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# Identifying barriers to mental health services for limited and non-English speaking clients in a rural homogenous environment: an approach to reduce barriers with technology

Alma Torres

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IDENTIFYING BARRIERS TO MENTAL HEALTH SERVICES FOR LIMITED  
AND NON-ENGLISH SPEAKING CLIENTS IN A RURAL HOMOGENOUS  
ENVIRONMENT: AN APPROACH TO REDUCE BARRIERS WITH  
TECHNOLOGY

By

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Bachelor of Science in Social Work, University of North Dakota, 2012

A Thesis

Submitted to the Graduate Faculty

of the

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in partial fulfillment of the requirements

for the degree of

Master of Social Work

Grand Forks, ND

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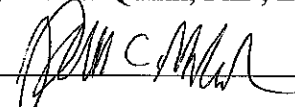
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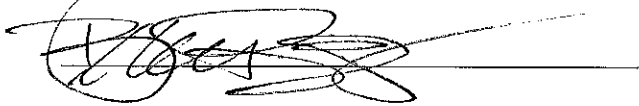
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I would like to thank my parents for dreaming of a better life for themselves. It has been because of their courage of leaving behind what they knew and engaging in new adventures that my siblings and I have had the chance to a better life. The possibility of providing my daughter with a secure life is what has kept me going and allowed me to not become another statistic. Gracias a la vida por mis experiencias. I also want to thank my Advisor and Committee for sharing their expertise with me and for their patience.



## ABSTRACT

The purpose of this study was to explore the current protocols set in place by local agencies when working with limited English proficiency clients (LEP). Due to the homogenous environment in the state of North Dakota and Northwestern Minnesota and the increase of immigrants, migrants and refugees to the area, the use of interpreters has become a necessity. A questionnaire was used as means of collecting data regarding the number of agencies that service limited English proficiency clients, employ interpreters, how interpreters are trained and use of technology for interpretation purposes. Interpreter is defined for this purpose as an individual who assists two or more people who speak a different language to communicate with one another. The number of respondents was 54, 105 agencies were surveyed. It is of importance for social workers to be equipped with the proper tools when dealing with limited English proficiency clients and interpreters need to learn about new ways to improve services. In doing so, the social worker is prepared to reduce the gaps in the quality of service due to language barriers received by an LEP client. The results were that in the geographical area of North Dakota and North Western Minnesota, half of the respondents do use interpreters ranging from family members, to bilingual staff members and interpreters via telephone services and in person. According to research completed by authors cited in the literature review in order to better service the client nothing is better than clear and direct communication between two individuals that speak the same language and share common knowledge of

the client's culture. When this is not available, hiring a certified interpreter working alongside the professional for the benefit of the client is considered best practice.

## **CHAPTER I**

### **RESEARCHER'S PROFESSIONAL INTEREST AND STUDY RATIONALE**

Grand Forks, North Dakota, where this study took place is, the third largest city in the state, with a population of 52,838 (2010 United States Census). Grand Forks is roughly 6 hours away from Minneapolis, MN the largest and most racially diverse city nearby on American soil, and three hours away from Winnipeg, MB, in Canada. Because of North Dakota's economy and lower than national average unemployment rate (Bureau of Labor Statistics, 2010) there has been a large influx of people from out of state, and out of country who have made of North Dakota and its vicinities, such as Northwestern Minnesota, their new home.

The region's homogenous environment has created the need for interpreters in the past and more so in the present due to new arrivals of limited English proficient people. As more limited English speaking people make their way to this region and in larger numbers to the western part of the state due to the oil boom, the greater the concern of human services professionals in the area (Kroll, Yusuf, Fujiwara, 2011) . The need for interpreters has increased and with it the search for best practices. Because building rapport with the client is imperative to the helping process, adding a third person in the mix, such as an interpreter, might impact the work that the provider is trying to

accomplish with the client. Such a dynamic begs the following question: How can a provider build rapport with the client when there is third person involved in the process?

A concern of this researcher is that due to the lack of language diversity in this area and interpreters, the few individuals that practice as interpreters may not have formal training nor have they had to prove that they are truly fluent in another language. Then there is the question of which is the greater good: Is it to assist those who have a language barrier even if it is done halfway, or place the client on some sort of waiting list until they can be properly treated by a professional who is both bilingual and bicultural?

Along with the importance of language when working with limited English proficiency clients, the knowledge of culture is of equal importance. Certain cultural beliefs may be misunderstood by naïve providers as symptoms of mental health problems or aggression. Without the knowledge of culture, risk of clients being misunderstood and possibly misdiagnosed is increased. Due to the possible negative impact that the lack of English speaking skills can have on the life of a client and his or her family, it is important for social workers to understand what to do in a situation where they are not familiar with the client's language and/or culture.

## LITERATURE REVIEW

The literature review will focus on two different components. First, a discussion of the qualifications necessary to work as an interpreter and how interpreters work with clients will be presented. This will be followed by a discussion regarding the use of technology for the purpose of interpretation already in place throughout the country and the world, in addition to the potential use of technology to provide limited English speaking clients with bilingual/bicultural services. Both these components, the interpreter in the original dyad and the use of technological resources for communication purposes focus heavily on the counseling process and therefore can be applied to social workers who work one on one with clients.

**Defining the Interpreter.** What is an interpreter and what are the interpreter's responsibilities is an important question to be posed when working with the limited English proficiency population. An interpreter, for the purpose of this study, is defined as a bilingual individual who assists two individuals who speak different languages.

**Qualifications.** In order to better serve the client and diminish the possibilities of providing inadequate services to clients, it is a best practice to use a trained interpreter. A trained interpreter can be a professional who is trained in the process that he or she is interpreting for, for example: an interpreter trained in the psychiatric process who is

familiar with the terminology and the process. Marcos (1979), author of one of the first articles written about interpreter use during mental health sessions, assessed potential misevaluation in the clinical setting when working with interpreters not trained in the psychiatric process. Some concerns addressed by Marcos (1979) included the reluctance of the interpreter as they communicated the feeling that they were being placed in high responsibility situations, as well as the possibility of distorting the client's message, thus impeding the process of correct diagnosis (p. 172). Lopez and Rooney (1997) focus on the use of trained interpreters in the school setting. The authors report in their study of schools in the New York area, only 30% of employed interpreters had received appropriate training.

Certification and training of a professional interpreter without much knowledge of the language will never be the same as direct communication with a professional who speaks the same language (Hamerdinger, Karlin 2003). Paone and Millet (2008) recommend that for those therapists who have the luxury of choosing an interpreter, it is a necessity to ensure that the interpreter reflects the gender and culture of the client being served, and should be similar in age, this will in turn help the client be identified with the interpreter.

**Need to Establish Rapport between the Social Worker and the Interpreter.** In order to best serve the client, the professional relationship between the provider and interpreter is priority. Taking the time to debrief with the interpreter, assessment of the interpreter's reactions or side conversations, and addressing of any questions or confusions should be done at the end of the session and out of the client's presence (Paone & Mallot 2008). Miller, Martell, Pazdirek, Caruth, and Lopez (2005) suggest that both interpreters and

therapists take a course on how to work effectively with one another, as well as taking the time to debrief after sessions. Hamerdinger and Karlin (2003) address the importance of the therapist understanding that the session will not be the same as working one on one with a client. The therapist needs to be willing to make changes to adjust for the differences, such as viewing the interpreter as another professional who is there to assist in the care of the client. It is also important that the therapist takes time to brief the interpreter before and after each session where he or she informs the interpreter of the goals of the session and allows the interpreter to provide any observations made during the session post session.

**Issues with using Interpreters.** The literature indicates that the interpreter should be someone who is trained and certified as an interpreter. For example, training in school policies and communication skills that are cross-cultural are recommended by Lopez and Rooney (1997) for interpreters that work in school settings. However, sometimes the use of family members as interpreters is considered. The use of family members as interpreters is not a rarity, as they are accessible and cheap for agencies to use. There are many ethical concerns in using family members as interpreters including hierarchical relationships within the family and family loyalties. For example, a family member serving as an interpreter may withhold or alter sensitive information to protect their family member (Amodeo, Grigg-Saito, & Robb, 1997). Unfortunately, many professionals including medical providers continue the use of family members as interpreters. Karliner, Perez-Stable and Gildengorin (2004) surveyed medical providers in regards to their latest encounter where the use of an interpreter was needed. 23.6 % of providers surveyed reported using a relative of the patient as an interpreter. Limited

English proficiency (LEP) clients should not have to reveal sensitive and/or personal information in front of their family members for the sake of communication and/or treatment. In a qualitative study completed by Miller et al. (2005), dyads of 15 therapists and interpreters were surveyed, therapists reported that interpreters would sometimes have inappropriate reactions to client's story when they were not trained, specifically ones that included sensitive subjects. This being the case with untrained and unfamiliar interpreters, it is safe to assume that a family member's reactions to what is being shared could be of equal or greater unprofessionalism.

Another issue present in the use of interpreters is that it can disrupt the didactic relationship between the professional and the client. Most professionals will agree that rapport building with a client is one of the most, if not the most, important factor when it comes to empowering clients during the mental health process. This value is especially important to the field of social work as it is tied with the core value of Dignity and Worth of the Person (National Association of Social Workers, 2008). However, when surveyed, 60% of medical professionals reported feeling unsatisfied in empowering clients about their condition whilst using an interpreter (Karliner, Perez-Stable & Gildengorin, 2004). Other helping professionals (mental health providers) have reported feeling detached from the process as clients engage more with the interpreter (Raval, 1996). When Miller et al. (2005) conducted qualitative interviews to share positive and negatives of working in a triad, interpreters reported forming stronger bonds with the clients, which in turn had therapists feeling left out of the original dyad relationship. When strong bonds form that have the provider feel left out of the process, professionalism and objectiveness are in danger. Metzger (1999) conducted a study that demonstrates what most providers fear by



pointing out that neutrality of interpreters is a myth and that more often than not the loyalty of the interpreter lies with the client and not the provider. This skew is particularly dangerous in a mental health setting for reasons such as issues of transference, counter transference and borderline behavior from the client which can undermine work attempted to be done by the therapist (Hammerdinger & Karlin, 2003).

**Use of Technology for Interpretation Services.** Because North Dakota and Northwestern Minnesota are predominantly English speaking regions, the population of bilingual speaking individuals available for interpretation services is very low in this area. One way around this is to employ the use of technology to provide clients with appropriate bilingual and bicultural services. To ensure best practices, another possibility is to employ professional interpreters using Internet-based applications.

Table 1 describes the types of technology available for Interpretation services.

Table 1. Interpretation Technologies

Interpretation Technologies	Description
LAN Lines	<p>Language Lines are widely used as a form of communication between provider and LEP client. The agency needs to set up an account with a LAN Line service provider. The professional working with the client in need of interpretation services calls the LAN Line and asks for an interpreter that speaks the same language as client, Cyacom Language Solutions the most popular LAN Line provider claims the average wait for an interpreter is of 15 seconds. Interpretation is done over speaker phone.</p>
Video Remote Interpretation(VRI)	<p>VRI is a connection done via high quality video. The interpretation is in real time where parties involved (client, interpreter and provider) are able to see and hear each other. Agency needs to set up account with provider and have the necessary application downloaded on their smart device. The provider can also log on to the web portal to access an interpreter.</p>
Google Translator	<p>Google translator is a website that allows for word to word translation. It does not provide a live person to interpret, and can give more than one translation for one word. There are additional websites that provide word for word translations.</p>

**Technology when working with Interpreters.** In terms of providing professional interpretation services with the use of technology, the use of language lines is widely incorporated. Agencies and organizations that need to provide interpretative services to their clients set up an account with a language line. The language line gives the agency an access number; so that whatever services agency employees use can be tracked to the agency, and then the agency is charged for the services used. Although fairly easy to use, language lines lack the possibility of body language, an important factor when providing therapy. When working with individuals from different background, an understanding of body language is very important, as certain gestures can have different meanings in different cultures, therefore to have an individual being able to see and understand these expressions is imperative to the therapy process. Karliner et al. (2004) suggest that providing remote simultaneous interpretation via headsets, as performed at the United Nations, for example would alleviate the improper use of an interpreter. Video interpretation is another possibility. It utilizes video conferencing technology to allow interpretation to take place in real-time, while at the same time maintaining three-way visual and verbal communication among client, interpreter and provider. Video interpretation alleviates the concern of lacking visual cues between client and interpreter, although it requires the use of devices capable of connecting to the Internet and the use of a webcam and microphone. Google Translator and other translation websites, although helpful when translating documents, might not be as helpful when working with clients. Google Translator is a website that provides word for word translation and does not provide a live person or the possibility of on-going

interpretation. Websites such as Google Translator may provide a variety of translations for one word that have different meanings.

**Considerations for using technology for interpretation and bilingual mental health**

**services.** A concern for some is having access to the Internet, which according to

Horrigan (2008) is a thing of the past, as he states that access to technology is not a major

concern to most Americans given that more than three quarters of the population have

access to the Internet in their homes. For those that do not have this access, having a

community based clinic that provides this technology such as the one employed by

Veterans Affairs could be a potential problem solver. Another concern is the subject of

security, although the provider cannot guarantee the client 100% security either in

Internet-based or in office settings. However, there are steps to be taken such as

passwords and encryption technologies that allow for secure connections to the Internet

(Midkiff & Wyatt, 2008). It is important for mental health providers to share potential

risks associated with Internet-based communication to clients as they would for clients

they see in their office.

As previously discussed, the lack of visual cues when working with clients via the web is a concern, as the therapist cannot fully capture body language, odor, eye contact, etc. Yuen, Goetter, Herbert, and Forman (2011) suggest that the quality of relationship between therapist and client will vary depending on method of communication being used. For example, videoconferencing may enhance relationship as there can be eye contact and encouraging body language, whereas a text based chat room does not provide the audio and visual cues therapists rely on.

Technological problems are part of everyday life and should be no different when it comes to using technology in lieu of a bilingual/bicultural mental health practitioner or actual interpreter. The best way to deal with technology issues is to prepare beforehand with what to do in case of a problem with such lessons on how to troubleshoot and how to reboot the system. A suggestion that illustrates step-by-step instructions when provided to the clients is useful (Yuen, et al., 2011). One ethical concern raised by Yuen et al, (2011) is the delivery of psychological assessments and the challenge in assessing qualities such as gait, posture and personal hygiene. Although some clients may show greater honesty working in remote assessment, the distribution of assessments have not been established via remote delivery or on-line, as this may raise ethical and legal issues such as copyright violations (Buchanan, 2002).

**Statement of the Problem/Research Questions.** Yuen et al. (2011) insist that interventions are becoming increasingly feasible with technology available, therefore as new technology continues to evolve and become more accessible to the general public, so do the opportunities to expand high quality services. For example, video quality has improved vastly, which helps providers identify body language cues something lacking in language lines. Because of the new available technology and the increased need in this region, for interpretation services, the research questions related to this study are as follows: Are interpreters being used and how often? What are the interpreter qualifications? What technology is currently being used by local agencies? Is the agency open to incorporating new technologies to better serve their LEP populations? Due to these questions being exploratory in nature, hypotheses are not proposed.

## CHAPTER II

### METHODS

#### INSTRUMENT DEVELOPMENT AND PARTICIPATION

This chapter describes the plan for recruiting participants, the instrument used, and how data was collected and analyzed.

**Participants.** The list of agencies that work directly with the University of North Dakota (UND) social work students as placement agencies for undergraduate and graduate fieldwork was provided by the Field Director at the UND Department of Social Work. Using purposive sampling, agencies that had the potential of working with limited English proficiency clients were chosen. Chosen agencies (105) in the state of North Dakota and Northwestern Minnesota region were contacted by email. The email included a request to fill out a survey regarding the use of interpreters and the use of technology for interpretation, as well as a brief explanation for the purpose of the information being requested and a direct link to the survey. In the body of the e-mail, the information of this researcher and advisor, along with IRB number and purpose for the information collected, was included.

**Instruments.** The 18-item survey instrument was designed based on a literature review of the use of interpreters and the use of technology. The survey was revised by a committee to ensure comprehension, appropriate length, readability and validity. The

survey consisted of four different sections. The first section of the survey consists of demographic information regarding clients and services. The second section of the survey focused on the language barrier encountered by the agency and the client. The third section of the survey focused on the use of interpreters within the agency. The final section of the survey is focused on current use and potential future use of technology to alleviate language barriers. Overall, the survey consisted of closed ended questions using multiple choice response sets and open-ended questions that asked for the participants' opinions about a particular idea. A copy of the survey appears in Appendix A. The survey was administered using Qualtrics, an online survey software available through the university.

**Data Collection.** All data related and collected for this study was stored in Qualtrics which was password protected to ensure confidentiality and to adhere to human subjects' research guidelines. This data consisted of e-mail addresses of agencies, survey forms, and completed surveys. In addition, copies of e-mail addresses, and surveys were kept in this researcher's home in a locked file cabinet. Ultimately, emails were sent to 168 individuals in 105 different agencies inviting to complete the survey. Completed questionnaires were received from 54 of 168 (32% response rate). Which makes this study difficult to generalize as the response rate was low. It also leaves this researcher wondering about the other agencies, and if there is a larger need for interpretation and the potential reasons for the agencies not to fill out the survey.

**Data Analysis.** Univariate statistics such as frequency tables were used to analyze the quantitative data. The univariate statistics were computed using SPSS 22. Qualitative data was coded and organized into themes.

## Chapter III

### RESULTS

Participants were asked how often they work with clients who need interpretation services, 7% (n=4) of respondents answered very often, 7% (n=4) responded often, and 46% (n=25) responded somewhat often. In addition 32% (n=17) chose never. The question regarding demographic information of clients provided a variety of answers from ethnic background to immigrants, without the description of which country. Respondents were given three options, New Americans, Migrant Workers and Other. 39% (n=21) of respondents chose New American as the population that they mostly serve, followed by other at 33% (n=18) and migrant workers at 6% (n=3). The majority of other responses chose Hispanic/Latino/Spanish speaking, followed by immigrants/foreign born without listing the home country. Deaf clients, was chosen by three respondents followed by Slavic regions, a couple of the answers were not applicable to the question, such as offender, minimal populations and N/A were also indicated under the other list.

When asked if the issue of language barriers ever comes up in agency meetings, close to 60% (n=32) of respondents chose yes. For those respondents that chose yes, they were asked *in what ways has the issue of language barriers come up in your agency meetings?* Most of the answers were in one way or another related to budgeting. For example, a respondent shared “not having an interpreter available who provides low-cost



or free interpretive services. Another answer was the ability to use evaluation tools and information brochures that are only available in English, as well as lack of resources for identifying interpreters. For example, one participant stated “Evaluation tools are only in English, difficulty in providing service”.

When it came to interpreter use, 61% (n=33) of respondents that claimed they use interpreters in their agency, shared that the interpreters they worked with had some kind of certification, although only 15% (n=8) of respondents shared that the agency tests for language fluency. The disadvantages for agencies not to test for fluency is that providers cannot guarantee that the interpreter is doing a good job in interpreting what is being said which ultimately puts the client in jeopardy. Participants were asked “*where do you reach interpreters?*” In other words, what process does your agency undergo to hire an Interpreter? 23% (n=13) of respondents indicated that the agency hires their own interpreters. 37% (n=21) indicated that the agency uses phone interpreters, 28% (n=16) indicated that the agency uses family members as interpreters and finally, 12% (n=7) indicated that the agency has bilingual staff. When it came to the question of “*Do you believe that the use of an interpreter interferes with you building rapport with your client?*” Almost 32% (n=17) of respondents responded that it did not. However, out of these respondents not all provided psychological therapy to the clients. The 20% (n=11) of respondents that claimed that it does interfere with rapport building were asked to provide their reasons. Several themes emerged from these responses. First, was the lost meaning in interpretation. Second, was the concern about if what was being conveyed to the client was interpreted correctly. Third, was the lack of clarity. Another respondent mentioned the confidential nature of the process and the difficulty when it comes to

having difficult conversations. This person also shared that holding clients accountable through an interpreter is difficult. A respondent added that it could feel as though the client is guarded when there is another person present in the room.

Over half of respondents 39% (n= 21) chose no to the question “does your agency take advantage of technology available when working with limited and non-English speaking clients?” Out of the 37% (n=20) that chose yes to the question does your agency take advantage of technology when working with limited and non-English speaking clients, 20% (n=11) chose Google translator or other online translation tools, 7% (n=4) chose other. Respondents that indicated that they used another type of technology for translation indicated that they used language lines. In answer to the question, “To your knowledge have your clients taken advantage of on-line therapeutic services offered in their first language?” The majority of respondents (54%, n=29) chose I don’t know, followed by no (17%, n=9) and yes was chosen by three respondents.

Respondents were asked to identify up to three advantages and disadvantages they believe exist for using on-line therapeutic services offered in their limited English proficiency client’s first language. Answers were varied. The majority of the answers in response to advantages, were related to being able to communicate without the need of an interpreter and understanding of the culture from the provider’s perspective. Other repeated answers expressed the fact that clients would not have to travel; clients would also not need to worry about confidentiality issues, as these communities are small and clients could avoid having their interpreter also be connected to their community life. One respondent shared that having a trained therapist who speaks the client’s language

and is familiar with cultural nuances, could potentially get to the core of the issue easier, although this might not always be the case.

When identifying up to three disadvantages, respondents pointed out the loss of “in person” contact, followed by technological problems. The final mentioned disadvantage was that the provider would not know of local support services to refer clients to.

## **CHAPTER IV**

### **DISCUSSION**

This research was intended to examine the current protocols in place in the human service agencies in the state of North Dakota and Northwestern Minnesota areas regarding the use of interpreters and technology currently in use when working with limited English proficiency clients. This research project also intended to gain an idea of how often professionals take advantage of technology as an aid when communicating with LEP clients, what applications are being used, as well as agency openness to using other types of technology to either aid with interpretation or to connect clients with bilingual/bicultural professionals.

An interpreter, according to the literature review, should be a certified individual who is familiar with the process for which he or she is interpreting for and someone who resembles the client in culture and age; this is considered best practice. However, because of the lack of certified interpreters, budget concerns with agencies, etc. many providers use or have used family members as interpreters. In fact, 28% (N=15) of those surveyed indicated that their agency uses family members. Because of the many potential problems in using family members as interpreters, experts are urging professionals to turn away from this practice and to engage in providing interpretation services to their client through the use of professional interpreters. This can be

accomplished by sharing information with other agencies about certified interpreters in the area and by offering certification trainings to bilingual individuals.

Some of the concerns in using interpreters according to the literature review identified in the survey are the level of competency of the interpreter and the potential interference the interpreter might bring in the building of rapport between provider and client. An important factor in working with limited English proficiency (LEP) clients is to communicate effectively with an individual who speaks another language. Another important factor is body language, as this may be misinterpreted by an individual who is not familiar with the client's culture.

When asked about interpreters being used, many agencies in the area (37%, n=21) report using language lines to aid in the communication process when working with limited English proficiency clients. This is a concern because the interpreter who may or may not be familiar with the client's culture cannot assist the professional in assessing body language. Misinterpretation of body language can negatively impact the process as it can lead to mistakes in diagnosing clients or understanding the client's intent. For example, a client of Latino descent may want to hug the provider showing appreciation, as physical proximity is the norm for many Latinos. It is quite possible that this can be misunderstood as a boundary issue.

The literature review outlined what are believed to be disadvantages when interacting with someone via webcam such as loss of person to person contact, and client's access to computers. The participants of this study demonstrated that these are indeed recurring themes. The literature review provided research evidence that when

receiving mental health services online, loss of rapport is not the case, as there have been no significant differences between online therapy and therapy in person. One of the suggestions in the literature review is the continuation of eye contact and body language when working with a client using synchronized video based technology. The literature review also suggested that not being able to connect to the Internet is a thing of the past, as the majority of American homes own a computer or a smart device, or can access these online services through their community such as a private room in a library (Horrigan 2008). As agencies are using technology to aid with communication, as evidence by the responses of those surveyed, there is a possibility of incorporating better technological advances to continue to aid with communication barriers between clients and providers.

The possibility of being able to see body language and have eye contact may potentially decrease the loss of contact and loss of visual cues, as in the case of using interpreters over the phone. As discussed in the literature review, best practice is to have individuals who speaks and understands the same language and culture as the client in order to be better equipped to assess and work towards goal attainment in the least amount of time. However when this is not an option, there are technological advances that can reduce the gap in quality services being provided to LEP clients. One of those technological advances is video remote interpretation (VMI), described under Use of Technology for Interpretation Services section. Using VMI in absence of a qualified bilingual/bicultural provider and in person certified interpreter may enhance the communication and positive experience of both client and provider. It can also decrease the amount of time spent in finding a qualified interpreter for the needed language in the area, as some of the qualitative responses to the question of *advantages for using on-line*

*therapeutic services* can be applied to using on-line interpretation services. Example from the survey, “*Availability for less common language*”, “*not having to depend on an interpreter showing up*”, “*better qualified translators (interpreters)*”, and “*faster services*”.

Upon beginning this study, it was believed that the majority of human service agencies were not hiring certified or experienced interpreters and the majorities were using family members instead. The first research question was related to the use of interpreters and how often the agencies need interpreters. Through the course of the administration of the survey, analyzing and interpreting the data, this researcher has learned that of those agencies that do use interpreters, 33% (n=18) of respondents, claim that interpreters are certified. Another research question was that professionals employed in human service agencies were not taking advantage of technology to aid with communication with LEP clients at all. However, 37% (n=20) of those surveyed answered “Yes” to using technology when working with LEP clients, while 39% (n=21) answered “No”. What was essentially found in the work between agencies and LEP clients and the involvement of interpreters is that 33% (n=18) of the participants are claiming that interpreters are certified when only 12% (n=7) indicated that their agency tests interpreters for fluency. One conclusion that can be drawn is that respondents are using language lines interpreters and in turn believe that the interpreters they work with over the phone are certified. The 37% of respondents that answered yes to using technology when working with interpreters can also be those that use language lines as a major form of communication between themselves and the LEP client. Although telephone lines are technological in nature compared to physical conversation they are

certainly old compared to newer technology available programs such as skype, where one can have a conversation in present time and view the individual through a monitor screen.



## CHAPTER V

### CONCLUSIONS AND LIMITATIONS

There are several limitations to this study. The first limitation is that due to the area the amount of agencies that have the potential of working with limited English speaking clients was low to begin with. The response rate was low thus making it difficult to generalize. Having said this, this study was designed to be limited, as only the work completed with interpreters in this small area was relevant. The articles used were old and possibly out of date; this is an indication that current research is needed, especially as technological advances occur rapidly. For example, there isn't much written about technology and interpretation when working in mental health, this is an indication that new research is needed.

Also, it was difficult to generalize survey questions as it is not possible to ensure understanding of the question by participants. One example of this was the survey question asked for what population of limited and non-English speaking clients does your agency mainly serve, which included the options of New Americans, Migrant Workers, and Other please list, respondents chose other and listed offenders, undocumented and minimal populations, which was not descriptive of the region or place of birth of limited English proficiency clients nor was it clear, this was the most obvious question misunderstood by respondents.

The social desirability bias of the survey questions was also a limitation as respondents might have answered the research question in a way that made their agency look as if it was following best research practices instead of questionable practices such as the use of family members as interpreters when working with limited English proficient clients, (King & Bruner 2000).

**Recommendations and Best Practices.** This study concluded that there is a need for education to human service agencies about best practices when working with interpreters. One speculation as to why the number of agencies using certified interpreters is so low (33% n=18), is that there isn't any training available for interpreters in the area where bilingual individuals can receive proper training, in contrast to other states where companies can provide certification through local colleges or other programs. This lack of training speculation is that agencies in the area do not have the necessary information and or funds to hire professionals to train the bilingual individuals they use as interpreters. A possible solution for this problem is to seek the assistance of other professionals in human services in areas where interpreter use is common and where the agency hires certified interpreters. In regards to funding, it is a federal requirement for clients to receive services in their language; research on federal or state assistance could help in ensuring funding. The importance of communicating to providers that the use of family members is not advisable for a variety of reasons included the ones above mentioned. Having family members' interpret for the sake of communication is a direct violation of the client's privacy. There can be confidentiality issues from a family member's part, and because they are a family member and not a trained professional they should not be held accountable. Using family members to interpret can be detrimental to

the client's process, especially when the family member being used is the client's own child, as this can result in role reversal. It is also important to provide agencies with better options when it comes to working with limited English proficiency clients, such as having an available and marketed course for bilingual individuals to take and become certified and trained to professionally provide services. The same companies that offer language lines also offer interpretation services on-line in real time. The sharing of resources between agencies is also very important, as there may be agencies that employ interpreters on a part time basis that could potentially be "sharing" the interpreter's services with other agencies in the area. This is also a great business opportunity for this area, to train, advertise and network with agencies.

These findings are important to the social work field as social workers work with a variety of individuals and need to be prepared to be effectively working with limited English proficiency clients, but might find themselves in a position where they are being asked to engage in mediocre (at best) practices due to resource constraints. Best practices when working with LEP clients should be part of curriculums across social work programs and other helping professions as these are the backgrounds needed to work in human services agencies, this can be a curricular component as it might only be included in larger urban areas where non-English speakers are more prevalent. Having clients work with professionals from the same or similar backgrounds who speak their language and understand their culture would be the best solution to minimize misunderstandings and misdiagnosing as these have been reported as disadvantages when working with interpreters by respondents, as well as faster service. Ultimately, it is important for both

providers and interpreters to work as teams and to learn how to effectively work with one another to provide the client with the best possible care.

Future studies can focus on the view of the client and his or her well-being when working with interpreters instead of the provider. Research focusing on the wellbeing of the client when interpretation services are used would also be an excellent study. If a study like this were to be conducted, the researcher could share his or her findings with the agencies interviewed, as well as information to connect the agencies with interpreters in the area, certification of interpreters and additional information about funding, as this researcher can assume that lack of time also plays a big role in ensuring best practices when working with limited English speaking clients. A more thorough question about barriers to ensure best practices instead of real practices would be explored with agencies as ways to overcome these barriers. An interview with client's family members that are being or have been used in the past as interpreters would also be beneficial, as this would give the researcher insight to the quality of the relationship between client and family member. New or additional research regarding interpretation services and technology would be beneficial to understand how the use of interpretative services via a screen differs from in person interpretation and telephonic services.

Informing clients of potential limitations as well as benefits of using on-line interpreters would be of importance as this researcher speculates that limitations would be similar to those of using therapeutic services on-line. An important question would be if having the same interpreter every time a mental health provider works with a client would make a positive difference instead of having a different one each time. If it is important for the client and the provider to have the same interpreter, how would this be

doable when using language lines, where they employ hundreds of interpreters and time is of essence? If agencies were to start using on-line technology to aid with interpretation a comparison of data between using language lines satisfaction of both client and provider would provide greater detail in the incorporation of these more advanced services.

## Appendix A

### Consent Form

#### Thesis Survey

Q1 You have been selected to participate in a survey about the use of Interpreters because of your agency's potential in working with limited or non-English speaking clients. Below you will find several questions regarding the services and current policies within your agency when working with limited or non-English speaking clients. Please take 5-10 minutes to complete this survey. The information you provide will be collected anonymously and compiled and analyzed to help inform social workers about current practices regarding working with limited or non-English speaking clients. Furthermore, participating in this survey will not cause any physical or psychological harm. Finally this survey has been approved by the University of North Dakota's Institutional Review Board (IRB #IRB-201412-141) If you have any questions about the instrument please feel free to contact me at: [alma.torres@my.und.edu](mailto:alma.torres@my.und.edu) If you have any questions or concerns about the academic research being conducted please contact my Academic Supervisor; Dr. Andrew Quinn at 701-777-2669

Thank you,

Alma Torres, Graduate Student

Department of Social Work, University of North Dakota

If you are willing to participate please choose yes below and you will be taken to the beginning of the survey, if you choose not to participate please click on the No button and you will be taken to the end of the survey

- Yes
- No

Q2 What services does your agency currently provide? (Check all that apply)

- Counseling/Therapy
- Crisis Counseling
- Case Management Services
- Referrals
- Others, please list \_\_\_\_\_

Q3 How often do you work with clients who need interpreting services?

- Never
- Somewhat often
- Often
- Very often

Q4 What population of limited and non-English speaking clients does your agency mainly serve?

- New Americans
- Migrant Workers
- Other, please list \_\_\_\_\_

Q5 Have the issues of language barriers ever come up in your agency meetings?

- Yes
- No

Q6 In what way has the issue of language barriers come up in your agency meetings?

Q7 How often do you refer clients to other agencies due to language barriers?

- Never
- Somewhat often
- Often
- Very Often

Q8 How far, on average, do your clients travel to reach a professional who speaks their primary language?

- 0-50 miles
- 51-100 miles
- 101 miles-or more
- I don't know

Q9 Does your agency use Interpreters?

- Yes
- No, but agency is open to it
- No, we have not considered using Interpreters

Q10 Do the Interpreters you use have an Interpreter Certification?

- No
- Yes

Q11 Do you test for language fluency when hiring interpreters?

- Yes
- No

Q12 Are the Interpreters you use bound by confidentiality?

- No
- Yes

Q13 Where do you reach interpreters? In other words, what process does your agency undergo to hire an Interpreter, please check all that apply.

- Agency hires own Interpreters
- Agency uses phone Interpreters
- Agency uses family members as Interpreters
- Agency has bilingual staff
- Agency does not use Interpreters

Q14 Do you believe that the use of an Interpreter interferes with you building rapport with your client?

- No
- Yes



Q15 Please provide some reasons why you believe that the use of an Interpreter interferes with rapport building?

Q16 Does your agency take advantage of technology available when working with limited and non-English speaking clients? For example: Google Translator or other on-line translators, translation app on cellphone, or other services?

- No
- Yes

Q17 Which of the following technologies does your agency currently use?

- Google Translator or other on-line translation tools
- Translation App on cellphone
- Other, please list \_\_\_\_\_

Q18 To your knowledge have your clients taken advantage of on-line therapeutic services offered in their native language?

- Yes
- No
- I don't know

Q19 Please identify up to three ADVANTAGES that you believe exist for using on-line therapeutic services that are provided for your limited and non-English speaking clients in their native tongue.

Advantage #1  
Advantage #2  
Advantage #3

Q20 Please identify up to three DISADVANTAGES that you believe exist for using on-line therapeutic services that are provided for your limited and non-English speaking clients in their native tongue.

Disadvantage #1  
Disadvantage #2  
Disadvantage #3

Q19 THANK YOU FOR TAKING THE TIME TO ANSWER MY QUESTIONS!

## Appendix B

Table 2: Frequency Tables

Question	Responses	N (%)
How often do you work with clients who need interpretation services? (N=50)	Never	17 (31.5%)
	Somewhat Often	25 (46.3%)
	Often	4 (7.4%)
	Very Often	4 (7.4%)
What population of limited and non-English speaking clients does your agency mainly serve? (N=42)	New Americans	21 (38.9%)
	Migrant Workers	3 (5.6%)
	Others	18 (33.3%)
Has the issue of language barriers ever come up in your agency setting (N=50)	Yes	32 (59.3%)
	No	18 (33.3%)
How often do you refer clients to other agencies due to language barriers? (N=47)	Never	37 (68.5%)
	Somewhat Often	9 (16.7%)
	Very Often	1 (1.9%)
How far, on the average do your clients travel to reach a professional who speaks their primary language? (N=43)	0-50 miles	21 (38.9%)
	51-100 miles	1 (1.9%)
	101 miles or more	1 (1.9%)
	I don't know	20 (37%)
Does your agency use interpreters? (N=47)	Yes	33 (61.1%)
	No, but agency is open to it	9 (16.7%)
	No, we have not considered the use of interpreters	5 (9.3%)
Do interpreters that you use have an interpreter certification? (N=29)	Yes	18 (33.3%)
	No	11 (20.4%)
Are the interpreters you use bound by confidentiality? (N=27)	Yes	26 (48.1%)
	No	1 (1.9%)
Do you believe that the use of an interpreter interferes with you building rapport with your client (N=28)	Yes	11 (20.4%)
	No	17 (31.5%)

Do you test for language fluency when hiring interpreters? (N=28)	Yes	8 (14.8%)
	No	20 (37%)
Does your agency take advantage of technology available when working with limited and non-English speaking clients? (N=41)	Yes	20 (37%)
	No	21 (38.9%)
Which of the following technologies does your agency currently use (N=18)	Google Translator or other online translation tools	11 (20.4%)
	Translation App on Cellphone	3 (5.6%)
	Other	4 (7.4%)
To your knowledge have your clients taken advantage of on-line therapeutic services offered in their native language (N=41)	Yes	3 (5.6%)
	No	9 (16.7%)
	I don't know	29 (53.7%)
What services does your agency currently provide? (N=54)	Counseling/Therapy	15 (27.8%)
	Crisis Counseling	12 (22.2%)
	Case Management	
	Services	34 (63%)
	Referrals	30 (55.6%)
Where do you reach interpreters (N=54)	Other	26 (48.1%)
	Agency hires own interpreters	13 (24.1%)
	Agency uses phone interpreters	21 (38.9%)
	Agency uses family members as interpreters	16 (29.6%)
	Agency has bilingual staff	7 (13%)

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