas involucradas con el proceso de la investigación.

Otro riesgo en este estudio es la posibilidad de daño psicológico o emocional. La investigadora le hará preguntas sobre sus experiencias al asistir a terapia bilingüe. Al traer a la memoria vivencias personales fuertes en la terapia podría producirse un reencuentro con algunas de esas emociones que lo llevaron a la terapia o que experimentó durante la terapia. Si ha tenido una experiencia negativa en terapia, esta entrevista podría traer recuerdos de esas experiencias negativas. Sin embargo, como se señaló, habrá recibido las preguntas de la entrevista con anticipación para que pueda elegir revelar lo que le será cómodo. Puede detener la entrevista en cualquier momento si experimenta alguna molestia psicológica o emocional. Puede elegir cuáles preguntas desea responder y negarse a responder cualquier pregunta que pueda causarle molestias. La investigadora le proporcionará una lista de recursos en caso de que experimente alguna sensación de incomodidad.

Otro posible riesgo en este estudio es la fatiga. Si se cansa o se enoja, puede tomar un descanso según sea necesario. También puede dejar de responder las preguntas en cualquier momento y finalizar la entrevista.

Debido a que las preguntas del estudio se centrarán en experiencias personales, existe el riesgo de invasión de su privacidad. Sin embargo, la participación es voluntaria y usted puede detener la entrevista en cualquier momento, omitir las preguntas que le causen molestias y abandonar el estudio en cualquier momento. Los datos serán identificados y almacenados en un archivo protegido con contraseña. Los datos identificables (nombre, correo electrónico e información de contacto del teléfono) se separarán y se almacenarán en su propio archivo protegido por

contraseña. Como se señaló, los investigadores le proporcionarán una lista de recursos en caso de que experimente alguna sensación de incomodidad.

Existe el riesgo de pérdida de tiempo. La participación en el estudio es voluntaria. Se espera que las entrevistas duren entre 45 y 75 minutos. Puede optar por abandonar el estudio en cualquier momento por cualquier motivo.

Los investigadores tratarán de prevenir cualquier problema que pueda ocurrir debido a esta investigación. Debe informar al investigador de inmediato si hay algún problema y se le ayudará. Sin embargo, TWU no proporciona servicios médicos o asistencia financiera para lesiones que puedan ocurrir por su participación en esta investigación.

Participación y Beneficios

Su participación en este estudio es completamente voluntaria y puede retirarse del estudio en cualquier momento. Su participación ayudará a avanzar la investigación en las áreas de psicoterapia bilingüe / español y capacitación para futuros terapeutas bilingües / hispanohablantes. Otro beneficio para usted es que al finalizar el estudio, se le enviará un resumen de los resultados si lo desea.

Preguntas sobre el estudio

Puede imprimir una copia de este formulario de consentimiento informado para conservarlo. Si tiene alguna pregunta sobre el estudio de investigación, se le debe preguntar a los investigadores; sus números de teléfono se encuentran en la parte superior de este formulario. Si tiene preguntas sobre sus derechos como participante en esta investigación o la forma en que se realizó este estudio, puede comunicarse con la Oficina de Investigación y Programas Patrocinados de la TEXAS WOMAN'S UNIVERSITY al 940-898-3378 o por correo electrónico a IRB@twu.edu.

Al hacer clic en el botón "Acepto" a continuación, usted reconoce que ha leído esta información y está dando su consentimiento informado para participar en este estudio.

APPENDIX G

LIST OF REFERRAL RESOURCES

American Psychological Association (APA) Locator Service
http://locator.apa.org

APA Toll-Free Referral Number
1-800-964-2000

American Counseling Association Referrals
http://www.counseling.org/Resources/CounselorDirectory/TP/Home/CT2.aspx

Centro de Apoyo
https://www.apa.org/centrodeapoyo/

Latino Mental Health
https://www.nami.org/find-support/diverse-communities/latino-mental-health

Mental Health of America Referrals
http://www.nmha.org/go/searchMHA

National Alliance for Hispanic Health
www.healthyamericas.org/

National Board for Certified Counselors
http://www.nbcc.org/CounselorFind

National Register of Health Service Psychologists
http://www.findapsychologist.org/

Psychology Today: Find a Therapist
http://therapists.psychologytoday.com/rms/

Therapy Tribe
http://www.therapytribe.com/

Lista de Recursos Recomendados

Asociación Psicológica Americana (APA) – Servicio de Localizador
http://locator.apa.org/

APA Número Gratis para Referidos
1-800-964-2000

Directorio – Asociación Americana de Consejería
http://www.counseling.org/Resources/CounselorDirectory/TP/Home/CT2.aspx

Centro de Apoyo (del APA)
https://www.apa.org/centrodeapoyo/

Salud Mental Latina
https://www.nami.org/find-support/diverse-communities/latino-mental-health

Recursos de Salud Mental en América
http://www.nmha.org/go/searchMHA

Alianza Nacional Hispana para Salud
www.healthyamericas.org/

Junta Nacional de Consejeros Certificados
http://www.nbcc.org/CounselorFind

Registro Nacional de Psicólogos
http://www.findapsychologist.org/

Psicología Hoy: Encuentre un Consejero
http://therapists.psychologytoday.com/rms/

Tribu de Terapia
http://www.therapytribe.com/

APPENDIX H

LIST OF CODES

- Access
    - *Language*
    - *Cost*
    - *Reasons for therapy and point of access*
    - *Other Influencing Factors*
        - Family experience with therapy.
        - Messages about therapy.
- Experiences in therapy
    - *Positive experiences*
        - Gracias.
        - Aprendí (I learned).
        - He cambiado (I have changed).
    - *Challenges*
    - *Negative Experiences*
    - *Seguí Yendo (Continued Attending)*
    - *Empezar de Nuevo (Start Again)*
- Relationship with Therapist
    - *Confianza and Connection*
    - *Therapist actions*
        - Provide Empathy
        - Escuchar

        - Ayudar y Apoyar (Help and Support)
        - Validate and Normalize
        - Provide Skills
- Language in therapy
    - *Spanish*
    - *English*
    - *Back-and-Forth*
    - *On the Therapist's Language*
- Culture in therapy
    - *Similar*
    - *Different*
    - *Explicit*
    - *Implicit*
    - *Familia*
- Feedback for therapists
- Cultural Experiences and Background
    - *Immigration*
    - *Bilingualism*
    - *Relationship with Spanish*
    - *Viviendo en (Living in) América and Discrimination*
    - *Relationship with Latinidad*
    - *Intersectional identities*
- Process Codes

- *Language during interview*
- *Translanguaging*
- *Connection*
- *Gratitude*

APPENDIX I

SUMMARY OF RESULTS

Access to therapy in Spanish/bilingual therapy was important to all participants. Secondly, having access *to free services, low-cost services*, or having access to medical insurance that helped pay for it was helpful.

Reasons for therapy included being referred to family therapy due to a family member's presenting concern, family concerns discussed in individual therapy, anxiety, depression, sleep difficulties, anxiety triggered by college, and abusive relationships. Participants were *referred to therapy through* medical doctors or clinics, school, or the police.

Family experiences with therapy seems to have helped with participants getting connected to services. However, mental health stigma, while it did not keep them for accessing care, led to some hesitancy.

Generally, all participants reported *positive experiences* in therapy, which led to them expressing gratitude for therapy. They specifically noted that they learned about themselves, their emotions, relationships, and skills. They also reported changing as a person due to therapy.

Some participants had *challenging experiences*, including having to serve as a translator between their family and their therapist, or difficulty connecting with their therapist because of cultural differences that felt like a barrier. There were participants who had *negative experiences* as well. They felt hurt, ignored, abandoned, and felt like professional boundaries had been crossed.

Continuing to go to therapy was a theme of having a positive experience: trying new therapists when there wasn't a connection and continuing going even when it might seem like one was doing better. And related, *starting again,* felt challenging, but some participants who were not currently attending therapy noted that they wanted to re-engage with services.

The *relationship with their therapist* was an essential part of positive experiences in therapy, especially feeling like they had *confianza and connection* with their therapist. The actions therapists took were part of having positive experiences, such as:

- Provide empathy
- Escuchar (listening)
- Ayudar y apoyar (help and support)
- Validate and normalize
- Provide skills

The *use of language in therapy* was important, and while all of them had experiences with therapy in Spanish or bilingual, there was diversity in their preferences. Some preferred to only speak in *Spanish*, while others preferred *English* primarily, and finally some preferred being able to go *back and forth*. This had to do with their comfort with each language, and sometimes there was a preference for certain topics in one language over the other. Generally, participants were more emotionally open when speaking in Spanish.

Culture in therapy also was a significant aspect of the therapeutic process. While for most participants having a *similar cultural background* to their therapist led to more connection and confianza, for others, having *cultural differences* led to feeling like fewer assumptions were made and created a more professional environment. Some participants had *explicit* conversations about cultural similarities and differences between them while other times they were not named in sessions, but participants were *implicitly aware* of them and reflected on their experiences in the interview.

Cultural experiences that were mentioned in the interview that related to their identity, narrative of therapy, and/or the content of therapy included: *immigration, bilingualism, relationship with Spanish, discrimination and experiences of living in the USA, relationship with Latinidad, and the intersections of identities*. The intersection of identities refers to the relationships between cultural identities and how they might amplify experiences of oppression and discrimination in the majority culture. In this study, there were assumed or stated intersections between being Latina/o/x, race, language (Spanish proficiency), cultural values and experiences, religion, and immigration.

Lastly, there seemed to be parallels between participants' *experiences in the interview* itself and therapy. They expressed *gratitude* and excitement about being able to share their experiences in therapy for this study. For the majority of participants, being *interviewed in Spanish or both English and Spanish* was beneficial and helped them reflect on their experiences. *Translanguaging*, or being able to use a word or phrase from whichever language they were not primarily speaking to convey an idea, was common among participants and is a strength for bilingual speakers. Finally, it appeared that there was a good *connection* between interviewees and this researcher that led to them feeling comfortable sharing their experiences in therapy.

Resumen de los Resultados

El *acceso a terapia en español/bilingüe* era importante para todos los participantes. En segundo lugar, tener *acceso a servicios gratuitos, servicios de bajo costo* o tener acceso a un seguro médico que ayudara a pagarlo fue útil.

Las *razones para acudir a terapia* incluyeron: ser referido a terapia familiar debido a una situación que tenía un miembro de la familia, problemas familiares que los llevaron a terapia individual, ansiedad, depresión, dificultades para dormir, ansiedad provocada por la universidad y relaciones abusivas. Los participantes fueron *referidos a terapia* a través de médicos, clínicas, referidos escolares y/o la policía.

Las *experiencias familiares* con la terapia parecen haber ayudado a los participantes a conectarse con los servicios. Sin embargo, el estigma de la salud mental, aunque no les impidió conectarse con los servicios, si provocó incertidumbre.

En general, todos los participantes relataron *experiencias positivas* en la terapia, lo que les llevó a expresar gratitud por la terapia. Señalaron específicamente que aprendieron sobre sí mismos, sus emociones, relaciones y habilidades. También afirmaron haber cambiado cómo personas gracias a la terapia.

Algunos participantes tuvieron *experiencias desafiantes*, como tener que servir de traductor entre su familia y su terapeuta, o dificultades para conectar con su terapeuta debido a diferencias culturales que se sentían como una barrera. También hubo participantes que tuvieron *experiencias negativas*. Describieron haberse sentido heridos, ignorados, abandonados y con la sensación de que se habían traspasado los límites/barreras profesionales.

Seguir asistiendo a terapia fue un tema de experiencia positiva: intentar trabajar con nuevos terapeutas cuando no había conexión y seguir yendo aunque pareciera que a uno le iba mejor. Adicionalmente*, empezar de nuevo* presentó ser un reto, sin embargo, para algunos participantes que se encontraban asistiendo a terapia, señalaron que querían volver a comprometerse con los servicios.

La *relación con su terapeuta* era una parte esencial de las experiencias positivas en terapia, especialmente sentir que tenían *confianza y conexión* con su terapeuta. Las acciones que llevaron a cabo los terapeutas formaron parte de tener experiencias positivas, como, por ejemplo:

- Proporcionar empatía
- Escuchar
- Ayudar y apoyar
- Validar y normalizar
- Proveer habilidades

El *uso del idioma en la terapia* era importante, y aunque todos ellos habían tenido experiencias con terapia en español o bilingüe, había diversidad en sus preferencias. Algunos preferían hablar sólo en *español*, mientras que otros preferían principalmente el *inglés* y, por último, algunos preferían poder *ir de un idioma a otro*. Esto tenía que ver con su comodidad con cada idioma, y a

veces había una preferencia por ciertos temas en un idioma sobre el otro. En general, los participantes se mostraban más abiertos emocionalmente cuando hablaban en español.

La *cultura en la terapia* también fue un aspecto significativo del proceso terapéutico para los participantes. Mientras que para la mayoría de los participantes tener un *trasfondo cultural similar* al de su terapeuta generaba más conexión y confianza, mientras que para otros, tener *diferencias culturales* les hacía sentir que se hacían menos suposiciones y creaba un entorno más profesional. Algunos participantes mantuvieron conversaciones *explícitas* sobre las similitudes y diferencias culturales entre ellos, mientras que otras veces no se nombraron en las sesiones, pero los participantes estaban conscientes de manera *implícita* de ellas y reflexionaron sobre sus experiencias en la entrevista.

Las experiencias culturales que se mencionaron en la entrevista y que estaban relacionadas con su identidad, la narrativa de la terapia y/o el contenido de la terapia incluían: *la inmigración, el bilingüismo, la relación con el idioma español, la discriminación y las experiencias de vivir en EE.UU., la relación con la Latinidad y las intersecciones de identidades.* La intersección de identidades se refiere a las relaciones entre las identidades culturales y cómo pueden amplificar las experiencias de opresión y discriminación en la cultura mayoritaria. En este estudio, existían intersecciones asumidas o declaradas entre ser Latina/o/x, la raza, el idioma (dominio del español), los valores y experiencias culturales, la religión y la inmigración.

Por último, parecía haber paralelismos entre las *experiencias de los participantes en la entrevista* y la terapia. Expresaron *gratitud* y emoción por poder compartir sus experiencias en terapia para este estudio. Para la mayoría de los participantes, ser *entrevistados en español o tanto en inglés como en español* fue beneficioso y les ayudó a reflexionar sobre sus experiencias. El *translenguaje*, o ser capaz de utilizar una palabra o frase del idioma que no hablaban principalmente para transmitir una idea, fue común entre los participantes y es un punto fuerte para los hablantes bilingües. Finalmente, parece que hubo una buena *conexión* entre los entrevistados y esta investigadora/entrevistadora que les llevó a sentirse cómodos compartiendo sus experiencias en terapia.