

Supervision in Spanish: Reflections from supervisor-trainee dyads

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Abstract:

Due to the increasing presence of clients who speak a language other than English, educators and supervisors will need to address bilingual training issues in mental health service provision. Supervision that utilizes the preferred language of the client is an effective way to support growth in bilingual trainees, but there is little scholarly literature describing best practices or approaches to this complex task. We describe our experiences with bilingual supervision in Spanish (from both trainee and supervisor points of view) and provide resources and suggestions to encourage other supervisory dyads to attempt bilingual service provision.

Keywords: bilingual counseling | bilingual supervision | internship

Article:

Introduction

From 1980 to 2007, the number of English-language learners in the United States increased 140% to 54 million individuals (Shin & Kominski, 2010). Skilled helpers in many settings (e.g., schools, hospitals, mental health, or vocational agencies) are increasingly likely to encounter clients whose first language is something other than English (Sentell, Shumway, & Snowden, 2007). In order to be prepared to serve these diverse-language communities, counseling, psychology, and social work education programs will need to consider effective ways to train their graduates to provide bilingual services (Ivers, Ivers, & Duffy, 2013). A lack of fluent bilingual counselors, psychologists, or social workers likely contributes to a low service utilization rate among linguistic minorities in the United States (Sentell et al., 2007) or to misdiagnoses and inadequately provided services (Arredondo, Gallardo-Cooper, Delgado-Romero, & Zapata, 2014; Biever et al., 2002). Bilingual supervision is a key element in helping trainees feel competent in providing services (Trepal, Ivers, & Lopez, 2014), yet little has been

written in the professional literature specifically regarding effective approaches to bilingual supervision. Given the gap in the literature, our goals in this reflective/conceptual article were to increase understanding of this important topic by (a) describing the experience of providing bilingual counseling while receiving bilingual supervision from the vantage point of two master's trainees; (b) describing the same experience from the vantage point of the supervisors of the trainees; and (c) providing advocacy, suggestions, and resources for practice for other supervisory dyads to consider undertaking this important work. For ease of expression, the word *counseling* will be used to mean any interaction between a trainee in counseling, psychology, or social work, and the client.

Defining Bilingual Supervision

Bilingual supervision can be said to occur when one member of the client-counselor-supervisor triad is communicating primarily in a language other than English. The examples utilized in this conceptual article are of Spanish-speaking clients, but we recognize that immigrants to the United States from around the world speak a variety of languages, and counselor trainees and supervisors may encounter requests for service in any one of those languages. Most often, the request for native language services begins with clients, and then service providers must decide if they have sufficient fluency in the requested language, if they will utilize an interpreter with an English-speaking counselor, if they will locate a counselor who is fluent in the requested language in order to refer, or if they will decline to provide services (Arredondo et al., 2014). Depending on the region of the country, locating bilingual counselors or appropriate referrals may be easy or difficult. In the case of interns or trainees who have agreed to work with diverse-language clients, the next decision is whether to record these sessions for use in supervision, and whether to transcribe the interaction into English or locate a supervisor who has sufficient fluency in the requested language. Placing the burden of transcription on the trainee or bringing only English-language recordings into supervision and omitting bilingual client recordings are not ideal solutions, but may be the only options in some situations (Verdinelli & Biever, 2009).

The scholarly literature does refer to multiculturally appropriate supervision, which has common links with bilingual supervision, but is not identical. Multiculturally competent supervision includes attention to trainees' cultural knowledge, awareness, and skills and the ability to translate those into ethical provision of services to a diverse client population (Ancis & Ladany, 2001; Leong & Wagner, 1994; Miville, Rosa, & Constantine, 2005; Ober, Granello, & Henfield, 2009). Bilingual supervision is similar in its emphasis on culture, including awareness, knowledge, and skills, but places a greater emphasis on the role of language. Language is an essential element of therapeutic conversation and of supervision, and interactions in each are dependent on effective communication (Santiago-Rivera & Altarriba, 2002). Whereas cultural bridges can be built with conscientious effort between counselors and clients who differ along some key demographic categories, linguistic differences are more fundamental to communication and meaning, client cognitions and perceptions, and primary emotional experience (Arredondo et al., 2014). Trained interpreters may not understand the mental health field, or untrained interpreters may be pressed into service and interfere with the counseling relationship (Arredondo et al., 2014). For these reasons, understanding the needs of bilingual clients, counselors, and supervisors is essential. Although it is difficult to estimate the occurrence of bilingual supervision, one study of professional psychologists who were trained in English but

provided mental health services in languages other than English ($N = 127$) reported that 39% had received bilingual supervision (Castaño, Biever, Gonzalez, & Anderson, 2007).

Fuertes (2004) published a seminal piece on supervision in bilingual counseling, focusing on the ethical and competent delivery of bilingual services and the supervisor's role in ensuring quality. A key insight from Fuertes is that bilingual counseling must cover the standard bases (e.g., conceptualization, assessment, setting goals, creating a treatment plan, evaluation), but must also address the role of language, culture, and environmental context on all of the above. For example, if a client is describing a distressing event in Chinese, the bilingual counselor must consider his or her ability to understand the full meaning of the terms being used, the cultural aspects associated with the stressor, the degree to which cultural conflicts with U.S. norms are present, and cultural expectations for help-seeking behavior or resolution of problems. Fuertes described in great detail the importance of language use in the client's context (e.g., work, family) and emotional experiences, such that a stressor or incident that occurred in a linguistic context other than English would most appropriately be unpacked in therapy in the same language in which it occurred. Language frames and defines our emotional responses, and thus translation into different linguistic terms may also impact the client's ability to depict the primary emotional experience effectively (Santiago-Rivera & Altarriba, 2002).

Similarly, bilingual supervision must protect client welfare, promote trainee skill development, create an effective supervisory alliance, and simultaneously attend to the impact of culture and language on understanding in counseling and in supervision (Field, Chavez-Korell, & Rodriguez, 2010; Fuertes, 2004). Proficiency standards in bilingual supervision or service provision were not found in the literature and represent an area for professional growth (Arredondo et al., 2014). Thus, Fuertes (2004) emphasized language and acculturation, with suggestions for applying awareness in these areas to skill and technique development. In the current article, we build upon this foundation by moving from the level of conceptual recommendations to practice-based reflections that include the perspectives of both counselors and supervisors in the working alliance.

In a parallel way, there have been two empirical articles written about bilingual counseling from the trainee point of view (Trepal et al., 2014; Verdinelli & Biever, 2009). Very few of the counseling interns in the Verdinelli and Beaver (2009) study ($N = 15$) had access to bilingual supervisors, so the authors described many of the difficulties and frustrations that are attendant with bilingual service provision with English-only supervision. The participants in their study identified extra burdens with this arrangement, such as having to interpret for other professionals in addition to engaging in direct client work, feeling concerned about the level of services received by the diverse-language clients, feeling isolated in their clinical work, and dealing with feelings of burnout or exploitation. There were also concerns expressed by the interns that they were not able to focus their attention on skill building during this phase of their training, as their supervisors did not have direct access to their session recordings, only secondary reports. In addition, students reflected that their multicultural counseling courses (and likely those of their supervisors) did not address issues of language diversity or immigrant communities. These students coped by networking with one another and by finding alternate supervision with more culturally competent monolingual supervisors.

Trepal and colleagues (2014) examined the qualitative, phenomenological experiences of six bilingual master's-level counseling students who had provided counseling in a second language. Study participants reported that the anxiety they felt about doing counseling for the first time was compounded by doing it in a second language. Many participants also shared that they experienced doubts about their ability to provide counseling in their second language. For trainees in programs with English-language instruction, the translation of helping skills into a different linguistic context for implementation can be complicated (Aguirre, Bermúdez, Cardona, Zamorra, & Reyes, 2006). In the qualitative study referenced, about half of the participants had supervisors who spoke their second language. Those students who did not have a bilingual supervisor shared that language use was not addressed or emphasized in supervision. Students reported using informal resources, such as friends and family, to improve their language use, including learning counseling-specific vocabulary. The current article is a complement to the aforementioned studies and expands upon them by reporting the experiences of both bilingual supervisors and bilingual counselors and by making specific recommendations for practice.

In order to structure the current content in a helpful manner and address essential topics related to bilingual supervision, we created a reflection outline for supervisors and for trainees. These outlines were based upon the existing literature, including prompts that allowed the co-authors to think comprehensively about the experience of participating in bilingual supervision. We did not utilize our reflections as qualitative data, but rather as a way to ground our conceptual article in the idea of praxis—a cycle of action, reflection, and new action. We start with the trainees' perspectives and then move to the supervisors' perspectives.

Trainee Experiences

Trainee 1 (also Author 3) was a Latina and a native speaker of Spanish who had an established career running her own business before she returned to school to study counseling as a non-traditional master's student. Due to a lack of Spanish-speaking counselors in her internship in a community setting, she began working exclusively with Spanish-speaking clients. Trainee 2 (also Author 4) was also a Latina, but was closer to a traditional age for master's students. She was also a native speaker of Spanish and was in her semester of practicum, prior to internship.

Preparing to Work With Spanish-Speaking Clients

The trainees had different routes to initiating counseling services in Spanish. Trainee 1 indicated, "As soon as my internship site found out that I spoke Spanish, I was flooded with Spanish-speaking clients." Thus, the bilingual counseling was not arranged in advance, but unfolded with little preparation in the first semester of internship. During that semester, neither the site supervisor nor the university supervisor of Trainee 1 understood Spanish, so her options were to submit only tapes of her few English-speaking clients or spend extra hours transcribing Spanish-language sessions into English in order to receive feedback. Trainee 1 clarified:

I had a wonderful supervisor who was amazingly helpful and insightful, given the circumstances of my first semester in internship. I felt supported and guided in many ways. Still, I think we both felt like we were missing a piece. With transcription, we lost affect, subtle expressions, minimal encouragers, cultural expressions or metaphors, flow,

pauses/silence, sighs, changes in tone, degree of laughter, and much more. So much of that is what guides us in a session, so it was hard for me to feel confident in my ability when my supervisor could not attend to those nuances.

This led Trainee 1 to research her options and request a bilingual supervision arrangement for her second semester of internship.

Trainee 2 had the opportunity to request supervision in Spanish before starting her practicum, and thus did not have the same dilemmas as Trainee 1. Trainee 2 had always been interested in providing counseling services to Spanish-speaking populations, so she stated, "If I did not have a Spanish-speaking supervisor it would have made my experience counseling Spanish-speaking clients more difficult, but would not have changed my decision of counseling Spanish-speaking clients." Trainee 2 went on to reflect on a post-training experience where she did not have access to bilingual supervision, stating, "I can see now the benefit of having a supervisor who understands the language and the culture, as it was easier to understand issues that are not as easy to translate, such as concepts and cultural differences."

Both trainees indicated that preparing to provide counseling in Spanish was more challenging than they had anticipated, mostly due to the fact that their clinical training had been in English, and their Spanish was more informal or conversational. Thus, there were challenges in determining the best way to probe for stressors or triggers in another language, in finding the terminology to match the clinical intake forms, and in translating helping behaviors acquired in one linguistic context to another. Trainee 1 stated, "With my first client, I realized that I did not have counseling vocabulary in my Spanish language. Words that came easily to me in English in exploring emotions, thoughts, and behaviors were not words I usually used when talking to my family in Spanish!" Both trainees indicated that preparation for providing services in Spanish could have been improved if they had been able to attempt practice sessions in Spanish before seeing clients, prepare translated forms or key vocabulary sheets in Spanish, or consult around culturally adaptive ways to think about diagnostic categories (e.g., does anxiety present in the same way for linguistic minority groups as it does for the *Diagnostic and Statistical Manual of Mental Disorders* [DSM] norm group?).

Moving Into Working Relationships With Clients

Some of the issues encountered by both trainees when working with Spanish-speaking clients included differences in background, acculturation, or sociocultural realities between counselor and client; efforts to integrate guidelines from the training program with cultural realities of the client population; language switching in session; and increasing their abilities to comprehend and convey complex emotional concepts in Spanish.

Trainee 2 reflected on the ways she had to adapt to the intersecting cultural, economic, and immigration-related realities of her clients in addition to the language. Trainee 1 added that some clients did not have an immediate working alliance with her because of shared language, but came to trust her after they were assured that she understood their worldview and values, and was not attempting to change them. In her words,

I tried to help them acculturate through teaching them about American culture, but without pressing them to assimilate to those values. Supervision was instrumental in helping me find a balance between psycho-education, easing acculturation, empowerment, and acceptance of where the client was with identity development.

Both trainees mentioned some of the typical skill development that occurs during clinical experiences, such as finding an appropriate balance of being directive versus non-directive with clients, finding ways to build rapport with a variety of clients, and working on case conceptualization skills. Trainee 1 noticed how those standard tasks also took on a cultural note in this case, sharing an example from client work.

My struggle with being directive or non-directive at times was helped by discussion in supervision, and overlapped with our conversations about acculturation and values. For example, several young female clients shared that they had been abused sexually in their past, and their shame and guilt over this experience was often complicated by threat of deportation if the authorities were notified of the abuse, loyalty to family when the abuser was related to the client, and gender roles that made it difficult for women to express anger and still be “good girls.” Emotionally, I wanted to empower these clients and aid their recovery. At the same time, I came to understand that they could not just throw off their cultural training quickly and that healing for them might take a different path than the one I was picturing. I needed to sit back, identify where they might have some readiness to address the abuse, and try to support their progress in that area.

When working with adolescents from immigrant families, Trainee 1 noticed that clients would switch back and forth between Spanish and English, sometimes based on the context in which the experience they were describing had occurred (e.g., at home with family or at school with friends). However, similar to others’ experiences with language switching (Aguirre et al., 2005; Santiago-Rivera & Altarriba, 2002; Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun, 2009), Trainee 1 shared that language switching sometimes was based on clients’ degree of openness or avoidance around a given experience or their desire to communicate something to the counselor to the exclusion of a monolingual parent who was present. Trainee 1 often used immediacy to determine if there were psychological reasons for the language switching, or just convenience of vocabulary.

Each trainee found a workable solution for noting words that they were not able to immediately translate into Spanish during session. Trainee 1 kept a notepad at her elbow and told the client she was just reminding herself of some words she wanted to check later. With access to a smartphone or device, Trainee 1 adopted the habit of opening Google Translate for quick suggestions on how to phrase a particular word or idea. Trainee 2 would remember words to ask her supervisor or would directly ask the client to ensure correct meaning in the moment. Trainee 2 noted, “When starting, one of my biggest issues was being able to translate clinical terminology and the more complex emotions; that required me to do some research and make sure that I was presenting the correct terminology to my Spanish-speaking clients.” As with any skill, both trainees became more comfortable over time. Both learned not only how to effectively translate some frequently used therapeutic terms, but also came to respect the fact that English

and Spanish words are not always directly equivalent. Thus, the idea or feeling that the client was trying to convey over time was more important than one particular word in translation.

Trainee 1 also mentioned the challenges of preparing for a session with her counseling texts and notes in English, conducting the session in Spanish, and then having to write case notes and sometimes diagnose in English. She stated, “I had five to ten minutes to switch my thinking into English and attempt to translate what had just transpired into readable, reimbursable, counseling interventions, goals, and treatment plans.” This was a challenge she did not anticipate but needed to work around effectively. In terms of diagnoses, Trainee 1 reflected,

Part of my growth with conceptualization related to identifying the diagnostic vocabulary that fit, and trying to decide how to balance what I knew about my clients with what I knew of the *DSM* criteria, which are not often culturally flexible. Many of my clients paid out of pocket, so the insurance issue was not that pressing in terms of diagnoses.

Reflection on Experiences in Supervision

Trainee 1 and Supervisor 1 had decided to use English primarily for their individual supervision meetings, as this was the language of training for both of them. A limitation of this choice is that they had to switch languages to model what interventions could sound like in Spanish or to stay with the emotional moment of the counseling sessions that happened in Spanish. The supervisor typically had transcribed portions of the taped session directly in Spanish as she listened to it and could refer to these notes for direct quotes in Spanish during supervision or print relevant sections for the counselor to read. Group supervision for Trainee 1 was provided by a doctoral student who was not bilingual. Trainee 2 and Supervisor 2 utilized Spanish for individual supervision meetings, and had triadic meetings with another Spanish-speaking trainee. Group supervision for Trainee 2 was provided by Supervisor 2, but it was done in English because a few members of the supervision group did not speak or understand Spanish. These examples illustrate some of the possible configurations for bilingual supervision with support in individual, dyadic, triadic, or group modalities.

Trainee 1 noticed some important differences between her first-semester internship experience with monolingual supervision and her second-semester experience with bilingual supervision. Trainee 1 reflected on being able to unpack the complicated set of emotions present in the Spanish word *pena* with Supervisor 1:

I was thrilled to be able to discuss these words with my supervisor and we would decide on what word or words might be appropriate to express what I was thinking. This may sound like a small inconvenience, but given that our professional role can rest so highly on our words of empathy, congruence, and positive regard, it felt reassuring to have assistance in choosing my words with care. Everything in counseling is so connected to the spoken word—this point was brought home to me time and time again.

Trainee 2 noted the importance of using Spanish during supervision, stating, “It was definitely helpful to have supervision in Spanish as it provided continuity with the counseling. For me it was easier to explain what was happening with my clients in Spanish, as the issues were being

presented to me in Spanish.” This point is bolstered by Fuertes (2004), who indicated “supervision would probably be most effective if it is offered in the same language used in counseling, so that the process of analyzing and helping trainees stays close to the events, experiences, and language that the client and trainee used in counseling” (p. 88). Both trainees and supervisors should be cognizant when reviewing session tapes of assessing the level of language comprehension being displayed by the trainee or of moments where the client seemed to convey a feeling of being misunderstood. For example, Trainee 2 recognized that some of her clients were using colloquial phrases that were unfamiliar to her and that she needed to define clearly. She also realized that clients were communicating at a level of verbal complexity that was less formal or less academic than her own, and she made it a priority to adapt her communication to be in sync with the client.

Trainee 1 also mentioned that it was useful to her to address issues of culture with a supervisor who had spent time considering the differences between U.S. norms and those of many Spanish-speaking countries. Having spent many years living in the United States, Trainee 1 understood that she had absorbed typical cultural values related to gender equality, independence, or self-sufficiency, and she was mindful not to impose these values on clients who were relatively new to the United States and still using their country of origin as the referent culture. She noted, “My supervisor's experience with a blend of cultures and values in her own home provided me with a sense of support and guidance that increased my confidence, because she had firsthand experience of the challenges of blending two cultures, and our rapport allowed us to discuss these dynamics honestly.” Trainee 2 also described a good working alliance with her supervisor, with whom she felt comfortable broaching any concerns about her clients. This level of honesty and rapport is important, not only for addressing important issues related to client care, but also in developing the counselor trainees’ identities as Latina care providers with both clinical and cultural skills (Millán, 2010).

Supervisor Experiences

Supervisor 1 (also Author 1, working with Trainee 1) was a European-American female and a native speaker of English, married to a native speaker of Spanish. She had acquired conversational fluency in Spanish at home but had not used Spanish in a counseling or supervisory role previously. Her research interests related to Latino immigrants, so she had spent some time working with and coming to understand the culture of the Latinos present in this community. Supervisor 2 (also Author 2, working with Trainee 2) was a European-American male, also a native speaker of English, who had acquired Spanish while living in Panama for two years. Thus, both dyads were cross-ethnic working relationships with non-Latina/o White supervisors who needed to maintain an awareness of their multiple levels of privilege (Chang, Hays, & Shoffner, 2004). However, the dyads did have some degree of common ground in terms of language. We refer interested readers to the Multicultural Developmental Supervisory Model (Field et al., 2010) for case examples of supervision when both members of the dyad are Latino/a and thus have shared cultural foundations as well.

Preparation for Bilingual Trainees

For both supervisors, the decision to accept bilingual trainees was not taken lightly. As native English speakers, both reflected on their level of Spanish fluency, particularly for understanding client accent, colloquial word choice, and presenting issues, and for discussing clinical case conceptualization with the trainees. Supervisor 2 had the following questions and concerns related to bilingual supervision:

Would it be helpful and appropriate to have the paired supervision sessions in Spanish, English, or both? Because I am not a native Spanish speaker, would I have and maintain credibility with my native Spanish-speaking trainees? I was particularly worried if I might lose face when I didn't understand a word or phrase, or when I had to employ circumlocution to describe a topic.

Supervisor 2 also reflected uncertainty about fully comprehending the video recordings. "Hearing recordings in a second language is challenging because our brains are not as accustomed to hearing our nondominant language and are less proficient at 'filling in the blanks.' Comprehension is more difficult when it comes from a telephone or recording." Both supervisors considered their cultural awareness and ability to maintain credibility or be competent and ethical in this new supervisory context. Supervisor 1 had a phone interview in Spanish with the trainee before agreeing to the supervision arrangement, in order to assess the trainee's fluency and degree of acculturation, and thus be convinced that quality of care to the client would not depend on the supervisor's ability to understand every word of every session. Each supervisor went through a different process to evaluate his or her own language abilities and those of the trainees, which is both critically important and subjective in nature.

Supervisor 2 was able to review translated intake forms at the clinic where clients would be seen in order to refresh his memory for the vocabulary of counseling assessment and identify any translation errors in the documents. He also made a point to practice spoken Spanish with some colleagues and family members, in order to "loosen the tongue" and practice the exchanges of listening and speaking in his nondominant language. Reading and writing in a second language require different skills from speaking and listening, which is important for non-native speakers to consider before agreeing to a bilingual supervision arrangement. Supervisor 1 lived in a bilingual household, and thus was speaking informal (non-therapeutic) Spanish every day at home, but was accustomed to writing, talking, and thinking in English at work. Thus, there was still a transition for her to listen and speak from a therapeutic perspective.

Typical and Distinctive Experiences With Bilingual Trainees

Both supervisors described an interest in developing an equitable working alliance with the trainees, and consciously tried not to situate themselves as "experts." Supervisor 2 said, "In all of my supervision sessions, be they in English or Spanish, I have tried to reduce the power dynamic to create a somewhat egalitarian relationship. However, in the paired supervision with my Spanish-speaking trainees, I found that the power dynamic was even less apparent." The greater degree of language fluency of the trainees led to the need to let the trainees guide the supervisors in some ways. Supervisor 1 indicated,

I had to be clear about the limits to my linguistic knowledge and cultural understanding. I tended to check in with her more often than with other trainees to make sure the relationship was meeting her needs or that my understanding of client communication was accurate. I would test my assumptions or hypotheses as questions and made clear to the trainee that I would accept corrections from her.

This level of awareness also influenced discussion of client issues, as Supervisor 1 described:

We approached client conceptualization with great care, wanting to be sure we understood the client within his/her own cultural norms. I was very aware that most of the client tapes were from individuals who were different from me in terms of social or economic class, education, culture of origin, language, and worldview, so I tried to stay close to the client's words and check all interpretations with the trainee as well.

Both supervisors were also aware of how the characteristics of the client population changed aspects of the supervision other than language. For example, Supervisor 1 indicated,

We both had ample emotional investment in these clients and this cultural community, so we had an affective bond as two people engaged in an act of advocacy, which at times needed to be tempered in order to evaluate the trainee's counseling skills or deliver constructive feedback. For example, the trainee at times felt an overwhelming sense of responsibility for her clients, and needed to detach a little bit while still providing effective empathy. On the other hand, it was important to honor the culturally relevant instincts that she had and to allow the person to enter the counseling relationship.

Supervisor 2 reflected,

It may have been that speaking in Spanish somehow made more salient to us the potential influence of cultural and sociopolitical factors in the lives of the clients with whom the trainees were working. Language and culture are related, with elements of culture embedded within language. It may be that, through our language choices, we received greater exposure to core cultural differences, which in turn made us more sensitive to the influence of cultural factors in the clients' situations. It also may have been based on the demographic makeup of the clients whom the trainees were seeing.

Similar insights may have emerged in monolingual supervision, but the fact that culture, language, and client work were so integrally connected in this case meant that it was very natural to work on these issues simultaneously and did not require a "departure" from supervision as usual. In both cases, the supervisors still were responsible for evaluation of trainees, formal feedback, and framing developmental goals, as with all trainees.

Preparing to Terminate With Clients and Trainees

Both supervisors expressed some difficulty in helping trainees find appropriate continuity of care when they were leaving their practicum/internship sites. Often there were very few options of other bilingual caregivers in the community, and some of those would not accept clients on

sliding payment scales. Supervisor 2 was aware of other bilingual students that would be coming to fill Trainee 2's practicum spot in successive semesters, but that is not a guaranteed or permanent solution. Both supervisors and trainees spent time connecting with other Spanish-language resources and advocates in the community in an attempt to learn about new support systems they could share with the clients. Both dyads also discussed some ethical dilemmas in terms of disclosing sensitive information that was not in the case file to future care providers, such as a client's undocumented legal status. Until there are more bilingual caregivers in any particular state, the termination and referral process is likely to be challenging.

In terms of terminating with the trainees, both supervisors reflected that the experience had been very meaningful to them and encouraged the trainees to continue to develop the marketable skill of bilingual counseling. Both supervisors also evaluated their ability to provide supervision in their second language in a fairly positive way. Although areas for growth were still evident, each supervisor felt that they had encouraged growth in the trainees and maintained quality of care for a population of underserved clients. Both supervisors agreed they would undertake bilingual supervision again in the future whenever feasible.

Discussion

Suggestions for Supervisors

We gleaned insights from our respective experiences providing bilingual supervision that generated suggestions for supervisors considering bilingual supervision. Those points, which will be discussed in turn, are the importance of language fluency, cultural awareness, and equitable working relationships. These suggestions are in line with the article by Fuertes (2004), but are operationalized further by our ability to reflect on our praxis of bilingual supervision.

Language Fluency

First, we do not believe that it is essential that bilingual supervisors have native ability in their nondominant language to be effective bilingual supervisors. In fact, as our experiences suggested, it is helpful but not essential that supervisors speak the nondominant language as well as or better than the counselor trainee whom they are supervising. Supervisors still can help the trainees develop their language skills in the context of counseling. As noted by both bilingual trainees, although they were native speakers of Spanish, both of them felt they needed to improve their counseling vocabulary in Spanish, including their feeling vocabulary. What is important is that bilingual supervisors have sufficient command of the second language so that it does not impede trainees' growth as counselors or their support for their clients. Although the two bilingual supervisors who shared their experiences did not speak Spanish with native fluency, the trainees, who were native Spanish speakers, reported that the supervision was helpful, and they appreciated the emphasis on language and culture.

There are a number of ways in which supervisors (and trainees) can improve their non-dominant language proficiency. The most effective method, which may be difficult for many, would be to immerse oneself for an extended period of time in a community or country where one's nondominant language is primarily spoken. This would require time and financial resources.

Fortunately, there are other, more feasible methods that supervisors can employ to enhance their second-language skills, such as auditing or taking classes in the second language at a university or a local community college, practicing speaking the second language with a friend or colleague who is fluent, observing or participating as a co-leader in a counseling or supervision session in the second language, watching television programs or movies in the second language, and reading out loud a book in the second language. Currently, there also are some helpful language apps (e.g., Rosetta Stone, Memrise), some of which are free (e.g., Duolingo), that can help supervisors refresh and enhance their language skills. A useful resource to help both trainees and supervisors with the acquisition of therapeutic Spanish is Zalaquett, Ivey, Packard, and Ivey (2007).

Cultural Awareness

For supervisors who have some second-language proficiency, it is our suggestion that they take the time to evaluate and enhance their cultural awareness to the point where they feel comfortable providing bilingual supervision. This leads to an important implication for native English speakers who may have learned another language in an academic setting but may not have as much contact with members of another cultural group. The cultural context for understanding language is essential; Fuertes (2004) wrote, “Language and culture are inextricably tied... supervisors must be aware of the cultural nuances of language—and also of the overlap between language, cultural scripts, and norms of wellness and illness” (p. 88). Similarly, if supervising a trainee who has language fluency but not cultural awareness, supervisors have a responsibility for helping cultivate awareness and understanding of the client's worldview. There is an integral connection between culture and language; language does influence and is influenced by culture, and elements of culture are embedded within language (Boroditsky & Gaby, 2010). A framework for developing a culturally sensitive treatment program for bilingual Spanish-speaking clients in counseling has been published by Santiago-Rivera (1995); this could serve as a resource to both supervisor and trainee.

As an example of the link between language and culture, the spoken word is emphasized more in some cultural groups than in others. Hall (1989) called this low-context communication, where meaning is primarily conveyed with direct statements. Conversely, some cultural groups rely more on context, in combination with nuances, paralanguage, and nonverbals, to extract the meaning from their communications. Hall (1989) called this high-context communication. Due to the high-context communication styles of many cultures, fluency in their languages means much more than knowing the words; it also requires individuals to recognize the contextual and cultural meanings associated with the situations in which communication is occurring (Hall, 1989). For example, a family experiencing conflict between a Spanish-speaking parent and child may not specifically acknowledge the expectation of duty and obligation to the family unit, or may not have direct verbal confrontation between family members out of respect. However, those key cultural values likely would be operating beneath the surface of spoken communication and would require counselor insight and awareness to investigate. It is important that trainees and supervisors evaluate cultural factors in all forms of client communication.

Equitable Working Relationships

It was our experience that open and equitable conversation between supervisors and trainees was essential. A strong working alliance allows for honest exchanges about cultural assumptions, about respective levels of linguistic proficiency, and about delivery of culturally competent services to the client (Reynaga-Abiko, 2010). Even though it was hard at times to stop the flow of conversation to ask what was meant by a certain phrase or word, doing so was important. Along with ensuring that supervisors comprehended the details of what the trainee was sharing about the client, our commitment to transparency modeled a willingness to learn, to be vulnerable, and to be genuine.

As reinforced in earlier multicultural scholarship, supervisors or trainees who are culturally or linguistically different from each other or from the client can be effective in bilingual or multicultural exchanges (Ramos-Sanchez, 2009), but they must be aware of how they might be perceived (as culturally unaware) and have taken diligent steps to increase their knowledge and understanding of the client population's cultural realities (Ramirez, 2002). Language use is one aspect of that cultural competence, but not the only one. Above all, supervisors preparing to engage in bilingual or bicultural supervision should view it as their responsibility to broach language and culture as topics, to be alert for any blind spots they may have in knowledge and awareness, and to be ready to integrate a nuanced understanding of language and culture into every part of their standard supervision protocols (Ladany, Inman, Constantine, & Hofheinz, 1997; Taylor, Hernandez, Deri, Rankin, & Siegel, 2006). These reminders are especially true for supervisors who hold cultural privilege and power in comparison to the trainees and the clients being served. It is important that counselors who work with non-English-speaking clients not neglect cultural and personal factors to focus on language differences. Trainee 2 stated the following:

Through this experience, I recognized that cultural factors, such as clients' level of acculturation and past experiences, play an important role. At the same time, I realized that, although culture can shape clients' experiences and influence the therapeutic relationship, other factors, such as clients' individual traits, are important factors to consider. Thus, I learned that keeping an open mind and being flexible are really important when providing counseling to culturally diverse clients.

Suggestions for Trainees

The trainees (Authors 3 and 4) gleaned insights from their respective experiences providing bilingual counseling and receiving bilingual supervision that generated suggestions for practice. The suggestions, which will be discussed in turn, include finding ways to practice therapeutic Spanish before engaging with clients, considering ways to work around potential challenges of providing bilingual counseling, and adapting to work in various settings.

Therapeutic Spanish Vocabulary

Similar to trainees in previous studies (Trepal et al., 2014; Verdinelli & Biever, 2009), trainees contributing to this article emphasized the importance of having therapeutic Spanish vocabulary activated, ideally before starting to see Spanish-speaking clients. Trainee 2 said,

If I were to repeat that experience, the thing that I would do differently is my preparedness in counseling in Spanish; it is not the same as having a conversation, because there is a therapeutic component to it. Having a mock session in Spanish may be helpful in getting used to counseling in Spanish, rather than only practicing in English.

In addition to books or audio recordings as resources, the trainees/authors suggested that finding a peer group of bilingual service providers could help with this important transition and serve as a continuing resource for quick vocabulary consultations. Although neither of them experienced group supervision in Spanish, both endorsed this idea as allowing for client case presentations in Spanish, cultural/linguistic knowledge sharing, and universality of experience. Trainee 2 did experience limited opportunities to provide a case presentation in Spanish during her paired supervision sessions, but not during group supervision.

Advocacy and Problem Solving

Every intern will encounter difficult cases or new situations that require adaptive responses. Bilingual trainees need to solve both typical (e.g., working with a new diagnosis) and atypical problems (e.g., getting a consult on a crisis situation as the only bilingual service provider at a site). As mentioned in Verdinelli and Biever (2009), the double burden of recording and then transcribing a session in order to provide access to English-speaking supervisors is another advocacy issue for trainees. The trainees advocated for themselves and their clients by prioritizing settings where they could develop their bilingual counseling skills and by requesting bilingual supervisors. There may also be a role for supervisors to support trainee advocacy initiatives, such as agreeing to engage in bilingual supervision to support trainee growth opportunities, identifying internship sites with bilingual clients, or asking the administration to provide needed resources (e.g., books, audios).

Due to their scarcity and high demand in many regions of the country, bilingual therapists may, at times, experience pressure from their agency or by other entities (e.g., Department of Social Service) to take on clients with problems that are more complex than they are prepared to handle or are beyond their scope of practice. Both Trainee 1 and Supervisor 2 have had this experience. It is important in these cases that bilingual therapists acknowledge their limitations and stand firm regarding their scope of practice. Supervisors can help bilingual therapists navigate the difficult balance of both wanting to help and recognizing their professional limitations.

Specific Settings

Interns may be working with bilingual counseling relationships in any setting. In this case, one trainee was seeing clients in a university clinic that was open to community clients, and one trainee was an intern at a community agency. However, it is possible that bilingual trainees will have internships or future work roles in schools, hospitals, behavioral care settings, etc. Therefore, interns will need to incorporate the key personnel in those settings into their bilingual care provision. For example, an intern in a school would need to communicate needs of bilingual students or families to the administration, the teachers, or any special service providers. In a setting where families are clients, trainees may need to consider how to conduct a mixed-language session with a Spanish-speaking parent and a bilingual child who prefers English

(Arredondo et al., 2014). Trainees and supervisors should conduct a site evaluation in the early part of the semester in order to learn about the supports and barriers to bilingual service provision that may exist and to brainstorm effective responses.

Conclusion

While the current article has limitations in that it was a reflective and conceptual work based on the experiences of two supervisory dyads, it nevertheless adds to the literature by providing a practice-based example of the work of both partners in such dyads. We hoped to convey a vivid description of our experiences from both supervisor and trainee points of view in order to illuminate the possibilities for other bilingual service providers. Future research is still needed, and could include client perspectives on bilingual service provision, or descriptions of how institutional culture promotes or inhibits the ability to offer bilingual supervision to trainees. We offer our experiences in order to encourage trainees and supervisors to (a) consider working with clients in a language other than English, (b) begin identifying opportunities for bilingual service provision, and (c) model the possibility that both native speakers of a non-English language and those who acquired a second language over time can function effectively in bilingual service provision with appropriate preparation and effort. Current trends in linguistic diversity suggest that the need for bilingual counselors and supervisors is great and will continue to increase (Shin & Kominski, 2010). As Trainee 2 stated,

I think the biggest factor is being confident in your Spanish-speaking skills; your Spanish may not be perfect but if you feel comfortable with it, that confidence takes you a long way. If I had to give a piece of advice to people considering working with Spanish speakers, it would be clients will not be offended or rapport ruined if you don't know a word/term or your Spanish is not perfect.

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