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Bridging Language Gaps in Mental Health Counseling Services in the United States: The Case for Spanish Language Training

Abstract: The rapid growth of the Spanish-speaking immigrant population in the United States underscores the need for culturally-appropriate and language-concordant mental health counseling services for Spanish speakers. Many in this population face barriers to accessing adequate mental health care, exacerbated by limited English proficiency and a shortage of bilingual mental health professionals. This article reviews the literature on counseling for Spanish speakers and discusses the critical need for Spanish language training among mental health workers to bridge these gaps and improve mental health services for this population. Additionally, it describes the development of an undergraduate certificate in Spanish for Counseling and Human Services at The College of New Jersey as a way to address the shortage of bilingual counselors. The program's structure, challenges, and future directions for expanding language and cultural competency training are discussed.

Keywords: languages for specific purposes, cultural humility, language appropriate care, language concordant care, Spanish for counseling, Spanish for mental health

Introduction

Access to health and well-being for oneself and one's family has long been recognized as a fundamental human right (United Nations, 1948). In 2015, world leaders adopted 17 United Nations Sustainable Development Goals (SDGs). Goal 3, "Good Health and Well-Being," calls for ensuring healthy lives and promoting "well-being for all at all ages" (United Nations, 2015, p. 14). SDG Target 3.4 specifically calls for reducing premature mortality from non-communicable diseases and promoting mental health and well-being (United Nations, 2015, p. 16). Nonetheless, Goodwin and Zaman (2023) argue that there is not sufficient attention paid to mental health and that "much more work is needed with regards to the SDGs in promoting societal mental health and wellbeing" (p.1). This assertion is supported by the United Nations Sustainable Development Goals Report (United Nations, 2025), which reiterates that mental health is "integral to our well-being," but also recognizes that there is still an "indisputable and urgent" need for action to promote and protect mental health. More than one billion people across the globe live with a mental health condition, and mental health stigma continues to contribute to negative mental health outcomes. Strategies exist that can be feasibly and affordably implemented to promote and protect mental health, yet all over the world health systems continue to be under-resourced, and inequalities and treatment gaps remain. Meeting global health targets by 2030 will require "a substantial intensification of efforts" to address inequalities, strengthen primary care and build inclusive health care systems, and ensure universal access to care (p. 12).

National realities, capacities, and levels of development notwithstanding, the Agenda for Sustainable Development (United Nations, 2015) is applicable to developed and developing countries alike. We would like to focus here on the need for action on SDG 3 in the United States, not only in developing countries. It may be true that “the number of specialized and general health workers dealing with mental health in low-income and middle-income countries is grossly insufficient” (World Health Organization, 2021, p. 8) but there are substantial barriers to quality mental health care in the United States as well. It is also important to keep in mind that in the United States language presents an additional challenge to accessing mental health care. According to the Pew Research Center (Kramer & Passell, 2025), in June, 2025, 51.9 million immigrants lived in the United States, comprising 15.4% of all US residents, down from a recent historic high of 15.8%. About 52% of all US immigrants (26.7 million people) were born in Latin America. A large percentage of immigrants who arrived after 2010 are not English-proficient and will likely encounter language barriers that impact their relationship with the health care and mental health care system in the United States.

The rapid growth of the Latin American population in the United States prior to 2025 underscores the critical need for language-concordant mental health counseling services for Spanish speakers. With Spanish spoken by over 40 million people in the United States, and 20% of Spanish-speaking households categorized as having Limited English Proficiency (LEP) (Dietrich & Hernandez, 2022, p. 9), the shortage of Spanish-speaking mental health professionals creates substantial barriers to care. Only 5.5% of psychologists in the United States can provide services in Spanish (Hamp et al., 2016), a gap that will likely widen given demographic projections. The US Latin American population, currently at 62.5 million (19% of the total population), is expected to reach 111.2 million by 2060 (Moslimani & Noe-Bustamante, 2023; Zong, 2022). The shortage of Spanish-speaking mental health professionals is particularly concerning as barriers caused by discrimination based on language and immigration status significantly limit Hispanic and Latino/a individuals’ access to mental health services.

Language-appropriate care demonstrably improves patient outcomes in medicine (Lor & Martínez, 2020; Ortega, 2018; Ortega et al., 2022; Ortega et al., 2023). The Principal Standard of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (U.S. Department of Health and Human Services, 2016) is: “Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.” These standards are intended to advance health equity and help eliminate health care disparities, recognizing that “health inequities are directly related to the existence of historical and current discrimination and social injustice.” According to the U.S. Department of Health and Human Services (HHS), “one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.” Schenker et al. (2008) discuss the widely-varying availability, accessibility, and quality of interpreter services among institutions, ranging from on-site professional interpreters to telephone or video interpreters to bilingual staff members. According to the U.S. Department of Health and Human Services Office for Civil Rights (2024), all medical facilities that receive federal funds are required to provide language access services free of charge, but institutional limitations may negatively affect the type and quality of interpreter services available. The scarcity of Spanish-language mental health and school counselors in the United States creates barriers to care, leading to poorer mental health outcomes for Spanish-speaking populations (Biever et al., 2011; Castaño et

al., 2007; Paone et al., 2010; Valencia-García & Montoya, 2018; Villalobos et al., 2016). Despite the existence of National Standards and the clear need for language-concordant care in both physical and mental health, professionals representative of this demographic group able to provide services in Spanish remain in short supply (Delgado Romero et al., 2018).

This documented shortage underscores the need for specialized training programs to prepare the next generation of Spanish-speaking mental health providers. Spanish proficiency alone is insufficient for effective therapy. Even counselors who speak Spanish fluently may lack confidence or competence in providing clinical services in Spanish without specialized training and supervision, and few comprehensive training programs exist to bridge this gap (Biever et al., 2011; Interiano-Shiverdecker et al., 2021; Ramírez & St. David, 2020; Trepal et al., 2019; Valencia-García & Montoya, 2018; Verdinelli & Biever, 2009).

Recent studies highlight the critical need for language and intercultural training for counselors (Seto & Forth, 2020; Valencia-García & Montoya, 2018), and advocate for a focus on developing “cultural humility” rather than merely “cultural competence” (Lekas et al., 2020). First described by Tervalon and Murray-García (1998) in the field of medicine, cultural humility emphasizes cultivating an attitude of openness, flexibility, and humility toward oneself and others. While the term “cultural competence” suggests an achievable endpoint of attaining “competence” in another culture, cultural humility is instead an ongoing, lifelong process of “self-reflection and self-critique” (Tervalon & Murray-García, 1998, p. 118). Cultural humility requires healthcare practitioners and institutions “to examine and identify their own patterns of unintentional and intentional racism, classism, and homophobia” (Tervalon & Murray-García, 1998, p. 120). The pivot towards cultural humility is widely considered a watershed paradigm shift, since it “reframe[s] competence in terms of dispositions rather than in terms of knowledge or skills.” It is characterized by “a persistent disposition to learn”, the recognition of “power asymmetries that occur in provider-patient relationships,” and “institutions that hold themselves accountable for generating these durable dispositions” (Martínez, 2020, p.9).

The concept of cultural humility has expanded beyond physical medicine, becoming a central tenet in both social work and counseling. Professional organizations have incorporated cultural humility as an ethical framework for their practitioners. For instance, the American Counseling Association’s (ACA) “Multicultural and Social Justice Competencies for Counselors” (MSJCC) (2015) puts forth “a framework to implement multicultural and social justice competencies into counseling theories, practices, and research” (p. 3), emphasizing the need for counselors to be self-aware, flexible, and humble in their attitudes, beliefs, knowledge, skills, and actions. These MSJCC competencies reflect Tervalon and Murray-García’s call for “redressing power imbalances in the physician-patient dynamic, and ... developing nonpaternalistic partnerships” (1998, p. 123) by asking counselors to develop awareness of both their own and their clients’ various privileged and marginalized identities, recognizing how multiple, intersecting identities shape therapeutic relationships, perceptions, and interventions (p.4). The ACA also advocates for establishing non-hierarchical relationships between practitioners and clients, creating space for counselors to listen and learn from clients, focusing on clients’ and communities’ strengths rather than deficits, and making clients equal partners in treatment planning.

While researchers like Martínez (2020) and Ortega (2015) have advocated extensively for the importance of cultural humility and Spanish language training in medicine, few specialized curricula or classes exist for Spanish for mental health or school counselors. Only nine bilingual certificates exist within graduate counseling programs accredited by the US Council for

Accreditation of Counseling and Related Educational Programs (CACREP). Only three programs offer training for both clinical mental health and school counselors. This shortage extends to undergraduate education, where few US institutions offer classes in Spanish for psychology, counseling, or social work (Delgado-Romero et al., 2018; Estrada et al., 2018; Interiano-Shiverdecker et al., 2021; Ramírez & St. David, 2021). One notable exception is the longstanding Psychological Services for Spanish-Speaking Populations (PSSSP) training program developed in 1997 by Biever et al. (2011) at Our Lady of the Lake University in San Antonio, Texas, within their master's and doctoral counseling psychology programs, both accredited by the American Psychological Association (APA). The PSSSP program develops clinical Spanish language competencies through structured coursework and supervised practice. In 2003, a supplemental stand-alone 16-week program for participants from other universities and agencies was initiated.

Drawing inspiration from these efforts, and recognizing our undergraduate students' interest in developing Spanish language skills for counseling, this article presents a first step in addressing the critical need for Spanish-speaking mental health and school counseling professionals—the creation of an undergraduate certificate program in Spanish for Counseling and Human Services at The College of New Jersey (TCNJ), a public state college serving approximately 7,500 full-time students. This program represents a structured approach to the early development of the Spanish language skills and cultural humility future mental health professionals and school counselors will need. Drawing from best practices in the field of languages for specific purposes (LSP), our curriculum integrates language acquisition with specialized content in mental health counseling services. In this article, we first discuss barriers to language-concordant mental health services facing Spanish-speaking clients. Next, we present our curricular response, combining language acquisition with specialized language and intercultural content for future mental health and school counselors. Finally, we discuss program limitations, future directions, and broader implications for LSP education. By sharing our program's structure and challenges, we aim to provide an adaptable model for institutions seeking to expand language training for future mental health and school counselors and human services workers.

Barriers to Mental Health Care for US Spanish Speakers

Faced with prevalent acculturative stress caused by immigration, racism, and other systemic issues, US Spanish-speaking immigrant populations continue to confront significant obstacles in accessing adequate mental and physical healthcare (Twersky et al., 2024; Miller De Rutté & Rubenstein, 2021; Delgado-Romero et al., 2018). In 2021, only 36% of this population received mental health counseling services compared to 52% of non-Hispanic Whites (SAMHSA, 2023). In addition, the uninsured rate for immigrants with emergent English (21%) is double that of English-proficient immigrants (Rao et al., 2024). These disparities are particularly acute for monolingual Spanish speakers, who often live in areas with limited access to mental health counseling services (Dietrich & Hernandez, 2022). This wide-ranging, disparate access to services places US Spanish speakers at a disadvantage, potentially leading to neglect of their mental and physical health. If they receive services at all, they have restricted treatment options and may receive treatment in their nondominant language, utilize an interpreter, or be placed on a lengthy waitlist for bilingual services (Castaño et al., 2007; Biever et al., 2011). Another problem lies in the perceived stigma regarding mental health counseling among many

US Spanish-speakers (Kouyoumdjian et al., 2003; Rastogi et al., 2012). A study by Keyes et al., (2012) found that respondents with both a stronger ethnic identity and preference for Spanish language use tended to underutilize mental health services regardless of their age, income level, insurance, symptom severity, or years living in the United States.

Complexities of the US Hispanic and Latino/a Population

There is no universally accepted term to describe the US Spanish-speaking population. The terms *Hispanic*, *Latino*, *Latinx* and *Latine* are all either government or academic creations, each carries specific historical, political, and cultural implications, and none is accepted across all of the populations they seek to encompass (Noe-Bustamante et al., 2024). Regardless, the development of culturally-responsive mental health counseling must recognize the heterogeneity of Hispanic and Latino identities from 22 Spanish-speaking nations of origin, encompassing diverse immigration histories, acculturation levels, socioeconomic factors, and identity preferences (Lipski, 2008). A recent meta-review of 32 prior studies on the impacts of acculturative stress on mental health (Miller De Rutté & Rubenstein, 2021) confirms that little mental health research acknowledges this diversity. Most of the studies (81.2%) concluded that increased acculturative stress had a significant relationship with greater mental health issues. But they also grouped nationalities of Spanish-speakers together, possibly resulting in “a high risk of improper assumptions” being made (p. 450) when crucial variations in nationality, gender identity, immigration status, and racial identities are overlooked.

Providing Language Equity in Mental Health Services

Language barriers represent more than just communication challenges. They fundamentally shape health outcomes such that language can be understood as “one of the most significant (and yet underexplored) social determinants of health in underserved linguistic minority communities” (Showstack et al., 2019). According to HHS, social determinants of health are the conditions in living and working environments “that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” They are grouped across five domains: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context (U.S. Department of Health and Human Services, 2020). Because social determinants of health are increasingly recognized as relevant in mental health access, research and training are crucial in developing counselors’ language and intercultural skills (Allen et al., 2014). While this understanding has generated extensive literature on medical Spanish, such as the many studies reported in Martínez (2020), research on language-related disparities in mental health counseling services remains limited. The impact of these disparities is evident in recent trends. Between 2014 and 2019, despite a growing number of LEP Spanish-speakers nationwide, 44 states experienced a 17.8% reduction in facilities providing Spanish-language mental health services (Pro et al., 2022). Understanding this service reduction requires examining language access within a broader framework of mental health equity.

Language differences between clients and counselors can lead to miscommunications and mistrust, incomplete sharing of personal information (even through an interpreter), and challenges in establishing rapport, expressing empathy, and demonstrating cultural humility. These factors can negatively impact service delivery, result in misdiagnoses, and hinder

therapeutic relationships (Castaño, et al., 2007; Biever et al., 2011; Villalobos et al., 2016). Considering the sensitivity of subjects discussed in therapeutic settings, ethically, clients should not be expected to communicate in their nondominant language or to rely on untrained interpreters in school counseling or mental health settings (Paone et al., 2010).

To create greater understanding of the experiences of LEP Spanish-speakers in the United States, more research on the intersection of linguistic and ethnic identity, and access to and use of mental healthcare services is needed. However, rather than treating Spanish speakers as a monolith, it should account for the heterogeneity of this population and the linguistic diversity of Spanish spoken in the United States. Another step towards creating language equity lies in rethinking use of the term “limited English proficiency.” According to Ortega et al. (2022), its very use is potentially ethnocentric, in part because the notion of language assistance “presupposes a deficit or a handicap that must be remedied” (p.800), and because it focuses only on “the language limitations of patients but is seldom applied to the language abilities of clinicians” (p. 801). Ortega and her colleagues argue that replacing the term LEP with the term “non-English language preference” (NELP) is more patient-centered, is not based on the attitude of superiority of one group over another, and recognizes the variety of languages in the United States and how languages are used in different situations. Valle Coto et al. (2024) take this idea further, arguing that all future clinicians should be exposed to a language equity curriculum as part of their pre-clinical education. Such a curriculum would make them aware of the relationship between the linguistic diversity of US populations, health equity and related ethical issues, help them reflect on healthcare provider language proficiency skills, including their own, and prepare them to work with medical interpreters. We agree with this assessment, and believe that with minor modifications, we can expand our course content to include key elements of this language equity curriculum in all our certificate programs, including Counseling and Human Services.

Designing an Undergraduate Certificate in Spanish for Counseling & Human Services

The need to equip our future counseling and human services providers with the linguistic and intercultural skills to support diverse client populations presented an opportunity for us to create an innovative certificate program at our institution. Our primarily undergraduate state college also has several graduate programs, including a CACREP-accredited counselor education program with master’s level tracks in clinical mental health and school counseling. Students in both tracks are license-eligible upon program completion.

Our professional Spanish certificates emerged from our department's experience with specialized language programs. In 2007, following repeated requests from students in our seven-year medical program, we created a Medical Spanish course. We subsequently developed a Spanish/English medical interpreting course. Together, these two courses form the core of our Spanish for Healthcare Professionals certificate. Building on the success of these courses, we launched a comprehensive Professional Spanish Certificate Program in 2022, which has revitalized enrollment in upper-level language courses. We now serve more students in our certificate programs (111) as in our Spanish major (including dual majors) (49) and minor (50) combined, including Spanish for Healthcare (27), Spanish for Law and Justice (39), Spanish for Counseling and Human Services (27), and Business Spanish (18). Each certificate draws students from other academic majors. For example, the Spanish for Counseling and Human Services certificate attracts students from Psychology—which, with 760 students, is our institution’s

largest major—who aspire to become psychologists, social workers, and mental health or school counselors.

The certificate program consists of three intermediate-level language classes, as shown in Table 1.

Table 1

Required courses for the Certificate in Spanish for Counseling & Human Services

Required Core Courses: Certificate in Spanish for Counseling & Human Services
SPA 203 Intermediate Oral Proficiency or SPA 210 Spanish for Heritage Speakers, or credit by examination
SPA 219 Spanish for Medical Purposes
SPA 228 Spanish for Law, Justice, and Human Services

Note: SPA 219 and SPA 228 may be taken in any order.

The courses are aligned with American Council on the Teaching of Foreign Languages (ACTFL) standards. At entry, students must demonstrate at least intermediate-low proficiency through ACTFL Oral Proficiency Interviews, showing they can handle straightforward social situations and create with the language by combining known elements. The program develops these skills toward advanced proficiency, enabling speakers to engage in formal and informal conversations on community topics, narrate across major time frames, and handle unexpected situations (American Council on the Teaching of Foreign Languages, 2024). As of 2026, the certificate program is only two years old, but has seen substantial demand, with enrollments of 17-25 students per class. Our language instruction classes are considered fully enrolled at 24 students. SPA 228, the Spanish for Law, Justice, and Human Services course, is a core requirement for two certificates: Spanish for Law & Justice Practitioners and Spanish for Counseling & Human Services. We offered a single section of this course in 2022 and 2023, but in 2024 and 2025 offered two sections in the fall and one in the spring, all fully enrolled with 23-25 students. We also added an additional section of Spanish for Heritage Students every semester since the certificates began.

The classes in our Certificate in Spanish for Counseling and Human Services focus on developing Spanish speaking and listening skills, cultural understanding and humility, historical knowledge, and social justice awareness, in part by drawing from other established curricula. These include Ortega (2015) and Martínez (2020), medical Spanish curricula for building empathy and deep ethical listening. Abbott & Martínez's (2018) curricula for community-engaged experiences help to raise awareness of the varied experiences of Spanish-speaking populations, and graduate curricula in Spanish for psychology, emphasizing both language proficiency and deep listening skills (Biever et al., 2011).

Through our Law and Justice, Healthcare, and Counseling and Human Services certificate programs, students partner with local community organizations in various capacities. This community engagement is not necessarily geared towards a specific topic area, but rather presents students the opportunity to develop a firsthand understanding of the Spanish-speaking clients' often-intersecting mental health, physical health, legal, and social service needs. Our primary partnership with the Eastern Service Workers Association (ESWA) Trenton affiliate,

exemplifies how academic learning can meaningfully intersect with students' future career and advocacy goals. Dedicated to supporting workers in essential service industries, ESWA works to combat unjust labor practices and lessen wage disparities, and offers medical and legal services and housing advocacy to the community, free of charge. Students enrolled in the Spanish for Counseling and Human Services certificate program are required to volunteer at two ESWA-Trenton events each semester, helping with medical interpretation at a community clinic, clothing and food distributions, and door-to-door canvassing for community needs assessment. Many students opt to participate in activities with this organization beyond those required for the certificate.

Description of Required Courses for the Spanish for Counseling & Human Services Certificate

In all our certificate programs, the first required course is either Intermediate Oral Proficiency for Non-Native Spanish Speakers or a parallel course, Spanish for Heritage Speakers. Intermediate Oral Proficiency focuses on developing speaking skills to at least the ACTFL intermediate-mid level, in preparation for specialized professionally-oriented courses. All students in our Spanish for Heritage Speakers course have tested at or above the intermediate-mid ACTFL level. This course helps build heritage students' linguistic confidence by focusing on the linguistic diversity of Spanish, including variants spoken in Latin America and the United States. It aims to enhance students' use of Spanish in formal and professional settings, with a focus on stylistic variations that might be applied across different genres of spoken and written language.

As seen in Table 1 above, the two remaining requirements can be taken in any order. The Medical Spanish course is an intermediate/advanced class that equips future health care and mental health care professionals with the language skills necessary to serve Spanish-speaking communities. The content focuses on both physical health, especially on conditions and disorders (e.g., diabetes) that are disproportionately prevalent among Hispanic and Latino patients, and mental health and wellness. Through readings and class discussions aimed at developing cultural humility, students gain awareness of the need for providing linguistically and culturally concordant health services for Spanish-speaking populations. Consistent with this focus, and in accordance with Martínez (2020), this course also emphasizes ethical listening and social justice awareness, and prepares students to recognize, address, and remedy health and communicative inequities in their future practice. The concepts of cultural humility, culturally appropriate healthcare, inequities in the delivery of healthcare services to underrepresented populations, and social determinants of health are interwoven throughout the presentation and practice of course materials. Also cited by Martínez (2020), the concept of *raciolinguistics* (Rosa, 2019) is useful in discussing how the intersection of language and racial hierarchies contributes to disparities in patient care for Spanish-speaking patients. The "reification of the white listening subject found in deficit perspectives often used to describe the linguistic practices of students categorized as long-term English learners" (Flores and Rosa, 2015, p. 156) has striking parallels in medical culture in the United States. First, according to Wilbur et al. (2020), 82% of White Americans have a physician of their same race or ethnicity, but this is true only for 26% of Latinos. Recent figures from the Association of American Medical Colleges (Balch, 2023) indicate that Latinos remain underrepresented among both healthcare faculty and active physicians. Related to this, as Tervalon and Murray-García (1998, pp. 118-119) point out, is the false sense of security that

comes from taking “a course [. . .] in cross-cultural medicine” (i.e., building cultural competence, not cultural humility), causing the healthcare provider to overestimate their own cultural expertise, stereotype the patient’s experience, and ignore the patient’s present reality. Taylor (2013) argues that the problem is even larger, one not stemming from cultural differences, but from the culture of medicine itself. It is a culture in which “real” competence and “cultural” competence are mutually exclusive. Rather than acquiring cultural humility, future physicians demonstrate competence by crafting clinical narratives that systematically discount the patient’s narrative.

Thus, key features of the Medical Spanish course include building applied skills, but also a focus on the racial and cultural issues that create disparities for minority populations navigating an overwhelmingly white medical system. Below, we provide just a few examples of the readings and discussions that students engage in throughout the course to keep the focus on these issues. Velasco-Mondragon et al. (2016) is a meta-study that assesses the health status and needs of Hispanics in the United States through a social-ecological framework, focusing on social determinants of health, health disparities, risk factors, and health services. It shows that Hispanic patients face challenges and obstacles to healthcare access due to limited cultural sensitivity, limited health literacy, a shortage of Hispanic health care providers, acculturation barriers and under- or uninsured status. Multiple gaps in the knowledge needed to improve Hispanic health exist because available cross-sectional studies lack a targeted approach to demographic, ethnic, and cultural sub groups, and obscure “focalized health disparities and inequalities” (p. 27). Students also see that similar and additional barriers to comprehensive, affordable, and culturally and linguistically competent health care affect immigrant, homeless, and migrant children (American Academy of Pediatrics Committee on Community Health Services, 2005). This policy paper from the American Academy of Pediatrics offers actionable recommendations, the most important being that: “knowledge, attitude, and skill development in cultural and linguistic competence should be a part of every pediatrician’s professional agenda” (p. 1098). Juckett (2013) also emphasizes the barriers, including language and different cultural beliefs, that “have resulted in striking disparities in quality of health care” (p. 48). Juckett argues that physicians “must be sensitive to Latino cultural values” (p. 48) and discusses straightforward techniques that can help facilitate cross-cultural interviews and overcome cultural barriers.

In addition to these larger cultural and structural issues, we focus on applied skill-building, including comprehensive vocabulary and content development covering diseases and mental health disorders that are most prevalent among the various US Spanish-speaking populations. We develop patient interviewing techniques and the ability to talk about illnesses and disorders, both physical and mental, through situational role plays and guided in-person and virtual interviews with native Spanish speakers. In addition, we engage with diverse Spanish-language materials, including videos from trustworthy medical websites such as the National Institute of Health and Mayo Clinic, informational materials (e.g., from the Center for Disease Control and Prevention), and articles from newspapers and professional journals. Students create a final public health project that examines factors impacting physical and mental health outcomes for US Spanish speakers, and proposes ways to improve medical literacy and access to services among the affected populations.

The most recent iteration of the Medical Spanish course has incorporated a comprehensive unit that examines the following: emotional injuries and their possible causes and treatments; mental illnesses and disorders that most affect US Hispanic populations, their possible causes, associated cultural nuances, and most common treatments; and different

addictive disorders, such as gambling and substance abuse and dependence, including overuse of alcohol and/or drugs. This course and our medical interpreting course draw from national standards and frameworks, including the CLAS standards referenced above. These provide a powerful framework for improving care for underserved communities, although they may be underutilized by many healthcare organizations due to a lack of awareness, a lack of buy-in from the organizational leadership, improperly trained staff, or inconsistent accountability measures (Barksdale, 2017; Mellinger, 2022). The CLAS Standards are directed primarily at healthcare organizations, who should apply them in partnership with the communities served, but individual providers are encouraged to use them “to make their practices more culturally and linguistically accessible” (International Medical Interpreters Association, n.d.), for example, by providing easy-to-understand print and multimedia materials and signage in the languages of the populations served, creating easy-to-fill-out forms and offering assistance to complete them, compensating community members who help translate and review materials, and testing these materials with target audiences to ensure they are linguistically and culturally appropriate.

As indicated above, we offer Spanish/English Medical Interpreting as part of the Spanish for Healthcare Certificate. In this course, students further expand their ability to read and understand Spanish-language healthcare texts, and to discuss the causes, risk factors, symptoms, diagnosis, treatment, and prevention of common medical problems in Spanish. The course explores the complexity of delivering culturally and linguistically appropriate health care that the CLAS Standards aim to promote. Students continue to focus on the cultural and linguistic aspects of treating Spanish-speaking US populations, and become familiar with and discuss the Standards, Interpreting Protocols, and Code of Ethics of the International Medical Interpreters Association (IMIA), paying particular attention to their implications for them as future medical professionals or bilingual interpreters. Through self-critiques of weekly medical interpretations students learn to evaluate their own interpretation skills, identifying areas for continued practice. While the focus of this course is Medical Spanish and Medical Interpreting, many of the concepts and techniques studied apply across our certificates. For example, interpretation protocols are the same for both medical and counseling interactions. Indeed, even for the Medical Interpreting class, the best depiction we have found of how to implement the protocols is a two-part video of a school counseling situation (Clarity Interpreting, 2012 a, b). A parallel course with a focus on counseling and human services could be created in the future.

Course Description: Spanish for Law, Justice and Human Services

The remaining requirement for the Counseling and Human Services Certificate is our Spanish for Law, Justice, and Human Services course (see Table 1). From a linguistic standpoint, this course develops Spanish language narration in all major time frames, circumlocution, expressing opinions, handling a situation with a complication, asking and answering questions, and improving listening comprehension—all skills that will help students effectively interact with Spanish-speaking clients. Through readings, films, and discussion, the class addresses difficult topics including trauma, adapting to cultural differences in the United States., mental health, immigration law, immigration experiences, domestic violence, addiction, and emergency response, among others. This course, also required for the Spanish for Law and Justice certificate, addresses issues related to the mistrust among certain Latin American populations of the police and the criminal justice systems in the United States and Latin America. By combining legal, mental health, and counseling content, it allows for greater understanding of the challenges

facing Spanish-speaking immigrants in the United States and of available support and intervention in legal, social work, and mental health-oriented settings.

Finding adequate materials for the course was difficult. Many Spanish for Law Enforcement textbooks reinforce the harmful stereotypes about Spanish-speakers that the class hopes to challenge. Swazo's *The Bilingual Counselor's Guide to Spanish* (2013) provides content for in-class clinical role-plays and intake assessment, but the linguistic level of the textbook is too basic for intermediate/advanced Spanish learners, at the same time that the subject matter itself, such as scenarios involving suicidal ideation or trauma counseling, can be too conceptually and emotionally complex, especially for undergraduate students. This apparent contradiction highlights a challenge in teaching LSP classes: finding materials that align students' language proficiency with the cognitive and ethical demands of professional content. Ultimately, since there was no level- and content-appropriate textbook for the class, the instructor developed course content using authentic materials such as websites, films, webinars and documentary series.

The Healing Ethno-Racial Trauma (HEART) Framework (Chávez-Dueñas et al., 2019) offers a strengths-based approach to understanding and healing from the systemic challenges faced by US Spanish speakers, including labor discrimination, racism, and the difficulties associated with immigration. It provides a conceptual structure for the course and aligns with the emphasis of Martínez (2020) on cultural humility in the Medical Spanish classroom. It promotes listening and learning without preconceptions about others' values and lived experiences, and helps students see clients as complex individuals. The framework also highlights how systemic challenges—including US immigration policies—impact clients' lives. Failure to acknowledge these factors risks invalidating clients' experiences and creating barriers to open communication within the therapeutic relationship.

Much of the mental health content in our Spanish for Counseling courses addresses advocacy for immigrants living in the United States, with special attention to undocumented populations. This content is delivered through authentic materials including films, series, and websites that expose students to real-world language and contexts. The course builds both specialized vocabulary and cultural understanding across numerous domains. For each topic area, students develop specialized vocabulary, practice appropriate interventions through role-plays, analyze authentic materials, and discuss cultural adaptations necessary for effective counseling with Spanish-speaking clients. Throughout all content areas, the curriculum emphasizes cultural sensitivity and acknowledgement of the diversity within Spanish-speaking communities, and builds students' capacity to provide linguistically and culturally appropriate mental health and school counseling to future clients. Thematic units of the courses appear in Table 2 below.

Table 2*Spanish for Law, Justice, and Human Services Thematic Units*

Thematic Unit	Content Focus	Language Skill Building: Vocabulary/Terminology...
Latin American Cultures and Family Systems	Cultural norms, family structures, culturally sensitive mental health approaches	. . .for cultural concepts, family relationships, culturally appropriate counseling terminology
Identity and Discrimination	Complex identity aspects including gender expression/sexuality; mental health impacts of discrimination	. . .for discussing identity, discrimination experiences, and related psychological effects
Mental Health Stigmas and Generational Differences	Cultural attitudes toward mental health across generations, traditional beliefs, religious perspectives	. . .for discussing stigma, generational differences, and strategies for addressing resistance to treatment
Immigration and Labor Issues	Psychological effects of labor exploitation, immigration challenges, resources for undocumented Americans	. . .related to migration experiences, work environments, and legal status concerns
Emotional Assessment	Recognition and evaluation of emotional states and disorders	. . .for emotions and emotional disorders; practice with feelings wheels in Spanish, role-playing intake scenarios
Adverse Childhood Experiences (ACEs)	Long-term impacts on mental health, particularly for immigrant children	. . .for discussing childhood trauma; evidence-based interventions to discuss cultural strength and resilience
Historical Trauma	Long-term mental health impacts of political violence using examples from Mexico and Argentina	. . .for discussing historical events, collective trauma, cultural strength and resilience
Trauma-Informed Care	Culturally sensitive approaches to trauma treatment and barriers to mental health care	. . .for trauma responses, treatment modalities, and trauma-informed interventions
Emotional Regulation	Managing stress after disasters and supporting people with traumatic stress	. . .for coping strategies, stress responses, and crisis intervention techniques
Positive Psychology	Well-being frameworks from Positive Psychology	. . .for discussing happiness, meaning, engagement, and positive relationships
Wellness and Self-Care	Mindfulness and stress management techniques for clients and practitioners	. . .for self-care practices, mindfulness concepts, and preventative mental health strategies

The presentation and practice of grammatical structures needed for each theme unfolds organically each time the course is taught. Building into the syllabus a series of predetermined grammar points that do not take into account what our learners are already capable of doing with language has repeatedly proven both unproductive and of little interest to our students. Thus, for example, if in order to assess client emotions counselors require an adequate control of the differences between the indicative and subjunctive moods, we would review the necessary structures as the need becomes apparent and present a variety of practical exercises that respond to the different learning styles identified among students in the cohort in question.

Thomas (2020) emphasizes how language influences the way we think about immigration. Immigrants in the United States today are described as “killers, rapists, and drug dealers” by the national leadership (The White House, 2025). According to Thomas, phrases such as “flood,” “tidal wave,” “invasion,” or “ocean” of immigrants, are frequently used “in public discourse about Latinx immigration in particular,” which creates the perception that “the White, Eurocentric society of the United States” will be “drowned,” “overwhelmed,” and “diluted” (p. 276). This rhetoric rarely makes any distinction between documented and undocumented immigrants, refugees, and asylum-seekers. In contrast to this anti-immigrant narrative, an alternate, humanitarian perspective helps students to see that immigrants to the United States face great peril and risk of physical injury, including rape and murder, as they are driven on desperate journeys by “poverty, political oppression, civil or international conflicts, violence, and environmental destruction” (p. 286). There also is little empirical evidence that immigration causes economic harm to the United States or to native-born Americans, or that immigrants receive disproportionate public benefits or fail to pay taxes (Hirschman, 2014).

Films, series, and documentaries viewed outside of class help fill gaps in the curriculum by building student empathy toward immigrants' situations and helping them understand the complex, often contradictory immigration laws that immigrants must navigate. Many address the mental health impacts of legal uncertainty and systemic injustices, providing content relevant to both law and justice and counseling contexts. One such example is the six-part Netflix documentary series *Living Undocumented* (Saidman & Chai, 2019), which follows eight undocumented families, from six different countries living in six different US states. The fear of deportation and family separation is a constant in the families' daily lives due to their immigration status and unpredictable changes to immigration laws and policies. Expert commentary from immigration attorneys, advocates and journalists in the documentary helps explain the workings of an immigration system that is complicated, intimidating, and difficult to navigate. In addition, firsthand immigrant narratives such as *Living Undocumented* are “particularly impactful with humanizing the experiences of immigrants as well as conveying the complexities of trauma” (Estrada & Arana, 2025, p. 9).

The course also features films that examine the fight for social justice from the perspective of common citizens in Mexico: *Una película de policías* [A Cop Movie] (Ruizpalacios, 2021), *Las tres muertes de Marisela Escobedo* [The Three Deaths of Marisela Escobedo] (Osorio, 2020), *Duda razonable* [Reasonable Doubt] (Gómez, et al., 2021), and *Somos* [We Are] (Curiel & Chenillo, 2021). *Somos* is based on the 2017 Pro-Publica account of a 2011 massacre in the Mexican border town of Allende for which the US Government was largely responsible. Leaders of the *Zetas* drug cartel discovered that members of one of their cells were cooperating with agents of the US Drug Enforcement Agency (DEA), providing them with secret PIN codes that allowed the DEA to track the mobile phones of top *Zetas* leaders. A “wave of killings was unleashed” after DEA agents shared the PIN codes with the Sensitive Investigative

Unit (SIU), a specially trained, US-funded intelligence unit, which had a “record of leaking information to violent and powerful drug traffickers” (Thompson, 2017). Multiple class periods are spent discussing this six-part series as it integrates many of the class themes (domestic and gender-based violence, trauma, femicide, substance-use disorders, the challenges faced by first responders in Mexico, the need for cultural humility, and challenges in the relationship between the United States and Mexico). One complication of the course is balancing students’ well-being with the difficult topics presented. Many of these films depict intense situations that could trigger racial trauma, including, but not limited to, instances of microaggressions, covert and overt racism, discrimination, and prejudice (Chavez-Dueñas et al., 2019). Students who find the films or course content too emotionally challenging are presented with alternate, less emotionally difficult films to watch or readings about the same events. Many students report that it is less difficult to read about the events than to watch them.

In class, students regularly utilize written materials from mental health organizations serving Spanish-speaking populations to create small-group mini-presentations. These help students develop specialized vocabulary and presentational skills in Spanish while exposing them to authentic resources they might use in future professional settings. Students also watch webinars in Spanish, conduct interviews, and participate in role-plays, enhancing their linguistic and cultural competence and social justice awareness to help them effectively work with Spanish-speaking populations as social workers, and mental health and school counselors. Spanish-language websites, multimedia presentations, and webinars from various organizations, with topics that include, among others, mental health disorders, trauma-informed mental health care, and mental health care for undocumented immigrants, unaccompanied minors, and farm workers, help to address the lack of available Spanish textbooks for mental health. Exploring this varied content helps students learn to identify potentially useful resources for their future professional practice, while also developing the ability to assess materials for cultural sensitivity and linguistic appropriateness. A comprehensive list of organizations whose materials are regularly incorporated into the curriculum appears in Appendix A.

Preliminary Assessment of our Spanish for Counseling & Human Services Certificate Program

To assess the effectiveness of our Spanish for Counseling and Human Services certificate program, we administered an anonymous Qualtrics survey in May, 2025 (see Appendix B). As previously stated, SPA 228, the Spanish for Law, Justice, and Human Services course, is a core requirement for two certificates: Spanish for Law and Justice Practitioners and Spanish for Counseling and Human Services. The survey was shared via email with students who had completed Spanish for Law, Justice, and Human Services (SPA 228) since its first offering in Fall 2022, but who were not enrolled in our Spanish for Law and Justice Practitioners certificate. Of 76 eligible participants, 42 completed the survey, a 55% response rate. Respondents ranged in age from 18 to 34 years, with an average age of 21.1 years and strong representation from Hispanic/Latino students (59.5%). 85.7% identified as women/female, reflecting the predominantly female enrollment typical of our language and counseling-related courses, 9.5% as men/male, and 4.8% as non-binary/genderqueer/gender-fluid. The most popular academic majors were psychology (38%), education (14.3%), and criminology (11.9%), with most education students pursuing a double-major with Spanish. Respondents’ most common intended profession was mental health (33.3% of the students listed mental health alone or in combination

with other fields). When combined with related fields like social work (21.4%), and other human services (23.8%), over half of the students are pursuing careers where Spanish proficiency would be directly applicable to counseling and mental health services.

Student feedback about the overall course experience was overwhelmingly positive. Many respondents expressed strong enthusiasm for both the content and its impact on their personal and professional development, with their open-ended comments suggesting that the certificate is valuable for students across majors seeking to develop cultural competency and language skills for their future careers. Results show that the course content strongly aligns with students' professional goals, as 80.5% of respondents rated the course content as "extremely" or "very" relevant to their future careers, with nearly half (43.9%) selecting the highest rating. Students identified documentary films and series as the most helpful component (90%), followed by class discussions (72.5%) and Spanish mental health terminology (70%). The positive response to community engagement (60%) and clinical role-play practice (45%) demonstrates student preference for experiential learning. Audio blogs ranked lowest (22.5%), confirming students' desire for more interactive rather than passive learning activities.

All respondents (100%) reported increased knowledge about social and political conditions in Latin America. Nearly all (93.3%) enhanced their understanding of Latin American countries and cultures, while 90% developed increased empathy for hardships others face, a critical component of cultural humility in counseling practice. Equally significant, 90% of students stated they gained deeper knowledge about immigration processes and difficulties. Responses suggest that the course successfully developed specialized vocabulary skills, with 83.3% improving their Spanish legal terminology and 73.3% their Spanish mental health vocabulary. 90.6% reported moderate to significant improvement in their Spanish proficiency, with nearly equal numbers experiencing significant (43.8%) and moderate (46.9%) gains. Only 6.3% reported no noticeable improvement.

Twenty-nine students answered open-ended questions about community engagement and the effect of the class on their career plans. As a result of ongoing engagement with our primary community partner, Eastern Service Workers Association, respondents reported increased interest in bilingual education and immigration law, and enhanced perspectives on their role as future counseling professionals. Ten respondents reported having greater awareness of and empathy for immigrants, 15 expressed greater interest in advocacy or community engagement, five reported more recognition of critical gaps in services for Spanish speakers, and four students indicated that the class had influenced their chosen career, whether in immigration law, English as a Second Language teaching, policy work, or humanitarian services or social work.

A small number of respondents made suggestions for improving the course; five would have preferred less of a legal focus and more of a mental health/counseling focus, and two requested more mental health role-plays during the semester. Although these numbers are modest, they suggest an interest in more mental health content in Spanish courses and bolster our plans to offer a course specifically focused on Spanish for mental health and school counseling to provide more dedicated counseling-focused content and clinical role-plays.

Our Current Program: Limitations and Future Directions

Our certificate in Spanish for Counseling and Human Services provides a useful first step toward more Spanish language training for future counselors, but limitations remain. First, to

ensure that our classes are fully enrolled and can continue to be offered, three of the certificate programs are forced to share two of the upper-level courses, as shown in Table 3.

Table 3

Required courses for the LSP certificate programs in Spanish

Spanish for Law & Justice Practitioners	Spanish for Healthcare Professionals	Spanish for Counseling & Human Services
Required Core Classes: SPA 203 Intermediate Oral Proficiency or SPA 210 Spanish for Heritage Speakers, or credit by examination		
SPA 228 Spanish for Law, Justice, and Human Services	SPA 219 Spanish for Medical Purposes	SPA 219 Spanish for Medical Purposes
WLC 238 (in English) Latin American Cultural Perspectives Or SPA 216 Current Events or SPA 217 Intro to Hispanic Cultures	SPA 319 English/Spanish Medical Interpreting	SPA 228 Spanish for Law, Justice, and Human Services

This presents some advantages, since both shared courses contain mental health content, and develop language proficiency, cultural humility and an understanding of the barriers that US Spanish speakers face. However, the disadvantage is that there is currently no single course dedicated only to training in Spanish for mental health and school counselors.

This gap highlights the need for a future Spanish course to cover valuable content in the field of mental health and school counseling, which could be cross listed as a graduate counseling class. We plan to address this gap by offering a new, specialized course, Spanish for Mental Health and School Counseling, that could be cross-listed to serve both upper-level undergraduate and graduate students in TCNJ's Mental Health and School Counseling master's program. It will dedicate substantial time to counseling-specific topics and practice missing from the other classes. For example, immersive clinical role-plays conducted in Spanish will allow students to enhance their professional language fluency and refine essential counseling skills such as establishing trust and rapport with clients, formulating open-ended questions, reflecting meaning, and paraphrasing complex client narratives. Students can also practice the vocabulary needed to conduct intake assessments, explain the limits of confidentiality, administer common evaluations, and describe symptoms and treatment plans. They will acquire the vocabulary necessary to help clients discuss their feelings and emotions, and practice common interventions like cognitive behavioral therapy, dialectical behavior therapy, and group counseling techniques. Students will also learn the basics of working with an in-person, telephone, or online interpreter and learn to manage potential ethical dilemmas that might arise during interpreter-mediated therapy or school counseling sessions. The Code of Ethics (International Medical Interpreters Association, 2006) and Guide on Medical Interpreter Ethical Conduct of the International Medical Interpreters Association (Hernández-Iverson, 2010), available on the IMIA website, provide a valuable framework for working with Spanish-speaking clients and interpreters. These

are already required readings for discussion in our Medical Interpreting course, and will help us connect content across our certificate programs and prepare future counselors to address the complexities of serving LEP Spanish-speakers.

This planned Spanish for Mental Health and School Counseling course will also address relevant regulatory frameworks like the Health Insurance Portability and Accountability Act (HIPAA), since counselors in training must have a strong understanding of HIPAA and confidentiality. Additionally, the class will highlight the historic Eurocentric and Western biases in current research and the need for studies conducted by diverse researchers that benefit diverse populations. Much counseling research has been normed on a Western White demographic, so findings are inherently ungeneralizable to underrepresented populations (Buser & Gibson, 2023). This issue becomes practical when addressing administrative challenges in counseling for both LEP Spanish-speaking clients and any client with limited English proficiency. For instance, students will critically evaluate assessment instruments like the Beck Anxiety Inventory, a standardized 21-item self-report measure of anxiety severity (Beck et al., 1988) when administered across language barriers, and protocols for suicide risk assessment with clients who may not fully comprehend clinical terminology. Finally, students will explore the ethical implications of using translated instruments that lack cultural validation while developing strategies to address the widespread absence of professionally translated forms and documentation.

As previously noted, few textbooks or course curricula exist for Spanish-language counseling. However, some resources from medical healthcare can be adapted for counseling. For instance, the CLAS Standards, discussed above, provide a comprehensive framework readily applicable to mental health care. In addition, invited guest speakers, field trips, and community-engaged learning opportunities will help raise students' awareness of fields in which Spanish-speaking mental health professionals are needed and the roles they might fulfill. These include but are not limited to Federally Qualified Health Centers, primary care clinics that receive federal funding to serve underserved communities (U.S. Department of Health and Human Services, 2017), community mental health centers, screening programs, call lines like the suicide prevention line, and correctional and health care facilities. Understanding the complexities of each setting will allow students to understand future career and internship opportunities, levels of care in mental health services, and varying responsibilities at each level.

Considerations when Developing New Classes in Spanish for Counseling

Developing an effective Spanish for Counseling course requires careful consideration of several key challenges. First, instructors must thoughtfully balance linguistic content (specialized mental health terminology, grammar, discourse patterns) with essential counseling content knowledge. Furthermore, the field of counseling encompasses numerous specialized domains, each with distinct therapeutic approaches and vocabulary. A comprehensive curriculum might need to address clinical mental health counseling (including approaches like cognitive behavioral therapy, dialectical behavior therapy, and mindfulness-based interventions), family systems therapy (focusing on relationship dynamics and communication patterns), school counseling (addressing academic and social-emotional development in educational settings), addiction counseling (covering substance use disorders and recovery models), and crisis intervention (including suicide assessment and trauma-informed care). Each area requires not only specialized

vocabulary but also culturally appropriate adaptations of therapeutic techniques when working with Spanish-speaking populations.

Next, finding a qualified instructor presents a significant institutional challenge. The interdisciplinary nature of Spanish for counseling demands expertise in both advanced Spanish language and some specialized counseling knowledge, a combination rarely found in traditional academic preparation. Potential instructors would benefit from supplemental training in counseling fundamentals, human development, or multicultural counseling principles. When such dual expertise is unavailable, collaborative teaching arrangements between language faculty and Spanish-proficient counseling faculty could bridge this gap. However, we must acknowledge the practical constraints affecting such collaborative approaches. Most language departments lack institutional support for team-teaching arrangements or cross-disciplinary faculty development. Budget limitations, departmental boundaries, and rigid scheduling systems often impede innovative teaching configurations that would best support this specialized curriculum.

Given the challenge of maintaining enrollments in upper-level language classes, it is unrealistic for us at TCNJ to add more than one advanced-level Spanish language class specific to Spanish for mental health and school counseling. However, future undergraduate courses taught in English across the institution, whether housed in the Department of World Languages, Psychology or Public Health, or graduate courses in counseling can integrate advanced coursework in culturally relevant therapeutic techniques and emphasize the importance of understanding political and sociocultural factors affecting Spanish-speaking immigrants in the United States.

Conclusion

This article underscores the importance of language in shaping the therapeutic relationship and outcomes for LEP Spanish-speaking clients. Various US government agencies, particularly HHS, which created the CLAS standards, actively promote guidelines for language-concordant care and best practices for interpretation services. However, even as we write these words, some of this information is being revised or removed, and some of the pages on the HHS Office of Minority Health website have a banner at the top stating that: “This website is currently under review. Some information may be unavailable at this time. We apologize for any inconvenience” (U. S. Department of Health and Human Services Office for Civil Rights, 2024). Now, more than ever, it is incumbent upon us to download, publicize, and utilize these freely available resources from government agencies and professional organizations such as the IMIA, and bring them to as many future providers of mental health and counselling services as possible. We must explore ways to make them not a hypothetical construct existing only on current or past government web pages and medical institutional websites, but practices that future clinicians will take into affected communities. Helping to raise awareness of the CLAS Standards and providing future clinicians with the linguistic and cultural ability to serve linguistically diverse populations can help ensure that mental health services are accessible and effective for all individuals, regardless of language proficiency. As LSP instructors, we can help to raise awareness about these policies and create curricula to help bridge the gap between best practices and actual clinical practice.

Building, maintaining and enhancing a certificate program such as the one we discussed in this article takes time, patience, resources, and collaboration. Our first Medical Spanish course was offered in 2007 and our Certificate Programs were not approved until 2022. However, the

long-term results for our students who have graduated and have seen greater professional success due to our courses, and renewed interest in our course offerings currently have been their own reward. It is possible to gain institutional support by aligning proposals for such programs with departmental, school, and institution-wide mission statements and strategic plans. By doing this, three of our instructors were able to take an online Medical Interpreting course with tuition reimbursement from the dean or from career development awards from our American Federation of Teachers union local. One of these instructors received a one-semester non-research sabbatical to take graduate level courses in translation and medical interpreting in the Rutgers Translation and Interpreting Program, and another is currently enrolled, with a tuition waiver, in TCNJ's Clinical Mental Health Counseling Master's program. She will be better prepared to teach the certificate classes and create future curricula in this area, but also, better positioned to encourage collaboration across our department and the Counselor Education Department.

As the Spanish-speaking population in the United States grows, disparities in mental healthcare accessibility and quality due to language barriers may become more pronounced. Our hope is that through comprehensive language and intercultural training programs such as ours, we can begin to address the shortage of bilingual counselors and enhance the effectiveness of therapeutic interventions for Spanish-speaking clients. Ultimately, addressing these issues will lead to more equitable and effective mental health services, fostering better therapeutic relationships and outcomes for Spanish-speaking clients.

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APPENDIX A**Organizations whose Materials are Regularly Incorporated into the Curriculum**

- The Anxiety and Depression Association of America: <https://adaa.org/recursos/en-espanol>
- Justice for Migrant Women (including mental health resources for migrant farmworkers): <https://justice4women.org>
- Medline Plus (in Spanish): <https://medlineplus.gov/spanish/>
- Mental Health America: <https://mhanational.org/recursos-en-espanol>
- National Latinx Psychological Association: <https://www.nlpa.ws>
- Migrant Mental Health Resources from UC Berkeley Health Initiative of the Americas: <https://hia.berkeley.edu/migrant-mental-health-resources/>
- National Institute of Mental Health: <https://www.nimh.nih.gov/get-involved/digital-shareables/espanol/recursos-para-compartir-sobre-la-salud-mental-en-espanol>
- Proyecto de Salud Mental (Community Mental Health Project) (New York Public library): <https://www.nypl.org/community/resourcescommunity-mental-health/es>
- Substance Abuse and Mental Health Services Administration (SAMHSA): <https://www.samhsa.gov/salud-mental>
- Suicide Prevention Resources in Spanish from The California Mental Health Service Authority: <https://www.elsuicidio prevenible.org/>
- Stop Bullying (in Spanish): <https://espanol.stopbullying.gov/acoso-escolar-n8xb/por-que-algunos-jovenes-acosan>
- Trauma Informed Care Presentation from the Inter-American Court of Human Rights: <https://www.corteidh.or.cr/sitios/observaciones/11/anexo4.pdf>
- United We Dream: <https://unitedwedream.org/>

Appendix B
Anonymous Survey for Spanish for Counseling and Human Services
Administered via Qualtrics

- 1.) How old are you in years? Example: 20
- 2.) How would you describe your gender?
 - Non-binary/genderqueer/gender-fluid
 - Woman/female
 - Man/male
 - None of these. (We appreciate you taking the time to describe your gender identity in the space below. Thank you!)
 - Prefer not to say
- 3.) Are you of Hispanic/Latino/Spanish origin?
 - Yes
 - No
 - Not sure
 - Prefer not to say
- 4.) How would you describe your racial identity? Check as many as apply.
 - Native American or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - None of these. (We appreciate you taking the time to describe your racial identity in the space below. Thank you!)
 - Not sure
 - Prefer not to say
- 5.) What is/are your current major(s)? Or if you are a graduate, what was/were your graduating major(s)?
- 6.) How many units have you completed (counting transfer credit but not in progress units)
- 7.) Have all of your units been completed at TCNJ?
 - Yes
 - No (some units were completed at another school)
- 8.) Have you declared the Spanish for Counseling and Human Services Certificate?
 - Yes
 - Not yet, but I intend to declare the certificate
 - No, and I do not plan to declare the certificate
- 9.) Are you completing another certificate or program in the WLC dept.?
 - No
 - Yes (Spanish major)
 - Yes (Spanish minor)
 - Yes Certificate in Spanish for Law and Justice Practitioners
 - Yes Certificate in Spanish for Healthcare Professionals
 - Yes Certificate in Spanish for Business
- 10.) What is your intended professional field. (Select all that apply.)
 - Healthcare
 - Education

- Social Work
 - Other human services field
 - Law
 - Law Enforcement
 - Public policy and administration
 - Other
- 11.) How relevant was the content of this course to your future career?
- Extremely relevant
 - Very relevant
 - Somewhat relevant
 - Not very relevant
 - No relevance
- 12.) Which course topics or activities were most helpful for your professional development?
Select all that apply.
- Documentary films and series
 - Clinical role play practice
 - Spanish mental health terminology
 - Spanish legal terminology
 - Class discussions
 - Cultural readings
 - Written reflections
 - Audio blogs
 - Volunteering with ESWA
- 13.) In which of the following areas do you feel you improved as a result of taking SPA 228.
Select all that apply.
- Knowledge about social and political conditions in Latin America
 - Knowledge of Latin American countries and cultures
 - Increased empathy for hardships others face
 - Increased knowledge about immigration processes and difficulties
 - Spanish mental health vocabulary
 - Spanish legal vocabulary
 - None of the above
 - Other (please specify)
- 14.) Please elaborate on what specific assignments, course resources, or activities were MOST relevant to you and your future professional goals.
- 15.) Please elaborate on what specific assignments, course resources, or activities were LEAST relevant to you and your future professional goals.
- 16.) How much did your Spanish improve as a result of this class?
- Significantly improved
 - Moderately improved
 - Slightly improved
 - No noticeable improvement
 - My Spanish level decreased
- 17.) In what ways, if any, has the certificate and/or taking SPA 228 altered your career plans or your community engagement (e.g., volunteerism, advocacy, activism, etc.)?

- 18.) In what ways, if any, could we improve upon the SPA 228 course and the Certificate in Spanish for Counseling and Human Services overall?
- 19.) Anything else you'd like to tell us about the courses or the certificate?