

Outcome of a Spanish Immersion Pilot Workshop for Psychology Professionals and Students

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Latino individuals constitute 14.4% of the U.S. population and are projected to reach 20% of the population by 2010. With this rise in population, more culturally and linguistically proficient health professionals are needed. In response to this need, the Spanish-Language Immersion and Cultural Competence Pilot Workshop was developed. This workshop provided participants intensive Spanish language training and presentations on aspects of the Latino culture that are particularly relevant to mental health professionals. Participants in the workshop completed a pre- and post-test questionnaire on their experiences, knowledge, and attitudes about Spanish language and Latino culture. Analysis of these questionnaires revealed that participants' attitudes and knowledge of Spanish and Latino culture were significantly different after the workshop.

The Latino population currently represents the largest minority group in the United States, consisting of approximately 42.7 million individuals, or 14.4% of the total population (U.S. Census Bureau, 2006). The term Latino is an amalgam used by the U.S. Census Bureau to indicate individuals of Cuban, Mexican, Puerto Rican, South American, or Central American descent (Grieco & Cassidy, 2001). The Latino population is estimated to be the fastest growing sub-population in the U.S. with a 3.3% increase from 2004 to 2005 and a projected growth to 20% of the total population by 2010 (U.S. Census Bureau, 2006; U.S. Census Bureau News, 2006). As the Latino population increases, it is likely that a corresponding increase in mental health professionals with cultural competency to work with this group will be needed. Although this group is currently most populous in southern and coastal states, it appears that, with growing immigration rates, emigration to other areas of the U.S. may also increase.

As Latino individuals move into areas that are not currently heavily populated by this group, such as rural and northern areas of the U.S. (Bender & Harlan, 2005), it will

become important to provide health professionals in a variety of fields with the tools necessary to serve this population.

Recent articles in the literature indicate that 50% of Latino individuals who seek mental health services do not return after the initial visit (Dingfelder, 2005) and 88% of Latino children currently in need of help do not receive mental health services (Stamor, 2006). Research suggests that the ability of consumers to clarify their thoughts and meaning (Gutfreund, 1990), utilize familiar phrases such as Spanish *dichos* (Zuniga, 1992), and provide rich emotional expression (Santiago-Rivera, 1995) in their native language may enhance the effectiveness of therapeutic services, resulting in a greater retention rate for mental health services. Additionally, Arrendondo (1991) recommends that counselors should have a working knowledge of Latino culture and the social, economic, political, and historical influences on the consumer and consumer's family development.

In order to investigate the needs and preferences of the consumer, Fraga, Atkinson, and Wampold (2004) surveyed Asian American, European American, and Hispanic undergraduate students using paired comparison questionnaires that assessed domains of multicultural competencies established by Sue, Arrendondo, and McDavis (1992). The results of the investigation indicated that the respondents preferred some multicultural competencies over others. Some of the variation in the preference may be attributed to self-reported ethnic identity (Fraga et al., 2004). Hispanic respondents indicated a preference for multicultural competencies in the domain of understanding sociopolitical

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factors that impact ethnic minorities and the impact of race and culture on the consumer and services rendered.

Training that addresses cultural competence and language proficiency is one of the most important avenues to providing the tools necessary to work effectively with all minority populations, but particularly with Latino populations (Bender, Clawson, Harlan, & Lopez, 2004; Biever, et al., 2004; Williams, 2005). A needs assessment conducted by Our Lady of the Lake University in San Antonio, Texas revealed that formal training consisting of 16 training sessions over a period spanning from 4 weeks of intensive in-person training to 3 years of online training might be the best method to meet the needs of the students and professionals in the area (Biever, et al., 2002). Biever and colleagues (2004) conducted a series of investigations surrounding the training needs of mental health professionals and found courses that covered bilingual (Spanish/English) assessment and therapy in addition to courses in cultural variables would be most helpful. Moreover, the participants in this assessment indicated that the translation of technical words, such as those found on a typical psychological intake report, is one of the most difficult aspects of providing adequate services to bilingual (Spanish/English) consumers (Biever et al., 2004). Although the studies by Biever and colleagues (2002; 2004) point to the utility of formal training methods to provide professionals with the necessary tools to provide effective services, formal training may not be feasible in all locations because of the time and cost associated with it. Hence, workshops that condense training into smaller segments of time may be an alternate avenue to provide a balance between the constraints of time and cost and the need for training in cultural competency.

In general, workshops appear to be a promising form of education with positive results in the literature for training medical students (Liddell, Davidson, Taub, & Whitecross, 2002), providing mental health professionals with basic skills such as motivational techniques (DeViva, 2006), and providing psychoeducation (Foley et al., 2006; Hays & Katchen, 2006). Liddell and colleagues (2002) concluded that with medical students in Australia, a 3-hour tutorial provided in the third year of medical training increased participants' competency in performing certain procedures (e.g., suturing) in the fifth year. The medical students in the experimental group participated in a practical skills workshop where they observed live and video demonstrations of procedural skills and were able to practice the basic procedural skills (e.g., giving an injection, suturing) on a model. Participants were given feedback on their performance of those skills and additional instruction if necessary, leading to the increased competency seen in the fifth year (Liddell et al., 2002).

DeViva (2006) explored the efficacy of a workshop designed to provide health care professionals in clinical psychology, counseling psychology, social work, medicine, and nursing fields with techniques to enhance motivation in resistant or ambivalent consumers presenting with a variety of issues (e.g., substance use, obesity). The participants of the

workshop included both graduate students in training and practicing professionals holding a post-baccalaureate degree. DeViva (2006) varied the length of the workshop (i.e., 6-hour versus 3-hour). Participants were randomly assigned to the workshop length, except for two cases in which scheduling conflict occurred (DeViva, 2006). The 6-hour workshop included more examples, elaboration of concepts, and practice time than the 3-hour workshop. Otherwise, the same didactic information (e.g., research and theory on resistance and ambivalence, five motivational themes) was presented and practiced in both the long and short workshops. Pre- and post-analogue role-plays were used to assess participants' skills. The results of the study indicated that participants in both the long and short workshops increased in workshop-consistent behavior, suggesting that the professionals increased their motivational skills when interviewing resistant or ambivalent consumers (DeViva, 2006).

Williams (2005) investigated the effect of an intervention workshop designed to increase cultural competency for social workers. The workshop took place over 4 weeks. Participants were provided with didactic instruction (i.e., lectures, discussions, analyses of case studies and videos) and role-playing opportunities on multicultural concepts (e.g., influence of worldviews, acculturation theory, power and privilege in the helping relationship) during a weekly 3-hour workshop. The author evaluated several outcomes (e.g., multicultural awareness, knowledge, skills, and ability to identify and integrate salient multicultural factors in a case conceptualization) with an intervention group and a comparison group using quantitative and qualitative analyses. The comparison group participated in cultural activities (e.g., exposure to print and poster materials, participation in activities to develop more sensitivity to diversity at an organization) but did not participate in workshop activities. The quantitative results of the study indicated that both the intervention and control groups improved on scores of multicultural awareness, knowledge, and skills; with workshop participants scoring significantly better on outcomes of multicultural awareness than the comparison group. Thus, mere exposure to another culture may improve cultural competency. Moreover, racial minority status contributed to higher ratings on the multicultural case conceptualizations at both pretest and posttest (Williams, 2005). Qualitative results provided evidence that the workshop was beneficial to participants and provided a safe learning environment that was supportive for workshop participants. These results suggest that personal experiences and didactic instruction play an important role in increasing cultural competence (Williams, 2005).

An important finding in the research is that workshops that utilize an immersion format when providing training of the Spanish language produce effective results (Bender et al., 2004). Immersion formats are successful because they require participants to engage with the language that they are learning via multiple formats, such as having all lessons conducted in that language and having participants speak to each other only using the language they are learning. Re-

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searchers examined immediate and one-year outcomes of a workshop designed to provide language training for health professionals. Outcomes were assessed via employee, co-worker, and employer evaluations of workshop participants. The results of the analysis revealed that, from the perceptions of the employee, employer, and coworker, language skills and cultural competency were improved, as was quality of care for immigrants (Bender et al., 2004). An important finding was that participants continued to pursue avenues to maintain and promote personal language competency (e.g., listening to audio tapes, reading Spanish language health newsletters, continued use of Spanish language with family and coworkers) at the one-year follow up (Bender et al., 2004).

The research literature on workshops, both in general and specifically for language and cultural competency skills training, suggests that workshops have potential to service a wide range of professionals in various locations, allowing them to reach individuals from around the country (Bender et al., 2004). Given the positive results presented in the literature, workshops appear to be a successful form of training that could be adapted and implemented in a variety of areas, including Spanish language and cultural competency.

An Assessment of Need

In 2005, a clinical psychology doctoral program at a rural western Pennsylvania university began to see an increase in the number of requests for assessment and therapy for consumers who spoke Spanish as their primary language. In light of the census data suggesting an increase in Latino and Spanish speaking populations, the need for a workshop to provide training in Spanish language skills and general Latino cultural competency was assessed. The needs assessment indicated that respondents, including professors and graduate students in mental health fields, saw a benefit to speaking Spanish, and had worked with Latino consumers in a professional capacity. Additionally, respondents felt that they would personally and professionally benefit from additional cultural competency training (Brass, 2006). Over 50% of the respondents indicated a desire to receive Spanish language training, but expressed a reluctance to devote more than one weekend and over \$200 for the training (Brass, 2006). Given these results, the Spanish-Language Immersion and Culture Competency Pilot Workshop (SLICC) was developed. The SLICC workshop included elements such as Spanish language lessons and cultural presentations that covered topics such as dispelling common Latin myths, working with interpreters in the therapy room, and understanding barriers to seeking help. Activities that have received previous research attention (Bender et al., 2004) such as role plays and time for participants to practice their language training with each other were implemented in an effort to optimize the time of the interested participants while acknowledging the time intensive nature of the types

of training that are needed to gain skills in an additional language and in cultural competency.

Designing the Pilot Program

The SLICC Workshop was designed and conducted as a pilot program in order to bring awareness of the need for training, to investigate the desire of participants to engage in longer training, and to test methods of providing information effectively with the intention of potentially developing a longer, more intensive training program. Over the course of a 3-day weekend, the SLICC workshop addressed the overarching goal of supplying mental health care professionals with cultural and linguistic competency training. Table 1 presents the schedule for the workshop and demonstrates how presentations on cultural competency were interwoven with language instruction.

Table 1
Schedule for SLICC Workshop

<u>Day</u>	<u>Time</u>	<u>Activity</u>
Fri	Noon-1:00	Registration
	1:00-4:00	Language block 1
	4:00-4:30	Break
	4:30-5:30	Presentation choice
Sat	8:30-11:30	Language block 2
	11:30-1:00	Lunch
	1:00-2:00	Presentation choice
	2:15-5:15	Language block 3
	5:30-6:30	Presentation choice
Sun	8:00-8:30	Breakfast & Language Practice
	8:30-11:30	Language block 4
	12:00-1:00	Presentation choice
	1:00-1:30	Wrap-up

The main goal of the language immersion section of the workshop was to provide an introduction or broadening of language abilities for mental health professionals. This goal included increasing familiarity with the Spanish language, particularly with emotionally expressive words, psychological oriented words (such as those typically found on a psychological intake evaluation), and inquires about the need for translators from the consumer. Each participant was provided with 12 hours of instruction in basic or intermediate level Spanish. In order to keep costs low for the pilot program, instructors were recruited through the Spanish Department at the university. Each instructor was an advanced undergraduate student who had traveled abroad for at least one semester to a Spanish speaking country and had taught elementary school Spanish as part of his or her degree requirements. Many of the instructors were double majors in Spanish and Education or Spanish and Psychology and expressed an interest in furthering their teaching skills.

Instructors were compensated for their time through a CEMMRAT grant.

Placement into the basic and intermediate language training groups was based on the Spanish language experience of the participant. Most of the participants at the workshop reported that they had only basic experience with the Spanish language, spanning from no Spanish language experience at all to having taken a course in high school many years previously. Participants in the basic level were divided into groups of three or four based on their self-reported level of Spanish exposure. This resulted in several small groups that were able to focus at the level of learning that best suited the participants. Only five of the participants requested intermediate language training. To ensure that participants in the intermediate level were all at the same level of experience, they were presented with a set of 18 oral Spanish questions addressing a variety of intermediate topics such as *¿Qué tiempo hace hoy?* and *¿Qué estás haciendo ahora?*

Throughout the course of the workshop, the basic Spanish language instructors focused on providing participants with the ability to introduce themselves to a Spanish speaking consumer and to be able to ask and answer basic questions such as the name of the consumer, basic contact information, the nature of the problem, and if they would like translator services to be provided. The intermediate Spanish language instructors focused on teaching participants to conduct a psychological intake evaluation in Spanish and incorporate the use of emotionally laden words and topics.

For the cultural competency aspect of the SLICC workshop, the main goal was to provide culturally specific information and training to participants through the use of presentations. To solicit presentations, a general call for presentations was sent to local mental health professionals and graduate students. In response to this request, the workshop was able to offer 10 different presentations to participants. This resulted with several choices in each time slot. Participants were able to select the topics that best met their needs. The topics of the presentations included the use of a translator in mental health settings, the implications of the holiday *Los Dias de los Muertos* (The Day of the Dead) for grief work, specific concerns for clinicians working with Latino populations, and dispelling myths associated with the Latino culture. Ancillary goals included provision of other basic information (e.g., the growth rate of the Latino population) and coverage of a breadth of material to maximize time and training for workshop participants. At the end of the workshop a 30-minute “wrap-up” session was held to gauge participant reactions to the workshop and discuss how future workshops could be improved.

Measuring the Outcome

Although the utility of Spanish language training programs has been investigated previously, more information is needed to determine the optimal way to provide this training. Additionally, it was the authors' experience that in rural

Pennsylvania, it is difficult to find training for mental health professionals who speak no Spanish but would like to learn the language and become linguistically competent. It was with these two goals in mind that the current study was conducted with the intention of gathering information about the utility of the SLICC workshop. The authors implemented a utilization-focused outcome approach to assess the SLICC workshop. This approach focuses on real world application of information that is being evaluated (Patton, 1997), or in the case of the SLICC workshop, how participants will be able to apply the knowledge they gained over the course of the workshop to their everyday experience in mental health settings (Patton, 2002). The purpose of this study was to gather information for use in the development of future programs and as such, no formal hypotheses were made. The target population was mental health professionals with the outcomes defined as increased knowledge of Latino culture and increased awareness concerning how to provide adequate mental health services for individuals of a Latino background. Indicators of this outcome were assessed via self-report measures designed for the study. The remainder of this article outlines the outcome evaluation of the SLICC workshop, discusses those elements of the program that were found useful and those that were not, and provides feedback on elements that may need to be revised or removed in future training programs of this type. It is hoped that information gathered during this study can be used to inform future investigations and workshop development.

Method

Participants

All individuals registered for the workshop were asked to participate in the outcome study and were presented with an informed consent form and the pre-test questionnaire during the registration phase of the workshop. Of the 20 registered individuals, 10 individuals completed the pre-workshop measure, but only 7 of those 10 completed the post-workshop measures. Individuals who completed both measures were retained for further analyses. The three participants who did not complete the post-workshop measure were excluded from the analyses so that the authors could get a more accurate sense of change related to participation in the workshop. All participants were working professionals and graduate students ranging in age from 20-65 years old. The sample consisted primarily of Caucasian females, with 71.4 % of the sample identifying as Caucasian or European-American ($n = 5$) and 85.7 % of the sample identifying as female ($n = 6$). Additionally, African Americans ($n = 1$) and Latinos ($n = 1$) comprised 14.3% of the sample, respectively. Graduate students ($n = 5$) represented 71.4% of the sample and those conducting therapy as a primary work activity represented 57.1% of the sample ($n = 4$). The participants indicated that they were from a city ($n = 3$; 42.9%) or rural area ($n = 2$; 28.6%). Two respondents identified as being from a town or suburb. The three partici-

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pants who did not complete the post-workshop measure were not significantly different on any demographic characteristics from the individuals who responded to both measures.

Measures

A brief questionnaire was designed by the authors to assess demographics as well as pre-workshop experiences, attitudes, expectations, and skills. The measure consisted of questions assessing demographics, knowledge of and attitudes towards Latino culture, awareness of need for competent professionals, and perceptions of workshop effectiveness. Demographic questions assessed basic characteristics of the workshop participants (e.g., age, gender, and education). Questions to tap prior experiences, skills, and expectations included: “*On a daily basis, I work with minority individuals,*” “*For work, I interact with Latino individuals,*” and “*I believe that this workshop will assist me in my future work or training.*” Possible responses to the questions varied and included yes/no, true/false, multiple choices, or Likert-scaled options. Examples of items used to tap attitudes towards and knowledge of Latino culture included: “*Latinos are lazy*” and “*Family is important in Latino culture.*” Two items assessing knowledge of Spanish culture regions (i.e. “*I can name the regions in North America that have Spanish heritage, including areas in the U.S.*”), and the growth of the Latino population (i.e., “*Approximately how large is the Latino population in the United States?*”) were included in the measure and were true/false and multiple-choice response, respectively. It is notable that the attitudes portion of the pre- and post-test was derived in part based on biases and stereotypes of Latinos. Stereotypes were selected based on a brief search of the Internet for common stereotypes presented in the popular media concerning Latinos. Approximately 100 sites were browsed for information on common stereotypes. Tallies of stereotypes were taken with the stereotypes mentioned the most retained for the measure. Given the influence the popular media has on professionals and laypeople alike, it is judged that the stereotypes repeated most frequently in the media may have the most impact on attitudes towards Latinos. The attitudes formed about Latinos may impact the working relationship between the mental health professional and the consumer. Thus, the stereotypes that were repeated most frequently (e.g., “*Latinos are lazy*”, “*Latinos rarely complete high school or go to college*”) were included in the measure. Items assessing attitudes toward and knowledge of Latino culture were used as a proxy to gauge self-reported effectiveness of the workshop components (e.g., presentations) in providing individuals with more positive attitudes towards and knowledge of Latino culture.

Items tapping awareness of need included: “*Language comprehension is important in understanding meaning*”, “*The Latino population in the U.S. will grow significantly in the next 10 years*”, “*There is a need for mental health professionals who have skills to work with minority clients*”,

and “*Latinos have the same amount of access to mental health services as other groups.*” For all items assessing attitudes towards and knowledge of Latino culture and awareness of need for competent professionals, responses were based on a 5-point Likert scale ranging from *Strongly Disagree* to *Strongly Agree*.

Two composites of the responses were devised with higher scores indicating more positive attitudes towards and knowledge of Latino culture and increased awareness of need for individuals competent to work with Latino individuals. Appropriate items were reversed scored and all items included in the composites were summed. The composite assessing attitudes towards and knowledge of Latino culture included 13 questions with a range of 13 to 60. The summed composite for the awareness of need included 7 questions and ranged from 7 to 35. Cronbach’s alpha for the pre-workshop measure was .67. Demographic questions were omitted from the reliability analysis.

The post-test questionnaire paralleled the pre-test questionnaire and was designed to assess self-reported competency level, the benefit of the conference as a whole, awareness of need, and attitudes towards and knowledge of Latino culture. All items assessing awareness of need and attitudes towards and knowledge of Latino culture remained the same for the post-test questionnaire.

The post-test measure also included questions that tapped respondents’ perceptions of workshop effectiveness (e.g., “*This conference added to my training or experiences with Latinos,*” “*I believe that this workshop will assist me in my future work or training*”, “*I feel prepared to work more effectively with Latino/a consumers*”). Responses to the aforementioned questions were limited to true/false options. Questions assessing the conference as a whole asked the participant to rate the Spanish classes, cultural presentations, and conference on a 5-point Likert scale (i.e., *Not Beneficial* to *Highly Beneficial*).

Three composites of the response were devised with higher scores indicating higher perceived benefits from workshop and more positive attitudes toward, knowledge of, and awareness of need in working with Latino consumers. Given the questions assessing awareness of need and attitudes toward and knowledge of Latino culture remained the same across the pre- and post-workshop measure, the same two composites devised for the pre-workshop measure were calculated for the post-workshop measure.

An additional composite was calculated to include items that assessed respondents’ perceptions of the effectiveness of the workshop and interest in participating in another workshop. The composite included 8 questions. Four questions were rated on a 5-point Likert scale (i.e., classes on Spanish, presentations about Latinos and Latino culture, practice sessions, conference as a whole). Four questions were rated as true/false (i.e., “*This workshop met my expectations of expanding my knowledge of Latinos.*”, “*This conference added to my training or experience with Latinos.*”, “*I feel prepared to work more effectively with Latino/a clients.*”, “*I would attend another conference on*

Latinos or other minority groups.”). The composite scores could range from 8 to 28. Cronbach’s alpha for the post-workshop measure was .57.

Procedures

All registrants for the Spanish-Language Immersion and Cultural Competence Pilot Workshop were asked to participate in the outcome research. Ten respondents completed the demographic questionnaire and the pre-test questionnaire in a pencil and paper format during the opening activities of the workshop. A week following the workshop, participants were contacted by email through Student Voice, a web-based survey company, to complete the post-test survey. The respondents were instructed to disregard the email if they did not complete the pre-test questionnaire. A code number that the participants chose for themselves was used to match pre- and post-test questionnaire responses while still providing confidentiality for all respondents. Seven individuals completed the post-workshop measure. It is unknown why more participants did not complete this measure, but it is hypothesized that time constraints played a role.

Results

Responses given by individuals ($n = 7$) who completed both the pre-workshop and post-workshop measure were retained for analyses. Descriptive statistics provided valuable information on the characteristics of the sample including participants’ experiences with Latino individuals. Specifically, individuals who completed the measures were well educated with 71.4% ($n = 5$) indicating that they have been studying or working in the field for 3-7 years and 28.6% ($n = 2$) working for more than 8 years. In general, many respondents reported that they do not work with minority individuals on a daily basis ($n = 6$; 85.7%); however, the one participant who provided information on working with diverse populations reported that African-Americans were the most frequently ($n = 1$; 5.6%) worked-with population. When asked if they encountered individuals who speak little or no English, most participants indicated that they typically do not encounter these individuals, with only 42.9% ($n = 3$) saying that they have encountered non-English speaking individuals in their work. When respondents encountered individuals whose primary language was not English, the languages spoken by the other individuals were identified as Chinese ($n = 1$; 5.6%) or Spanish ($n = 1$; 5.6%). More specific to our interests, only 28.6% of respondents ($n = 2$) reported that they interact with Latino individuals on a daily basis, with individuals reporting that the Latino individuals with whom they interacted are primarily from Mexico. One-third of respondents indicated that they have had little or no training in working with Latino individuals prior to this workshop. Prior to beginning workshop activities, all respondents expressed a belief that participating in the workshop would be beneficial to them.

Preliminary data, in the form of anecdotal evidence provided to the authors during the wrap-up portion of the workshop, suggested that the pilot workshop was successful. Participants stated that through the cultural competency sections of the workshop, they had gained knowledge concerning aspects of Latino culture and that they felt better prepared to work with Latino clients in their mental health settings.

Parametric tests were initially explored for analysis of the data. Although the normal probability p-plot suggested that normality was achieved, the small sample size leads the researchers to question whether the assumption of normality was met for the parametric test. Thus, a Wilcoxon signed-rank test was used to investigate differences between pre- and post-workshop attitudes towards and knowledge of Latino culture and awareness of need. The Wilcoxon signed-rank test looks at change for one group of subjects measured on two different occasions (Pallant, 2005). Differences are classified as positive, negative, or tied. The Wilcoxon signed-rank test considers information about both the sign of the differences and the magnitude of the differences between pairs. The Wilcoxon signed-rank test incorporates more information about the data; hence, it is more powerful than the sign test.

The pre-workshop composite, attitudes towards and knowledge of Latino culture, was paired with the post-workshop composite. The pre-workshop composite, awareness of need, was paired with the post-workshop composite. The results of the analysis indicated that the workshop did lead to some change in attitudes towards and knowledge of Latino culture ($Z = -2.226$, $p < .05$), but not awareness of need. An examination of the composite scores for each individual indicated that six individuals reported gaining more knowledge and positive attitudes about Latinos. One individual reported no change in knowledge or attitudes about Latinos.

In order to investigate how beneficial the workshop elements were a composite score of the workshop ratings was devised based on the sum of appropriate workshop related items (e.g., classes on Spanish, presentations, workshop as a whole). The scale ranged from 8-28 with higher scores indicating more beneficial ratings of the workshop elements. The mean of this scale ($M = 25.4$, $SD = 2.70$) indicated that participants found the elements of the workshop beneficial and felt that the training received at the workshop would assist them in working effectively with Latino consumers in the future. All elements of the workshop (i.e., classes, presentations) were rated as beneficial with no rating mean below a 4 on a 5-point Likert scale. Moreover, the respondents revealed that they believed that the workshop met their expectations and that they would attend another, similar, workshop in the future.

Discussion

The results of the analysis indicated that the SLICC workshop was effective in providing mental health profes-

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sionals and students with some of the skills necessary to work effectively with Latino and/or Spanish-speaking consumers. Given participants in the workshop volunteered for the workshop, the lack of significant difference on measures of awareness of need may suggest the sample was already aware of the need for individuals competent to work with Latino individuals. Although the sample was small, the preliminary data provided by the respondents can be used to assist in designing future workshops and trainings of this nature. The preliminary data suggests that all of the elements of the workshop were beneficial, thus, all elements outlined should be retained, and likely expanded, in future trainings. In addition to the elements included in the pilot workshop, the authors recommend that other interested individuals or groups consider including practice sessions, guided by bilingual individuals or individuals skilled in working with Latino populations, in any workshops that are developed. We believe that such practice sessions will allow participants to gain hands-on experience in utilizing the skills learned in other aspects of the workshop. Previous training models that included application of Spanish language skills contributed to participants' reports of an increased sense of competency in using Spanish language interventions (Biever et al., 2002).

The results of the SLICC workshop are consistent with prior literature on the effectiveness of workshops in addressing goals of increased cultural competency (e.g., Bender et al., 2004; Bender & Harlan, 2005; Williams, 2005). This suggests that some skills in language and cultural competence can be gained in a short-term training program. Furthermore, although not formally evaluated, it is possible that participation in a workshop of this nature may fuel participants' desire to learn more, encouraging them to seek out other training opportunities in language and in cultural competence, a hypothesis which, if found to be true, would help to overcome limitations of learning language in a short-term training.

The evaluation of the SLICC workshop faced several limitations. Most notably, the low number of participants that chose to participate in the outcome study resulted in a small sample size, making definite inferences difficult. In addition to a small sample size, the high face validity of the assessment instrument meant that if they so chose, the respondents were able to rate both the workshop and their own personal attitudes in a manner consistent with politically correct viewpoints, rather than according to their actual experiences or beliefs. Moreover, the design of the study lends itself to several internal validity threats. The lack of readily available measures designed to test the efficacy of a short-term language immersion workshop resulted in the necessity of using a measure without previously established reliability and validity guidelines. The ability to confidently measure the competency of participants both pre- and post-test in a non-face valid way would increase the validity of the results. The effect of the pre-test could have impacted the post-test such that results suggest familiarity with the questions rather than any change brought about by partici-

pation in the conference. However, Patton (1997) suggests that pretests may prime learning while a posttest may reinforce learning. Thus, it is unclear whether the pre- and post-measures were influenced by familiarity or enhanced learning. Furthermore, with only one dependent measure it is difficult to account for other effects that could have produced the same results (e.g., familiarity with measure or regression to the mean). The addition of a control group and several dependent measures when designing future trainings may help to attenuate these effects.

Regardless of potential limitations, the preliminary results of this study suggest that further development and assessment of language and cultural competence workshops is warranted. As the rate of immigration and bilingualism increases in the U.S., more professionals may be called upon to work with consumers who are not familiar with the English language or with the culture of the U.S. An understanding of the specific concerns facing these types of populations may be crucial in the future, and developing workshops such as the pilot program described here may become an increasingly important training aspect.

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