THESIS

DECODIFICANDO LA SALUD MENTAL: EFFECTIVE SPANISH COMMUNICATION AND CULTURAL UNDERSTANDING IN A THERAPY SESSION WITH THE HISPANIC COMMUNITY

Submitted by

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ABSTRACT

DECODIFICANDO LA SALUD MENTAL: EFFECTIVE SPANISH COMMUNICATION AND CULTURAL UNDERSTANDING IN A THERAPY SESSION WITH THE HISPANIC COMMUNITY

This project addresses the need for linguistic and cultural competence between U.S. mental health providers and Spanish-speaking clients. There is an increasing need for mental health providers to conduct therapy sessions in Spanish, but there is a lack of programs that train these professionals to provide successful sessions. This project presents results from a language needs analysis that was conducted to determine the linguistic and cultural needs required to have therapy sessions in Spanish. Data was triangulated using different methods and sources, including on-site therapy session observations, a survey for Spanish-speaking university students, a survey for graduate students studying psychology, and interviews with both mental health providers and Spanish-speaking community members. The results show the language tasks and functions and the cultural components and considerations necessary to interact successfully in Spanish in the context of mental health. A proposed course on Spanish for Mental Health was designed based on the findings of this study. This project illuminates the urgent need for a comprehensive Spanish program for mental health professionals. This research aims to start bridging the language and cultural gap for Spanish-speaking clients in the U.S. when they access mental health services.

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DEDICATION

Mi mamá
Angélica Faúndez Carrasco

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Chapter 1. Introduction

The Hispanic[1] community constitutes 19.1% (63.7 million) of the population in the United States (U.S. Census Bureau, 2022) and was the largest contributor to population growth in the country between the years 2000 and 2021 (Zong, 2022). It is expected that by the year 2060, the Hispanic community will reach 111 million people (U.S. Census Bureau, 2018). Even though there is a large number of Hispanics, less than 10% of all healthcare professionals in the U.S. are Hispanic or Latino (American Community Survey, 2018), and it is unknown how many of them speak Spanish.

Languages for Specific Purposes (LSP) is the teaching of a language course with an emphasis in a professional setting, such as education, business, engineering, medical care, among others (Sánchez-López, 2013). The goal is to give the students the necessary skills to use the language in their work field. Just like LSP, Spanish for Specific Purposes (SSP) is gaining popularity in the United States. One of the areas that has been increasing in demand is medical Spanish (Hardin & Hardin, 2013), which has several articles dedicated to how to improve the teaching of this area (Ortega et al., 2019). But not all the areas relating to medical Spanish have research or a large amount of literature, and in fact, in the Spanish for Mental Health area, there is an almost complete lack of prior investigation.

However, there is an increasing need for therapy sessions in Spanish due to the rapid increase in the Hispanic/Latino population in the United States (Verdinelli & Biever, 2009). But, as the existing literature shows, there is a lack of Spanish programs for psychologists or mental

[1] People who identify as "Hispanic," "Latino," or "Spanish" are those who classify themselves in one of the specific Hispanic, Latino, or Spanish categories listed on the questionnaire ("Mexican, Mexican Am., or Chicano," "Puerto Rican," or "Cuban") as well as those who indicate that they are of "another Hispanic, Latino, or Spanish origin" (U.S. Census Bureau, n.d.)

health professionals (García Faúndez & Miller De Rutté, forthcoming), and those psychologists who are bilingual are not trained to conduct a therapy session in Spanish because, generally, the training of these professionals is in English due to having their entire programs conducted in said language (Delgado-Romero et al., 2018). Additionally, while some clients seeking mental health services may be fluent in English, they often feel much more comfortable talking about their feelings and emotions in their primary language (Llabre, 2021). Unfortunately, not many professionals are proficient in their clients' primary or dominant language, which creates a gap that needs to be filled.

1.1. Purpose of the Study

This research seeks to start addressing the need for Spanish communication skills that are necessary when conducting therapy sessions with Spanish-speaking clients in the United States. The purpose is to systematically determine the most common phrases and linguistic features used in therapy sessions and to underscore the importance of cultural understanding for mental health professionals who serve the ever-increasing number of Spanish-speakers in the U.S. The findings will guide the creation of a potential course for graduate students studying to become mental health providers. This course will begin to address the technical vocabulary and the linguistic competence needed to conduct a therapy session in Spanish as well as focus on the cultural competencies required to have successful interactions.

1.2. Overview of Chapters

The following provides a summary of the chapters of this project, where the most important ideas and topics are briefly introduced and explained.

In Chapter 2, a review of the literature found for this thesis will be given. This chapter is divided into six main groups – Language for Specific Purposes (LSP), Language Needs Analysis

(LNA), Cultural Constructs, Spanish and Emotion, Language Functions, and the Research Questions. Within the LSP section, Spanish for Specific Purposes (SSP) and Spanish for Mental Health are discussed. Task-Based Language Teaching (TBLT) is presented within the LNA section, and Language Concordance is discussed within the Spanish and Emotions section.

In Chapter 3, a thorough explanation of the methods and the instruments used to collect and analyze the data will be given. The first set of instruments was two online surveys sent to two different groups of students – Hispanic students and psychology students – enrolled in a large, western university in the U.S. The second set of instruments was two semi-structured interviews, which were conducted with professionals working in the mental health field and the other for the Hispanic community living in Colorado. The third and last instrument was on-site therapy session observations.

In Chapter 4, a detailed analysis of the data and the results found in this study will be given. The results are divided into three main groups: surveys, interviews, and observations. The surveys and interviews have subgroups where the specific results for each survey and interview are presented. Furthermore, a data triangulation process was conducted, and common themes were found across the instruments. Details of this process and the results are found in this chapter.

In Chapter 5, a thorough discussion of the findings of this study will be given. Subsections of important findings across the instruments such as linguistic and cultural implications, and ethical considerations will be given. Then, a sample 16-week course with a detailed schedule, activities and homework planned for the semester will be discussed. The creation of a series of courses for teaching Spanish for mental health professionals will be discussed. Finally, the discussion ends with a section on limitations and future directions.

In Chapter 6, a summary of this project, including the main findings, will be given.

Chapter 2. Literature Review

This chapter presents the theoretical framework used to determine the linguistic and cultural needs required to conduct successful therapy sessions in Spanish. First, an introduction to the LSP field, its role in the teaching of world languages for a particular professional discipline, and how it has evolved throughout the years will be given. Within the LSP section, the importance of ESP is mentioned, which then will lead to SSP and the subfield of Spanish for Mental Health, which is the main focus of this study. This chapter also explains the LNA process, TBLT, and SSP curriculum development. This chapter also discusses the connection between Spanish and emotion, and how people feel when expressing their feelings and emotions in another language instead of their primary or dominant language. This then guides the next subsection that presents the idea of language concordance and the importance of the client and professional speaking the same language. Finally, the research questions that guided this study will be stated.

2.1. Languages for Specific Purposes

Languages for Specific Purposes is a subfield of applied linguistics that focuses on teaching and learning language for a career outcome (Robinson, 1989, as cited in Grapin, 2017). In other words, language for specific purposes (LSP) is the teaching of a language for a particular profession (Trace et al., 2015). Examples of LSP courses include Japanese for Business, Spanish for Doctors, Mandarin for Tourism, English for Engineers, German for Police Officers, etc. (Trace et al., 2015). Grosse & Voght (1991) explain that the main difference between an LSP class and a traditional language class is that in an LSP course, the communication and activities are created from a professional point of view, which is not present in the teaching of traditional languages courses or books.

In a study conducted by Long and Uscinski (2012), a survey was sent out by email to foreign language departments of universities and colleges across the United States. This survey showed that in 2011 medium- to large-size institutions are more likely to offer LSP than small size ones, and LSP is notably more likely to be offered at public than at private institutions. The most common language taught in LSP historically has been English or English for Specific Purposes (ESP), which is defined as a course "narrower in focus than general [English Language Teaching] courses because they center on analysis of learners' needs" (Basturkmen, 2010, p. 3). Trace et al. (2015) suggested that ESP is more explored than LSP because of the role that English plays in the world and the great number of people who speak English as a second language globally in comparison to other languages.

As Basturkmen (2010) mentioned, there are many types of ESP courses offered around the world, such as English for Medical Doctors, English for Engineers, English for Office Management, among others. But why is the teaching of LSP so needed nowadays? Grosse and Voght in 2012 mentioned that some of the reasons why LSP is needed, particularly in the United States, is because of different factors such as living in a globalized world, the job market, education, and immigration, among others. In the same way, Sack et al. (2021) mentioned that

> within American universities, however, LSP courses are expanding within certain foreign language learning programs. In response to the increasing interconnectedness of the global landscape and a greater focus on occupational fields that encompass both language and culture, specialized courses (e.g., business, medicine, etc.) for Spanish, French, German, and Chinese learners are on the rise (pp. 31-32).

These reasons play a crucial role not only in the teaching of ESP but also in the teaching of other languages, such as Spanish for Specific Purposes (SSP), which is the language being analyzed in this study and discussed in the following section.

2.1.1. Spanish for Specific Purposes

Just as the need for ESP, nowadays, Spanish for Specific Purposes (SSP) is in great demand, because, generally, an employer decides to hire an applicant because of their multilinguistic and multicultural qualifications (Sánchez-López, 2013). This is becoming very attractive to students who want to use their second language in their future professional careers (Brandl & Rodríguez, 2020). Due to the rapid growth of the Hispanic population in the United States, more professionals, such as educators and police officers, among others, are in need of communicating with the Hispanic community (Sánchez-López, 2013).

One of the areas that has been gaining popularity is medical Spanish, which, according to a nationwide survey conducted by Hertel and Dings (2014), in 2013, 41% of undergraduate Spanish departments offered Spanish for the Medical Profession in the United States. In a study conducted by Miller De Rutté et al. (2023), it was found that "medical Spanish courses were offered in 43% of institutions with 68% of those institutions offering only one course related to medical Spanish" (p. 13). As it is shown from these two studies, over the last ten years, there has been just a 2% increase in the creation of courses for medical Spanish. There are not enough classes or programs that can train future medical professionals to interact with the Hispanic community, but it is even worse in the case of Spanish for Mental Health.

2.1.1.1. Spanish for Mental Health. Even though there is a high demand for bilingual speakers in the mental health field in the United States (Verdinelli & Biever, 2009), there is not much research available that addresses the language and cultural training needed for future

mental health professionals working with the Hispanic community who can conduct therapy sessions in Spanish. As seen in a systematic review by García Faúndez and Miller De Rutté (forthcoming), a total of 986 articles were found in six comprehensive databases when searching for articles related to training bilingual Spanish-English mental health providers between January 1, 1970, and April 1, 2023. Just four of those articles were studies that discussed Spanish language training for mental health professionals. Three out of the four articles discussed "perception of fluency" and used participants' self-assessments instead of validated proficiency measurements to assess professionals' Spanish skills, while just one article had an instructor who measured the professionals' Spanish skills. However, the methods used for Spanish training are not mentioned in the studies.

2.2. Language Needs Analysis

Within ESP, there is a research methodology called Language Needs Analysis (LNA), which can be described as recognizing what learners will be needed to do with the second language in certain situations, and how students might be able to master the target language during training (West, 1994, as cited in Čapková & Kroupová, 2017). Basturkmen (2010) explains that the process of LNA involves:

- Target situation analysis: Identification of tasks, activities and skills learners are/will be using English for; what the learners should ideally know and be able to do.
- Discourse analysis: Descriptions of the language used in the above.
- Present situation analysis: Identification of what the learners do and do not know and can or cannot do in relation to the demands of the target situation.
- Learner factor analysis: Identification of learner factors such as their motivation, how they learn and their perception of their needs.

- Teaching context analysis: Identification of factors related to the environment in which the course will run. Consideration of what realistically the ESP course and teacher can offer. (p. 19)

Moreover, as Zeller and Velazquez-Castillo (2018) mentioned, a needs analysis must reflect what learners are required to be capable of doing in the target language in a particular content. LNAs are particularly useful for language professionals who are not domain experts and focus on tasks that learners need to complete in the target language (Basturkmen, 2013; Long, 2005). However, to decide which tasks the students will have to learn, a triangulation of different methods must be conducted.

Triangulation of data is a procedure where researchers look for a meeting point between several different sources to create themes or categories in a study (Creswell & Miller, 2000). This technique is used because "each method reveals different aspects of empirical reality, multiple methods of data collection and analysis provide more grist for the research mill" (Patton, 1999, p. 1192). Leech and Onwuegbuzie (2007) describe the process as the use of multiple data sources, theoretical perspectives, and methods. Some of the methods used for triangulation purposes, according to Long (2005), are interviews, questionnaires or surveys, language audits, participant and non-participant observations, tests, etc.

Lincoln and Guba (1985) stated that the triangulation technique improves the likelihood that both the findings and interpretations will be found reliable because it "improves the rigor of the analysis by assessing the integrity of the inferences that one draws from more than one vantage point" (Leech & Onwuegbuzie, 2007, p. 579). Once the data is triangulated, the creation of a curriculum can begin.

To be able to create a language curriculum, Richards (1984) mentions seven steps that should be followed. These include diagnosis of needs, formulation of objectives, selection of content, organization of content, selection of learning experiences, organization of learning experiences, and determination of what to evaluate and means to evaluate. In a more recent study by Macalister and Nation (2019), it is mentioned that there are many factors to take into account when designing a course, as "the result of needs analysis is a realistic list of language, ideas, or skill items, as a result of considering the present proficiency, future needs, and wants of the learners" (p. 1)

As seen in the previous literature, LNA focused on the tasks that must be followed to create a language curriculum. In the next section, a thorough explanation of the teaching approach of Task-Based Language Teaching will be discussed.

2.2.1. Task-Based Language Teaching

A Task-Based Language Teaching (TBLT) approach can have different definitions, but Van den Branden (2016) defined it as a method where learners are usually described as active agents who, by performing tasks, are developing implicit and explicit target language knowledge and gradually are becoming more proficient in understanding and creating the second language for significant purposes. Zeller et al. (2023) explained that the main difference between TBLT and traditional methodologies is that TBLT focuses on the necessary communicative events that would constitute an ideal result in a given profession.

Serafini and Torres (2015) state that TBLT "reflects the nonlinear fashion in which learning proceeds, in that it conceives of learning in terms of complex mappings of form-function relationships rather than focusing on words, target structures, or functions in isolation" (p. 449). In a study conducted by Douglas and Kim (2014), it is shown that the use of TBLT in

an English for Academic Purposes (EAP) has more benefits than a traditional English class because the students are learning how to use their language skills just as they will face in their academic lives.

TBLT is defined as a "learner-centered approach to language teaching" (Van den Branden, 2016, p. 164), but now there is one important question: What is the role of a teacher in this approach? Van den Branden (2016) explains that the teacher's role is crucial because they are the ones who have to plan and design the activities that need to be relevant and motivating for the students, as this increases the chance that every student will benefit from it.

Serafini and Torres (2015) explain that it is important to understand the psycholinguistic and sociocultural perspectives on how adults learn a new language to be able to create tasks that can be meaningful, relevant, and motivational. Also, TBLT provides tasks that are related to real-life situations, which are more useful for the students as they can use them first in a safe environment – the classroom – where the professor is there to help them and correct them when needed before they then apply them in their professional careers (Van den Branden, 2016).

2.3. Cultural Constructs

Culture can be defined as an intersectionality across gender, ethnicity, and race, as well as well as the incorporation of experiences in numerous social contexts (Nastasi et al., 2017). Within cultures, there are different cultural constructs that are a set of ideas that shape the comprehension and perception of a particular situation in a specific way, within certain space and time contexts (Argyriadis, 2022). Cultural constructions can also be known as everything that has been created by society instead of being created by nature (Argyriadis, 2022). There are some cultural constructs created by society related to mental health that can be seen across cultures, but for this project, the main focus would be related to the Hispanic cultures.

Machismo and *Marianismo* are two cultural constructs that are related to the roles that men and women play in society. *Machismo* is the construct that affects men's behavior, being seen as aggressive, while *marianismo* is the construct that affects women's behavior, where women are being compared with an ideal Virgin Mary (Englader et al., 2012). Llamas et al. (2020) define *machismo* as "the values, beliefs, and attitudes of the role of men in society and is composed of both positive and negative aspects to the extent that they predict desirable/healthy outcomes" (p. 282). Nuñez et al. (2016) explained that *machismo* is a set of values, attitudes, and beliefs about how a man should be, encompassing positive and negative features of masculinity, such as bravery, dominance, aggression, sexism, and reserved emotions, among others. On the other hand, *marianismo* highlights the role of women as family- and home-centered individuals who encourage passivity, self-sacrifice, and chastity, representing women as nurturing roles and being respectful for patriarchal values (Nuñez et al., 2016)

These constructs also have a relation with some mental health disorders that are usually seen in individuals who follow them. In a study conducted by Fragoso and Kashubek (2000) was found that there is a correlation between *machismo* and stress and depression in men due to a higher level of emotional repression. In the same way, there is a correlation between *marianismo* and depression, anxiety, and poor emotional-behavioral control (Sanchez et al., 2018; Tilisky, 2018).

Another cultural construct is *familismo,* which can be defined as the role that a person plays in their family, by providing emotional and social support (Stein et al., 2015; Valdivieso-Mora et al., 2016). In a study conducted by Kapke et al. (2017), a correlation between high levels of *familismo* and better behavior of children was found, showing that children and adolescents who have a close relationship with their parents are more likely to have higher levels of self-

worth, which creates fewer conflicts between parents and children, as well as a higher level of feelings of unity, support, and closeness with their families. In another study, conducted by Villatoro et al. (2014), it was found that people who have high levels of behavioral *familismo* are more likely to find mental health help within their families and/or religious centers than professional mental health help, which connects with the next cultural construct.

Religion plays a crucial role in the lives of minorities, including Latin American immigrants in the United States (Nguyen, 2020). Nguyen (2020) explains that "in Latino American communities, religion facilitates (a) the stress-coping process of migration, (b) reestablishing ethnic communities in the United States, and (c) preservation of cultural values and ethnic identity" (p. 2). Westoff and Marshall (2010) found that 66% of Hispanics in the United States identified as Catholics. This high number shows the importance of religion in many Hispanics' lives and cultures. Caplan (2019) explained that amidst Hispanic/Latino faith-based communities, the view of mental illness and depression were culturally defined and perceived to be more of a spiritual problem rather than an actual sickness.

2.4. Spanish and Emotion

When thinking about emotions, the connection may not always be made between the language someone speaks, their culture, and their emotions, but "different cultures encourage different attitudes toward emotions, and…these different attitudes are reflected in both the lexicon and the grammar of the languages associated with these cultures" (Wierzbicka, 1985, as cited in Ożańska-Ponikwia, 2012). Ivaz et al. (2016) found that people don't feel as emotionally reactive when using a foreign language as compared with their primary language, making them feel different when being immersed in a foreign language context. Similarly, a study by Kyriakou et al. (2023) showed that participants were more emotional in their first language,

Spanish (in this study), rather than in English, which was driven by a reduced sensitivity to emotional vocabulary instead of limited vocabulary in their second language.

Similarly, in a study conducted by Pérez-García and Sánchez (2020), it was shown that primary Spanish speakers with a B1+ level of English could use some words and fixated phrases in the second language, but they lacked the vocabulary to express their emotions in the same way they would do in their primary language. Altarriba (2003) explains that this happens because

> emotion words in the first language have been experienced in many more contexts and have been applied in varying ways specifically in the case of late bilinguals… In contrast, emotion words learned in a second language may not be as deeply encoded if they are practiced much less and applied in fewer contexts (p. 310).

Altarriba (2003) showed how the importance of the constant use of a language can create more meaning to the words that people use when expressing their emotions in comparison to their second language. In a study conducted by Llabre (2021), it is explained how, in Spanish people can express their emotions by using suffixes, which can magnify or minimize the meaning.

> The common use of suffixes in the diminutive *-ito* or *-ita* and the superlative *-ísimo* or *-ísima* further provide a greater range of expansion of the emotion lexicon. With the simple addition of *-ito* or *-ita*, one can diminish the magnitude of a stressor (p. 1331).

Following Llabre's (2021) explanations, in Spanish when a person is tired, they can say *"estoy cansada"* (I am tired), but if they want to stress how tired they are, they can use the suffixes, for example *"estoy cansadita"* (I am a little tired), or also they can say *"estoy cansadísima"* (I am extremely tired). Using those suffixes can change the word's meaning and show how emotions play a main role in the language's use. Llabre (2021) also mentioned that

> another relevant feature of Spanish relative to English is the more common use of the subjunctive form of verbs… Using the subjunctive allows for speculation and consideration of alternative positions. The subjunctive conjugation in a morphological language such as Spanish can add emotion to the infinitive form of any verb (p. 1331).

The use of the subjunctive can change completely the meaning of a sentence. Using Llabre's (2021) ideas, it is not the same to say *"él está bien"* (he is well) as *"espero que él esté bien"* (I hope that he will be okay). In the first sentence, the present indicative is used to say that he is well now in the present, while in the second sentence, the subjunctive is used to say that the speaker hopes that in the future the man will be okay. As such, both suffixes and the subjunctive are some examples of how small changes can have great implications. It also shows how important it is to know someone's language, especially in the context of the medical and mental health fields.

2.3.1. Language Concordance

As shown in the section on Spanish and emotion, people feel much more comfortable expressing their feelings and emotions in their primary language. Language can compromise the communication between patient and professional and the quality of care the patient receives (August et al., 2011). In fact, Villalobos et al. (2016) found that a Chilean woman whose primary language was Spanish but was also fluent in English, used to see a behavioral health consultant who was a monolingual English speaker. However, when she changed to a bilingual behavioral health consultant, who was Mexican, she said that it "was like being *en casa* [at home]" (Villalobos et al., 2016, p. 49). This demonstrates the importance of language concordance, which is defined as care in which patients and professionals speak the same language (Lopez

Vera et al., 2023). Language concordance is fundamental not just for the communication between patient and professional but also for the comfort of the patient.

Furthermore, Alegría et al. (2013) stated that "patient-clinician consultations that are discordant in terms of race, ethnicity or language are characterized by less participatory decision making, lower levels of patient satisfaction, and higher rates of miscommunication" (p. 188). Lor and Martinez (2020) found that patients who had language concordance with their providers had better rapport and a positive relationship with them, as well as more trust in the provider. Similarly, providers who had had language skills training said that they felt comfortable speaking in their patients' language during clinical encounters (Lor & Martinez, 2020)

Eamranond et al. (2009) stated that having providers who speak their patients' language can improve the quality of care for those patients who have limited English proficiency. In a more recent publication, Ortega (2018) said that language concordance is a crucial step in accomplishing health equity for the ever-growing Spanish-speaking patient population, the wellness and productivity of professionals who work with them, and the quality of care given by the U.S. health system. As seen in the literature, language concordance is important for professionals to build better rapport with their patients, and this same information can also be applied to the mental health field.

2.5. Language Functions

As previously mentioned, language concordance and understanding are crucial to successful communication between professionals and clients. Understanding language functions and their relation to the American Council on the Teaching of Foreign Languages (ACTFL) proficiency guidelines for world languages is also important for teaching future professionals the language they need.

The Colorado Department of Education (2022) explains that for language learners to reach communicative competence, they need to understand the motive for communicating and acknowledge the grammatical forms and patterns that support that purpose. The World-Class Instructional Design and Assessment (WIDA) Measure of Developing English Language (MODEL) explains that Language Functions are connected with the process of constructing, informing, explaining, and engaging, among others. Some other language functions, according to the Colorado Department of Education (2022), are to *describe, advise, suggest, clarify, predict, compare, contrast, narrate, critique, compliment, recount, and justify*, among others.

According to the ACTFL Proficiency Guidelines (2024), to reach an advanced proficiency level in a foreign language, the learner must be able to communicate, produce narrations and descriptions, deal with unexpected events, and participate in discussions about abstract issues. It is also mentioned that the learner

> can use a range of strategies to maintain communication. Able to
>
> - Request clarification
> - Repeat, restate, and rephrase
> - Use known language to compensate for unknown vocabulary (circumlocution) (p. 22)

All of the previous language functions shape the class structure, by making them explicit for the students, which will help them to better understand the tasks they must fulfill to be able to perform in the different content areas at the required proficiency level (Chamot & O'Malley, 1996).

2.6. Research Questions

The main goal of this study was to understand the linguistic and cultural needs required to have successful therapy sessions in Spanish. The ultimate goal of such a study is to develop a program or sequence of courses. This study focuses on the development of a first potential course in Spanish for aspiring mental health providers in graduate school that is firmly rooted in the results of the LNA. As such, the following research questions guided this study.

1. What are the language tasks and functions needed to have effective communication in Spanish for Mental Health interactions?
2. What are the cultural competencies needed in Spanish for Mental Health interactions?

Chapter 3. Method

In this chapter, a detailed explanation of the methods used to collect data are given. This chapter is divided into two sections. The first is called Instrumentation and Associated Participants. This section explains the instruments used to collect the data and the associated participants' background information. The second section is Data Analysis in which the process of analyzing data will be discussed in greater detail.

3.1. Instrumentation and Associated Participants

Data was collected using three different sources, which included surveys, interviews, and observations. These three sources are detailed in the following subsections.

3.1.1. Surveys

Two online surveys were created in Qualtrics. They had multiple-choice and open-ended questions and were sent to two different groups of students at a large, western university in the U.S. The first survey (Appendix A) was sent to Hispanic students. The requirements to take the survey were that participants had to be primary speakers of Spanish and be enrolled in the university. The purpose of the 13-question survey was to better understand the importance that primary Spanish speakers give to having therapy in their preferred language. Additionally, the survey was used to determine if the participants faced any difficulties when expressing their feelings and emotions in English compared to the accuracy that they would have when they are expressing them in Spanish. Fifteen participants, between the ages of 19 and 34, completed the survey. The nationalities of these participants were Argentinian (n=1), Chilean (n=3), Colombian (n=4), Mexican (n=3), Panamanian (n=1), Peruvian (n=1), and Spanish (n=2).

The second survey (Appendix B) was designed for students studying psychology. The 17-question survey was created to better understand the Spanish background that participants had

and their perceptions on the importance of learning the Spanish language for their future careers, the interest they had in taking a Spanish course designed for students studying to be mental health providers while getting their graduate degree, the topics they would like to see or learn in said class, and if they thought that people could express their feelings and emotions with the same accuracy in English and Spanish. The survey was sent to the Department of Psychology at a large, western university in the U.S., and then they distributed the survey to their psychology graduate students. There were 15 participants between the ages of 22 and 34, and they were between their first and fifth year of graduate work. Most participants, 77.33% (n=11), identified as female, while 13.33% (n=2) identified as male, and 13.33% (n=2) identified as nonbinary. The majority of participants, 86.67% (n=13), indicated that their race was white, 6.67% (n=1) identified Asian, and 6.67% (n=1) was multiracial. Additionally, 20% (n=3) self-identified as Hispanic or Latino.

3.1.2. Interviews

The second source was semi-structured interviews. One was created for professionals, and one was for the Spanish-speaking community members. Two professionals completed a semi-structured interview (Appendix C), which was created to understand the professionals' techniques when communicating with their clients, typical interactions with their patients during a therapy session, their experience working with the Hispanic community, their beliefs in the importance of understanding their clients' first language, and their interest in learning/ improving their Spanish knowledge to be able to conduct a therapy session in their clients' native language. One interview was conducted in-person with a monolingual English speaker. The other was a Zoom interview with a bilingual Spanish - English speaker, whose primary language was Spanish. This interview was conducted in a mix of Spanish and English.

The second set of interviews was with the Hispanic community. These interviews were semi-structured to give the participants the freedom to speak about what they found relevant and give as much information as they found necessary. Three questions were asked in Spanish to all the participants who also answered them in the target language. Those three questions were as follows (all the translations in this study were made by the author):

1) *¿Me puede contar si usted o alguien que conozca ha sentido la necesidad de buscar cuidado de salud mental? Del 1 al 5, ¿qué tan cómodo se siente hablando sobre este tema?* (Could you tell me if you or someone you know has had the necessity of searching for mental health help? From 1 to 5, how comfortable do you feel speaking about this topic?)

2) *¿Cree que podemos expresar los sentimientos y emociones en inglés de la misma manera que lo hacemos en español?* (Do you think that we can express our feelings and emotions in English in the same way we do it in Spanish?)

3) *¿Siente que hay ciertas creencias/estigmas que existen en su cultura sobre la salud mental? ¿Me podría explicar cuáles son algunas?* (Do you think that there are some beliefs/stigmas in your culture about mental health? Could you explain to me what some of them are?)

A total of 29 in-person interviews were conducted in a diverse rural city in Colorado. Participants were between the ages of 20 and 65, and the nationalities of these community members were Guatemalan (n=1), Honduran (n=2), and Mexican (n=26). All interviews were audio recorded and transcribed using Descript, an online transcription software.

3.1.3. Observations

The third source was 15 on-site therapy session observations conducted in a Center for Family and Couples Therapy at a large, western university in the U.S. These observations were

conducted after obtaining permission from the program director and a signed consent form from the patients being observed. The observations were behind a one-sided mirror, so the clients could not see the observer during their therapy sessions. Behind the mirror, there were headphones connected to the rooms where the sessions were taking place, so the conversations could clearly be heard. A total of 570 minutes were spent observing sessions, and because recording the sessions was not possible, extensive note taking was conducted. The goals of these observations were to identify the steps of a typical therapy session from beginning to end, and the language used in a normal therapy session in the United States, so then those attributes could be analyzed to create a more accurate Spanish for Mental Health program.

3.2. Data Analysis

The interviews were transcribed using Descript, an online transcription software. Quantitative data were analyzed using descriptive statistics (means, standard deviations, frequencies). Qualitative data were coded using Taguette, an online qualitative coding software. The codes were then developed into categories and overarching themes. The data were compared across all instruments using a triangulation process. This was necessary to better understand the most common language tasks and cultural competencies needed for successful therapy sessions with Spanish-speaking clients.

Chapter 4. Results

This chapter begins by explaining the results of the data collected for this study. This chapter is divided into three parts – surveys, interviews, and observations. Finally, a section on the triangulation of data highlights the results found throughout the different instruments.

4.1. Surveys

4.1.1. Survey for Hispanic Students

The survey for Hispanic students was answered by 15 participants. They were first asked a question related to their perception of the importance of mental health. This question was on a 5-point Likert scale that ranged from not at all important to extremely important. The average score was 4.67 (SD = 0.60), and 6.67% (n=1) of participants said that mental health was moderately important; 20% (n=3) said very important, and 73.33% (n=11) said extremely important.

Then, participants were asked if they had the opportunity to go to therapy in the United States, and 33.33% (n=5) of participants said that they had gone to therapy in the U.S., while 66.67% (n=10) of participants said they had not. This question was followed by two additional questions. One question asked the language in which they had their therapy sessions if they did go to therapy in the United States, and of the five participants that had therapy sessions in the U.S., 80% (n=4) indicated that they were in English. The second follow-up question was intended for participants who had not had a therapy session in the U.S. and asked them to explain why. Participants indicated that mental health services in the United States were very expensive, and they were *"preocupado por el dinero"* (worried about money). Others stated that *"toma demasiado tiempo poder hacer una cita"* (it takes too long to schedule an appointment) while others indicated that they would like to have therapy with someone who can speak Spanish in the

United States. Few participants mentioned that "*aún no he tenido la necesidad [de ir a terapia]*" (I haven't had the need [to go to therapy], yet).

Participants were then asked about expressing their feelings and emotions in English and in Spanish, 93.33% (n=14) of participants agreed they could not express themselves in the two languages equally. Some mentioned that while feelings and emotions could be expressed in both languages, *"algunas traducciones no tienen la misma fuerza, especialmente cuando estoy frustrada"* (some translations do not have the same impact/ strength, especially when I'm frustrated). Others said that it was easier to express themselves in Spanish because "*el inglés es más neutro y los hispanos están acostumbrados a expresarse mucho cuando hablan"* (English is more neutral, and Spanish speakers are used to expressing a lot when speaking) and *"es mucho más orgánico expresar los sentimientos en mi idioma nativo"* (it is more organic to express feelings in my native language). On the other hand, 6.67% (n=1) of participants said that there was no difference in expressing themselves in Spanish or in English. This participant stated that while they were born in Mexico, they grew up in the United States and had *"un mejor manejo del inglés"* (a better knowledge of English) than Spanish.

Participants were asked if they would like to have mental health professionals speak Spanish in their therapy sessions. Most participants, 66.67% (n=10), said yes, while 33.33% (n=5) said maybe. The participants also mentioned that it was important for mental health professionals to understand the primary language and culture of their clients because *"un idioma implica una cultura distinta"* (a language involves a different culture) and *"muchos problemas son únicos a algunas culturas"* (a lot of problems are unique to some cultures). Another participant said, "*los psicólogos tienen una obligación moral de estar abiertos a causas culturales*" (Psychologists have a moral obligation of being open to cultural causes). Also, it was

stated that some expressions can be different in a primary language and that speaking Spanish with a professional can *"ayudar a explicar mejor lo que está pasando"* (help to better explain what is happening)

Finally, the survey concluded with a space for participants to add any other information that they wished to share or that was not previously discussed. Two participants answered this question. One said that *"a veces, la terapia es el primer paso en el proceso"* (sometimes, therapy is the first step in the process) and the other participant said that *"tener a alguien que pueda entender tu cultura es muy importante"* (having someone who can understand your cultural background is very important).

4.1.2. Survey for Psychology Students

The second survey was sent to the Department of Psychology at a large, western university in the U.S., and 15 participants completed the survey in English. Participants were asked about the languages they spoke and their Spanish-speaking skills. The majority of participants, 93.33% (n=14), said that their primary language was English, while only 6.67% (n=1) participants said that their primary language was Nepali. When asked about other languages that participants spoke fluently, 53.33% (n=8) said that they did not speak any other languages fluently, while 46.67% (n=7) of participants said they did. These languages included Greek (n=1), Hindi (n=1), Russian (n=1), and Spanish (n=4). When asked about their Spanish speaking skills, 13.33% (n=2) of participants said that they did not speak any Spanish, 46.67% (n=7) said that they spoke very little Spanish, 20% (n=2) said that they had minored in Spanish, 20% (n=3) said that they were fully fluent in the language, and 6.67% (n=1) said that they had minored in Spanish and were fluent in the language. Furthermore, 20% (n=3) of participants said that they had never taken a Spanish class, and 80% (n=12) mentioned that they had taken some

Spanish. One of the three participants who said that they had never taken a Spanish class mentioned that they "learned [Spanish] through phone." Of the 12 participants who had taken Spanish classes, 25% (n=3) said that they minored in Spanish, 25% (n=3) mentioned that they had taken Spanish classes in college, and 50% (n=6) had taken classes in high school or elementary school. Also, 41.66% (n=5) mentioned that they had studied abroad and/or visited Spanish speaking countries. While one participant stated that they learned Spanish as a child because their mother is from Uruguay, another said that they had a Mexican exchange student at their house when they were younger, who helped them with their Spanish.

Participants were asked if they thought that speaking Spanish could be beneficial for their future career to which 80% (n=12) said yes, and 20% (n=3) said maybe. One of the participants who said yes said that knowing Spanish would "make me a better applicant," while others mentioned that knowing Spanish would help them better understand their clients and build rapport. Additionally, when asked about the importance of knowing their clients' primary language. This question was on a 5-point Likert scale that ranged from not at all important to extremely important. The average score was 4.07 (SD = 0.68), and 20% (n=3) of participants indicated that it was moderately important to know the native language of a client; 53.33% (n=8) said very important; and 26.67% (n=4) said extremely important. Finally, the participants were asked if understanding the primary language and culture of a client could be helpful for their career. This question was on a 5-point Likert scale that ranged from definitely not to definitely yes. The average score was 4.67 (SD = 0.60), and 6.67% (n=1) of participants said that it might or might not be useful; 20% (n=3) said probably yes; and 73.33% (n= 11) said definitely yes.

Then, the survey asked questions about the relationship between language and emotions. One of the open-ended questions asked participants about their perceptions on if people, whose

primary language was not English but Spanish, could express their feeling and emotions with the same accuracy in English as they would do in their primary language. Participants indicated that people could not express their feelings and emotions with the same accuracy in both languages, because since Spanish and English are not the language, there were some words and phrases that could not be translated literally in both languages. One participant explained that "words have emotional meaning and cultural context." Other participants said that "people are able to express their emotions in English depending on their proficiency level," and "people are able to express their emotions, at least nonverbally and by body language."

The final part of the survey was related to students' perceptions on taking a class or series of courses on Spanish for Mental Health. First, they were asked if they would be interested in taking such classes and were given the option of yes, no, or maybe. Most participants, 86.67% (n=13), said that they would be interested in taking those classes, while 13.33% (n=2) said maybe. They were also asked about what they thought would be most beneficial to learn in a Spanish for Mental Health class, and they mentioned topics like cultural differences, vocabulary related to mental health, and emotion words. Some participants said that they "would like to learn professional Spanish, so I can use real words and not literal translations." At the same time, some participants added that they were worried about the amount of work they might have outside of their regular psychology curriculum, while others mentioned that "there should be an option to do an 'intro to Spanish' course their first year, then a more psych-specific course," and that having Spanish for Mental Health classes "would be soooooo helpful!!!"

4.2. Interviews

4.2.1. Professionals

Two mental health professionals each completed a 30-minute semi-structured interview. The first interview was face-to-face with John. At the time of the interview, John had been working in mental health for six years since 2017. He had worked as a prevention specialist, doing mental health promotion for youth, particularly with middle and high school students. and He also worked in a few different administrative roles in nonprofits. John was a graduate student studying marriage and family therapy and was actively seeing clients in a therapy context.

John indicated that his current clients were Caucasian, but in his previous job, about 50% of his clients were Southeast Asian, African American, or Latino. When asked about the most common themes discussed with his clients, he said,

> Here, it's a lot of emotions and boundaries…becoming more aware of what our bodies are communicating and the kind of pathway of kind of the origin of emotion through to the recognizing that you are feeling something and labeling it and communicating it out.

Then he explained that when he was working with youth, "a lot of the work that I was doing was around educating about the risks, particularly the mental health implications of substance use, and the interrelation between substance use as a coping strategy." This also included "talking about like adverse childhood experiences and helping parents understand those implications."

John indicated that the most common mental health disorders he had encountered with his clients were substance abuse, adjustment disorder, alexithymia, and attachment issues. Then, he proceeded to explain some techniques he used to communicate with his clients and said that

> especially in a talk therapy clinic, a lot of it is verbal, but one thing that I've recently been buying for our clinic are some pillows with feeling wheels on them, which can be really

effective for working with folks who struggle to name emotions. It gives you a list of things and you can, from the center of it, it's got the very simple, like basic emotions, happy, sad, you know, angry, that kind of stuff. And then it spreads out to more complex emotions. And you can use that as a way to non-verbally talk with people about feelings.

He then was asked about the steps of a typical interaction with clients in a therapy session, and he mentioned that he likes to start with questions such as, “Is there anything that you wish you had told me or anything that you’ve been waiting to tell me since last session?” He will ask if anything has come up and said that “usually, nothing has, but it can be a great opportunity for whatever arises.” John indicated that if the client does not have anything in response to that question, then he will some different phrases to gather information, such as “Where would you like to start?”, “Where would you like to go?”, or “What would you like to do with our time today?”

When the client starts opening up, he then will typically ask them questions to push them further, such as “Can you describe what tough meant to you? How did you know it was tough? And try to find feelings and bodily sensations that came up in those moments.” When finishing the session, John asks questions like “Is there anything that you liked from today that you’d like for us to do more in the future?” or “Is there anything from today’s session that you would like us to change?”

When asked about his Spanish skills, John said that he took a couple of years of high school Spanish, but he did not think that he could speak or communicate in Spanish. He also stated that he had not had any Spanish dominant clients but that there was a mental health crisis line that his company runs, “so, we will occasionally get people that text into our crisis line using

Spanish." When that has happened in the past, they have used Google Translate or a live translator to help the Spanish-speaking clients.

John was asked if he would be interested in taking a Spanish class for psychologists or mental health professionals. He said that he was interested and mentioned that the most beneficial information to learn would be words and phrases that cannot be literally translated into English. He continued this thought by saying, "You have the potential to create so much more harm [using the wrong words] …and if you want to translate things, maybe there is a better phrase to use. Something that really gives weight to the question." John concluded the interview saying that

> there is a major issue in therapy as a field, especially in the U.S. or particularly in the U.S., where you've got an overwhelming majority of therapists who are white and English-speaking, and that doesn't necessarily match the proportion of the population in this country.

The second interview was on Zoom with Lucia, a transgender woman. Lucia's primary language was Spanish, and throughout her interview, she switched between using the terms "client" and "patient," and this switch can be seen in some of her responses. Lucia also answered questions in a mix of Spanish and English. If she answered in Spanish, the Spanish is written with the English translation in parenthesis. At the time of the interview, Lucia had been working in the mental health field for five years, three of which had been clinical-related. She said that she started as "a residential treatment specialist. I worked there for a year, more or less, and I did social-emotional healing, and I provided care, like social-emotional care, for youth." Then she added that she started clinical work in counseling three years ago. Her first year was an

internship or practicum before she moved on to two years of group therapy work. She described herself as an "education specialist in clinical mental health counseling."

Lucia stated that the demographics of her clients were mostly women, non-binary or gender fluid people, and a large number of transgender kids. She said that about 40% to 45% of her current clients are Latino, and that 45% of them are transgender. She also indicated that she uses Spanish to communicate with her clients' parents to explain what their kids are going through and how to help them. She made great emphasis on the fact that "although I speak Spanish natively, I studied here in the United States, so there are some words that I do not know in Spanish, and it is difficult for me to find the right word in Spanish sometimes." Lucia changed from Spanish to English every time she was asked a question where she had to use technical words, showing that it is more comfortable for her to use English than Spanish in said situations.

When asked about the most common mental health disorders that she encounters with her clients, she mentioned that she works with what she calls a "mood-based program," where the most common diagnoses are anxiety, depression, and trauma. She also added that "the power of the Spanish language has a lot to do with its own culture. Parents are very worried. [They say,] 'What is depression? I've never heard of that. They [the kids] just need to get out of bed. They have to go more often to church, etc."

Lucia discussed the techniques she uses with her clients in a therapy session, and she said that she follows a client-based approach where the most important thing is the relationship with the client. Lucia continued by saying she asks lots of questions, does not speak a lot, and asks the client to tell her about why they wanted to be there and to tell her more about that. She indicated that she tends to use a lot of open-ended questions to gather information from her clients, so she can give them the help they need. When asked about the steps of a typical interaction with

clients, she mentioned that the client's feedback is very important to her, so she tries to focus on what the client needs and likes. Then, she talked about working with groups and mentioned that she leads a three-hour group therapy session three times a week in which clients share anything they want while she takes notes. She mentioned that if she sees that one of the patients feels uncomfortable, she will ask them to go outside and talk to them individually. She then asks questions like "What can we do for you?" or "Are you feeling safe today?" After making sure that the client is okay, she will ask if they are ready to go back to the group.

Finally, Lucia was asked if she would be interested in taking a Spanish class for psychologists or mental health professionals. She said that she was interested and talked about the importance of knowing her patients' cultures because "even though we all are Latinos, we have different opinions for everything, and even different words to refer to the same thing."

4.2.2. Hispanic community members

There was a total of 29 interviews with the Hispanic community. The goal of these interviews was to understand how comfortable participants felt talking about mental health and the beliefs and stigmas about mental health in their home countries. They were also asked if they thought that they could express their feelings and emotions with the same accuracy in English as they do in Spanish.

First, the participants were asked if they knew someone (including themselves) who had needed to search for mental health help – either in the United States or their home countries – and how comfortable they felt talking about mental health. Most participants mentioned that they knew someone – mostly family members or close friends – or that they themselves had gone to therapy. Only seven participants indicated that neither they nor someone they knew had sought out mental health treatment or therapy. One participant said, *"no en mi familia, pero no niego*

que de seguro algunos lo podríamos necesitar" (not in my family, but I do not deny that for sure some of us might need it) When asked about how comfortable they felt speaking about mental health on a scale from 1 to 5, with five being extremely comfortable. The average score was 4.4 (SD = 0.89). No one mentioned being extremely uncomfortable speaking about mental health. In fact, most indicated a higher number on the 5-point scale saying, *"es importante recibir ayuda cuando uno se siente triste o desesperado"* (It is important to get help when one is feeling sad or desperate) and *"la salud mental es salud"* (Mental health is health).

Participants were asked if they thought that they could express themselves in English with the same accuracy as they could in Spanish. Three participants (10.34%) said that they could express themselves the same in both languages and offered no further explanation. However, the other 26 (89.66%) participants said no. Some of the reasons why those 26 participants said no were that *"el inglés no tiene el mismo significado que le damos al español"* (English does not have the same meaning that we give to Spanish) or *"aunque hablemos los dos idiomas, no hay nada como tu lengua materna"* (even if we speak both languages, there is nothing like your mother tongue). One participant indicated that *"apenas puedo expresar mis emociones en español. Sería aún más difcícil en inglés"* (I can barely express my emotions in Spanish. It would be even more difficult in English), while another said, *"una vez tuve una [terapia] en español. No creo en inglés. No creo que vaya a ser lo mismo"* (I once had one [therapy session] in Spanish. I don't know in English. I don't think that it will be the same).

The third and final question asked about the beliefs and stigmas about mental health in the participants' home countries and cultures. Throughout all the responses, one word was mentioned multiple times. That word was *loco* (crazy). Most participants said that in their cultures, *"la gente cree que estás loco si vas a terapia"* (people believe that you are crazy if you

go to therapy), *"la salud mental es para gente loca"* (mental health is just for crazy people), or *"¿cómo puedes ir a terapia si no estás loco?"* (how can you go to therapy if you are not crazy) Another word that was mentioned many times in the interviews was *flojo* (lazy). One participant stated that *"mi papá decía que la depresión no existía. Que solo eras flojo"* (my dad always said that depression doesn't exist. You are just lazy). Another mentioned that *"la depresión solo es flojera, no tener nada que hacer"* (depression is just laziness, not having anything to do). Others said, *"si estás triste, ponte a limpiar"* (if you are sad, start cleaning), and *"[la gente] realmente no tiene depresión, solo tienen que ir a la iglesia"* [people] are not really depressed, they just need to go to church."

Other themes that emerged from the data were related to the COVID-19 pandemic, the lack of Spanish-speaking therapists in the United States, false cognates used by doctors, and the cost of mental health. Many participants said that *"la pandemia ayudó a las personas a ser más abiertos de mente cuando se trata de la salud mental"* (the pandemic helped people open their minds when it comes to mental health), and *"debido a la pandemia, muchas más personas están buscando ayuda para su salud mental"* (because of the pandemic many more people are searching for mental health help). Some participants said that *"es muy difícil encontrar un terapista que hable español"* (it is very difficult to find a therapist that speaks Spanish), and that *"quiero a alguien que entienda mi idioma y mi cultura"* (I want someone who can understand my language and culture). Another participant said, *"me gustaría encontrar a un terapista que hable español, porque yo no hablo inglés y sería más fácil en español"* (I would like to find a Spanish-speaking therapist because I do not speak English, and it would be easier in Spanish). Another participant stated,

> One time I went to the doctor because I was not feeling good, and he told me '*Toma un baño con sopa*' (Take a bath with soup), and I was confused, so with my poor English I asked, 'Chicken noodle?' He looked at me weirdly and said 'No, soap!' and I told him 'Oh! *Jabón!*' He thought that soup was *sopa* because it sounds similar."

Participants also discussed the cost of mental health in the U.S. saying, *"el costo de los servicios de salud mental acá en Estados Unidos is demasiado caro"* (the cost of mental health services here in the U.S. is too expensive), and they indicated that cost was the main reason why they had not sought out mental health services.

One of the participants who had found a Spanish-speaking therapist in the United States had a negative experience. She said that the U.S. therapist blamed her for her adult son's mental illness. She described what happened saying,

> *Mi hijo es esquizofrénico y el terapista me culpó a mí. Me dijo que yo era demasiado sobreprotectora y que por eso a mi hijo le dio esquizofrenia... el terapista me obligó a dejar que mi hijo fuera solo a las terapias para que se vuelva más independiente. Él fue un par de veces, pero, obviamente, dejó de ir al poquito tiempo. No pudo conseguir la ayuda que necesitaba por todos los problemas con el terapista.* (My son is schizophrenic, and the therapist blamed me. He said that I was too overprotective of him, and that's why he got schizophrenia…the therapist forced me to let my son go alone to the sessions, to be more independent. He went a couple of times, but, obviously, he stopped going shortly after. He could not get the help he needed because of a lot of issues with the therapist).

The following table shows the cultural implications encountered during the interviews. The first column shows the cultural construct and the second column the situation where the construct was seen. More details will be further discussed in the discussion section.

Table 1. Cultural Implications and Situations

Construct	Situation
Machismo* and *marianismo	A married couple from Central America were doing the interview together. After every question was asked, the wife would look at the husband asking for permission to speak.
Familismo	Mothers went with their children to the interviews. A mother with a schizophrenic adult son was blamed for his disorder because she was too "overprotective" of him.
Religion	A woman mentioned that she used to hear people in her country saying that people are not depressed, but that they just needed to go to church and pray to feel better.

4.3. Observations

A total of 570 minutes were spent observing therapy sessions in a Center for Family and Couples Therapy at a large, western university in the U.S. The analysis of the on-site observations showed that the most common structure of a therapy session in the United States followed four main tasks, which included Beginning of Therapy Session, Information Gathering, Returning to Previous Ideas, and Ending the Therapy Session, as seen in Table 2.

Table 2. Common Tasks in a Therapy Session Based on Observational Data

Tasks	Words/Phrases
Task 1: Beginning of Therapy Session • **Subtask: Homework Review (if any)**	How are you doing? /How are you? • How was your homework?

Task 2: Information Gathering • **Subtask: Elicit topics to discuss**	Is there anything specific that you would like to talk about today? • Would it be okay if we explored... today?
Task 3: Returning to Previous Ideas • **Subtask1: Asking for feelings** • **Subtask 2: Checking for Understanding/ Summarizing**	Let me stop you there / Can we pause right there? / What do you mean when...? / Can we go back to...? • How does that look like? / How does that feel like? / How did that make you feel? / How do you feel about...? / Give me examples of how that might look like, how much you feel... / What happened to your body when...? • That sounds like... / I'm wondering if... / I assume that...
Task 4: End of Therapy Session • **Subtask: Homework**	What went well during the session? / What did you like in this session that you would like to do again next time? • I would like you to work on...

As seen in Table 2, first the therapists asked the clients how they were doing and then asked them about their weekly homework (if they had any). After this task, the therapists continued with open-ended questions to let the client decide what the focus of the session should be. The therapist gave the client time to think about the things they would like to discuss, and if the client did not initiate the conversation, the therapist would bring up some topics seen in previous sessions.

The therapists used a pillow with a wheel of emotions with the clients who do not know how to express what they were feeling. This wheel includes emotions from the most basic/ common emotions and feelings, such as happy, angry, tired, etc., to some of the more

uncommon/ complicated emotions and feelings, such as judgmental, disillusioned, loving, etc. This was a technique observed in most sessions, and the clients seemed to feel more comfortable using them and looking at them than talking directly to the therapist. This also helped create an opportunity for the client to determine the first topic to discuss in the therapy session.

Some of the most common vocabulary found across the observations were some phrases used by all therapists. For example, when a client was talking about a specific topic and then changed it, the professional would say phrases such as, “Let me stop you there,” or “Can we go back to [topic]?”. Additionally, the therapists asked about how the client felt during different situations, and they used phrases such as “How does that feel like?”, “How did that make you feel?”, or “What happened to your body when...?” None of the therapists repeated or tried to influence the client, , so they used phrases like “I’m wondering if...” or “I assume that...” to do a summary or check the understanding of the clients' words.

By the end of the session, the therapists used different techniques to help the clients close the conversation. Some techniques were breathing exercises, summaries of the sessions, asking the client “What went well during the session?” or “What did you like in this session that you would like to do again next time?”. Finally, some therapists gave their clients homework so that they could keep working on the topics discussed during the therapy session throughout the week.

4.4. Data Triangulation

After collecting and analyzing all the results, a triangulation of data was conducted, and some recurring themes were found across the data collection instruments. First, across the surveys and interviews, it was found that most people agreed that a person, whose primary language was Spanish, could not express their feelings and emotions with the same accuracy in English as they would in Spanish. Another theme that was seen across the interviews and surveys

was that Spanish-speakers preferred to have a therapist who could understand not just their language, but also their culture. This was because some of the problems a person could have might be related to cultural aspects and not just linguistic ones. This was also seen in the answers from the professionals, who mentioned that culture was extremely important to know and understand when having an interaction with a Hispanic or Latino client. Some cultural constructs such as *machismo* and *marianismo*, *familismo*, and religion were observed during the interviews with the Hispanic community, these constructs will be further discussed in the discussion section.

Some of the words and phrases that the professionals mentioned that they used with their patients during the semi-structured interviews were corroborated in the on-site observations. Some examples were "What went well during the session?" and "What did you like in this session that you would like to do again next time?" Also, using pillows with emotion wheels to help the clients express how they felt in that moment or when a specific event occurred was another common point found in the observations and interviews.

Table 3 shows all the phrases mentioned by the professionals during the interviews and observed in the on-site observations. These were originally stated in English, and as such, Spanish translations are provided.

Table 3. Common Phrases and their Translations

English	Spanish
Is there anything that you wish you had told me or anything that you've been waiting to tell me since last session?	*¿Hay algo que te hubiera gustado contarme o que has estado esperando para decirme desde la última sesión?*
Where would you like to start?	*¿Con qué te gustaría comenzar?*
Where would you like to go?	*¿Hacia dónde te gustaría ir?*

What would you like to do with our time today?	*¿Qué te gustaría hacer con nuestro tiempo el día de hoy?*
Can you describe what... meant to you?	*¿Puedes describir lo que ... significó para ti?*
Is there anything that you liked from today that you'd like for us to do more in the future?	*¿Hay algo que te gustó del día de hoy que te gustaría que hiciéramos más en el futuro?*
Is there anything from today's session that you would like us to change?	*¿Hay algo de la sesión de hoy que te gustaría que cambiemos?*
What can we do for you?	*¿Qué podemos hacer por ti?*
Are you feeling safe today?	*¿Te sientes a salvo hoy?*
How are you doing?	*¿Cómo has estado?*
How are you?	*¿Cómo estás?*
How was your homework?	*¿Qué tal tu tarea? / ¿Cómo te fue con la tarea?*
Is there anything specific that you would like to talk about today?	*¿Hay algo específico de lo que te gustaría hablar el día de hoy?*
Would it be okay if we explored... today?	*¿Estaría bien si hoy exploramos ...?*
Let me stop you there	*Déjame pararte/detenerte ahí*
Can we pause right there?	*¿Podemos parar/detenernos ahí?*
What do you mean when...?	*¿A qué te refieres cuando ...?*
Can we go back to...?	*¿Podemos volver a ...?*
How does that look like?	*Y eso, ¿cómo se ve?*
How does that feel like?	*Y eso, ¿cómo se siente?*
How did that make you feel?	*¿Eso cómo te hizo sentir?*
How do you feel about...?	*¿Cómo te sientes sobre/con ...?*
Give me examples of how that might look like, how much you feel...	*Dame algunos ejemplos de cómo se vería eso, cuánto sientes...*

What happened to your body when...?	*¿Qué pasó con tu cuerpo cuando ...?*
That sounds like...	*Eso suena como....*
I'm wondering if...	*Me pregunto si...*
I assume that...	*Asumo que...*
What went well during the session?	*¿Qué te gustó de esta sesión?*
What did you like in this session that you would like to do again next time?	*¿Qué te gustó de esta sesión que te gustaría hacer nuevamente la próxima vez?*
I would like you to work on...	*Me gustaría que trabajes en...*

As seen in Table 4, the first column shows the genre with the movements and subtasks found in the interviews with the professionals and the observations. The second column shows all the language used by the professionals during said tasks, followed by the third column with their closest Spanish translations. In the fourth column, a corresponding Spanish language function to the phrases is mentioned, while in the fifth column, the grammatical forms and structures are shown.

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Table 4. Phrases with Tasks, Functions, Forms and Structures

Genre Analysis	English	Spanish	Corresponding Spanish Language Functions	Grammatical form and structure
Movement 1: Beginning of Therapy Session	What can we do for you?	*¿Qué podemos hacer por ti?*	Eliciting information	Basic question structure; present tense
	Are you feeling safe today?	*¿Te sientes seguro/a hoy?*	Asking about feelings	Basic question structure; present with reflexive verb
	How are you doing?	*¿Cómo has estado?*	Eliciting information	Basic questions structure; present perfect
	How are you?	*¿Cómo estás?*	Eliciting information	Basic question structure; present
-Subtask: Homework Review (if any)	How was your homework?	*¿Qué tal tu tarea? / ¿Cómo te fue con la tarea?*	Requesting information about previous homework	Basic question strucute; preterite
Movement 2: Information Gathering	Is there anything that you wish you had told me or anything that you've been waiting to tell me since last session?	*¿Hay algo que te hubiera gustado contarme o que has estado esperando para decirme desde la última sesión?*	Creating an opportunity to speak about a topic not yet seen	Compound question structure; present; pluperfect subjunctive with indirect object pronoun (IOP); present perfect progressive; adjective clause
	Is there anything specific that you would like to talk about today?	*¿Hay algo específico de lo que te gustaría hablar el día de hoy?*	Eliciting information	Compound question structure; present, IOP; conditional; noun clause; adjective clause
-Subtask: Elicit topics to discuss	Would it be okay if we explored... today?	*¿Estaría bien si hoy exploramos ...?*	Asking for permission to speak about a specific topic	Compound question structure; conditional; present; noun clause; adverbial clause

Movement 3: Returning to previous ideas	Let me stop you there.	*Déjame pararte/detenerte ahí*	Requesting a pause	Imperative with reflexive verb;
	Can we pause right there?	*¿Podemos parar/detenernos ahí?*	Suggesting a pause	Basic question structure; present with reflexive infinitive verb
	What do you mean when...?	*¿A qué te refieres cuando ...?*	Requesting clarification	Compound question structure; present with reflexive verb; adverbial clause
	Can we go back to...?	*¿Podemos volver a ...?*	Advising to go back to previous topic	Basic question structure; present; adverbial clause
	How does that look like?	*Y eso, ¿cómo se ve?*	Eliciting explanation	Basic question structure; present with reflexive verb
-Subtask1: Asking for feelings	How does that feel like?	*Y eso, ¿cómo se siente?*	Eliciting explanation	Basic question structure; present with reflexive verb
	How did that make you feel?	*¿Eso cómo te hizo sentir?*	Requesting clarification	Basic question structure; preterite with reflexive verb
	How do you feel about...?	*¿Cómo te sientes sobre/con ...?*	Requesting explanation	Compound question structure; present with reflexive verb
	Give me examples of how that might look like, how much you feel...	*Dame algunos ejemplos de cómo se vería eso, cuánto sientes...*	Asking for examples	Imperative; conditional with reflexive verb; adverbial clause
	What happened to your body when...?	*¿Qué pasó con tu cuerpo cuando...?*	Seeking explanation	Compound question structure; preterite with adverb clause

-Subtask 2: Checking for Understanding/ Summarizing	That sounds like...	*Eso suena como....*	Requesting client's confirmation	Present and adverb clause
	I'm wondering if...	*Me pregunto si...*	Running potential interpretation	Present and adverb clause
	I assume that...	*Asumo que...*	Paraphrasing client's words	Present and noun clause
Movement 4: End of Therapy Session	Is there anything that you liked from today that you'd like for us to do more in the future?	*¿Hay algo que te gustó del día de hoy que te gustaría que hiciéramos más en el futuro?*	Eliciting feedback about things the client would like to do in the future	Compound question structure; present; IOP; preterite; conditional; imperfect subjunctive; adjective clause; noun clause
	Is there anything from today's session that you would like us to change?	*¿Hay algo de la sesión de hoy que te gustaría que cambiemos?*	Asking for feedback about things the client would like to change	Compound question structure; present; IOP; conditional; adjective clause; noun clause
	What went well during the session?	*¿Qué te gustó de esta sesión?*	Requesting feedback about things the client liked in the session	Basic question structure; preterite
	What did you like in this session that you would like to do again next time?	*¿Qué te gustó de esta sesión que te gustaría hacer nuevamente la próxima vez?*	Seeking commentary about what could be done again next session	Compound question structure; IOP; preterite; conditional; noun clause
-Subtask: Homework	I would like you to work on...	*Me gustaría que trabajes en...*	Making a suggestion to work on a specific topic	Conditional; subjunctive; noun clause

Chapter 5. Discussion

The main goal of this study was to determine the most important tasks and functions needed to have effective communication with the Hispanic community in search of mental health help, by understanding their language and culture. The results of this study found that both professionals and graduate psychology students showed great interest in having a specialized Spanish for Mental Health course as they indicated that it would be very helpful for their (future) careers. Some participants showed concern about the number of classes they would have to take and how Spanish classes would fit into their already full schedules. Nevertheless, they also mentioned that some important topics they would like to learn in a Spanish for Mental Health course would be professional Spanish, how to avoid literal translations, Hispanic culture, and emotions and feelings vocabulary. Data was triangulated across the professional's interviews and the on-site observations to confirm common phrases and vocabulary being used during therapy sessions. This showed consistency in the vocabulary that can be applied in a Spanish for Mental Health course as it was shown to be used by multiple professionals in the United States.

After analyzing the data from the Spanish-speaking community, the results indicated that most Spanish-dominant people agreed that they felt much more comfortable expressing their emotions and feelings in Spanish rather than in English. This finding is confirmed in previous research (Altibarra, 2003; Ivaz et al., 2016; Kyriakou et al. 2023; Llabre, 2021). Furthermore, data shows that Spanish-dominant speakers not only would prefer that mental health professionals speak Spanish, but that they also understand their culture. As the literature on language concordance states, clients seem to build better rapport with professionals who speak the same language because they feel that communication is easier than with professionals who cannot speak Spanish (Lor & Martinez, 2020). Cultural competency training is a requirement for

health professionals, but more research in this area is needed to determine the effects of culture on rapport building in the health field.

This notion of shared experiences playing a role in therapy sessions can be exemplified in the interview with Lucia. Lucia is a Hispanic transgender woman who works with many Hispanic transgender clients. Previous research has found that "therapists' identities are integrated into their work, positively impacting their professional responsibilities and providing means for self- and client-empowerment, despite experiences of marginalization" (Goates et al., 2024, p. 48). This shows that having a therapist to whom clients relate can be very helpful for their mental health. Other research states that "members of the transgender community have distinct needs and experiences that require professionals with trans-affirmative knowledge, skill, and competency" (Austin & Craig, 2015, p. 21). Said knowledge, skills, and competency can be easily applied by transgender therapists like Lucia, who has already lived the same issues her clients are experiencing. Compounding these needs is the fact that

> transgender individuals and members of racial/ethnic minority groups belong to marginalized populations that experience severe health inequity in the United States... these inequities include mental health disorders, such as anxiety, depression, suicidality, substance use disorder, and HIV, among others (Lett et al., 2021, p. 275).

While the Hispanic transgender community has distinct mental health needs, Spanish-dominant speakers in the U.S., also face unique challenges relating to mental health. In this study, some of the most common mental health disorders encountered by professionals working with the Hispanic community were substance use disorder, adjustment disorder, alexithymia, attachment issues, anxiety, depression, and trauma. According to the National Alliance on Mental Illness (NAMI, 2020), "common mental health conditions among Latinx are generalized

anxiety disorder, major depression, post-traumatic stress disorder (PTSD) and excessive use of alcohol and drugs. Additionally, suicide is a concern for Latinx youth" (n.p.) Interestingly, most of the disorders mentioned by the professionals were also mentioned by NAMI.

5.1. Linguistic Implications

As previous research has stated, language concordance is tremendously important when it comes to healthcare services in general (Alegría et al., 2013; August et al., 2011; Eamranond et al., 2009; Lopez Vera et al., 2023; Lor & Martinez, 2020; Ortega, 2018; Villalobos et al., 2016). Language concordant care has been found to positively impact patient satisfaction, understanding of diagnoses, and general health outcomes (Diamond et al., 2019), while language discordant care can have the opposite effects. Misunderstandings due to the use of false cognates was a topic found in this study. As present in one of the interviews with the Hispanic community, some false cognates used by healthcare providers can be harmless like in the case of the participant whose doctor told her to shower with "*sopa*" (soup) instead of "*jabón*" (soap). But in other situations, the false cognates may mean something completely different, which, in some cases, could even cause harm to the patient.

Another finding that has linguistic implications was the use of literal translations. In both interviews and surveys, participants mentioned that they would like to learn fixed phrases and not literal translations of English as they foresaw the potential damage this type of communication could have with their clients. A study conducted by Colina et al. (2017) showed that literal translations were not always effective or natural in the target language as they tend to follow the structure of the language being translated instead. As one of the professionals in this study mentioned, Google Translate was being used to help Spanish-speaking clients. While there are many implications that underlie this statement, it shows that some healthcare professionals

may not understand the proper use of translators like Google Translate. Google Translate can be helpful with single words, but only sometimes does it translate full phrases correctly, and in medical phrase translation, research has shown that it only has a 57.7% accuracy (Patil & Davies, 2014). This information indicates that Google Translate may cause potential harm when using it to communicate with clients.

One of the observations found during this study was the use of the terms "client" versus "patient" when referring to the people with whom the professionals were interacting. Shevell (2009) explained that in psychological counseling, the word "client" has been used since the mid-twentieth century to avoid the connotation of being sick or ill. This explains why, in English, the professionals only referred to the people seeking their help as "clients." On the other hand, in Spanish, it is more common to use the word "patient" for the person who seeks mental health help (Cruz, 2004). This switch in terms could be seen in the interview with Lucia, as she used the "client" when speaking in English and "patient" in Spanish. Again, Lucia is a primary Spanish speaker but had all her post-secondary education in the United States.

Another implication was the use of grammatical structures seen during the on-site observations and the examples given by the professionals in the interviews. First, the present indicative was used in questions, such as "How are you doing?" (*¿Cómo estás?*), "How do you feel about...?" (*¿Cómo te sientes sobre...?*), among others. The imperative or command structure was also used to return clients to a topic. An example was "Let me stop you there," (*déjame pararte ahí*). Then, more complex grammar was used when talking about previous events. In this case, the preterite indicative was used in questions, such as "How was your homework?" (*¿Cómo te fue con la tarea?*), "How did that make you feel?" (*¿Eso cómo te hizo sentir?*), and "What went well during the session?" (*¿Qué te gustó de esta sesión?*). Finally, much more complex

grammar was encountered when the professionals asked questions to elicit topics to discuss, check for understanding, and end the session. The use of conditional was used in phrases such as "Is there anything specific that you would like to talk about today" (*¿Hay algo específico de lo que te gustaría hablar hoy?*) and "Would it be okay if we explored... today?" (*¿Estaría bien si hoy exploramos ...?*). Also, some clauses such as "I'm wondering if..." (*me pregunto si...*) and "What did you like in this session that you would like to do again next time?" (*¿Qué te gustó de esta sesión que te gustaría hacer nuevamente la próxima vez?*). As well as the use of the subjunctive in phrases such as "I would like you to work on..." (*Me gustaría que trabajes en...*), and "Is there anything that you liked from today that you'd like for us to do more in the future?" *(¿Hay algo que te gustó del día de hoy que te gustaría que hiciéramos más en el futuro?*) allude to complex sentence structures.

There are some language functions that professionals follow to understand the motive for communicating. Some of the language functions found during the interviews with the professionals and the on-site observations were "eliciting information," "asking for permission," "requesting clarification," "seeking commentary," and "making a suggestion". For example, when the professional asks "How did that make you feel?" (*¿Eso cómo te hizo sentir?*), the professional is requesting clarification about a topic that the client has mentioned but has not been clear enough about their feelings. Another example is when the professional says, "Let me stop you there" (*Déjame pararte/detenerte ahí*), the language function being used is requesting a pause. With this example, the question structure is not being used as in most cases, but an imperative is being used to tell the client to stop and go back to the previous point. When the two language functions previously mentioned are analyzed with the ACTFL guidelines, it is seen that the "requesting clarification" function is mentioned in the advanced proficiency level (p.22). By

following the ACTFL guidelines, the grammatical structures, and language functions found in the results, it is fair to say that it is crucial that therapists have an advanced Spanish proficiency level to be able to have a successful therapy session with their Hispanic clients. Professionals not only have to create complex questions to keep the conversation going with their clients, but they also need to be able to understand the vocabulary and storytelling the client is using when answering those questions.

Miller De Rutté et al. (2023) showed that students should have at least an intermediate proficiency level in general Spanish before entering a medical Spanish program. This indicates that the Spanish proficiency level of future professionals cannot be low because they must use very complex grammar to communicate with their clients and have an even more advanced understanding of the language. One of the professionals in this study confirmed this idea by saying, “Even though we all are Latinos, we have different opinions for everything, and even different words to refer to the same thing.” Based on the results in this study, it is recommended that therapists have an advanced proficiency level of Spanish to be able to communicate and conduct a therapy session with the Hispanic community. This recommendation comes from the data itself which shows the types of advanced-level constructions that are being used in therapy sessions, and by following the ACTFL guidelines, it is shown that the Spanish proficiency level needed by the professionals is advanced.

5.2. Cultural Implications

In this study, many cultural constructs were observed during the interviews with the Hispanic community. These included *machismo*, *marianismo*, *familismo*, religion, and mental health stigma.

During the interviews, a case of machismo and marianismo was seen between a married couple. This couple exhibited some obvious signs of machismo and *marianismo* during the interview. For example, every time a question was asked, the wife looked at her husband to ask for permission before answering. No words were said, but she asked for permission to answer with her eyes, and the husband responded with a subtle nod of the head. Another clear example was that sometimes the husband answered "no" to a question. When that happened, the wife remained silent with what appeared to be an inability to share her opinion regarding that particular question. The constructs of *machismo* and *marianismo* are important for mental health providers to understand especially as research has found that *machismo* and *marianismo* are associated with negative cognitive-emotional factors such as depression, anxiety, anger, and cynical hostility (Nuñez et al., 2016), and they may be constructs that appear in therapy sessions with Hispanic clients.

Another finding in the interviews with the Hispanic community was the case of a participant whose son was schizophrenic. This participant said that she was blamed for her son's condition because she was overprotective. It is important to keep in mind that many in the Hispanic community are very close to their families. In fact, *familismo* plays an important role in the relationship that parents have with their children, and the loyalty and obligations each family member may have within their own family (Stein et al., 2015). The participant in this study mentioned that she used to take her adult son to therapy, which played a role in the therapist blaming her, according to the participant. The participant said that she was told her overprotective nature, which included driving her son to therapy, was what cause his schizophrenia. Eventually, the participant was forced to let her son go alone to therapy. This situation could have arisen because of cultural differences. In Hispanic communities, it is very

common to see adult children living with their parents if they are not married (Rendall et al., 2022). This is particularly when the adult child has a health problem. However, this is often not the case in the U.S. The participant in this study said that the therapist did speak some Spanish, but they clearly did not understand the role of family in Hispanic culture. Family is crucial in situations like this one (Stein et al., 2015), and it is common to see parents with their adult children in medical settings, which does not automatically indicate that they are being overprotective.

Religion was another cultural component present in this study. This was observed in the participants' interviews when they mentioned that they thought that their children were not depressed or anxious but that, instead, they just needed to go to church and pray to cure those symptoms.

Finally, the use of the words *loco* (crazy) and *flojo* (lazy) were used in most interviews when talking about stigmas related to mental health. As has been previously discussed, there are many cultural reasons for these strong beliefs about mental health. Most participants said that in their countries, people would often assume that when someone was seeking mental health help, it was because that person was crazy. Similarly, if they heard that someone was suffering from depression, there was an automatic assumption that the person was lying or exaggerating because they were lazy, and if the person started doing something active, then they would stop thinking about being depressed (Cabassa et al., 2011).

As has been discussed, there are many cultural components that underlie mental health in the Spanish-speaking community. It is of the utmost importance that therapists who are going to work with the Hispanic community in the United States have a knowledge of their patients' culture to bring the best services to their clients. It is also tremendously important to know that

not all Hispanics will ascribe to these cultural constructs, so it must be that, even though mental health therapists might encounter cultural impacts when talking with their clients, they cannot stereotype every Hispanic client that might be in their clinic.

5.3. Ethical Considerations

When beginning to work on the curriculum development part of this project, the notion of offering courses at the undergraduate or graduate level became a point of discussion. This is because the process of becoming a licensed therapist is quite lengthy. First, a four-year undergraduate degree in psychology or any similar field must be completed. Then, a master's or doctorate degree approved by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) is required. Finally, the applicant must show at least 2,000 hours of post-masters or post-doctoral experience over a minimum of 24 months to apply for a state license in Colorado (Colorado Counseling Association, n.d.). Two therapists were consulted about the ethics behind developing Spanish for Mental Health courses. Due to all the training needed for the therapists to be licensed, it was recommended that a one course elective could be offered at the undergraduate level in Spanish for Mental Health that incorporated roleplays to practice. However, this course would not be able to cover all of the language and culture that would be needed to be an effective therapist, nor would it be ethical to teach that at the undergraduate level. Therefore, if a series of courses was to be developed, it was recommended that this occur during graduate level training while students are also learning the theories and applications in English. Respecting the number of hours and supervision that go into becoming a licensed therapist and based on the recommendations from two therapists, it was decided that the sample course created as a result of this study would focus on graduate students.

5.4. Curriculum Development/Pedagogical Implementation

Based on the data analysis and the ethical considerations, a sample, 16-week Spanish for Psychologists course was created. For the purposes of this study, only one sample course was created; however, due to the content and language required to have successful interactions in Spanish, a series of courses should be further developed. The sample course emphasizes the linguistic tasks and cultural competencies needed to have effective therapy sessions in Spanish. It is an advanced-level Spanish course designed for graduate students in psychology to be delivered concurrently with their degree classes. It focuses on tasks to complete for established clients. It is to be taught twice a week for 75 minutes per class session.

The main learning objectives of this course are as follows:

1. Recognize common vocabulary as it relates to Spanish for Mental Health through in-class activities
2. Distinguish the difference between literal translations and false cognates through role plays and reflections
3. Compare the most common mental health disorders in the Hispanic community versus other groups through in-class activities and reflections
4. Identify common cultural constructs and stereotypes as they relate to Spanish for Mental Health through in-class activities, roleplays, and reflections
5. Deconstruct common stigmas and beliefs as they relate to Spanish for Mental Health through in-class activities and reflections
6. Produce advanced and complex linguistic structures within the context of Spanish for Mental Health through in-class activities and roleplays
7. Synthesize linguistic features and cultural constructs in roleplays

Table 5 includes each week's topic, class activities, and homework. Under the week column, a number from one through 16 was assigned to indicate the week of the semester in which certain themes will be taught. The second column indicates the day on which a certain topic will be taught. The third column is called topic/theme in which the specific topic is listed. The fourth column, in class activity, shows the activity that will be introduced during the class period. Finally, the fifth column shows any homework that must be completed outside of class.

5.4.1. Weekly calendar

Table 5. Weekly Calendar

Week	Day	Topic/Theme	In-class activity	Homework
1	Day 1	Introduction to the class	Introductions/ expectations List of common words and phrases	
	Day 2	Introduction to the Hispanic/Latino culture I Genre: Movement 1 - Preterite		
2	Day 3	Introduction to the Hispanic/Latino culture II Genre: Movement 1 - Preterite		Reflection 1
	Day 4	Psychology words and phrases in Spanish and their (closest) meanings in English Genre: Movement 2 – Present Perfect indicative	Complete dialogues with the right words or phrases	
3	Day 5	Emotions and feelings in Spanish Genre: Movement 2 - Perfect	Psychological vocabulary game	Reflection 2
	Day 6	Most common mental health problems in the Hispanic	Read real cases	Reflection 3

		community I: Anxiety and depression Genre: Movement 2 - Perfects		
4	Day 7	Most common mental health problems in the Hispanic community II: trauma and substance abuse Genre: Movement - Conditionals		
	Day 8	Most common mental health problems in the Hispanic community and their stigmas Genre: Movement 2 - Conditionals	Guest speaker	Reflection 4
5	Day 9	Genre: Combining Movements 1 and 2		
	Day 10	Genre: Combining Movements 1 and 2		
6	Day 11	Review		
	Day 12	Review		
7	Day 13	Roleplay 1		
	Day 14	Roleplay 1		
8	Day 15	Cultural and social values I: machismo, marianismo and familismo	Cultural Sensitivity Workshop	
	Day 16	Cultural and social values II: religion, hierarchy, and physical proximity	Media Analysis - Read mental health articles in Spanish + comprehension sheet	Reflection 5
9	Day 17	Spring Break		
	Day 18	Spring Break		
10	Day 19	Case 1 Genre: Movement 3 – Present and Reflexive verbs		
	Day 20	Case 2		Reflection 6

		Genre: Movement 3 - Imperatives and Conditionals		
11	Day 21	Case 3 Genre: Movement 3 - Preterite	Hispanic actor	
	Day 22	Case 4 Genre: Movement 3 - Present subjunctive vs. Present indicative in noun clauses	Hispanic actor	
12	Day 23	Case 5 Genre: Movement 3 - Present subjunctive vs. Present indicative in noun clauses	Hispanic actor	Reflection 7
	Day 24	Case 6 Genre: Movement 3 – Pluperfect subjunctive in adverb clauses	Hispanic actor	
13	Day 25	Case 7 Genre: Movement 3 – Pluperfect subjunctive in adverb clauses	Hispanic actor	
	Day 26	Step-by-step therapy session: structure Genre: Movement 4 – Combining verb tenses		Reflection 8
14	Day 27	Game day (Review) Genre: Movement 4 – Combining verb tenses	Charades and bingo Pictionary	
	Day 28	Documentary	Comprehension sheet	Reflection 9
15	Day 29	Game day (Review)	Escape room	

	Day 30	Review	Psychological trivia Psychological vocabulary game	
16	Day 31	Roleplay 2		
	Day 32	Roleplay 2		

5.4.2. Topics/Themes

The topics and themes selected for this sample were based on the results of this study. First, an introduction to the class will be held on the first day. During this day, the students will get an overview of the course, what the expectations are, the activities and homework and how they will be graded. Finally, they will be given a list of vocabulary and phrases (see Appendix D) that will be used during the semester.

Linguistic tasks and language functions will represent the main focus of this course. Task 1 spans three days and covers present and preterite verb tenses. As this is an advanced course, these days serve as review but now in the context of Spanish for Mental Health. Task 2 occurs over four days and concentrates on the perfect verb tenses and conditional. Then, two days are spent on combining Tasks 1 and 2. This is followed by two review days before the first roleplay. Then the two class sessions before Spring Break are dedicated to culture.

After Spring Break, Task 3 begins, and students are introduced to cases. These cases are roleplays. Task 3 is the most complicated task, and seven days are devoted to this task. The linguistic structures are present indicative and reflexive verbs, imperatives and conditional verbs, a review of preterite, noun clauses using present indicative or subjunctive, and adverb clauses with pluperfect subjunctive. Finally, Task 4 is a review and a combination of previous verb tenses and language structures. After Task 4, there are review days before the second roleplay.

In addition to the tasks, the students will be taught the most important phrases and words mentioned by the professionals in the interviews and observations. The students will learn the Spanish word or phrase with the closest meaning in English. During these lessons, the students will learn that a word cannot always be literally translated, because it can lose meaning from one language to another. The importance of translation will be introduced during this lesson, as well as the following day, where the theme of emotions and feelings in Spanish will be introduced. Students will learn the vocabulary needed to express feelings and emotions in the target language, with their closest meaning in English (if there is one). This will help the students put themselves in their clients' shoes and understand the difficulties one might have when trying to express themselves in another language.

An introduction to the Hispanic/Latino culture will be made in two parts. Because there are 21 countries that speak Spanish in the world, it is impossible to teach each country's cultures and regional cultures in depth, so a broad introduction to the Hispanic communities that can be found in the United States will be made on the first day. On the second day, the students will be exposed to different language varieties with Hispanic people from different countries, so the students can hear their accents and learn more about different Hispanic cultures.

The next topic is cultural and social values, which will be taught in two classes. These two classes will mention topics such as *machismo, marianismo, familismo,* religion, hierarchy, and physical proximity. These topics will help the students to better understand the cultural aspects of the language and body language of their Hispanic/Latino clients because this will give them the skills to make their clients comfortable and push them in a respectful and responsible manner, without making the clients feel judged or misunderstood.

Another topic will be the most common mental health problems in the Hispanic community, which will be taught in a period of three classes. The first day a professional guest speaker will join the class to talk about the most common cases seen in the Hispanic community that lives in the United States. This will give the students the chance to ask the professional questions and have an idea of what to expect when they start working. The second day will be dedicated to talking more in depth about those diagnoses, and the vocabulary and sentence structures needed to address them in a therapy session. Finally, the third day will introduce the stigma that exists about said mental health problems in the Hispanic/Latino community, which will be presented by three guest speakers who have had the experience of living and/or hearing the stigmas. This will lead to the next day, which will be dedicated to teaching the students the vocabulary and techniques needed to address the stigmas learned previously.

5.4.3. In-class activities and homework

There will be several activities and homework during the 16-week course. As shown in the week-by-week calendar, those activities vary each week to help the students obtain a more thorough understanding of the topics seen in class, as well as provide an interactive learning environment. Some of the activities will be repeated during the semester, while others will happen just one time.

Students will have the opportunity to read real cases in class. These cases will be related to the topic seen during that specific day. Students will be divided into groups, and each group will receive a specific case. The group will have to analyze the case and then explain it in Spanish to their classmates. The cases will be written in English and Spanish because the students will have to write the reports in English when they start working in the field as professionals.

Another activity that the students will have to do is to complete dialogues with the right phrases or words to then act them out in groups to practice pronunciation, vocabulary, and writing. All the students will be given a worksheet with some unfinished dialogue, so they will have time to work on their own to complete them. Once they finish, they will be separated into groups to see if their answers match, and then they will act out the dialogue with their classmates. This is one of the scaffolding steps for the roleplays.

One activity that will be used multiple times to practice vocabulary will be a psychological vocabulary game which will come in the form of crossword puzzle (see Appendix E) and matching exercise. For the crossword puzzle, students will have to read the definition of a specific word or disorder, and they will have to be able to find the correct answer to complete it the blank spaces. For the matching exercise, students will have a list of definitions or symptoms, and a list of words or mental health disorders that they will have to match with each other to put together the word with its definitions.

Another activity that will be used multiple times during the semester is roleplays. The students will be given different scenarios where they will have to act as a client or professional and put into practice the language and competencies taught in class. This will provide students with an opportunity to apply what they are seeing in their psychology classes in English and what they are learning in Spanish.

Another in class activity is a cultural sensitivity workshop. This activity will give the students the opportunity to talk about how they think that culture can be seen in therapy, and how different backgrounds can influence the way people express themselves in a therapy session. This activity will be done during the cultural and social values day one, because it will be a good

exercise for students to put into practice the different topics seen in class and give them a better understanding of how those values have a high impact on a person's mental health.

Students will have seven case studies where they will have to conduct a typical therapy session with either other students in the class or Hispanic/Latino actors who will help the students use the language and hear different accents and words that can be used in a real-life therapy session. There will be 14 cases (two per class), and each will be 30 minutes long. Students will be able to observe their classmates, give feedback and help each other when needed. The actors will be given a dialogue with the traits of one of the most common mental health problems in the Hispanic community, so the students will have to be able to recognize it, and help the client get the best treatment possible.

Two game days will be conducted during the semester. The first day, students will play Pictionary by drawing some pictures on the whiteboard. The topics being drawn will be given by the professor in a piece of paper written in Spanish, so the students must know the meaning of said word or phrase, and their classmates must guess to get points for their groups. The second day, students will have an escape room challenge, where they will have to solve puzzles and answer some questions to be able to escape within a specific amount of time. Everything that has been seen during the semester might be present in this game, and students will have to use Spanish to solve all the problems.

One of the final in-class activities will be a comprehension sheet, which will be given to the students after watching a psychological documentary, called Mental Health: A Guide for Latinos and Their Families. Students will have to fill out the sheet during the documentary, and by the end of the class, everybody will share their answers to check for understanding and share ideas.

Lastly, students will have nine homework assignments during the semester, and these are reflections. The students will have to think about the topic seen in class during the day of the assignment, and think about the things they had learned, something interesting, something shocking, and something that they would like to learn more about in the future. The reflections will be oral, so the students will have to record their answers and submit them by the end of the day to the learning management system (e.g., Canvas). The recordings will be between 4-5 minutes long. This activity will also help students practice spontaneous speech.

5.4.4. Grading

There will be three main categories from which students can earn points. Table 6 shows the percentage breakdown for these three categories, which include reflections, roleplays, and attendance and participation. Table 7 shows the grading scale for this course.

Table 6. Evaluation Percentages

Activity	**Percentage**
Reflections	30%
Roleplay	30%
Attendance and Participation	40%

Table 7. Grading Scale

A	93-100	B	83-86	C	73-76
A-	90-92	B-	80-82	D	60-72
B+	87-89	C+	77-79	F	0-59

The grades in this course come from nine reflections, and two graded roleplays – one for midterm, and one for finals – and attendance and participation. First, the reflections will be graded by grammar, pronunciation, length, and content. Minimal grammar mistakes – that do not interfere with the message – will be accepted, the student must keep the length instructed – between 4-5

minutes – more or less than that will have a penalization, and the content of the reflection must be related to the topic seen in class. Every student is expected to participate at least five times every class. Students will get the participation points by making thoughtful contributions to the class, asking questions related to the topic being seen, and answering questions that might be asked during the class period.

The roleplays will be in groups, and each group will be assigned a character – therapist or client – and a mental disorder seen in class during the semester. Both the character and mental health disorders will be assigned the first review day, so they will have time to prepare during both review days. During the roleplay, the therapist will structure and ask questions as in a therapy session. The client will answer the questions and give information related to their disorder without mentioning it explicitly. By the end of the roleplay, the professional will have to tell the professor which disorder the client had. They will be graded by grammar, fluency speaking, understanding of the topic, and maintaining the structure of a real therapy session. Students must use the Spanish language to ask and answer questions, apply the vocabulary, phrases, and grammar learned in class, follow the structure of a typical therapy session, and show understanding of the disorder being treated.

5.5. Limitations and Future Directions

There were limitations present in this study. First, the number of participants in both online surveys was relatively low. In the future, more participants would be necessary to be able to better understand the importance that people place on knowing the Spanish language in therapy sessions and the importance that psychology students give to learning Spanish for their future careers.

Even though there were 29 Hispanic community participants who completed the interviews, there is still a need to interview more people to gather more data to make the results more generalizable beyond this study. In addition, it is necessary to interview more Hispanic men, as there only were two males participating in this interview. It is important to also know and understand the male perspective on mental health, interviewing men of all ages, just like the female participants. Also, it is important to interview people who identify as nonbinary and other genders to have a wider view about mental health in the Hispanic population.

Also, more interviews with professionals and on-site observations should be conducted in future research. It was very challenging to find mental health professionals who speak Spanish and have therapy sessions using the language. It was not possible to observe any therapy sessions in Spanish since the observation center did not conduct sessions in languages other than English. Because all the observations were made in an American setting, these findings cannot be generalized as more research – ideally in Hispanic countries – is needed. Additionally, only one of the two professionals that were interviewed spoke Spanish and had experience using the language in therapy sessions. Even so, the language use was mostly to speak with their clients' parents, but as the therapist noted, because their education was completed in the United States, there was technical vocabulary that they did not know in Spanish.

In this study, the main focus was the language used by the professionals. In future research, a thorough analysis of the language used by the clients is also needed to better understand and teach the possible answers that the professionals might have in their therapy sessions. Again, it is important to observe more therapy sessions that are conducted in Spanish both in the United States and in as many Hispanic countries as possible.

Regarding cultural aspects, it is important to emphasize the fact that we cannot stereotype clients because of their nationalities or countries of origin. It is crucial to teach future mental health providers that not all Hispanic people follow the cultural constructs found in this research, as this study had only 29 Hispanic participants who did the interviews, and the cultural constructs mentioned are the ones observed during said interviews. It is also important to know that not every participant showed said cultural aspects during the interview. For future research, it is crucial to have a broader sample of people who – ideally – are from different countries and can give a wider perspective about the importance of mental health in the Hispanic community.

As was found when investigating the background for this study, there was a lack of literature regarding training for bilingual mental health providers (García Faúndez & Miller De Rutté, forthcoming). Much more research is needed in this area. Additionally, as was shown in this study, teaching just the Spanish language is not enough. Most participants talked about the importance of learning the cultural aspects relating to language to be able to understand why Hispanic people express themselves the way they do. As shown in a study conducted by Miller (2020), learning a second language cannot be separated from learning cultural aspects, as they both play a crucial role in the target language fluency. It is important to keep this in mind if a full program is to be developed and taught to future professionals who desire to learn the language and use it in their professional careers.

Chapter 6. Conclusion

This study sought to find the language tasks and functions, as well as the cultural competencies needed to have effective mental health interactions with the Hispanic community living in the United States. Even though there is an increasing demand for mental health professionals who can conduct therapy sessions in Spanish, there is still a lack of literature that discusses the training of bilinguals in this field. Also, as seen both in the interviews and surveys from this study, mental health clients expect the professionals to not only speak Spanish, but to also understand their culture, as culture plays a large role in the language that people use when expressing their feelings and emotions. As was found in this study and others, people feel much more comfortable expressing their feelings and emotions in their primary language, even if they are also fluent in English.

The language tasks and functions found in this study show the importance of having professionals with an advanced proficiency level in Spanish due to the complexity of the language used during the therapy sessions. As seen in the results, the language used in a typical session starts quite basic by using the present tense, but through the course of the session the grammar gets more complex, and tenses such as pluperfect subjunctive and adverbial/noun clauses start getting used.

Four cultural constructs were found in the interviews with the Hispanic community. Some of these constructs – *machismo, marianismo, familismo,* and religionism – were seen several times throughout the interviews and are important to teach in programs that prepare future professionals who will be working with the Hispanic community. It is crucial to keep in mind that, although these constructs were seen in the interviews and can be found in the Hispanic

community, professionals cannot stereotype their clients, and assume that every Hispanic person will follow them.

Finally, a sample course for Spanish for Psychologists was created. This 16-week course that integrated both language and culture was designed for graduate students studying psychology, and it started with an advanced Spanish level. While this study focused on the creation of one course, it is essential to have a series of courses that make up a program. This is necessary to be able to cover the content and develop the proficiency needed (advanced level) to have successful therapy sessions in Spanish. To do so, it is important to gather more data from interviews, surveys, and observations to create a sequence of courses, which can be of great help to future professionals interested in working with the Hispanic community. More research in this area is needed, and because of the high demand of therapy sessions in Spanish, and the ever-growing Hispanic population in the United States, it is imperative that this research and evidence-based curriculum development begin immediately.

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Appendix A

Salud Mental para Hispanos

1) *¿Cuál es tu edad?* (What is your age?)
2) *¿Cuál es tu género?* (What is your gender?)
   - *Femenino* (Female)
   - *Masculino* (Male)
   - *No binario* (Nonbinary)
   - *Otro* (Other)
   - *Prefiere no decir* (Prefer not to say)
3) *¿Cuál es tu país de origen?* (What is your country of origin?)
4) *¿Qué estudias? ¿En qué año de carrera estás?* (What do you study? What year are you in?)
5) *¿Qué tan importante es la salud mental para ti?* (How important is mental health for you?)

- *Para nada importante* (Not at all important)
- *Un poco importante* (Slightly important)
- *Moderadamente importante* (Moderately important)
- *Muy importante* (Very important)
- *Extremadamente importante* (Extremely important)

6) *¿Has tenido la oportunidad de ir a terapia en Estados Unidos?* (Have you had the opportunity to go to therapy in the United States?)

- *Sí* (Yes)
- *No* (No)

7) *Si tu respuesta es sí, ¿tus terapias son en inglés o en español?* (If your answer is yes, are your therapies in English or Spanish?)

- *Inglés* (English)

- *Español* (Spanish)

- *No aplica* (N/A)

8) *Si tu respuesta es no, ¿puedes especificar el por qué?* (If your answer is no, can you explain why?)

9) *¿Crees que puedes expresar tus sentimientos y emociones de la misma manera en inglés y en español? Explica.* (Do you think that you can express your feelings and emotions with the same accuracy in English and Spanish? Explain.)

10) *¿Te gustaría que los psicólogos/profesionales de la salud mental en Estados Unidos hablen español en sus consultas?* (Would you like that psychologists/mental health professionals in the United States speak Spanish in their consultations?)

- *Sí* (Yes)

- *No* (No)

- *Tal vez* (Maybe)

- *Otro* (Other)

11) *¿Qué tan importante crees que es para los psicólogos en Estados Unidos aprender español y cultura hispana para poder trabajar con sus pacientes hispanohablantes monolingües? Explica.* (How important do you think that it is for the psychologists/mental health professionals in the United States to learn Spanish and Hispanic culture to be able to work with their Spanish-speaking clients/patients? Explain.)

12) *¿Hay algo que te gustaría mencionar o agregar?* (Is there anything that you would like to mention or add?)

13) *Si te interesa el tema de la salud mental y quisieras tener una entrevista para hablarlo más a fondo, por favor selecciona sí y escribe tu correo electrónico para poder contactarte.* (If you are interested in this topic and would like to have an interview to talk about it, please select “yes” and write your email, so we can contact you.)

Appendix B

Spanish for Psychology Students

1) What is your age?

2) What is your gender?

- Female

- Male

- Nonbinary

- Other

- Prefer not to say

3) What is your race?

- White

- Black or African American

- American Indian and Alaska Native

- Asian

- Native Hawaiian and Other Pacific Islander

- Some other race

- Multiracial

4) Are you Hispanic/Latino?

- Yes

- No

5) What is your native language?

- English

- Spanish

- French

- German

- Other

6) Do you speak another language fluently? If your answer is yes, please specify.

- No

- Yes

7) Are you an undergraduate or graduate student?

- Undergraduate

- Graduate

- Other

8) What year are you in?

- First

- Second

- Third

- Fourth

- Fifth

- Other

9) Do you speak Spanish? To what degree?

10) Please, tell us about your Spanish experience. How many Spanish classes have you taken? When? Have you studied abroad? Explain.

11) Do you think that it is important to know Spanish for your future career? Explain.

12) How important do you think that it is to know the native language of a client/patient?

- Not at all important

- Slightly important

- Moderately important

- Very important

- Extremely important

13) Do you think that understanding the native language and culture of a client/patient can be helpful for your future career?

- Definitely not

- Probably not

- Might or might not

- Probably yes

- Definitely yes

14) Do you think that people can express their feelings and emotions with the same accuracy in Spanish and English when English is their second language? Explain.

15) Would you be interested in taking a Spanish for psychologists/mental health professionals' class?

- Yes

- No

- Maybe

16) If you would like to take a Spanish for psychologists/mental health professionals' class, what would you think would be most beneficial to learn? Explain.

17) Is there anything you would like to add?

Appendix C

Interview for Professionals

Questions:

1. How long have you been working in mental health care and in what capacity?

2. What is your professional specialty? (What is your graduate degree specialization? *)

3. What type of medical establishment do you work in and where?

4. What are some general demographics of the clients/patients you work with? For example, socioeconomic status, gender, age, etc.

5. What are the most common themes you discuss with your patients/clients?

6. What are the most common mental health disorders you encounter with your patients/clients?

7. What are some common phrases that you use during therapy?

9. Could you please describe the steps of a typical interaction with a patient/client from beginning to end?

10. Do you speak any Spanish? Describe your Spanish ability.

11. What percentage of your clients/patients are Spanish-dominant? How frequently do you interact with Spanish-dominant clients/patients? (Per week/month) (What percentage of your clients/patients are non-English-dominant?)

12. Do you think that it is important to know or at least understand the native language of your patients/clients?

13. Would you be interested in taking a Spanish or psychologists/mental health professionals' class? If yes, what would you think would be most beneficial to learn? Can you elaborate?

14. Is there anything you would like to add to our interview that we have not yet spoken about?

Appendix D

List of words and phrases sample

Saludos:
Hola
Buenos días
Buenas tardes/noches
¿Cómo está(s)?
¿Cómo se siente hoy?
Trastorno de estrés postraumático (TEPT)

Partes del cuerpo:
Cabeza
Ojos
Nariz
Boca
Orejas
Labios
Boca
Brazos
Piernas
Panza/abdomen
Garganta
Rodillas
Manos
Dedos (de la mano/del pie)

Preguntas y frases útiles:
¿Cómo se llama?
¿De dónde es?
¿En que trabaja? ¿A qué se dedica?
Cuénteme de usted
¿Es primera vez que visita a un psicólogo?
¿Cuántos años tiene?
Tome asiento/ siéntese

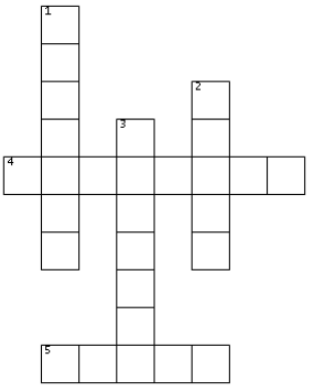
Emociones y sentimientos básicos:
Felicidad – feliz
Tristeza – triste
Aburrimiento – aburrido/a
Alegría – alegre
Cansancio – cansado/a
Vergüenza – avergonzado/a
Frustración – frustrado/a

Diagnósticos, terapia y técnicas:
Ansiedad
Depresión
Trastorno obsesivo compulsivo (TOC)
Esquizofrenia
Trastorno bipolar
Autoestima
Psicoterapia
Resiliencia
Estrategias de afrontamiento
Apoyo social
Autocuidado
Autoayuda

Appendix E

Crossword Puzzle Sample

Emociones y sentimientos



ACROSS
4. Estado de ánimo triste y melancólico
5. Estado emocional de enfado

DOWN
1. Sensación de felicidad intensa
2. Emoción de miedo intenso
3. Sentimiento de sorpresa y asombro

Use the clues to fill in the words above.

Words can go across or down.
Letters are shared when the words intersect.