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Article 33

Providing Equitable Services: Implementing Bilingual Counseling Certification in Counselor Education Programs

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Abstract

The ever-growing diversity within the population's professional counselors calls for training programs to provide opportunities where bilingual competency can be developed. Moving multicultural competencies to action requires that educators and supervisors develop the infrastructure that will help facilitate professional counselors working with clients that speak different languages. This article looks at the Latino population and what barriers exist within the field and proposes specific guidelines for establishing a bilingual counseling certification program.

Keywords: multicultural, bilingual certification, training programs

The call to implement social justice in counseling is an enduring strength within counseling and is supported in the literature (Chang, Crethar, & Ratts, 2010; Constantine, Hage, Kindaichi, & Bryant, 2007; Ratts, 2009). Chang et al. (2010) proposed that counseling and social justice cannot be separated as they are both necessary in achieving long-term wellness. Ratts (2009) wrote that "This shift in awareness calls on counselors to view clients in context. That is, clients and the problems they present cannot be viewed in a vacuum. They are part of a larger system" (p. 164). As counselor education programs move towards integrating social justice constructs across the curricular experience, questions arise around what additional infrastructure can be added to counselor education programs that meet the requirements of the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009) standards and provide in-depth, skills-based training in social justice.

In their discussion of the Latino population, Arredondo, Gallardo-Cooper, Delgado-Romero, and Zapata (2014) wrote that psychocultural stressors or experiences that cause pain, distrust, and alienation call for a social justice orientation in practice. Given the specific nature of every culture, the importance of providing action-oriented training to emerging professional counselors is of the utmost importance. Arredondo et al. called for training that focuses on specific interventions and competencies for the given community. This can be difficult to achieve when programs have to balance programmatic requirements that do not provide opportunities for counseling students and professionals to become immersed in a specific culture.

Odegard and Vereen (2010) completed a qualitative inquiry that studied the process of integrating social justice constructs in the work of four counselor educators. They found four common themes across the process that included increasing awareness, facilitating a paradigm shift, implementing curriculum, and navigating challenges. Of relative importance are the challenges that were faced regarding the lack of resources and attending to the university context. Odegard and Vereen wrote that

Participants discussed their challenge of locating resources specific to clinical social justice content. The experiences of lacking material resources regarding how to integrate social justice constructs may encourage counselor educators to create curricula specific to teaching social justice across the counselor training program. (p. 145)

They go on to state how focusing on curriculum and resource development may enhance professional counselor training and development. The focus could be twofold. On one front, continue to develop the core paradigm shift towards social justice as the fifth force (Ratts, 2009) in counseling. On the other front, promote inclusion of curriculum to explore the needs of specific cultural and linguistic elements for the diverse clientele that professional counselors will encounter in their region.

Supplemental certification programs may be part of the answer towards this movement. Arredondo et al. (2014) highlighted several educational programs that go beyond a generalist multicultural training paradigm and include specific needs for given populations. Certification programs provide flexibility in the curriculum where counselor educators can offer resources to better serve the counseling profession and address regional social justice concerns. In addition to helping counseling students, certification programs provide flexibility for licensed professionals to complete continuing education requirements and receive certification. Counselor education programs could customize their certification process to meet the needs of specific social justice concerns that are relevant to the region in which they reside. Given the specific nuances of the various social justice concerns across the country, the suggestions for certification programs may be modified to meet the needs of various populations. This article includes elements that are pertinent to a certification program including challenges populations may face, cultural and institutional barriers, potential change agents, and a review of specific programs within higher education that can help to better serve populations of concern.

As the Latino community represents a growing minority in the United States, this article grounds the discussion for establishing a certificate program with this population. Quite often, the terms Latino and Hispanic are used interchangeably. According to the Pew Research Center (2013) this community typically does not prefer one term over the other. However, for those partial to a specific term, most prefer Hispanic (Arredondo et

al., 2014). Throughout this article, we use the term Latino because we are primarily referring to individuals whose families originated from Latin American countries and the term *Latina/o* typically identifies this community in terms of political and ethnic association. Additionally, Arredondo et al. (2014) noted that the use of *Latino/a* is linguistically more appropriate in relation to gender.

Cultural Dynamics

Within the United States, immigration is undeniably one of the strongest forces molding recent history (Yakushko & Chronister, 2005). There has been continual debate within the United States regarding immigration laws and reform, increases in Spanish television and commercials, and the influx of businesses that offer services in Spanish. It is evident that Americans recognize the inflow of Latinos into the United States. Latinos consist of 16% of the current American population, which estimates to approximately 50.5 million people (Robinson-Wood, 2013). Although the Latino population is not in the majority, their growth has increased 43%, or four times the typical 10% population growth rate in the United States (Robinson-Wood, 2013). In fact, this community that represents 20 Spanish-speaking nations is projected to be the largest ethnic minority group within the United States by 2028 (Zagelbaum, 2011).

Challenges in Acculturation

While immigration is not a direct factor for every Latino, many are associated with someone who has experienced the impact of acculturation first hand and has endured the residual effects of this experience. Similar to most immigrants, many Latinos encounter stressors compelling them to migrate to another country. Once in the United States, some residual stressors may include language barriers, reconstructing a sense of family connectedness, poverty due to lack of education and job skills, isolation, and discrimination (Robinson-Wood, 2013). Additionally, those of illegal status encounter additional obstacles relating to the fear of deportation and access to health care. All of these components increase the possibility of emotional and psychological issues when learning to navigate the cultural, emotional, behavioral, and psychological changes that transpire during the acculturation process (Arredondo et al., 2014).

While stressors are central to any individual adapting to a new culture, the collectivist nature of many Latino cultures presents an additional challenge. In comparison to the individualistic and achievement-oriented disposition of the United States, the Latino lifestyle, mentality, and motivation are identified by the importance of family and sense of community. Miranda, Bilot, Peluso, Berman, and Van Meek (2006) reinforced this idea by noting that if we could understand one thing about Latino culture, it would be that family represents its guiding force. Additionally, clear gender roles are identified within the family structure: often viewing men as independent, dominant, and protecting, while seeing women as chaste, subordinate, and willing to sacrifice for their family (Miranda et al., 2006; Robinson-Wood, 2013). Latinos often tailor many cultural beliefs and values around the family structure and personal relationships, situated in guiding principles of religion, most likely Catholicism, the pursuit of education, and preference for folk approaches to medicine and healing (Guitiérrez, Rafiee, Bartelma, & Guerra, 2010).

Vulnerabilities

In conjunction with the cultural elements of the Latino population, stressors that may culminate during the process of acculturation create areas of emotional, physical, and psychological vulnerabilities. However, it remains important to note that these individuals may experience any form of physical, emotional, or psychological illness similar to their other ethnic counterparts. Nevertheless, when examining this specific population, many concerns commonly arise. One of the most prevalent challenges this population confronts pertains to a disruption within the family system.

Quite often a discrepancy between adopting American cultural values and adhering to the cultural beliefs of their native land arises, typically instigating discord between parents and children (Fosados et al., 2007). Because second-generation individuals are more likely to adapt to mainstream culture at a quicker rate, these youth feel conflicted between the opposing ideals of their peers and family, hence creating intergenerational challenges (Crockett et al., 2007; Miranda et al., 2006). Aside from being susceptible to significant disturbance in the family dynamics and sense of self within the Latino population, other prominent vulnerabilities relate to feelings of isolation, losing the sense of belongingness, change in gender roles, depression, anxiety, alcohol abuse, unplanned pregnancy, high rates of AIDS/HIV, and domestic violence (Robinson-Wood, 2013; Yoon, Jung, Lee, & Feliz-Mora, 2012). The level of exposure and rate to which Latinos are affected by these trepidations depend on the individual and can lead to barriers in treatment.

Existing Barriers

With these cultural dynamics, barriers to counseling occur within the culture and within the mental health community. Despite the escalation in the need to alleviate symptoms contributed by various psychosocial stressors, the Latino community in general has less access to quality services, particularly Spanish-dominant individuals (Bernal & Sáez-Santiago, 2006). At a glance, this population tends to underuse outpatient mental health and psychiatric services, as well as terminate services prematurely (Kouyoumdijan, Zamboanga, & Hansen, 2003). Due to this discrepancy, several barriers to effectively providing clinical mental health services to the Latino community arise.

Within the Culture

Recent literature (Arredondo et al., 2014; Bernal & Sáez-Santiago, 2006; Castaño, Biever, González, & Anderson, 2007; Kouyoumdijan et al., 2003; Robinson-Wood, 2013) has addressed barriers impacting the current state of mental health within the Latino population across three main domains: community, individual, and resources. Defining characteristics of this collectivist society can contribute to the underutilization of mental health services, particularly when a conflict between mainstream and native principles transpires (Bernal & Sáez-Santiago, 2006). Such variables may include adherence to fatalism, religiosity, and traditional gender roles.

General demographics, such as socioeconomic status, geographic location of home, age, time spent in the United States, and legal status can often dissuade individuals from inquiring about assistance at a mental health agency due to fear of authority figures,

lack of awareness, and acknowledgement of counseling as a priority (Bernal & Sáez-Santiago, 2006). Aside from demographic characteristics, one of the most prominent challenges represents an individual's language proficiency. If an agency cannot offer services in Spanish, individuals who feel uncomfortable speaking English may struggle to convey certain thoughts or feelings (Castaño et al., 2007). These challenges can compromise the attendance, continuation, or overall quality of services with certain Latinos; accentuated when individuals convey poor expectations or attitudes toward mental health services (Kouyoumdijan et al., 2003). Aside from cultural and individual components, there may be a lack of transportation, childcare services, inability to take time away from work, limited windows of opportunity to attend appointments, difficulty in paying services, and unfamiliarity with available resources (Kouyoumdijan et al., 2003). Without these specific resources, appropriate services become compromised and compounded by barriers within the mental health community.

Within the Mental Health Community

Just as barriers within the population limit services, the availability of agencies to meet the needs of the Latino population creates a barrier in providing equitable services. For example, the professional counselor's inclination to utilize specific counseling approaches may increase incompatibility of the client-counselor relationship (Kouyoumdijan et al., 2003). Latinos often request more direct techniques, specific directions, and alleviation of symptoms, rather than those that evoke long-term change (Kouyoumdijan et al., 2003). Another potential barrier to providing equitable services to the Latino population pertains to the inability to converse in Spanish in a professional setting for both native speakers and those who speak Spanish as a second language (Castaño et al., 2007). Therefore, an evaluation of training strategies can open the door to help minimize potential barriers and increase service provision.

Current Training Programs

Providing a framework with the intent of training counseling professionals prior to entering the work force could help to alleviate barriers currently in place. Similar to other specializations such as career or LGBTQ counseling, offering a bilingual counseling certificate would provide an additional tool to fulfill responsibilities as a professional counselor. Remley and Herlihy (2010) identified this responsibility as honoring diversity through promoting the welfare and respecting the dignity of their clients. Identifying the demand to develop multicultural and bilingual programs was voiced through the amended 1978 Bilingual Education Act "proposing that counselor educator programs must focus on the development of those counselors who will become advocates and practitioners of the philosophies and principles basic to the concepts of bilingual and multicultural education" (Arredondo-Dowd & Gonsalves, 1980, p. 657). While counseling programs have adapted to offer the necessary training appropriate to increase the competency of future professional counselors, some barriers persist in the area of bilingual training.

A search for academic sources on bilingual training for master's-level clinical mental health specific counseling programs (Arredondo et al., 2014; Biever, Gómez, González, & Patrizio, 2011; Delgado-Romero, Espino, Werther, & González, 2011) and a

broad Google® search resulted in approximately 10 universities that had programs specifically related to clinical mental health counseling. The search indicated that there is a general lack of information as well as programs that exist within the United States. The majority of students interested in pursuing bilingual counseling seek training through general mental health programs that often do not have Latino faculty (Delgado-Romero et al., 2011). Programs that exist thus far are located primarily in Texas, California, Illinois, Florida, and Massachusetts. The most common degree program that encompasses a Latino-related certification relates to marriage and family therapy. Although more limited, additional Latino mental health training appears in master's-level counseling programs. In the area of social work, some schools have followed suit and begun offering curricular programs as well (Delgado-Romero et al., 2011).

The standards developed for admission and completion of aforementioned certification programs vary. Oftentimes, entry requirements are not consistent and admission that is contingent upon a Spanish language proficiency exam is not universal. Moreover, the number of hours required depends on the plan of study. The core curriculum of each program also varied in the nature of classes offered. Three main themes arose regarding coursework of identified programs: linguistic proficiency, cultural competency, and application.

Classes on linguistic capacity focus on enhancing professional and communication Spanish, technical language skills, and communication (Delgado-Romero et al., 2011). In addition, established training programs offer courses that increase cultural understanding and aptitude of the Latino community. The review of existing programs and literature indicated that courses typically cover Latino psychology, family development and processes, sociocultural foundations, specialized interventions, acculturation, counseling immigrants and refugees, cross-cultural topics, and assessment (Arredondo et al., 2014; Delgado-Romero et al., 2011). The one element concurrently found in every program associated with Latino mental health training programs pertains to a clinical experience with the Latino population. Also, some programs require a cultural immersion experience abroad.

Recommended Certification Guidelines

With the increased recognition of bilingual counseling as a special form of counseling, continued adaptation of counselor training programs to attend to the issues of culture and language is very relevant to the field (Fuertes, 2004). When working with clients, Biever et al. (2011) found that most therapists express concern about their ability to convey psychological concepts and terminology in Spanish.

Combining the review of existing bilingual counseling opportunities and relevant literature on professional counselors working with clientele with cultural and language differences provides a starting point to establish guidelines for bilingual counseling certification. Five elements emerged as critical in developing a bilingual counseling certification program and include cultural sensitivity, linguistic competency, in-vivo experiences, supervision, and access to resources (see Table 1).

Typically, one of the primary intentions of a bilingual certification program is to increase cultural and linguistic competence to those providing services. Attending to cultural sensitivity can be exemplified through knowledge of the Latino culture and

Table 1
Bilingual Counseling Certification Guidelines

#	Guideline	Characteristics
1	Cultural Sensitivity	 Demonstrate knowledge of culture, subcultures, population-specific issues, population-specific methods and techniques, relevant relations/interactions Identify cultural barriers to seeking services Exhibit awareness to cultural biases and sensitivity
2	Linguistic Competency	 Language Proficiency Pre- and Posttest – may follow model of American Council on the Teaching of Foreign Languages as a standard for acceptance Reach advanced level of grammar and vocabulary Demonstrate advanced level of fluency Express technical vocabulary and dialectical sayings Convey proficient-advanced professional writing Exhibit skilled ability to conduct interviews
3	In-vivo Experiences	 Apply cultural knowledge and language skills Practicum and internship experience with population Integrate culture-specific techniques, engage in case conceptualization, and other experiential activities
4	Supervision	 Supervisor must demonstrate bilingual ability and understanding of specific culture Engage in collaborative relationship allowing for growth in personal and professional awareness Focus on culture-specific concerns, techniques, skills, and general nuances of working with population
5	Access to Resources	 Acquire faculty who demonstrate proficiency in language and cultural competence Encounter coursework materials/teaching resources in culture-specific mental health related topics Community engagement – expertise with community

Note. Guidelines are based upon the compilation of existing literature and current educational programs. These guidelines encompass various elements to provide students and professionals supplemental knowledge and skills in working with individuals from a specific culture.

subculture, relevant relations and interactions, empathy, effective therapeutic techniques and strategies, and cultural guidance (Biever et al., 2011). Cultural sensitivity not only embodies awareness, but also an understanding of individuals' own biases, sensitivity, and flexibility. Attaining linguistic competency encompasses preparation for students to adapt to advanced-level grammar and vocabulary, express both technical vocabulary and dialectical sayings, conduct clinical interviews, as well as demonstrate a functional capacity to engage in both professional and conversational Spanish (Biever et al., 2011). Furthermore, students must demonstrate writing skills necessary to complete clinical paperwork. Students could be required to pass an oral proficiency standard for acceptance conducted by the foreign language department or modeled after the American Council on Teaching of Foreign Languages (Biever et al., 2011). Students should integrate this knowledge and apply their refined skills through a practicum and internship experience. While working first-hand with this community, students are required to conceptualize cases and use appropriate assessment and intervention techniques that specifically adhere to clients' needs (Arredondo et al., 2014; Biever et al., 2011).

Another crucial component to establishing a bilingual certification program relates to the supervision experience. Similar to students, supervisors must also express verbal capacity, cultural awareness, and have experience working with Latino clients while engaging in an enriching and collaborative experience. Coupled with adequate supervision, the program should have access to resources, and faculty should be selected based on meaningful criteria (Delgado-Romero et al., 2011). For instance, professors should exhibit a sufficient understanding of Spanish language, cultural competency, understanding the importance of collaborating with supervisees, as well as working knowledge of courses that follow CACREP standards (Fuertes, 2004). Arredondo et al. (2014) added that courses should encounter accessible materials in Spanish and Latino mental health topics. These resources should build specific skills in attending to needs in the community, strengthening critical thinking, vocabulary, interventions that create a standard for courses, and building a foundation with the surrounding community (Guitiérrez et al., 2010).

Discussion

Per the American Counseling Association Code of Ethics (2014), professional counselors are expected to advocate to promote changes that will improve the quality of life for individuals and groups and remove barriers to provision of services being offered. Additionally, according to the Guidelines for Providers of Psychological Services of Ethnic, Linguistic, and Culturally Diverse Populations created by the American Psychological Association, "psychologists should provide services in the language requested by the client or make an appropriate referral to a psychologist with the necessary language skills" (Castaño et al., 2007, p. 668). Unfortunately, the feasibility of referring clients to therapists who speak their preferred language resides in the availability of finding trained professional counselors with specific bilingual capacity. To address this concern, there are multiple elements that should take precedence when developing a certification program. The review of literature and existing programs highlighted the importance of cultural sensitivity, linguistic competency, in-vivo experiences, supervision, and access to resources when developing a cross-cultural

certification program. When working with the Latino population, the salient concerns pertain to understanding diverse elements of their cultural and linguistic experience, collective values and beliefs, individual perspectives, as well as maintaining a strong therapeutic alliance that addresses clients' expectations collaboratively and realistically. As we work to better serve this population, barriers include areas within culture and within the mental health field. Barriers such as access to resources, establishing an approachable environment for individuals of various cultures, availability of bilingual professional counselors, and knowledge of potential vulnerabilities that arise within the population need to be addressed. As certification programs are developed, these factors need to be attended to. The review of the literature and research into existing programs make the necessity for inclusion clear.

Implications and Future Research

As counselor educators and supervisors work to find ways to develop training in cross-cultural competencies across the curriculum, facilitating a level of depth in learning is needed. Focusing on specific regional cultures will provide resources for professional counselors to begin to understand and act in the communities they practice. Certification programs should be considered a piece of this puzzle as we continue to build upon social justice being the fifth force in counseling. Certification can bring an element of flexibility to a department by providing opportunities for students to learn in-depth about cultures while still attending to accreditation requirements that may limit the amount of time that can be spent on a specific content area. Additionally, a certification program would allow licensed professionals an opportunity to complete continuing education in a culturally-focused area. Providing counseling students and licensed professionals access to quality educational experiences may help move cultural competency to action and warrant additional research.

Research in this area could include three main areas. The first could look further into the existing opportunities professional counselor training programs are providing that support the inclusion of social justice. The second area of interest could lie in the experiences of counseling students and practicing professional counselors. Further development of the needs of professionals through survey research could further define specific content to include in the certification programs. The third area could address specific outcome measures on how certification programs impact the efficacy of counseling with various regional cultures. Qualitative studies looking at the experiences of culturally-diverse clients in counseling, as well as quantitative studies that track mental health utilization, could help inform the impact a bilingual counseling certification program may have on regional populations.

References

American Counseling Association. (2014). *ACA code of ethics*, Alexandria, VA. Retrieved from http://www.counseling.org/resources/aca-code-of-ethics.pdf
Arredondo, P., Gallardo-Cooper, M., Delgado-Romero, E. A., Zapata, A. L. (2014). *Culturally responsive counseling with Latinas/os*. Alexandria, VA: American Counseling Association.

- Arredondo-Dowd, P. M., & Gonsalves, J. (1980). Preparing culturally effective counselors. *The Personnel and Guidance Journal*, 58(10), 657–661.
- Bernal, G., & Sáez-Santiago, E. (2006). Culturally centered psychosocial interventions. *Journal of Community Psychology, 34,* 121-132.
- Biever, J. L., Gómez, J. P., González, C. G., & Patrizio, N. (2011). Psychological services to Spanish-speaking populations: A model curriculum for training competent professionals. *Training and Education in Professional Psychology*, 5, 81–87. doi:10.1037/a0023535
- Castaño, M. T., Biever, J. L., González, C. G., & Anderson, K. B. (2007). Challenges of providing mental health services in Spanish. *Professional Psychology, Research and Practice*, 38, 667–673.
- Chang, C. Y., Crethar, H. C., & Ratts, M. J. (2010). Social justice: A national imperative for counselor education and supervision. *Counselor Education & Supervision*, 50, 82–87.
- Constantine, M. G., Hage, S. M., Kindaichi, M. H., & Bryant, R. M. (2007). Social justice and multicultural issues: Implications for the practice and training of counselors and counseling psychologists. *Journal of Counseling and Development*, 85, 24–29.
- Council for Accreditation of Counseling and Related Educational Programs. (2009). *CACREP standards*. Retrieved from http://www.cacrep.org/template/index.cfm
- Crockett, L. J., Iturbide, M. I., Torres Stone, R. A., McGinley, M., Raffaelli, M., & Carlo, G. (2007). Acculturative stress, social support, and coping: Relations to cultural adjustment among Mexican American college students. *Journal of Cultural Diversity and Ethnic Minority Psychology*, 13, 347–355. doi:10.1037/1099-9809.13.4.347
- Delgado-Romero, E. A., Espino, M. M., Werther, E., & González, M. J. (2011). Building infrastructure through training and interdisciplinary collaboration. In L. P. Buki & L. M. Piedra (Eds.) *Creating infrastructures for Latino mental health* (pp. 139–155). New York, New York: Springer.
- Fosados, R., McClain, A., Ritt-Olson, A., Sussman, S., Soto, D., Baezconde-Garbanati, L., & Unger, J. B. (2007). The influence of acculturation on drug and alcohol use in a sample of adolescents. *Journal of Addictive Behavior*, *32*, 2990–3004.
- Fuertes, J. N. (2004). Supervision in bilingual counseling: service delivery, training, and research considerations. *Journal of Multicultural Counseling and Development*, 32, 84–94.
- Guitiérrez, V., Rafiee, C., Bartelma, E. K., & Guerra, V. (2010). *An English-Spanish manual for mental health professionals*. Lexington, KY: Authors.
- Kouyoumdijan, H., Zamboanga, B. L., & Hansen, B. (2003). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science and Practice*, 10, 394–422.
- Miranda, A. O., Bilot, J. M., Peluso, P. R., Berman, K., & Van Meek, L., G. (2006). Relevance of the connection among acculturation, family dynamics, and health for family counseling research and practice. *The Family Journal*, *14*, 268–273. doi:10.1177/1066480706287805

- Odegard, M. A., & Vereen, L. G. (2010). A grounded theory of counselor educators integrating social justice into their pedagogy. *Counselor Education & Supervision*, 50, 130–149.
- Pew Research Center. (2013). Unauthorized immigrants: how pew research counts them and what we know about them. *Pew Research Center*. Retrieved from http://www.pewresearch.org/2013/04/17/unauthorized-immigrants-how-pewresearch-counts-them-and-what-we-know-about-them/
- Ratts, M. J. (2009). Social justice counseling: Towards the development of a fifth force among counseling paradigms. *Journal of Humanistic Counseling, Education, and Development*, 48, 160–172.
- Remley, T. P., & Herlihy, B. (2010). *Ethical, legal, and professional issues in counseling* (3rd ed.). Upper Saddle River, NJ: Prentice Hall.
- Robinson-Wood, T. L. (2013). The convergence of race, ethnicity, and gender: Multiple identities in counseling (4th ed.). Boston, MA: Pearson Education, Inc.
- Yoon, E., Jung, K. R., Lee, R. M., & Felix-Mora, M, (2012). Validation of social connectedness in mainstream society and the ethnic community scales. *Cultural Diversity and Ethnic Minority Psychology*, 18, 64–73. doi:10.1037/a0026600
- Yakushko, O., & Chronister, K. M. (2005). Immigrant women and counseling: The invisible others. *Journal of Counseling & Development*, 83, 292–298.
- Zagelbaum, A. (2011). Working with Hispanic/Latino immigrant families. In A. Zagelbaum & J. Carlson (Eds.). *Working with immigrant families: A practical guide for counselors* (pp. 59–74). New York, NY: Taylor and Francis Group.

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