

Linguistic Competency: a Conversation with Lisette Rivas-Hermina

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Lisette Rivas-Hermina, MS, LMFT, was Senior Training Specialist at the Children's Institute, Inc., in Los Angeles, an NCTSN Category II Center. She now works in L.A. as a consultant and trainer for Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) and participates in Network activities as a member of the Affiliate Advisory Committee. Rivas-Hermina uses Spanish and English with clients in her private practice. She spoke with the Network recently about linguistic and cultural challenges and the role of linguistic competency in working with children and families exposed to trauma.

Q: What does “linguistic competency” mean to you as a clinician, trainer, and supervisor?

A: Culture and language are within us, and affect everything we do—how we dress, think, even how we form attachments. How we interpret what happens in our sessions is based on our values and internalized language system. Even though I am Latina and speak Spanish, my values may differ from those of my clients. I was born in the U.S. and have values and attitudes that would be considered “American” by a family born and raised in Latin America. I might speak too formally, use slang too informally or come across as being too direct, pushy, or matter-of-fact. It's a delicate balance to be aware of and hold our families' value systems in the session without being judgmental or critical. As clinicians, we must not only be aware of the values within the community in which we work, but of the intricate differences that can exist within a culture.

Q: Can you give an example of exploring these differences within cultures?

A: In my work with a traditional Oaxacan mother and her 15-year-old son, the mom kept repeating, “He needs to respect me. Respect is important to me. He's not following my rules.” While I know what “respect” means to me, I realized that I didn't know how she defined it. So, I finally asked her what she meant by respect. She said, “Respect is when I say something and he does it. No talking back, no disagreeing.” Her son looked at me as if to say, “You see why I don't talk?” I said to the mom, “When we ask him to talk, what if he doesn't agree with you? Is that disrespectful?” This helped

her open up and feel more connected to me because I had demonstrated I was attuned to her family culture.

Q: Why is linguistic competency important in your work with traumatized children?

A: Linguistic competency is crucial in trauma work because of the way the brain encodes emotions. When babies are born, voice and language form their first connection to their mothers. Engaging a person in the language in which the trauma occurred can enhance the emotional richness of their memory recall.

Q: Are there important aspects of culture that clinicians might miss in trauma work?

A: Some clinicians still treat only the child and do not include the caregiver. In Latino culture, women tend to be the matriarchs in the home. Excluding them disrupts the family relationship and dismisses cultural values. For example, I was treating a 15-year-old girl who was abused by an uncle. Even though there were moments when her mother inappropriately blamed her daughter for the abuse, her participation in treatment was essential for the daughter's and family's recovery. I focused on the fact that the

mother was actively participating in treatment. I modified the daughter's trauma narrative to highlight the changes in the mother-daughter bond. If I hadn't included the mother, she may have pulled her daughter out of treatment, and we would lose the chance to repair their relationship.

Q: What is the greatest challenge facing clinicians who work with non-English speakers?

A: We have clinicians doing therapy in Spanish, most of whom have been trained in English. But they don't have supervision in Spanish or training on how to do therapy in Spanish. For example, if supervision is in English, how does the supervisor assess the competency of the work done in Spanish? Something that may sound appropriate in English could be offensive in Spanish. If I am supervised in Spanish, my countertransference and emotions are more likely to be apparent and provide an opportunity for me to reflect, “Oh, that may have been a little too much,” or my supervisor may catch other nuances. We're talking here of raising the standard of care through understanding the fine intricacy of interactions.

