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Risk and Protective Factors Impacting Burnout in Bilingual, Latina/o Clinicians: An Exploratory Study

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While there is a paucity of information in the research examining the training and professional experience of bilingual, Latina/o clinicians who provide mental health services in Spanish, a growing body of research has highlighted a series of challenges unique to this group of providers, including their concerns about burnout due to such challenges. This exploratory study is the first (to the best of our knowledge) to measure the levels of burnout among these clinicians and to examine the interrelationship between burnout and sociodemographic and individual characteristics. The extent to which these clinicians experience the challenges identified in previous studies was also investigated. Participants included 66 bilingual, English–Spanish, Latina/o clinicians. The results suggest that bilingual, Latina/o clinicians endorse lower degrees of burnout relative to their monolingual, English counterparts and that specific sociodemographic and individual characteristics influence burnout. Furthermore, the results support previous research findings highlighting the unique set of challenges encountered by these clinicians. Understanding the characteristics and dynamics that contribute to and protect against burnout has major implications for the training, support, and retention of bilingual, English–Spanish, Latina/o psychologists.

Keywords: job burnout, Latina/os, training, bilingualism, psychotherapy

As the United States becomes home to the second-largest Spanish-speaking population in the world (U.S. Census Bureau, 2012), the demand for Spanish–English bilingual clinicians has increased. While the research clearly shows that providing linguistically compatible services to patients is beneficial, little is known about the training and professional experience of these clinicians,

who are often from Latina/o backgrounds. To this end, the present exploratory study sought to expand upon the literature documenting the experience of Latina/o clinicians who provide psychotherapy in English and Spanish. More specifically, this study measured the levels of burnout among these clinicians, examined the interrelationship between burnout and sociodemographic and individ-

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ual characteristics, and investigated clinicians' experiences as they relate to the training and professional challenges highlighted by Verdinelli and Biever (2009a).

Latina/os and Mental Health

It has been well documented that the Latina/o population is the fastest growing ethnic minority group in the United States. In 2010, Latina/os comprised 16.3% of the overall U.S. population, and they are projected to make up 24% of the population by 2050 (U.S. Census Bureau, 2013). As an ethnic minority group, Latina/os underutilize psychological services compared to their White counterparts (Alegría et al., 2002; Schraufnagel, Wagner, Miranda, & Roy-Byrne, 2006). A major barrier to mental health services is the limited number of providers who are culturally sensitive and possess the linguistic skills to meet the psychological and linguistic needs of this population (Cabassa, Zayas, & Hansen, 2006). This matter deserves significant consideration by the field, as the United States has the second-largest Spanish-speaking population in the world (U.S. Census Bureau, 2012).

Diversity in the Field of Psychology

One major effort by the American Psychological Association (APA) to promote more diversity in the field and integrate cultural competence training in psychology was the creation of the *APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (2003). Although these guidelines have been essential in providing some direction on issues related to cultural diversity to academicians and practitioners, they have lacked guidance on both the training and provision of linguistically sensitive mental health services in languages other than English. Essentially, the field of psychology has focused on the broader aspects of cultural competence, and fewer studies have examined language as an integral part of that concept, particularly as it relates to the provision of mental health services to the Latina/o population.

Linguistic proficiency in Spanish is a crucial variable when examining the availability and quality of mental health services for the Latina/o population (Aguilar-Gaxiola et al., 2002; Sentell, Shumway, & Snowden, 2007). According to the U.S. Census Bureau (2009), over 75% of Latina/os in the United States speak primarily Spanish at home and 40% speak English "less than very well." Given the linguistic makeup of this ethnic group, it is essential that clinicians possess adequate Spanish-language proficiency in order to meet the psychological needs of the monolingual Spanish-speaking population and the needs of those with limited English-language proficiency. However, language proficiency in Spanish continues to receive little attention in training and research venues pertaining to the culturally sensitive practice of professional psychology (Biever et al., 2004). Perhaps what makes language proficiency in Spanish a difficult variable to consider is the lack of guidelines or standards to inform the training or provision of clinical services in Spanish. There is also a faulty misassumption that conversational fluency in Spanish equates to sufficient language proficiency to deliver mental health services in that language (Biever et al., 2002). Consequently, clinicians with an interest in working with the Spanish-speaking population are left with the sole responsibility and burden of finding the necessary

training and resources to inform their clinical practice with Spanish speakers.

Bilingual English–Spanish Latina/o Clinicians

A growing body of research has started documenting the training and professional experience of bilingual English–Spanish Latina/os in psychology (Castaño, Biever, Gonzalez, & Anderson, 2007; Gamsie, 2009; Verdinelli, 2006; Verdinelli & Biever, 2009a, 2009b). Although these studies are but a few, a common thread illustrating the unique challenges encountered by these clinicians in training and professional settings permeates these studies' findings. Verdinelli and Biever (2009a) in particular illustrate many of the challenges encountered by this group of clinicians, who often receive training in cultural issues pertaining to Latina/os but struggle with language proficiency. In their focus group (consisting of two doctoral-level psychologists, 12 doctoral students, and one master's-level counselor; 11 women and four men; and 11 Hispanics and four non-Hispanic Whites), participants reported challenges, including having extra work due to the lack of bilingual professionals; educating others about diversity issues; feeling exploited, isolated, and rejected; having concerns about the services offered to clients; advocating for clients; experiencing incompetent supervision; translating and transcribing for supervisors; having to rely on alternative supervision; and having concerns with the quality of training. Due to these challenges, most participants expressed feeling burned out or fearing that they would eventually become burned out. To the best of our knowledge, no study to date has quantitatively measured the levels of burnout among bilingual English–Spanish clinicians who provide mental health services in both languages, which this study sought to do. This study also sought to quantitatively examine the extent to which clinicians experience the aforementioned challenges.

Burnout

The concept of job burnout was coined by Freudenberger (1974), based on his observations of the decrease in motivation and obligations in the work of his colleagues subsequent to the high demands placed upon them by their patients. Today, the most widely used conceptualization of burnout consists of three major dimensions: emotional exhaustion, depersonalization, and lack of personal accomplishment (Maslach, Schaufeli, & Leiter, 2001). Emotional exhaustion refers to the depletion of one's emotional resources as the result of work demands. Depersonalization describes the detachment from and indifferent attitude toward work and the patients whom one is serving. Lack of personal accomplishment speaks to the decline in perceived efficacy, competence, and work satisfaction. Understanding the risk and protective factors impacting burnout is of utter significance, as burnout has been associated with negative personal and work-related outcomes (Fahrenkopf et al., 2008; Lozinskaia, 2002; Maslach, Jackson, & Leiter, 1996; Maslach et al., 2001; Swider & Zimmerman, 2010). Specifically, burnout has been associated with decreased job commitment, lower job satisfaction, job withdrawal, interpersonal issues, and high absenteeism. Additionally, on a personal level, burnout has been correlated with increased substance abuse, insomnia, marital problems, and family conflict.

The Purpose of This Study

The purpose of this exploratory study was to (a) examine the prevalence of burnout among bilingual English–Spanish Latina/o clinicians who conduct psychotherapy in both languages, (b) investigate the relationship between levels of burnout and clinicians' sociodemographic and individual characteristics, and (c) quantitatively examine the experiences of these clinicians as they relate to the challenges highlighted by Verdinelli and Biever (2009a). Specifically, this study sought to answer the following research questions:

1. What are the rates of burnout among bilingual, Latina/o clinicians, and how do these levels compare to the Maslach Burnout Inventory—Human Services Survey (MBI–HSS; Maslach et al., 1996) norming sample of mental health providers?
2. Do specific sociodemographic or individualistic characteristics predict levels of burnout?
3. To what extent do these clinicians experience the challenges highlighted by Verdinelli and Biever (2009a)?

Method

Participants

The study sample consisted of 66 bilingual English–Spanish clinicians who self-identified as Latina/o. Fifty (76%) were female and 16 (24%) were male, with ages ranging from 26 to 61 years. Exactly half of the participants were born in countries where Spanish is the native language (50%), followed by the United States (47%) and Canada and Italy (3%). Most reported Spanish (86%) as their native language, followed by English (9%), Italian and Portuguese (3%), and English and Spanish (2%). Regardless of their native language, all participants indicated a high language proficiency in Spanish (*superior* [82%] and *advanced* [18%]).

Measures

Sociodemographic and individual characteristics. Participants completed a questionnaire that inquired about age, gender, birthplace, native and spoken language(s), proficiency in Spanish, length of time providing psychotherapy, licensure as an independent psychologist, training in Latina/o mental health (clinical, cultural, and linguistic training), supervision and access to Spanish-speaking supervisors, and number of cases per week.

MBI–HSS (Maslach et al., 1996). The MBI–HSS is a 22-item self-report measure that assesses burnout. The MBI–HSS contains three subscales designed to measure the three major aspects of burnout syndrome: Emotional Exhaustion (EE; nine items; e.g., *I feel fatigued when I get up in the morning and have to face another day on the job*), Depersonalization (DP; five items; e.g., *I've become more callous toward people since I took this job*), and Personal Accomplishment (PA; eight items; e.g., *I feel I'm positively influencing other people's lives through my work*). All items are rated based on a 7-point Likert scale ranging from 0 (*never*) to 6 (*every day*). Each subscale derives its own independent score, ranging from low to average to high degrees of burn-

out. High scores on EE and DP suggest high levels of burnout, whereas for PA (an inverted subscale), high scores correspond with low levels of burnout. The MBI–HSS is one of the most widely used measures among mental health workers (Maslach et al., 1996) and is considered one of the best measurements for burnout due to its psychometric properties (Schaufeli & Enzmann, 1998). Internal reliability coefficients have been reported as .90 for EE, .79 for DP, and .71 for PA (Maslach et al., 1996). In this study, Cronbach's alphas were .93 for EE, .78 for DP, .67 for PA, and .83 for the overall scale.

Training and professional challenges. No empirically validated measure exists to assess for the challenges faced by English–Spanish bilingual clinicians. Thus, the first author created a 14-item questionnaire informed by the research of Verdinelli and Biever (2009a). Participants were asked to rate the level of frequency for which they have experienced the listed items within the past year using a 7-point Likert-type scale ranging from 1 (*never*) to 7 (*always*). Sample items included . . . *My work increased based on my bilingual skills, I was asked to interpret/translate for staff, I mostly learned about cultural and clinical Latino issues on my own, and The translation of psychological terms and theories was a challenge in my Spanish-language clinical work*. Cronbach's alpha for our sample was .66.

Procedure

Participants were recruited via academic and professional listservs, such as the National Latina/o Psychological Association; the Latino Psychological Association of New Jersey; and the Society for the Psychological Study of Culture, Ethnicity, and Race. Training directors of mental health programs were also asked for assistance with recruiting participants. Criteria for participation included (a) having graduated from an APA-accredited doctoral program in psychology or being currently enrolled in such a program, (b) self-identifying as Latino or Hispanic, (c) having had experience with providing psychotherapy in Spanish within the past year, and (d) not having practiced as a master's-level clinician prior to doctoral training. Criterion (d) excluded participants who may have practiced for years as master's-level clinicians prior to enrolling in a doctoral program to facilitate a direct comparison between participants who are just entering the field (trainees) with those practicing as licensed psychologists. Data were collected through a three-part online survey in the following order: sociodemographic and individual information, the MBI–HSS, and training and professional challenges. Upon completion, participants entered a raffle to win one of four \$50 gift cards as a token of appreciation for their participation.

Data Analysis

A univariate analysis examined the descriptive data. The MBI–HSS cutoff scores were used to determine low, average, and high degrees of burnout. To compare levels of burnout between our sample and the MBI–HSS mental health normative sample, a series of *t* test analyses were conducted. A series of analyses of variance (ANOVAs) and correlations examined burnout variance within sociodemographic and individual variables. Three independent stepwise backward regression analyses examined for predictors of burnout. Finally, frequency analysis investigated the extent

to which participants encounter training and professional challenges.

Results

Descriptive Characteristics

This study's sample included 66 bilingual, Latina/o clinicians with experience providing psychotherapy in English and Spanish. Of the entire sample, 25 (38%) participants received training in at least one of the three major domains of working with the Latina/o population, with cultural factors (36%) receiving the most attention, followed by clinical practice with Latina/os (35%) and Spanish-language fluency (15%). Ten (15%) received training in all three areas, whereas 41 (62%) received no training in Latina/o mental health. Furthermore, 57 participants (86%) were not independently licensed. Among those receiving supervision ($n = 57$), 16 (28%) reported having received supervision in Spanish. With respect to the number of cases per week, less than 10 cases and between 10 and 25 cases were endorsed equally (46% each), followed by over 25 cases (6%). Lastly, most participants had 5 years or less of clinical experience (71%), followed by 6 to 15 years (25%) and over 16 years (3%).

Levels of Burnout and Comparison to the MBI–HSS Mental Health Normative Sample

Cutoff scores from the MBI–HSS mental health subgroup were used to distinguish between low, moderate, and high degrees of burnout. On EE (e.g., emotional fatigue), 24% of the participants were in the high range, 37% were in the moderate range, and 36% were in the low range. On DP (cynical attitudes toward patients), 9% of the participants were in the high range, 13% were in the moderate range, and 75% were in the low range. Lastly, on PA (an inverted subscale that examines personal satisfaction and perceived competence), 79% of participants were in the high range, 15% were in the moderate range, and 3% were in the low range.

Relative to the MBI–HSS mental health normative sample, our sample did not differ with respect to levels of EE, whereas on DP our sample reported statistically lower levels, $t(64) = -6.04$, $p < .001$; $d = .64$, indicative of lower degrees of cynicism (see Table 1). On PA, our sample indicated statistically higher levels, $t(64) = 11.96$, $p < .001$; $d = 1.34$, which suggest higher personal satisfaction and self-efficacy. These statistically significant differ-

ences were detected at a medium effect size for DP ($d = .64$) and at a large effect size for PA ($d = 1.34$), both with an observed power of 1, thus adding support to our statistical findings.

Sociodemographic and Individual Variables and Burnout

A series of ANOVAs (see Table 2) and correlations (see Table 3) examined the relationship between specific sociodemographic and individual characteristics and burnout. Men reported statistically higher levels of DP, $F(1, 63) = 5.08$, $p < .05$; $d = .61$. Nonnative Spanish speakers emerged with statistically higher levels of EE, $F(1, 63) = 7.56$, $p < .05$; $d = .89$, and DP, $F(1, 63) = 15.65$, $p < .001$; $d = 1.15$, compared to native Spanish speakers. Lastly, a statistically significant positive correlation emerged between age and PA, $r = .26$, $n = 65$, $p < .05$. The higher levels of DP among nonnative Spanish speakers produced a large effect size ($d = 1.15$) and an observed power of .81. Furthermore, in spite of the relatively lower statistical power (.55 and .60, respectively), gender had a medium effect size ($d = .61$) on DP, and native language had a large effect size ($d = .89$) on EE. While the power for the two aforementioned findings is lower than the conventionally acceptable level, our analyses detected medium to large levels of significance despite this limitation, thus supporting the effects of gender on DP and native language on EE.

Three independent backward regression analyses—one for each burnout subscale—were examined for predictors of burnout (see Table 4). A total of 12 variables were employed, including age, gender, birthplace, native and spoken language(s), proficiency in Spanish, length of time providing therapy, practicing under supervision or as a licensed psychologist, training in Latina/o mental health (clinical, cultural, or linguistic training), supervision in Spanish, and number of cases per week. Of the 12 variables included, three emerged as accounting for approximately 19% of the variance in EE, with being a nonnative Spanish speaker statistically predicting higher degrees of emotional fatigue. With respect to DP, two variables accounted for approximately 24% of the variance, with being a nonnative Spanish speaker statistically predicting higher degrees of cynicism. Finally, age accounted for approximately 7% of the variance in PA, thus indicating that age statistically predicted degrees of personal satisfaction and competence among our participants.

Table 1
Mean of Burnout Among Participants and MBI–HSS Normative Sample

MBI–HSS subscale	Study sample ($n = 64$)	Normative sample ($n = 730$)	t	df	Cohen's d
Emotional Exhaustion	18.49 (11.70)	16.89 (8.90)	1.10	64	.15
Depersonalization	3.08 (3.53)	5.72 (4.62)	-6.04*	64	.64
Personal Accomplishment	38.66 (5.25)	30.87 (6.37)	11.96*	64	1.34

Note. Standard deviations are in parentheses. Higher scores on the Emotional Exhaustion and Depersonalization subscales are indicative of higher degrees of burnout, whereas higher scores on the Personal Accomplishment subscale correspond with lower degrees of burnout. Normative data for the MBI–HSS mental health group were based on 730 mental health workers, including psychologists, psychotherapists, counselors, and psychiatrists. MBI–HSS = Maslach Burnout Inventory—Human Services Survey.

* $p < .001$.

Table 2
Mean of Burnout by Sociodemographic and Individual Variables

Variable	Emotional Exhaustion subscale	Depersonalization subscale	Personal Accomplishment subscale
Gender			
Men (<i>n</i> = 16)	18.69 (10.26)	4.75 (4.07)*	38.25 (5.56)
Women (<i>n</i> = 50)	18.43 (12.23)	2.53 (3.19)*	38.80 (5.20)
Birthplace			
United States (<i>n</i> = 31)	17.63 (10.49)	2.97 (3.23)	38.31 (6.01)
Non-U.S. country (<i>n</i> = 35)	19.50 (13.08)	3.20 (3.90)	39.07 (4.27)
Native language			
Spanish (<i>n</i> = 57)	17.17 (10.45)**	2.53 (2.82)***	38.59 (5.31)
Non-Spanish language (<i>n</i> = 9)	29.43 (16.33)**	7.57 (5.53)***	39.29 (5.09)
Proficiency in Spanish			
Advanced (<i>n</i> = 12)	22.08 (14.88)	3.42 (4.08)	39.58 (5.25)
Superior (<i>n</i> = 54)	17.68 (10.86)	3.00 (3.43)	38.45 (5.28)
Licensed practitioner			
Yes (<i>n</i> = 19)	14.42 (7.73)	2.53 (2.39)	40.21 (5.19)
No (<i>n</i> = 47)	20.17 (12.68)	3.30 (3.90)	38.02 (5.20)
Training in Latino mental health			
Cultural			
Yes (<i>n</i> = 24)	15.44 (8.31)	2.72 (3.49)	39.32 (4.72)
No (<i>n</i> = 42)	20.40 (13.13)	3.30 (3.58)	38.25 (5.58)
Linguistic			
Yes (<i>n</i> = 10)	18.18 (9.23)	3.91 (4.18)	38.82 (4.31)
No (<i>n</i> = 56)	18.56 (12.21)	2.91 (3.40)	38.63 (5.46)
Clinical			
Yes (<i>n</i> = 23)	15.83 (8.53)	2.74 (3.63)	40.04 (4.54)
No (<i>n</i> = 43)	19.95 (12.98)	3.26 (3.50)	37.90 (5.51)
Supervision in Spanish			
Yes (<i>n</i> = 16)	19.13 (15.12)	2.44 (3.97)	39.19 (5.34)
No (<i>n</i> = 42)	19.02 (11.08)	3.57 (3.54)	38.24 (5.06)
Licensed practitioner (<i>n</i> = 7)	13.86 (4.63)	1.57 (1.51)	40.00 (6.63)

Note. Standard deviations are in parentheses.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Clinicians' Experiences With Training and Professional Challenges

The degrees (from *never* to *always*) to which participants experience training and professional challenges are presented in Table 5. The item most encountered by participants, endorsed as *frequently/usually* or *always*, was providing information to staff on cultural issues (68%). This item was followed by an increase in workload based on their bilingual skills (65%); independently learning about cultural and clinical issues pertaining to Latina/os (64%); advocating for changes at their clinical setting in order to meet the cultural and linguistic needs of Latina/os (58%); and challenges with the translation of psychological terms and theories in their clinical practice (47%).

Discussion and Future Directions

The present exploratory study sought to (a) measure the prevalence of burnout among Latina/o clinicians who conduct psychotherapy in both English and Spanish, (b) examine sociodemographic and individual characteristics associated with burnout, and (c) explore the extent to which these clinicians experience the challenges highlighted by [Verdinelli and Biever \(2009a\)](#).

Results revealed that almost 75% of our sample were in the moderate to high range on emotional fatigue, 75% were in the low range on cynicism, and over 75% were in the high range on personal satisfaction. While no differences were found on emotional fatigue, our sample endorsed significant lower levels of cynical attitudes and significant higher levels of personal satisfac-

Table 3
Bivariate Correlations of Continuous Variables and Burnout

Variable	Emotional Exhaustion subscale	Depersonalization subscale	Personal Accomplishment subscale
Age	-.18	-.02	.26*
Number of cases per week	-.04	.06	.03
Length of time providing therapy	-.13	-.05	.15

* $p < .05$.

Table 4
Backward Regression Predicting Burnout

Variable	Final β	Final SE β	<i>t</i>	<i>p</i>
Emotional Exhaustion subscale				
Native language	-12.59	4.38	-2.87	<.01
Age	-.34	.18	-1.93	.06
Cultural training	-4.73	2.80	-1.70	.10
Depersonalization subscale				
Native language	-5.44	1.27	-4.28	<.01
Linguistic training	1.78	1.05	1.70	.10
Personal Accomplishment subscale				
Age	.177	.083	2.13	.04

Note. Only variables retained in the final model are presented. Final model for the Emotional Exhaustion subscale: $F(3, 60) = 4.73, p < .01, R^2 = .19$. Final model for the Depersonalization subscale: $F(2, 61) = 9.70, p < .001, R^2 = .24$. Final model for the Personal Accomplishment subscale: $F(1, 62) = 4.53, p < .05, R^2 = .07$.

tion relative to the MBI-HSS mental health normative sample. The overall lower levels of burnout among this sample could be explained by the significant pride, satisfaction, and connection to their ethnic and cultural identities these clinicians experienced when providing psychotherapy in Spanish (Rivas, Delgado-Romero, & Ozambela, 2005; Sprowls, 2002; Verdinelli & Biever, 2009b). Because many Latina/os adopt particular cultural values such as *personalismo* (Carteret, 2012) and *collectivismo* (Oyserman & Lee, 2008), the pride and connection experienced, in concert with the awareness of helping to meet the linguistic and mental health needs of an underserved population within their

community, may serve as a buffer against burnout among this group of clinicians.

Results also suggested that identifying as male, being younger, and providing psychotherapy in Spanish as a nonnative Spanish speaker all predict higher degrees of burnout. Some of these results echo findings from previous studies, where an association between higher burnout rates with identifying as male (Woodside, Miller, Floyd, McGowen, & Pfortmiller, 2008) as well as with being younger (Garner, Knight, & Simpson, 2007) was documented. With respect to our sample, because gender roles are more pronounced in the Latina/o community (Falicov, 1998), Latino males' inclination to not express a need for help or seek appropriate support services may partially explain their higher burnout rates compared to those of their female counterparts. More relevant and unique to this population, however, is the significant influence of native language on burnout. Specifically, providing psychotherapy in Spanish as a nonnative Spanish speaker was a predictor of higher rates of emotional fatigue and cynicism. Perhaps this reflects the challenges experienced by nonnative Spanish speakers with articulating ideas and emotions in Spanish, as documented in the scholarly work on providing psychotherapy in the psychotherapist's second language, Spanish (Mount, 2007). Other scholars (Sprowls, 2002; Verdinelli & Biever, 2009a, 2009b) have also noted the greater cognitive energy required to provide mental health services in a nondominant language.

Another plausible explanation for the significant influence of native language on burnout may be found in the concept of cultural fluency embedded within language (Walker, 2009). This concept suggests that those who possess native language proficiency are

Table 5
Clinicians' Experiences with Training and Professional Challenges

Training and professional challenges	1	2	3	4	5	<i>M (SD)</i>
	Never	Rarely/occasionally	Sometimes	Frequently/usually	Always	
Having increased workload based on their bilingual skills	3 (5%)	14 (21%)	6 (9%)	31 (46%)	13 (19%)	4.91 (1.68)
Working with difficult and complex cases	10 (15%)	22 (33%)	22 (33%)	9 (14%)	4 (6%)	3.38 (1.71)
Having no input on case assignments	16 (25%)	26 (39%)	12 (18%)	10 (15%)	3 (5%)	3.05 (1.69)
Translating or interpreting for staff	7 (10%)	22 (33%)	14 (21%)	20 (30%)	4 (6%)	3.83 (1.78)
Lacking support from staff on Spanish-speaking cases	32 (48%)	22 (33%)	8 (12%)	3 (5%)	2 (3%)	2.20 (1.53)
Staff lacking sensitivity to cultural issues	11 (16%)	28 (42%)	12 (18%)	15 (22%)	1 (2%)	3.24 (1.58)
Providing information to staff about cultural issues	2 (3%)	8 (12%)	11 (16%)	35 (52%)	11 (16%)	4.99 (1.56)
Services at clinical setting lacking cultural or linguistic sensitivity	13 (19%)	27 (40%)	11 (16%)	14 (21%)	2 (3%)	3.24 (1.76)
Advocating for changes at clinical setting on behalf of Latinos	3 (5%)	16 (24%)	9 (13%)	29 (43%)	10 (15%)	4.56 (1.77)
Independent learning of cultural or clinical issues related to Latinos	2 (3%)	15 (22%)	7 (10%)	29 (43%)	14 (21%)	4.96 (1.73)
Experiencing lack of cultural knowledge or sensitivity in the supervision of their Spanish-speaking cases ^a	15 (22%)	29 (43%)	10 (15%)	11 (16%)	1 (2%)	2.90 (1.59)
Experiencing the supervision of Spanish-speaking cases as less than or of equal quality to their English-speaking cases ^a	10 (15%)	19 (28%)	12 (18%)	16 (24%)	9 (13%)	3.82 (2.02)
Arranging external supervision or consultation for their Spanish-speaking cases	25 (37%)	20 (30%)	9 (13%)	10 (15%)	3 (5%)	2.70 (1.85)
Experiencing challenges with translating psychological terms and theories	5 (8%)	19 (28%)	11 (16%)	25 (37%)	7 (10%)	4.20 (1.77)

Note. Participants were provided the following instruction: *Please indicate the level of frequency with which you have experienced the following situations.*

^a Participants providing therapy as licensed practitioners were excluded from answering these items.

not only fluent in that language but are also knowledgeable of the cultural nuances embedded within that language. While all participants in this study reported high Spanish-language proficiency, nonnative Spanish speakers may exert more mental energy grasping and understanding the cultural nuances embedded within the language, which may be inherent for many of the native Spanish speakers.

Finally, with respect to training and professional challenges, over 50% of our sample experienced one or more of the following with high frequency: having to provide staff with information about cultural issues, encountering increased workloads based on their bilingual skills, needing to secure independent learning of cultural and clinical issues related to Latina/os, and advocating for changes at their clinical setting to meet the cultural and linguistic needs of Latina/os. These results are in line with the findings from previous studies documenting the unique challenges experienced by bilingual, English–Spanish, Latina/o clinicians who provide clinical services in both languages (Castaño et al., 2007; Gamsie, 2009; Verdinelli, 2006; Verdinelli & Biever, 2009a, 2009b). In contrast to previous findings, however, not having input on case assignments, lacking support from staff on Spanish-speaking cases, having to seek external supervision or consultation for Spanish-speaking cases, and supervisors lacking cultural knowledge and sensitivity in the supervision of Spanish-speaking cases were endorsed as *never* or *rarely/occasionally* by at least 64% of participants. Taking these findings into consideration, it is evident that bilingual, Latina/o clinicians encounter a distinct set of challenges as bilingual psychotherapists. Further research is warranted to inform guidelines to help minimize the aforementioned challenges and support the training and professional experiences of this particular group of clinicians.

Despite the significant findings revealed in this study, there were a few limitations. First, this study's sample was self-selected and may have excluded bilingual, Latina/o clinicians who may have declined participation due to their heightened sense of burnout. Second, native Spanish speakers composed 85% of the overall study sample; thus, the results may be more relevant to this group as opposed to nonnative Spanish speakers. Third, the training and professional challenges questionnaire was specifically created for the purposes of this study and thus was not subject to previous research confirming its validity or reliability. This limited the use of this questionnaire, particularly analysis examining the relationship between items on this questionnaire and degrees of burnout. Finally, a larger sample size would have strengthened this study's findings.

Despite its limitations, the results from this study have significant implications for the training, practice, and research of professional psychology as it relates to bilingual, English–Spanish, Latina/o clinicians. First, the relationship between providing psychotherapy in Spanish as a nonnative Spanish speaker and higher degrees of emotional exhaustion and cynicism supports the research illustrating the complexity of conducting psychotherapy in a second language (Mount, 2007; Walker, 2009). This highlights the strenuous process of delivering mental health services in a foreign language. It is therefore important for academic and clinical training institutions to integrate language as a core aspect of training in working with the Latina/o population, particularly for nonnative Spanish speakers who are or who will be delivering clinical services in Spanish. Providing access to formal courses in

Spanish and providing supervision and consultation from seasoned clinicians who also provide clinical services in Spanish are a few examples of ways to support the training and practice of mental health services in Spanish. Additionally, adopting a proactive stance by providing resources and tools for engaging in professional self-care may help buffer against the pernicious effects of this work.

Second, the results from this study expand the current knowledge base, highlighting and corroborating the unique set of challenges encountered by bilingual, Latina/o clinicians (Castaño et al., 2007; Gamsie, 2009; Verdinelli, 2006; Verdinelli & Biever, 2009a, 2009b). Although a growing body of research has started documenting these challenges, research in the area continues to be scarce. This study raises awareness of these issues and highlights the critical need for additional research in this area.

In conclusion, this study supports and expands previous research, documenting the unique challenges encountered by bilingual, Latina/o clinicians. In spite of these challenges, the results suggest that, as a group, these clinicians fare better than their English, monolingual counterparts with respect to burnout, highlighting the mediating role of culture. Additionally, the findings highlight the importance of native language for perceived burnout among these clinicians. Lastly, the study accentuates the need for formal academic and postgraduate instruction for bilingual clinicians and provides guidance around training direction and focus.

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