

Communication and Linguistic Competence

Background

Latinos/Hispanics are now the largest ethnic group in the nation, accounting for 13.3% of the total population in the United States.

Many Latinos/Hispanics do not speak English or have limited English proficiency and face barriers from the first moment they come in contact with organizations. There are severe shortages of bilingual and bicultural clinicians that can provide competent care and this shortage is likely to continue (Malgady & Zayas, 2001). Biases may also exist when Latinos/Hispanics are assessed and diagnosed by clinicians unfamiliar with the cultural and meaning nuances of the Spanish spoken by the family. Language barriers create difficulties both in the person's ability to express her/his thoughts, feelings, and emotions and in the clinician's ability to tune in to the meaning the person is attempting to convey. Therefore, clinicians lacking understanding of language and culture and how Latinos/Hispanics express distress and other internal states may unwillingly misdiagnose, "pathologize," or miscalculate the severity of the person's needs (Malgady & Zayas, 2001).

Serious problems also exist when attempting to select and use materials in English or Spanish or when translating verbally or graphically the materials, surveys, measures and other products into Spanish. Inappropriate translations and use of materials may lead to inadequate or awkwardly conveyed information and collection of inaccurate data that can lead to: misdiagnosis; misidentification of needs; poor resource utilization; poor engagement and retention; negative repercussions on the families' physical and emotional well-being; inaccurate survey conclusions about Latinos/Hispanics and their needs; and biased or discriminatory results (Berkanovic, 1980; Marín & Marín, 1991; Taylor & Lurie, 2004; Araújo & Borrell, 2006; Mazor, Hampers, Chande, & Krug, 2002; Fernandez, Boccaccini & Noland, 2007).

One of the many challenges in achieving communicative competence with Latino/Hispanic families is that Latino/Hispanic groups in the United States are very diverse in regards to country of origin, level of acculturation, language abilities, geographic location in the US, and

socioeconomic status. Communities have unique cultures based on the dynamics created by the interaction of multiple characteristics and factors exclusive to their area, including their unique degrees and forms of multiculturalism. Service systems must strive to develop the competency to provide services that are congruent with the communication needs of Latino/Hispanic groups. Two interrelated general areas are identified when discussing linguistic competence: 1) Understanding the holistic meaning of communication among various Latino/Hispanic groups, including similarities and differences among subgroups; and 2) Developing a workforce that uses available resources appropriately to convey understanding and to provide the most competent care possible.



"Latino families experiencing traumatic stress require services through which they can effectively communicate their needs."

Latino/Hispanic families experiencing traumatic stress require services through which they can effectively communicate their needs, particularly after a traumatic event when the need to experience understanding, safety, and empowerment becomes extremely important. Latino/Hispanic families experiencing trauma may be grieving the loss of their country of origin and their *lengua materna* (mother tongue) and may face challenges in conveying their *dolor and duelo* (pain and grief). Traumatic events are fragmenting and disorganizing. They require interventions that can allow children and families to integrate their experience and incorporate the traumatic event in their lives so that it can cease being the lens through which they view and interpret the world. Trauma treatment services for Latino/Hispanic families should strive towards helping the family find its *voz* (voice), which is the most congruent expression of their experience that can effectively and safely allow them to heal (Lieberman & Van Horn, 2005).



*El lenguaje es el rostro del alma.**

Statement of the Issue

Communication and cultural barriers affect Latino/Hispanic families experiencing trauma in various ways. Many Latinos/Hispanics have limited or no English proficiency. These barriers sometimes lead to poor service utilization, lack of treatment compliance, dropping out of treatment, misdiagnosis, misassessment, and experiences of discrimination that can lead to negative emotional and physical outcomes. For example, lack of communication competence, such as inadequate use of translators or incorrectly translated instruments, can lead to misdiagnosis. Additionally, families with limited English proficiency may not know how to navigate the service systems and access trauma services. This may lead to higher dropout rates among families receiving trauma services, because they do not feel comfortable with clinicians with limited language proficiency and perceive them as lacking warmth or as cold or uncaring. Therefore, it is important that individual therapists and organizations serving Latino/Hispanic children and families affected by trauma develop linguistic competence in their service provision.



Recommendations from the Field



- Providers should **develop deep knowledge of their intended population and their communication needs**. They should identify local resources and use them according to the best practices available to meet those identified needs. Examples of resources include translators, personnel, language training opportunities, translating available materials, consultation, etc.
- Providers should **translate all written materials using best practices available**. Providers should translate materials using a qualified translator, and translations should be reviewed by a committee that includes bilingual speakers who are members of the same Latino/Hispanic group as the intended population or who have experience working with the intended population. Translations should always be reviewed by members of the intended population seeking feedback for content, meaning, readability and overall quality. Translations should be done by a qualified person who is also familiar somewhat with the terminology and content area.
- Organizations should **develop strategies for hiring, recruiting, and developing Latino/Hispanic clinicians who are bilingual and bicultural**.
- Organizations should **have an interpreter available if bilingual clinicians are not available**. Some guidelines for use of an interpreter include the following (adapted from Minas, Stankovska, & Ziguras, 2001):
 - ⇒ Use a qualified interpreter with an understanding of the mental health profession. Do NOT use an available family member.
 - ⇒ Meet with the interpreter prior to the scheduled time for the assessment to discuss the purpose of the session and ask that the interpreter translate sentences word for word.
 - ⇒ Try to have the same interpreter present when meeting with the same client.
- Organizations should **develop strategies for improving their personnel's Spanish skills as well as other forms of communication**.
- Organizations should **utilize translated measures of the highest quality**. Organizations should ensure that translated instruments have achieved validity and reliability in Spanish and are sensitive to the language needs of the Latino/Hispanic groups they target. Non-translated instruments should be translated using the forward and back translation process, as well as the review-by-committee and consumer feedback process followed by pretesting, and alpha and beta testing (see Fernandez et al., 2007).
- Clinicians should **assess language needs individually and provide services that are linguistically attuned to those specific needs, matching the family's language**. Clinicians should be familiar with the variations in Spanish among different Latino/Hispanic groups, including local usage. Examples of variations in language among Latinos/Hispanics are: car could be translated as *carro*, *coche*, *auto*, *automóvil*, or *máquina*; eyeglasses could be *lentes* or *gafas*; groceries could be *el mandado* or *la compra*, etc.
- Clinicians should **strive to become a puente de comunicación (communication bridge) for affective states experienced by family members with different communication needs that are the result of intergenerational differences, level of acculturation, or country of origin**. Bicultural clinicians familiar with the client's culture of origin and with the process of acculturation and accommodation to the U.S. can tune in to the affective nuances in the communication differences among family members, differences that are inherent to the family's individual acculturation process.
- Universities and organizations should **create Spanish training and clinical supervision methods and programs for the development of bilingual and bicultural clinicians**. Clinical supervision programs in Spanish that are mentored by experienced bilingual and bicultural clinicians can allow bilingual therapists to develop the language skills to work across several Latino/Hispanic groups (see "Therapist Training and Support" priority area for more information).

Resilience

- The cultural value of *personalismo* is closely tied to resilience (see the "Cultural Values" priority area for more information on *personalismo* and other cultural values). In order to promote *personalismo*, organizations should develop communication skills that pay close attention to language nuances that honor *personalismo* and lead to improved chances of retention. Communication skills address not only language but also personal space, non-verbal communication, appropriate use of transitions, use of "small talk," and other forms of communication that can enhance establishment of a strong therapeutic connection.
- Another way to promote *personalismo* is for providers to understand that language proficiency varies among family members. Personnel should develop the skills to meet the diverse communication needs among family members, according to their language preference and level of acculturation.

Family/Youth Engagement

- Organizations should have quality materials in Spanish that are readily available in the organization and in visible places. These include books and magazines in the waiting room as well as handouts and forms used in the treatment process.
- Families should be greeted in a warm manner and in their preferred language from the first contact. Providers should understand that Latinos/Hispanics may feel intimidated making contact with the organization and may lack sophistication in accessing services.
- Families' need for warmth and strong connection with personnel should be maintained throughout the treatment experience. Staff members should be aware that family members can interpret being too direct or too "business like" as cold or uncaring.

Community Examples/Best Practices



- **Serving Children and Adolescents in Need (S.C.A.N.)** - Works to improve and expand the service delivery system in Webb County, Texas, for children and adolescents aged 2 to 18 who have experienced any type of traumatic event. S.C.A.N. is a community-based, nonprofit organization with more than more than twenty years of experience providing services to children and adolescents and their families. S.C.A.N.'s trauma-informed system allows children and adolescents to have immediate access to a wide array of trauma-informed services and treatment, tailored to their individual needs. Webb County is located along the Texas-Mexico border, and most of the children served are first-generation Mexican Americans or Mexican immigrants who are bilingual or primarily Spanish-speaking. All staff members are bilingual and bicultural.
⇒ Website: www.scan-inc.org
⇒ Address: 2387 E. Saunders St., Laredo, TX 78041
- **DePelchin Children's Center** - Delivers screening, assessment, case management, and mental health services to children affected by trauma who reside in four southeast counties in Texas. DePelchin focuses on children who are the victims of complex trauma or who suffer from trauma related to traumatic loss, abuse (physical, psychological, or sexual), maltreatment, or neglect. DePelchin works with the community to provide information and training on best practices in child trauma treatment, and to increase the availability of and improve access to mental health services in the Greater Houston metropolitan area. Many of the clients are primarily Spanish-speaking and their materials have been translated according to best practice methods.
⇒ Website: www.depelchin.org
⇒ Address: 4950 Memorial Drive, Houston, TX 77007
- **Latin American Health Institute** - Provides treatment and intervention services for Latino children and their families living in the Greater Boston area who have been impacted by traumatic events. The program is also focused on working with mental health providers that serve Latinos in Greater Boston and in other areas of Massachusetts to increase their knowledge of evidence-based interventions. The intended population has experienced losses, domestic and community violence, disasters, severe and chronic neglect, physical and sexual abuse, and chronic trauma. Many of the staff members are bilingual and bicultural.
⇒ Website: www.lhi.org
⇒ Address: 95 Berkeley St Ste 600, Boston, MA 02116-6246

Resources



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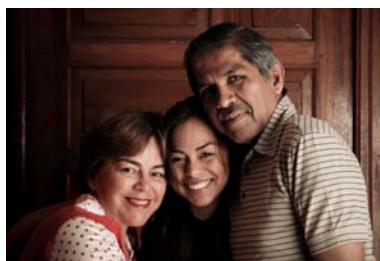
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**Dichos translation: Language is the face of the soul.*

Communication and Linguistic Competence Subcommittee

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