Mental Health Considerations for Speech–Language Services with Bilingual Spanish–English Speakers

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Mental Health Considerations for Speech-Language Services with Bilingual Spanish-English Speakers

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Abstract

Understanding communicatively impaired minority individuals may involve going beyond strictly linguistic and communicative domains. In particular, considering the psychoemotional aspects impacting these clients may be extremely helpful for treating them and enhancing their response to therapy. This article provides an overview of issues on minority bilingual individuals that are relevant to professionals in mental health and speech-language pathology. We use Hispanics, the fastest growing minority in the United States, for illustration. The material discussed in this article highlights some of the benefits of collaborative communication between mental health professionals and speech-language pathologists (SLPs). Such communication would enhance SLPs’ understanding of the interesting interconnections among emotions, culture, and language in immigrant and minority persons with valuable applications to therapeutic services with these individuals.

Keywords: Hispanic, mental health, disparities, acculturation, communication disorders

Learning Outcomes: As a result of this activity, the reader will be able to identify mental health factors in Spanish-English bilinguals with relevance to speech-language pathology services for this population.

Hispanics are now considered to be the fastest growing minority in the United States. In the 2000 census,¹ 35.3 million people reported being of Spanish/Hispanic/Latino

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origin, that is, 12.5% of the American population, an increase of almost 58% from the 1990 census. It is also estimated that the Hispanic population will continue to increase rapidly and is projected to comprise 29% of the American population by 2050.

Hispanics are a heterogeneous group of new immigrants and long-term residents who represent various subgroups, namely from Central and South America and the Caribbean. The three largest subgroups are Mexicans, Puerto Ricans, and Cubans, each with 20.6, 3.4, and 1.2 million members residing in the United States, respectively. Two of the most common reasons for immigration into the United States are economic opportunity and political freedom. Hispanics also come from differing socioeconomic statuses, beliefs, and traditions, each contributing to their likelihood of integration into the American culture. Despite their heterogeneity, one salient commonality between Hispanic subgroups stems from Spanish colonization and thus the Spanish language. Through the process of immigration to the United States, many Hispanics acquire English as a second language and become Spanish-English bilinguals. As a result, various levels of Spanish-English proficiency exist within this group, and it is estimated that ~77% of Hispanic immigrants speak English less than “very well.”

For speech-language pathologists (SLPs) typically focused on communication skills, considering psychoemotional influences on immigrants or minority individuals can be extremely helpful for the individual understanding of these clients and their responses to therapy. The aim of the current article is to provide an overview of important issues relevant to mental health services for immigrants and minority persons that would strengthen the work of SLPs working with these individuals. This article uses Hispanics in the United States for illustration. We begin with a discussion of the prevalence of psychiatric disorders in the Hispanic population with a focus on acculturative processes and the impact these have on the various personal elements, such as language use, attitudes, and interaction styles that each client brings into the clinical encounter. Next, we describe the origin of disparities in the search and receipt of clinical services among Hispanics, and we conclude with information relevant to the assessment of psychological disorders in this population. Because this article is written as a tutorial, the information presented is not exhaustive.

**PSYCHIATRIC DISORDERS IN U.S. HISPANICS AND ACCULTURATION**

Two epidemiological studies examining the lifetime prevalence of psychiatric disorders among Mexican Americans and other Hispanic groups found that psychiatric disorders among immigrant Hispanics were significantly lower than those of U.S.-born Hispanics and non-Hispanic whites. Thus, immigrants were found to be differentially protected from developing mental health disorders. These studies are consistent with the concept of the immigrant paradox in which the rates of psychiatric disorders have been found to be lower among immigrant Hispanics than U.S.-born Hispanics.

Another way to interpret these findings is in light of the acculturation process that Hispanics in the United States experience in varying degrees. Acculturation refers to the extent to which an individual's retention of the native culture is diminished due to identification with a new culture, and where psychosocial changes are thought to occur as a function of the individual's level of interaction with his or her native culture and the new culture. Culture is operationally defined as the physical, social, and behavioral contexts (e.g., typical objects, language, interactional styles, values, etc.) characteristic of both original and new living realities. It is likely that Hispanics who are more highly acculturated identify less with the Hispanic culture and seek help more often, thus increasing the prevalence of psychiatric diagnoses in this group. However, cultural stability among immigrant families may help buffer the stressors presented by acculturation and learning a new language. Because language is most often used as an indicator of level of acculturation, it is possible that language preference functions to protect nonacculturated Hispanics from becoming...
overwhelmed by the acculturation process because it allows this group to remain closer to (rather than distant from) their own culture. Thus, nonacculturated Hispanics may prefer to speak Spanish, whereas acculturated Hispanics prefer to speak English.

As can be seen, level of acculturation is an important factor that SLPs should consider when rendering services to Spanish-English bilinguals, especially because it is a strong predictor of language preference and, as noted earlier, can give some insight into the current mental state of the client. By default, a client’s level of acculturation can contribute to a more integrative assessment of language-related disorders masqueraded as or coexisting with mental health disorders.

DISPARITIES IN RECEIPT AND DELIVERY OF MENTAL HEALTH TREATMENTS

Many factors are associated with help-seeking behavior and receipt of therapy among Hispanics. Similarly, there are also disparities in the delivery of mental health services for Hispanics. In the following section, we discuss why it may be difficult for Hispanics to receive mental health care.

Stigma and Fatalismo

Many Hispanics do not receive mental health treatment because of the stigma associated with seeking it. Many Hispanics place value on social support from family rather than strangers; therefore, it is less likely that they will seek help from an outside source. Traditional Hispanics also have a high sense of spirituality, in which religion plays an important role. Many believe that mental health disorders stem from supernatural sources, and they often resort to religious organizations for help with healing, rather than seeking mental health services. These strong religious beliefs can foster the concept of fatalismo (fatalism), the belief that God does things for a reason, leading some to say, “I will leave it in God’s hands to decide.” Sixty-eight percent of U.S. Hispanics identify themselves as Catholic, and a common tenet of Catholicism is that God controls one’s destiny.

Stigma may also lead a Hispanic person to seek mental health services in medical settings. A common practice among this group is to contact their primary care physician, who may not be able to refer them appropriately to a mental health practitioner. It is estimated that ~20% of Hispanics first contact their primary care physician, and of those Hispanics in need of mental health services, only ~1 in 11 actually seeks mental health services from a professional.

The Language Barrier

U.S. Hispanics face challenges associated with living in the United States, and although many Hispanics live in predominantly Hispanic communities where Spanish-speaking support networks exist, it is not a sufficient source of support when mental health treatment is necessary. In fact, persons whose native language is not English comprise a large percentage of the community seeking mental health services, particularly those whose native language is Spanish. It has been noted that fewer monolingual foreign-born Hispanics are using mental health services than U.S.-born bilingual Hispanics.

Much of the literature on cross-cultural psychotherapy has focused on discussing the interaction between language dynamics and cultural sensitivity in service delivery. Studies have found that clients who are bilingual tend to be evaluated differently by their therapists when they are interviewed in English and in Spanish. A classic study reviewed this phenomenon and concluded that clients tend to show more emotions in their native tongue as opposed to their nondominant language. Some clients appear emotionless when they are speaking in their less fluent language, suggesting that they may experience difficulty translating their thoughts into English. Another study also expanded on this research but found that Spanish-English bilinguals as well as English-Spanish bilinguals expressed more emotionality in the Spanish language, suggesting there are qualities of the Spanish language that trigger more expression of emotion (for a
similar argument, see Altarriba\textsuperscript{17}). However, it is explained that Hispanics whose first language is Spanish should be assessed in this language to maintain an open therapeutic client-therapist alliance that can elicit the expression of affect.

\textbf{Lack of Mental Health Professionals}

It is imperative that clients and therapists work together to determine the mode of therapy that will be most effective. A therapeutic alliance involves having therapists who can identify with or understand the client’s culture and be aware of how culture can interact with the client’s cognitions about his or her mental health issues. According to the American Psychological Association (APA), \textasciitilde{}2.1\% of trained therapists consider themselves of Hispanic heritage, totaling \textasciitilde{}2000. One solution developed to resolve this shortage is to train psychologists on effective treatments for Hispanics\textsuperscript{18} For this reason, many therapists are returning to school and receiving diversity training. Additionally, to become accredited, doctoral students are now mandated to receive diversity training\textsuperscript{19}.

\textbf{STRATEGIES FOR THE DELIVERY OF CULTURALLY APPROPRIATE MENTAL HEALTH TREATMENT}

It is important to fully grasp the current state of mental health services for Hispanics in the United States. Service disparities may stem from limitations in the research bases, understanding of cultural backgrounds, and the number of service providers competent to work with this population. Furthermore, the methods used for psychological assessment have only been validated for European American populations, and they may not be adequate for assessing Hispanic clients\textsuperscript{20} For this reason, many therapeutic techniques developed for white Americans may be ineffective for Hispanics if further considerations (e.g., language used, therapist bias, and client’s cultural values) are not taken into account at the time of assessment\textsuperscript{18,21,22} To resolve this issue, the National Institutes of Health now requires that all clinical research include ethnic minority populations\textsuperscript{23} However, the solution to creating empirically supported treatments for Hispanics is not that simple because it is often difficult to recruit ethnic minorities into research studies\textsuperscript{24}, which may hinder research efforts to explore the preceding disparities. Therapies that have been shown to be effective in Hispanic mental health patients address the individual needs of the client while also considering the culture, beliefs, and values of the client (e.g., Comas-Diaz\textsuperscript{25}). In the following sections, we review some strategies used by mental health professionals to enhance the therapeutic alliance between the client and the therapist. These strategies may similarly be valuable to SLPs as they focus on rapport building with their communicatively impaired Hispanic clients.

\textbf{Hispanic Cultural Values}

Many values are central to Hispanic culture. These values must be taken into consideration when working with Hispanic clients to provide mental health services. However, because variability exists within Hispanic groups, not all may adhere to the same cultural values. Researchers have explored various Latino interaction styles and have found that successful relationships with Hispanics involve being familiar with values that include \textit{familismo} (value of family), \textit{respeto} (respect), and \textit{simpatı´a} (avoidance of conflict).\textsuperscript{26} \textit{Familismo} deals with putting the family first in the decision-making process, rather than the individual’s best interest.\textsuperscript{27} \textit{Familismo} has to do with family integration as a primary source of support. Understanding the concept of \textit{familismo} can help a therapist decide when it is appropriate to include the family in treating a Hispanic client.\textsuperscript{27} Although respect is a principle used by many cultures, Hispanics use it as a daily value. \textit{Respeto} is seen in parent-child interactions as well as between acquaintances. Parents expect their children to behave passively when interacting with an adult, an elder, or an authority figure. In the counseling situation, respect would be a fundamental part of the relationship with the client. The counselor should address the client using a formal title and begin the sessions using “small talk” before exploring the
problem. The concept of *simpatía* refers to Hispanics' need for relationships with others that are enjoyable and without conflict. This value serves the Hispanic client in maintaining harmonious relationships with others. However, the therapist must be careful not to be too straightforward during a session and should monitor the client's response during interactions. The use of *simpatía* is especially important when building rapport in a therapeutic alliance. When the use of *simpatía* is not employed during interactions with the Hispanic client, the satisfaction level of the client may drop. For example, clients who perceive a lack of *simpatía* in their therapist may decide not to return for treatment in the future.

Various culture-specific values have been studied in the literature. Motivational interviewing, a technique geared toward eliciting intrinsic behavioral change in clients who are highly ambivalent, can be used to determine how much a Hispanic client adheres to these values. Motivational interviewing uses a rating scale in which the client is asked to rate how confident they are in implementing change in behavior on a scale from 1 to 10. The authors believe that this same technique can be used to enhance the relationship between the therapist and the client, such that the therapist can ask the client questions assessing how comfortable they feel in their relationship with the therapist. The three values assessed were *personalismo* (communication with the individual), *respeto* (respect), and *confianza* (trust). The reason for using motivational interviewing is that the client is more likely to feel comfortable in disclosing information to the therapist if he or she feels comfortable with the professional.

Another attempt at incorporating cultural values into the therapeutic setting involves the use of *dichos* (sayings or proverbs) within therapy. Traditional Hispanics often use *dichos* during their conversations to express their feelings about a particular situation. For example, the dicho "*Al que madruga, Dios lo ayuda*" ("God helps early risers") pertains to work situations. *Dichos* should be used in the appropriate context, and non-Hispanic therapists should be cautious in using *dichos* with a Hispanic client without a clear understanding of what they mean in specific contexts. Likewise, therapists should also consider the degree of acculturation that a client has attained because *dichos* may not be as relevant for an individual highly acculturated to American norms. The use of *dichos* during therapy was evaluated with Spanish-speaking psychiatric inpatients, 18 to 65 years of age, during weekly 60-minute group therapy sessions. During the sessions, a therapist who spoke Spanish "moderately" well stated a *dicho* to the patients, who were instructed to explain its meaning. Other times, the patients were instructed to state *dichos* they were familiar with and to explain their meaning. The therapist considered the use of *dichos* as a facilitative tool for discussing difficult experiences of patients that were not previously expressed during individual therapy.

### The Use of Interpreters

The use of interpreters for Spanish-speaking clients has been investigated. In one program, interpreters from the community received ongoing training in translating the psychological terminology used by the therapist as well as the language and tone used by the client. The interpreters were Hispanic bilinguals who had lived in the area for most of their lives and who could identify with the culture of the client. This program allowed the Hispanic clients a shorter waiting time to receive therapy, and the therapists were able to provide services for a greater number of Spanish-speaking clients than ever before. Another study later investigated the experiences of clinicians when using interpreters. In this study, interviews were videotaped. Some of them used an interpreter simultaneously, and other interviews were translated when the videos were viewed later. Clinicians reported having more confidence in their diagnosis when using an interpreter and also believed their diagnosis would have been the same or less severe had the interpreter not been present. The researchers suggested that working with interpreters requires interpreters to have cultural idioms readily accessible for translation. It was also recommended that interpreters translate the words of the client verbatim as often as possible to maintain
accuracy and reduce the bias associated with the nature of translation.

**Ethnic Matching**

Matching therapists and clients for therapy is another strategy for delivering culturally sensitive mental health treatment for Hispanics. “Ethnic matching” is the term used when Hispanic clients are matched with Hispanic therapists. Ethnic matching may be an effective method to minimize limitations in treatment effectiveness in some Hispanic groups. Research suggests that when Hispanic clients are seen by Hispanic therapists who speak their language, they are more likely to return for a follow-up session and to remain in treatment for a longer period of time. However, this finding has only been researched within the Mexican population in Los Angeles, and the effects were found only in Spanish-speaking clients. Although it is clear that clients tend to remain in therapy for longer periods of time when seen by a cultural homologue, it is still uncertain what processes are at work in this therapy interaction.

**Bilingual Therapy**

Regardless of the specific strategies or treatment used in mental health settings, the notion of a bilingual approach to therapy is beginning to take hold in the fields of mental health. Reviews of the literature suggest that bilingual clients may benefit most from a bilingual mode of therapy—that is, having certain topics discussed in the native or first language and other topics discussed in the second language, with a strategic use of switching between languages at predetermined intervals (Santiago-Rivera and Altarriba present a similar argument). These conclusions stem from the extant cognitive literature on code switching and language mixing (e.g., Altarriba or Heredia and Altarriba). When one acquires a second language, very often words in that language are associated with their counterparts in the first language to improve comprehension in the new language. As proficiency in the new language develops, individuals may rely less and less on “mediating” through their first language and may be able to access conceptual representations directly in their new language. However, research has begun to elucidate the ways in which emotions are stored in the first versus second language of a bilingual person (e.g., Altarriba and Canary or Sutton et al). Unlike words that might describe concrete objects, such as “table” and “chair,” words that describe emotion are often coded contextually in the language in which they were first experienced. Thus, the impact of emotionally related language might be stronger in the native language than in a second language, regardless of what those specific languages may be. Coupled with the fact that most childhood experiences occur when the native or first language is active, it is reasonable to assume that, when speaking about emotionally laden events that occurred early in one’s life, using the first language would result in a richer, deeper recall of information regarding that event. In other words, it was the native language that was active when emotional experiences occurred as a child, and therefore, those experiences are likely to be “tagged” with linguistic codes that were active during that time period.

Researchers have investigated the use of more than one language by therapists who worked with Spanish-English bilingual clients. In one study, each therapist was asked to consider a client who used both Spanish and English and who had presented a problem in recent sessions. Therapists were asked to discuss the ways in which the different languages were used by the client in the therapeutic setting. Most importantly, this work examined the frequency and kinds of language switches produced by the clients under investigation. Results indicated that clients switched to the native language for more emotional topics (typically events negative in nature) or when discussing childhood events. They tended to use the second language, in this case English, to distance themselves from emotion or when using terms without translation equivalence in their native language lexicon. Moreover, participants would often switch languages when wanting to either engage in self-preservation (e.g., using a language a spouse did not know) or in preserving their identity in cases of a lack of acculturation to a new environment. Interestingly, clients frequently used metaphors to
discuss their switching, such as “changing channels.” Also, therapists in this study were asked whether they switched languages and what situations motivated those switches. Some of the reasons why therapists switched languages were to form or strengthen the therapeutic alliance with the client, to bond with the client, or to create a relationship of trust with the client. This study ultimately made a case for considering the strategic use of language mixing and language switching in the mental health environment because a more elaborate and accurate data set may be obtained from a client when such strategies are employed.

CHALLENGES AND SOLUTIONS

The literature has also noted many challenges associated with providing culturally sensitive services in Spanish. Researchers investigated these challenges and surveyed 183 therapists using a 12-item questionnaire regarding their experience in providing mental health services in Spanish. Over half of the participants reported that they had a concern about the language used during therapy, suggesting the Spanish language may not be as readily available as English for service delivery. This can be expected because bilingual and monolingual mental health professionals report that they prefer to render psychological services in English rather than in Spanish. Most of the participants had not received any formal training to provide therapy in Spanish and reported it would be useful to receive supervision and practical experiences in Spanish or to work in a setting where Spanish-speaking clients and professionals were available.

In another study, Our Lady of the Lake University in Texas developed and assessed a doctoral program for certification called Psychological Services for Spanish Speaking Populations (PSSSP). This program comprised several classes in English and Spanish that trained students to use professional language with their clients and to feel more confident in their use of the language. Supervision was also provided by a Spanish-speaking psychologist who worked with Spanish-speaking populations in Mexico. Following participation in the training program, students felt more confident in their use of Spanish with their clients.

One study also noted that, in general, therapists are not trained to provide services to Hispanic clients. Training should occur in which the therapist becomes competent in the culture as well as the language of the Hispanic client. As noted earlier, it is now required that graduate students receive training in multicultural issues during assessment courses, and professionals who did not receive this training are now required to take a course in this area. It is recommended that professionals in the mental health arena maintain the training they receive to keep current with the Hispanic culture. Three recommendations are made to help professionals become more familiar with the Hispanic culture: (1) read journals that specialize in issues that affect Hispanics, (2) stay in contact with people of Hispanic origin, and (3) join professional organizations that discuss issues relevant to Hispanics.

CONCLUSIONS

Issues regarding Hispanic mental health are moving ever closer to the forefront as demographic trends indicate that the number of individuals who identify themselves as Hispanic is climbing steadily. With this increase in population comes the need to develop the methods and tools that will assist practitioners in providing this population with culturally sensitive and linguistically specific ways to enhance accuracy in service delivery.

As highlighted by our discussion on U.S. Hispanics, there are interesting relationships among culture, language, emotions, and behaviors that may be exploited to provide culturally and linguistically appropriate services for immigrants or minority individuals and, in turn, enhance treatment outcomes. Understanding cultural values that facilitate the client-therapist alliance during the clinical process is crucial. Very importantly, because language and cultural affinity may impact cognitive-linguistic processing, determining the language that the client prefers may lead to more meaningful therapy contexts.

Cognitive research on the implications of the use of more than one language in applied
settings and the reasons that language switching can afford a strategic way of eliciting information should be further researched and developed for possible contributions to clinical services with bilingual people. Thus, the material discussed in this article highlights some of the benefits of collaborative communication between mental health professionals and SLPs. Such communication would enhance SLPs’ understanding of the interesting interconnections among emotions, culture, language, and behaviors in immigrant and minority persons with valuable applications for therapeutic services with these individuals.

REFERENCES

37. Santiago-Rivera AL, Altarriba J. The role of language in therapy with the Spanish-English bilingual client. Prof Psychol Res Pr 2002;33:30–38