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## Found in translation : how social work education can support student practice with language-discordant client systems

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Martha Early  
Found in Translation: How Social  
Work Education Can Support  
Student Practice with Language-  
Discordant Client Systems

### **ABSTRACT**

This study's research question was "How can schools of social work support their students to work with language-discordant client systems (LDCS)?" In addition to the need for general support, social work students are preparing to enter a field where the patient population is growing increasingly diverse in terms of ethnicity, culture and language ability. Participants in the study described herein were current and recent social works students who were recruited for sample membership via broad social media outreach, supplemented with outreach to the researcher's professional network

The findings of this study indicate that the role of schools of social work in supporting practice with LDCS is minimal at this time compared to support from internship settings.

The major implication for social work education is that schools of social work should implement self-care for students and ethical decision-making programming in order to help students to cope with complex practice circumstances, including those that might arise when practicing with language-discordant client systems.

**FOUND IN TRANSLATION: HOW SOCIAL WORK EDUCATION CAN SUPPORT  
STUDENT PRACTICE WITH LANGUAGE-DISCORDANT CLIENT SYSTEMS**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2017

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# CHAPTER I

## INTRODUCTION

The ongoing realities of globalization, immigration, and international conflict impacts who student social workers work within their internship settings. From the Syrian refugee crisis to the trend of Central American unaccompanied minors crossing the United States - Mexico border in the hope of safety, it is safe to assume that not every patient, caregiver, or person involved in social services will be fluent in or even understand any English. Likewise, social service recipients and related persons who need to communicate in a language the social worker does not understand cannot always count on the fact that every provider and treatment setting will have the ideal support and resources needed to build the required working alliances and deliver appropriate and efficient services.

Thus, the purpose of the study described in this document was to explore the experience of student social workers with language-discordant client systems and all significant related others (LDCS). Specifically, the research question asked how schools of social work can support their students to work with LDCS.

To the end of providing quality services to people in need, social work students are trained to assess the needs and goals of their clients based on several factors, including language ability. However, when they are asked to practice with people who speak in a language they do not understand, especially in complex situations and under stressful circumstances, what support makes the difference between quality service and ineffective service?

The research design utilized for this study emphasized examining data about recent practice experiences by soliciting survey responses from social work students who earned their degree within five years prior to the study or who were students at the time of the study. Ideally,

the benefit of this study for social work and society is a contribution to the professional knowledge base about the issues of working with people whose primary or sole language is other than that of the service providers and to better inform and improve social work practice with language-discordant patient populations.

The study's content is described and discussed in the following chapters: Chapter II (Literature Review) addresses the existing body of literature related to social work education, working with LDCS, working other interpreters, and more related material. The thorough review of the existing literature both makes the case for this project's need to exist and informed the researcher's choices of methodology for the study's execution. Chapter III (Methodology) provides a rationale for both the study's mixed-methods approach and social media sampling technique and describes the methods used to conduct the study. Chapter IV (Findings) reports and summarizes the most relevant quantitative and qualitative findings from the study. Lastly, Chapter V (Discussion) examines the findings in terms of the existing knowledge base (as identified in the literature), offers implications for social work education and practice, and makes recommendations for further research.

All relevant appendices, including copies of the informed consent and survey instrument, may be found at the end of the thesis document.



## **CHAPTER II**

### **LITERATURE REVIEW**

The purpose of this literature review is to explore all pertinent conceptual writing and empirical research related to the research question, “How can schools of social work support their students to work with language-discordant client systems?”

#### **Social Work Education**

##### **Supporting Students**

The rationale for schools to support students in various ways is that plenty of empirical research findings imply that the consistent, reliable supports lead to the better academic outcomes, perceived competency and program satisfaction (e.g. Hopson, Schiller & Lawson, 2014; Ruzek et al., 2016). For example, several studies focus on the implementation and impact of different supports and programs in elementary, middle and high school settings. Hopson et al. (2014) found that social support from adults, parents, teachers and neighbors is a “protective factor” that positively impacted the academic outcomes of low-income middle school students. Additionally, the study emphasized the use of social networks to help set healthy behavioral norms for students. Similar to the aforementioned research, social work education programs might integrate contextually appropriate supports to foster student achievement and well-being in order to work effectively with language-discordant client systems and other patient populations.

Infrastructure and services are not the only options for social work programs looking to comprehensively support their students. For instance, Ruzek et al. (2016) found a positive correlation between adolescent student engagement, motivation and autonomy when teachers are perceived to be emotionally supportive. Factors that make up an emotional support classroom include positive climate, teacher sensitivity and regard for the student’s perspective. Students

were also more likely to report “positive and supportive relationships with their peers” in an emotionally-supportive classroom (p. 102). Peters and Woolley (2015), who conducted a study of environmental risk and protective factors for the academic success of middle and high schoolers, also found that “high levels of support—frequent and effective actions taken by adults to create trust with students—also predicted higher grades” in addition to control and challenge (p. 140).

Literature also exists on the impact of school supports for students in fields similar to social work. Tompkins, Brecht, Tucker, Neander and Swift (2016) studied which kind of social support best predicts graduate student satisfaction within professional psychology programs. Taylor (2012) defined social support as “perception or experience that one is cared for, esteemed, and part of a mutually supportive social network” (<http://www.oxfordhandbooks.com.libproxy.smith.edu:2048/view/10.1093/oxfordhb/9780195342819.001.0001/oxfordhb-9780195342819-e-009>). The findings show that students did not perceive that faculty provide the most “academic socioemotional support” (p. 106). However, the findings imply that perceived levels of faculty support “most highly predicted training program and life satisfaction” (p. 106). These findings suggest that faculty support is highly impactful on student program and life satisfaction, but students perceive it to be a limited resource. As a result, it is worth asking whether and how this limitation can be expanded for the sake of student support in social work programs, specifically.

Institutional and faculty support are not the only kinds of support that impact academic outcomes. An exploratory study by Cahill, Bowyer and Murray, (2014) about the effectiveness of academic and pastoral support on undergraduates found that out of 846 participants, about 50% found that fellow students provided the most useful academic support. Further results from

a study by Cadima, Ojeda and Monguet (2012) link student performance with use of educational social networks in geographically distributed programs. Findings support the hypothesis that the more contacts in a student's social network, the higher their performance rating by instructors. The results also show that the "shorter the distance" or "closeness" of one student to all the other learning community members, the better their performance (p. 301). Student achievement was linked to interactions with faculty and also to both frequent and accessible interactions with fellow students. Similarly, Wheelan and Lisk (2000) studied small groups of undergraduates dealing with "variable levels of instructor support and encouragement" (p. 728) can still function as effective cooperative learning groups. That is, even with low perceptions of instructor support, small learning groups can still succeed by finding ways to autonomously develop and give effective feedback, make informed decisions and act on them, and encourage quality work within the group in pursuit of an educational goal. The findings from both studies imply that in situations where there is a physical distance or supportive disconnect between students and instructors, social support from fellow students can be an asset in term of student performance.

Finally, there is empirical literature about the assessment and development of academic supports for students, depending on the learning context. Pololi et al. (2016) conducted a study where medical students filled out a survey to assess their learning environment. The survey included measurements of nine "dimensions of culture," including institutional support. The findings show that when students do not perceive strong institutional support, the specific survey tool can be used to develop and assess "implemented innovation activities" meant to improve institutional support. Similarly, Rummell (2015) surveyed psychology graduate students about workload, health and program satisfaction. The findings include complaints about lack of

perceived support from faculty, and the researchers recommend the formation of student support groups as one way to address the issue.

### **Social Work Programs**

Why focus the research question on social work, as opposed to psychiatry, clinical psychology, and mental health counseling programs? Firstly, this thesis is a social work study intended to help social work professionals improve their ability to work with language-discordant patients. Secondly, according to a report by the Congressional Research Service, clinical social workers are the primary providers of mental health services in the United States (Heisler & Bagalman, 2014).

Social work is a practice-oriented field, and the engagement of students in the field in practical learning situations is integral to competency. According to the Council on Social Work Education (2015), baccalaureate and masters-level social work education has been competency-based since 2008, and “the goal of the outcomes approach is to ensure that students are able to demonstrate the integration and application of the competencies in practice” (p. 6). While students share some responsibility in their learning, it is the also work of faculty and administration to develop and provide supports to help students with the integration of theory and application of practice in order to produce competent clinicians. Social work program accreditation is not based in curriculum content or structure, but instead a “competency based approach” which means “assessing students’ ability to demonstrate the competencies identified in the educational policy” (p. 6).

As a profession that “promote[s] human and community well-being” (p. 5), there is significant overlap between social work graduate competencies and the skills required to work with language-discordant client systems. For example, the “demonstrate ethical and professional

behavior” competency (p. 7) requires that a student exercise ethical decision-making skills in order to locate and use a professional and contextually appropriate interpreter that can ensure patient confidentiality in a healthcare setting field internship. The “engage diversity and difference in practice” competency (p. 7) requires that a student find ways to work with and advocate for language-discordant client systems in a social work setting where language ability may be a barrier to services. Lastly, the “advance human rights and social, economic and environmental justice” competency (p. 8) might come up in a field internship setting where the population includes asylum seekers, refugees and immigrant client systems, all of whom might be language-discordant with the student.

In addition to other populations, monolingual and/or language-discordant patients can be logically included among specific marginalized and oppressed populations that social work students can expect to work with. Berzoff and Drisko (2015) write about the many threats to "equitable mental health treatment" (p. 266) in clinical social work education and practice, and their implications for training future clinical social workers. These threats include increased demand for services alongside budget cuts, reduced supervision, treatment models oriented towards behavior as opposed to the person-in-environment approach, and reduced emphasis on relational theory and early development; all these threats may potentially impact a student social worker during their curricular field experience. Further, Berzoff and Drisko (2015) warn that diminished public services largely impact low-income people of color, and language for LEP clients is among the risk factors for compromised care. The authors present a framework for critically assessing social work education supports as a matter of urgency, if schools hope to continue to train dynamic clinicians with the knowledge and skills to practice competently.

## **Social Work Students**

In order for social work schools to implement effective supports for students, it is important to understand the unique challenges social work students face. Existing literature emphasizes the impact of stress of social work professionals and students, making a connection between unsupportive dynamics in work and field with compassion fatigue, high turnover and burnout. For example, Barbee et al. (2009) conducted a qualitative study of child welfare social workers where self-reported challenges such as poor supervision and lack of support from colleagues correlated with a clinician's desire to quit their agency. Even social workers with specialized child welfare training from their BSW program were negatively impacted by a lack of coworker support and supervision, despite the hypothetically protective factor of advanced practice skills. This suggests that advanced social work training does not compensate for lack of social support in demanding professional situations. If this is the case, social work programs must support students to cope with or manage less than ideal post-graduate professional circumstances.

Current literature suggests that social work students experience significant stress even before entering the professional workforce. For instance, Collins, Coffey and Morris (2010) used a questionnaire to measure the amount and kind of stressors impacting social work students in the United Kingdom, finding that students were subject to many demands that negatively impacted self-esteem and emotional well-being. Support provided by fellow students, course tutors and instructors mediated the stress for many. The study emphasized that some social work students enter school at a disadvantage if they have preexisting low self-esteem and less experience in social work, which means less experience coping with the stressful aspects of the field. The conclusion emphasizes that students should be provided with more financial support in order to mediate the need to work in addition to school, as well as the need for students to be

“adequately resourced and empowered to cope more effectively” by institutional supports (p. 980).

Existing literature also supports the hypothesis that even though education is an important part of professionalization to social work, schools should explore ways to support students to support themselves as they prepare to enter a stressful professional field. Grant and Kinman (2012) surveyed 240 undergraduate social work students in the United Kingdom in order to explore the role of resilience as a protective factor. The researchers cite emotional intelligence and social support as predictors of resilience and argue for awareness of resilience, but also use of evidence-based interventions to foster resilience in social work trainees, and eventually help them translate resilience into practice. Newell, Ebra and Elson-Gardell (2014) suggest a competency-based approach to teaching self-care to social work students as a “moral and ethical imperative” (p. 437), based on the field’s risk of compassion fatigue, burnout, and secondary traumatic stress. Beaumont and Hollins Martin (2016) propose the integration of Compassionate Mind Training into therapist education, in order to better practice compassion for clients as well as themselves when faced with challenging clinical situations. Gockel and Deng (2016) describe a pilot program of mindfulness training as “contemplative pedagogy” in social work education, for the purposes of self-care and developing self-awareness as a clinical tool. These varied studies make a collective point that external and internal modes of student support (e.g. faculty support and self-care routines) are not always available or emphasized during social work education, which contributes to the dilemma of social work students training to effectively support others, but having limited or no access to support options derived from others or themselves.

To complicate matters, existing literature supports the hypothesis that despite the stressors social work students cope with in their role as professional helpers, they are not the most confident help-seekers. For example, Rudowicz and Au (2001) surveyed social work students in Hong Kong about their feelings as a result of crisis or “help-seeking” situations. The result shows that approximately 47% of shame experiences were linked to poor academic performance, as well as feelings of “fear of exposing own weaknesses” (p. 85). More than 80% of feelings of “doubts of being misunderstood” were linked to family, peer or school-related crisis situations, and friends were the most called-upon sources of support in crisis situations (p. 87). While the Chinese cultural context is a limitation of the study, the results imply that there are disincentives for social work students to seek help when in crisis, despite their role as professional helpers in-training, that could fathomably appear in a different culture.

### **Working with Language-Discordant Patient Systems**

In the contemporary United States, immigration is a statistical reality. According to the US Census Bureau (2015), approximately 43 million residents identify as foreign-born, or 13.5% of the entire population. The mental health needs of immigrants, their family members, and others related to them range from the immigration process to acculturation to discrimination. Many immigrants encounter mental health services as refugees or asylum seekers, as a result of the threat or experience of violence, torture and other trauma in their country of origin (Suárez-Orozco, Birman, Casas, Nakamura, Tummala-Narra, & Zárate, 2013).

### **Mental Health Needs**

Fortunately, there is significant literature about the mental health treatment disparities of racial and ethnic minorities in the United States, specifically in terms of accessing readily available mental health services, getting needed treatment, receiving quality care, and having their



minority identity represented within mental health literature (Lim, 2015). Bauer, Chen and Alegría (2010) found that limited English proficiency (LEP) status in Latino and Asian-Americans with mental health disorders made the patient more likely to go longer periods without treatment, and less likely to perceive a need for treatment or seek treatment compared to English-proficient patients. Notably, the researchers find that even when adjusting for variables like age, nativity and lower education, LEP status was still associated with lower likelihood of lifetime treatment. Barriers to quality mental health care are not just about immigration status and nativity, but also about language concordance with providers. Language-discordant communication in social work is a situation with its own standards of competency and potential to facilitate or complicate client care. Thus, social work students and their educators must take language ability into the assessment of a patient's case, just like they would for any other discrete identity, ranging from age to race.

### **Working with Interpreters: Practice & Challenges**

**Need for interpreters.** Sixty-four million U.S. census survey participants speak a language other than English at home, and 25 million speak English less than very well (US Census Bureau, 2015). Even if a social worker's identified client is language-concordant, the client might have a language discordant partner, family member, or other person that needs to be communicated with or involved in the client's care. While ideal circumstances might mean that bilingual providers and other hybrid roles like transcultural mental health workers were readily available at any time in every setting, it is not the practice norm in many care settings and traditional interpreters are required in the meantime (Arafat, 2016; Villalobos et al., 2016).

**Collaboration.** Not surprisingly, a significant amount of literature on working with language-discordant client systems includes discussion of working with interpreters. Berthold

and Fischman (2014) emphasized the critical need for effective collaboration between therapists and interpreters when the therapist and trauma-history client are language-discordant, in addition to organizational support for both interpreters and therapists, who both risk experiencing vicarious trauma in clinical treatment. According to Becher and Wieling (2015), insufficiently self-aware clinicians and interpreters contribute to the ethnic minority health care disparity when unhealthy relational dynamics between the two professionals go unaddressed, e.g. when an interpreter does speak out if they feel a clinician is treating a patient unethically, out of fear of retribution.

**The interpreter's role.** Adding an interpreter to the clinician-patient dyad can significantly impact the working alliance and treatment success. Engstrom, Roth and Hollis (2010) conducted interviews with mental health professionals to examine how the use of interpreters impacts service delivery. Interpreter roles include acting as literal translator, mediator and co-therapist, which is consistent with other constructs in empirical literature on the use of interpreters (Leanza et al., 2015). The findings show that interpreters risk being traumatized by working with torture survivors and asylum seekers, serve as “cultural brokers” for language and culture-discordant patients and providers, and that a lack of consistency and strategic interpreter-provider pairing can negatively impact treatment outcomes.

**Training.** Costa and Briggs (2014) conducted a pilot study of service users in a triangular client-provider-interpreter therapy setup, finding that service users perceived interpreters as negative impacts on the therapy, a “conduit” or process helper, or partners with the therapist in the treatment enterprise. These results support the hypothesis that use of an interpreter without critical thinking and self-awareness on part of both therapist and interpreter is inadvisable. Gartley and Due (2016) conducted a qualitative study where mental health clinicians working

with refugees stated they felt like they needed more training about working with interpreters to feel competent in their work. Some participants even expressed unfamiliarity with best practices around working with interpreters.

**Professional environment.** The literature also emphasizes that different environments provide different levels of support to interpreters and clinicians (Berthold & Fischman, 2014; Kuay, Chopra, Kaplan, & Szwarc, 2015; Leanza et al., 2015). Regenstein and Andres (2014) conducted a qualitative, exploratory study of the experience of 53 hospitals in providing written materials to LEP patients in their preferred languages, as well as their respective translation service infrastructure and correlation with effective multilingual communication in healthcare. The study found that written translation is often secondary to verbal services, and more resources are directed towards the latter. Common pitfalls of integrating interpreters into treatment included relying on family members as informal interpreters, which can have harmful effects if the interpreter is a child (Rainey, Flores, Morrison, David & Siltan, 2014), the use of bilingual staff members as opposed to professional interpreters, and the use of improperly trained interpreters, all of which have significant limitations in terms of helping a mental health provider adequately assess a language-discordant patient's mental health needs (Lim, 2015). The point is that the presence of a bilingual person is not enough to transcend a language barrier. Social work students must be able to problem-solve in situations where interpreter services are limited or inadequate in order to intervene ethically and effectively on behalf of language-discordant clients.

**Ethical considerations.** The National Association of Social Work's Code of Ethics (2008) states, "In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients'

comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible” in the Informed Consent section (<http://www.socialworkers.org/pubs/Code/code.asp>). The Code also includes “immigration status” as a client factor that merits independent research, respect, anti-discriminatory praxis and social and political action (<http://www.socialworkers.org/pubs/Code/code.asp>). In social work education, it is the “whenever possible” section that must be a focal point. Unfortunately, qualified interpreters are not always available, and when they are, their work often consists of more than translating informed consent (Engstrom et al., 2010; Leanza et al., 2015). This means that student social workers must prepare for situations where the ideal resources are not possible (e.g. no professionally trained interpreter is available) and feel empowered to make informed decisions about how to proceed with client care.

Many potential ethical dilemmas can arise when working with language-discordant client systems in less-than-ideal practice settings. Empirical research shows that the use of non-professional interpreters (e.g. bilingual non-interpreter staff and family members, including children) can compromise both accuracy and the well-being of the enlisted informal interpreter (Engstrom, Min & Gambie, 2009; Rainey et al., 2014). Additionally, the use of interpreters also can complicate the provider’s effort to ensure patient confidentiality. Kuay et al. (2015) use grounded theory in a qualitative study to study how clinicians collaborate with interpreters in clinical settings where one respondent described how phone interpreters made some torture-survivor clients feel more comfortable because a faceless interpreter felt like less of a threat to confidentiality. Alternately, interpreters for small linguistic communities run the risk of being known to the patient, or vice versa, which could discourage a patient from discussing their

mental health needs if there is cultural stigma around seeking help for mental health, fear of conflicting political views in the case of refugee clients, or fear that the presence of third person cannot ensure confidentiality (Engstrom et al., 2010; Gartley & Due, 2016). These nuances show the use of interpretation as both useful and challenging, which makes both the skilled use of interpretation and support for such skilled practice essential.

Additionally, restrictive interpreter training can hinder the development of a working alliance or adequate assessment of a language-discordant patient. Dysart-Gale (2005) explores the use of communication theory in the context of use of medical interpreters. The data shows that interpreters felt limited by the conduit role, or “transmission model” (p. 92) where they had little latitude outside of verbatim translation between medical patient and provider. Interpreters also felt that the conduit role put them in a position where they could not assess the quality of a patient’s comprehension or protect them from being treated unethically by providers. This contrasts with the other literature’s emphasis that the interpreter role must be more flexible than just “concrete” interpretation (Engstrom et al., 2010), which can lead to confusion or losing the clinical significance of “emotional and symbolic statements” (Luk, 2008, p. 546).

More specific literature supports the hypothesis that there is a negative correlation between accessible support and a social worker’s ability to practice ethically. For example, Mänttari-van der Kuip (2016) describes the phenomenon of “moral distress” in social workers as “a work-related malaise that develops when a social worker cannot practise in a morally appropriate way because of internal (personal) or external (institutional, organisational and other context-related) obstacles” (p. 86). Ulrich et al. (2007) research the connection between “ethics-related work factors” (p. 1708) and job satisfaction among nurses and social workers. The findings show that two-thirds of the sample report encountering ethical issues in the workplace

“they can do nothing about” (p. 1716). Additionally, a lack of institutional support for addressing ethical issues correlates with the practitioner’s desire to leave their job. When working with language-discordant clients, ethical considerations protect both the social worker and the client from avoidable harm. Additionally, a solid understanding of ethical standards and risks will help students recognize when their resources and latitude are too limited and they risk burnout, miscommunication and other complications.

The nuances of language-concordant communication can be overlooked because it often occurs without thinking. Alternately, language-discordant communication requires a deeper level of critical thinking comparable to taking a client’s divergent cultural or social background into account during assessment. As the linguistic diversity of the United States population grows, it is imperative that critical preparation and thinking as a means for critical practice with language-discordant clients be integrated into social work education for the sake of both client well-being and practice efficacy.

### **Summary**

Based on the existing literature as described and discussed above, it is clear that there is a strong rationale for to schools to support their students in working with language-discordant client systems. In addition to the need for general support, social work students are preparing to enter a field where the patient population is growing increasingly diverse in terms of ethnicity, culture and language ability. Just as each different client population have their own complexities, language ability should be considered on its own merits as a potential barrier to equitable assessment, treatment and care. Based on the gap in the literature about the experiences of social work students working with language-discordant client systems, the purpose of this thesis was to further explore the challenges and difficulties students face in that professional relational

dynamic, as well as any ideas, thoughts and feelings that students have about how their school could better support working effectively with language-discordant client systems in the future.

## CHAPTER III

### METHODOLOGY

#### **Formulation**

This study's research question was "How can schools of social work support their students to work with language-discordant client systems?" The purpose of the study was to explore the experience of student social workers working with language-discordant client systems (LDCS) and all significant others. As noted previously, language-discordant client systems are those that communicate in a language other than that spoken by the practitioner.

#### **Data Collection and Measures**

**Survey development.** The data for this study were entirely collected via online survey instrument. The mixed-methods survey (see Appendix D) was developed independently by the author due to the lack of an existing instrument that could be efficiently adapted for the study's purpose. This study's survey instrument (see Appendix D) gathered both quantitative and qualitative data about the experience of student social workers who practiced with language-discordant client systems (LDCS) during their internship.

As illustrated by the survey (see Appendix D), its domains of inquiry are 1) an overview of the respondent's field experience with LDCS, 2) student perceptions of preparedness and support for practice with LDCS, 3) accessibility to and comparative rankings of academic supports, 4) accessibility to and comparative rankings of internship supports, 5) open-ended LDCS practice scenarios, and 6) open-ended respondent feedback. The domains and items of the survey questions are derived from themes that emerged in the literature review (see Chapter II), in addition to focused questions meant to explore the experience and challenges of social work student practice with LDCS through both quantitative and qualitative data. Due to the open-



ended nature of the research question, it was appropriate to have a mixed-methods survey instrument (Rubin, 2013, Conclusions and Future Trends section, para. 4) (see Appendix D) with both open and closed items that 1) captured quantitative data about the amount, types, and comparative support of resources that students accessed during social work school for working with LCDS; 2) qualitative data about the respondent's ideas about what supports were and were not effective; and 3) what academic and internship supports might be expanded or mobilized in the future for the benefit of better practice with LDCS. The research design was informed by the assumption that student social workers are the experts of their experience in the field and that therefore, they are an important resource in the development of supports.

### **Sample**

**Technique.** The sampling technique that was used to develop a sample for this study is referred to as convenience sampling, a form of nonprobability sampling (Guo, 2013, Theories and Applications section, para. 2), because of the form's increased feasibility and the fact that the researcher is interested collecting data from anyone and everyone who has had experience with this issue in practice. Additionally, the knowledge base on this topic is not yet broad enough to justify another more rigorous sampling method like probability sampling (Rubin, 2013, Methodological Issues in Survey Research section, para. 2). As a result, the sample was derived from participants in the various social media communities, because these were convenient ways to access current and recent social work students with the relevant experience. However, there are limitations to this sampling technique. For example, the percentage of all eligible participants who were also members of these social media communities was likely to be small. As a result, the ages of participants might have skewed the results to a younger final sample based on the

discomfort and unfamiliarity of older persons with either the use of technology or connecting to social media platforms.

**Eligibility.** The final sample consisted of 33 respondents whose field experience included practice with LDCS. Sample members might have been BSW or MSW students and worked with at least one language-discordant client or his or her family member, caregiver, or other relevant/related significant person during their field experience in the United States. Exclusion criteria included professionals outside of the social work field, anyone who had worked with language-discordant persons more than five years before the survey, and anyone who had studied for their degree in an educational institution outside of the United States. The exclusion criteria were established to preserve the focus on social work education in the United States, as well as to be able to collect the most up-to-date data on the state of language-discordant social work practice. Participants were not excluded if they had worked with language-discordant persons before their field experience. Finally, the researcher considered including other graduate-level students in different fields, but ultimately focused on social work education because this was a social work thesis, and the researcher was interested in contributing to the knowledge base on education in this field.

**Recruitment.** Participants were recruited broadly and anonymously across schools and regions of the country for the sake of meeting the quantitative requirement of 50 participants, minimum, not for sample composition. The study relied on broad social media outreach, wherein recruitment posts (see Appendix B) were made in the following relevant online communities as permission from group moderators allowed:

1. “Social work and social work student advice and support” (Facebook) \*permission required

2. “Radical Social Work Group” (Facebook)
3. “Social Work Network” (Facebook) \*permission required
4. “Network of Professional Social Workers” (Facebook)
5. “Social Work Community” (Facebook)
6. “The Social Work Group” (Facebook)
7. “Counsgrads mailing list” (Email listerv)
8. “Diversity/multicultural/cross-cultural counseling” (Email listerv)
9. “Radical Social Work Group Community Listserv” (Google Group email listerv)
10. “Social Work Tutor: Group” (Facebook) \*permission required
11. “/r/socialwork” (Reddit group) \*permission required
12. “/r/samplesize” (Reddit group)
13. “/r/psychotherapy” (Reddit group) \*permission required
14. “Psychologists, coach, psychotherapists and counselors” (LinkedIn)
15. “Therapists Linked” (LinkedIn)
16. “National Association of Social Workers - NASW's Official Group” (LinkedIn)
17. “Social Work Network” (LinkedIn)
18. “The Psychology Network” (LinkedIn)
19. “NAMI” (LinkedIn)
20. “Networking and Discussion Forum for Social Workers” (LinkedIn)
21. @swhelper (Twitter) \*permission required
22. @socialworktoday (Twitter) \*permission required
23. @socworkpodcast (Twitter) \*permission required
24. @BreneBrown (Twitter) \*permission required

25. @newsocialworker (Twitter) \*permission required

26. @CRISPonthehill (Twitter) \*permission required

27. @socialworktools (Twitter) \*permission required

28. @radicalswg (Twitter) \*permission required

29. @marthaearylmsw (researcher's professional account) (Twitter)

Access to a sample using this strategy was feasible based on the researcher's current access to and participation in various social media networks.

After the survey launched, recruitment was later expanded in order to attain a minimum sample of at least 30 participants. This included personal outreach to members of the researcher's professional community, including fellow students, mentors, professors, past and present supervisors using personalized email and phone messages, all of which was subsequently approved by the Smith College Human Subject Review committee as protocol changes in addition to the original Human Subjects Review approval (see Appendix A).

### **Data Collection**

**Method.** The survey instrument (see Appendix D) was distributed in the form of an interactive *Qualtrics* survey via an URL included in each recruitment posts (see Appendix B) in the online communities listed above. *Qualtrics* is a platform for online data collection and analysis that provides users with the frameworks and tools to create and disseminate surveys for various purposes (Qualtrics, n.d.).

To participate, people clicked the link to access the actual survey along with Informed Consent (see Appendix C). Before beginning the survey, participants clicked to confirm that they had read and consent to the parameters of the online Informed Consent (see Appendix C) displayed for them. Secondly, participants completed an eligibility page and clicked to confirm

that they 1) had worked with language-discordant client systems within the last five years and 2) had studied for their BSW or MSW at a school of social work based in the United States. After responding in the affirmative to these two agreement pages, participants began the survey, responding to both quantitative and qualitative items on the survey, which was intended to take 15-20 minutes to complete. The *Qualtrics* program then logged the qualitative and quantitative data for each participant as they confirmed that they had completed the survey.

**Ethics and safeguards.** The data collected were entirely anonymous. As a result, participants were not required to provide any identifying information, and the information collected was anonymized to not include any traceable data that might lead back to any participant (e.g. IP address.) Some possible harmful effects of participating included the potential for discomfort when asked to recall distressing or potentially unethical practice scenarios during their internship. However, the introduction to the survey emphasized that participation was meant to improve the experience of future social work students practicing with LDCS so that honest and even distressing feedback was important for the study's efficacy.

### **Data Analysis**

This mixed-methods research study relied on both quantitative and qualitative data collection. Quantitative data were statistically analyzed by the researcher using Qualtrics' Research Core platform, which allowed the researcher to conduct minimally complex data analysis, primarily frequency runs focusing on a search for both statistical and clinical significance. All qualitative data were analyzed using grounded theory by the researcher, wherein the data collected were analyzed for themes and repetition of ideas with the ultimate aim of producing a "story" for this particular sample that will help to enlighten the current state of affairs as it pertains to the research question (Salkind, 2010, Overview section, para. 1).

## CHAPTER IV

### FINDINGS

Out of the 100 total responses to the survey, 33 were used as the only complete responses, including agreement to the informed consent and completion of the entire survey. The survey was anonymized, so there was no documented demographic data, aside from the assumption that the respondents met the eligibility requirements that can be found in the methodology chapter (see Chapter III).

The most significant findings from the mixed-methods data were firstly, respondents interacted more with parents and/or caregivers who were language-discordant as opposed to individual clients in their internship settings (see Table 1). Secondly, nearly half (16) of respondents answered “never” when asked whether their academic training on client assessments included assessing for language ability. Comparatively, nearly the same number of respondents (15) answered “never” when asked if their internship training included assessing for language ability. Thirdly, the qualitative data show that the quality of a particular support (e.g. interpreter) depends on the student’s experience. One respondent might describe how an informal interpreter negatively affected his or her ability to practice, while another might cite the use of a fellow clinician as informal interpreter as beneficial to the working alliance with language discordant client systems (LDCS).

#### **Quantitative Findings**

The findings were organized by dividing the original survey question numbers into quantitative and qualitative findings sections. Within that the researcher re-organized questions and findings into sub-sections with shared themes in order to present the findings as logically as possible. For example, the researcher placed qualitative experiences of support before suggested supports in

the chapter (even though the questions were presented in reverse order in the survey) so that findings could be read as a problem-solution narrative. The quantitative findings, however, are presented mostly in their original survey order, with some exceptions for the sake of thematic progression (e.g. clustering questions about academic vs. internship training and/or experiences).

**Questions #1 – 3: Types, contexts and methods of LDCS interaction.** The purpose of the first question in this series was to discern what types of LDCS social work students interacted with during their internship(s) (Select the types of client systems with which you interacted during your internship that needed to communicate with you in a language you did not understand). As Table 1 shows, 23 out of 33 respondents answered that they interacted with a parent and/or caregiver, while slightly less (20) answered that they interacted with an individual client. Less than half (13) selected interacting another type of family member, and very few (two) selected interacting with a non-related caregiver or other. Responses to “other” included: interpreter, volunteers; religious representative.

Table 1 - Types of LDCS interacted with during internship

#	Field	Choice Count
1	Individual client	60.61% 20
2	Parent and/or caregiver	69.70% 23
3	Child and/or dependent	12.12% 4
4	Other family member	39.39% 13
5	Non-related caregiver	6.06% 2
6	Other. Please describe:	6.06% 2
		33

Showing Rows: 1 - 7 Of 7

The purpose the second question in this series was to discern in what context student social workers provide services to LDCS (Select the types of interactions you engaged in during

your internship with client systems that needed to communicate with you in a language you did not understand). As Table 2 shows, nearly all (28) respondents selected that they interacted with LDCS for intake(s), assessment(s) and clinical session(s). Following that, more than half selected interacting with LDCS for phone outreach, and slightly less (21) selected interacting with LDCS for family meeting(s). Less than half (14) selected case management, and very few selected milieu interactions or other. Responses to “Other. Please describe:” included “referral to services that could better serve the clients [sic] needs better than ours;” “group therapy;” “individual therapy.”

Table 2 - Contexts for interactions with LDCS during internship

#	Field	Choice Count
1	Intake(s), assessment(s) and clinical session(s)	84.85% 28
2	Phone outreach	66.67% 22
3	Family meeting(s)	63.64% 21
4	Case management	42.42% 14
5	Milieu interaction(s)	12.12% 4
6	Other. Please describe:	9.09% 3
		33

Showing Rows: 1 - 7 Of 7

The third question in this series was meant to discern what types of interpreter modalities respondents utilized to interact with LDCS (Select which interpreter modalities you used during your internship in order to communicate with client systems that spoke a language you did not understand). As Table 3 shows, nearly all (26) respondents answered that they used in-person interpretation, while more than half (20) of the respondents used telephonic interpreter modalities. No respondents reported using video-based interpreter services or RSMI, through which interpretation happens simultaneously via headset and/or earpiece. Five respondents



selected “Other: Please describe,” and their answers included: “none, I got by with my mediocre language skills and looking up relevant vocabulary before sessions;” “Colleagues and other clients;” “Very, very rarely we would have to rely on the receptionists that spoke some very uncommon languages. These were not professional interpreters. We used them only when it was urgent and there was no other option and only under certain circumstances/not with sensitive information.” (For instance, if a landlord needed to immediately communicate something to a tenant, but never for an intake or trauma assessment) “We did the best we could with the resources we had access to.”

Table 3 - Types of interpreter modalities used during internship to communicate with LDCS

#	Field	Choice Count
1	In-person	81.25% 26
2	Telephonic	62.50% 20
3	VMI and/or videoconferencing	0.00% 0
4	RSMI (simultaneous interpretation via headset and/or earpiece)	0.00% 0
5	Other. Please describe:	15.63% 5
		32

Showing Rows: 1 - 6 Of 6

**Questions #4 - 5: Quantity of LDCS interactions.** The first question in this series was meant to discern the average amount interactions respondents had, per week, with LDCS, including designated clients (Select the average number of interactions you had, per week, with client systems that needed to communicate with you in a language you did not understand). As Table 4 shows, early half (16) of respondents reported less than one interaction, per week, while less than half (12) reported an average of one to two interactions per week. Only five respondents reported an average of three to four or more interactions per week.

Table 4 - Average number of LDCS interactions per week, including designated clients

#	Field	Choice Count
1	Less than 1 interaction per week	48.48% 16
2	1-2 interactions per week	36.36% 12
3	3-4 interactions per week	6.06% 2
4	5-6 interactions per week	3.03% 1
5	7+ interactions per week	6.06% 2
		<b>33</b>
Showing Rows: 1 - 6 Of 6		

The second question in this series was meant to discern how frequently students interacted with LDCS client systems that were not a designated patient/client (Select the average number of other client systems you interacted with, per week, that needed to communicate with you in a language you did not understand but were NOT a designated client). As Table 5 shows, nearly half (16) of respondents reported they interacted with an average of less than one non-designated client LDCS per week, while the same amount (16) reported an average of one to two interactions per week. Only one respondent reported an average of three to four relevant interactions per week, and no respondents reported an average of five or more interactions.

Table 5 – Average number of LDCS interactions per week, not including designated clients

#	Field	Choice Count
1	Less than 1 per week	48.48% 16
2	1-2 persons per week	48.48% 16
3	3-4 persons per week	3.03% 1
4	5-6 persons per week	0.00% 0
5	7+ persons per week	0.00% 0
		<b>33</b>
Showing Rows: 1 - 6 Of 6		

**Questions #6 - 9: Experience(s) of academic training to practice with LDCS.** The following questions were meant to measure various forms of preparation and training for practice with LDCS that social work students received during their academic training. The first question in this series measured how frequently respondents felt their academic training included assessing for language ability by presenting respondents with a positive statement about their academic training’s inclusion of the topic (My academic training on client assessments included assessing for language ability). Respondents selected from a Likert scale list of answers that reflected their perceived frequency of language ability being discussed in this context. As Table 6 shows, nearly half (16) of respondents answered “Never,” while nearly a quarter of respondents (eight) answered either “Occasionally” or “Rarely.”

Table 6 – Perceived frequency of academic training to assess for language ability

#	Field	Choice Count
1	Always	3.03% 1
2	Frequently	0.00% 0
3	Occasionally	24.24% 8
4	Rarely	24.24% 8
5	Never	48.48% 16
		33

Showing Rows: 1 - 6 Of 6

The second question in this series was meant to measure how aware students were of an expectation of their ability to practice with LDCS before internship by presenting respondents with a positive statement about their awareness of the topic (Before my internship began I was aware that I would interact and/or practice with client systems that needed to communicate with me in a language I did not understand). Respondents selected from a Likert scale response reflecting their degree of agreement with the statement. As Table 7 shows, less than a third of

respondents answered “Agree” (12), while more than a quarter (eight) of respondents answered “Strongly Agree,” and little more than a fifth of respondents (six) answered “Disagree.”

Table 7 – Perceived awareness of working with LDCS before starting internship

#	Field	Choice Count
1	Strongly Agree	24.24% 8
2	Agree	36.36% 12
3	Neutral	12.12% 4
4	Disagree	18.18% 6
5	Strongly Disagree	9.09% 3
		33
Showing Rows: 1 - 6 Of 6		

The third question in this series measured the respondents’ perceived feeling of support to work with LDCS before their internship began by presenting respondents with a positive statement about feeling supported (Before my internship began I felt supported in my ability to practice social work with client systems that needed to communicate with me in a language I did not understand). Respondents selected from a Likert scale range of answers reflecting their degree of agreement with the statement. As Table 8 shows, nearly half of respondents (15) answered “Disagree,” while nearly a quarter (eight) answered “Strongly Disagree.”

Table 8 – Perceived support to practice with LDCS before internship

#	Field	Choice Count
1	Strongly Agree	3.03% 1
2	Agree	9.09% 3
3	Undecided	18.18% 6
4	Disagree	45.45% 15
5	Strongly Disagree	24.24% 8
		33

Showing Rows: 1 - 6 Of 6

For the fourth question in this series, respondents were asked about their awareness of potential risks and ethical dilemmas when working with LDCS before the beginning of their internship by responding to a positive statement about their awareness of the topics (Before my internship I was aware of potential risks and ethical dilemmas that can occur in practice with client systems that needed to communicate with me in a language I did not understand). Respondents selected from a Likert scale range of answers reflecting their degree of agreement with the statement. As Table 9 shows, less than half (13) of respondents answered “Disagree,” while a little more than a quarter of respondents (eight) answered “Undecided.” Less than a quarter of respondents (six) answered “Strongly Agree.”

Table 9 – Perceived awareness of risks and ethical dilemmas before internship

#	Field	Choice Count
1	Strongly Agree	18.18% 6
2	Agree	15.15% 5
3	Undecided	24.24% 8
4	Disagree	39.39% 13
5	Strongly Disagree	3.03% 1
		33
Showing Rows: 1 - 6 Of 6		

**Questions #10 – 12: Experience(s) of internship training to practice with LDCS.** The following questions were meant to measure various forms of preparation and training that social work students were exposed to during their field internship experience. The first question in this series measured how frequently students felt their internship training on assessments included assessing for language ability by responding to a positive statement about their internship training’s inclusion of the topic (My internship training on client assessments included assessing for language ability). Respondents selected from a Likert scale list of answers that reflected their perceived frequency of language ability discussed in this context. As Table 10 shows, nearly half (15) of respondents answered “Never,” while more than a quarter of respondents (seven) answered “Rarely” and less than a fifth of respondents (5) answered “Occasionally”.

Table 10 – Perceived frequency of internship training to assess for language ability

#	Field	Choice Count
1	Always	9.09% 3
2	Frequently	15.15% 5
3	Occasionally	9.09% 3
4	Rarely	21.21% 7
5	Never	45.45% 15
		<b>33</b>
Showing Rows: 1 - 6 Of 6		

The second question in this series measured respondents’ perceived feeling of support to practice with LDCS by responding to a positive statement about feeling supported during internship (During my internship I felt supported in my ability to practice social work with client systems that needed to communicate with me in a language I did not understand). Respondents selected from a Likert scale constructed to reflect their degree of agreement with the statement. As Table 11 shows, nearly half (16) of respondents answered “Agree,” and little more than a quarter (eight) of respondents answered “Disagree.” Nine respondents selected any other answer.

Table 11 – Perceived feeling of support to practice with LDCS during internship

#	Field	Choice Count
1	Strongly Agree	12.12% 4
2	Agree	48.48% 16
3	Undecided	9.09% 3
4	Disagree	24.24% 8
5	Strongly Disagree	6.06% 2
		<b>33</b>
Showing Rows: 1 - 6 Of 6		

For the third question in this series, respondents were asked about their perceived level of support in managing and avoiding ethical dilemmas with LDCS during their internship by responding to a positive statement about feeling supported in this area (During my internship I was supported in managing and avoiding ethical dilemmas with client systems that needed to communicate with me in a language I did not understand). Respondents selected from a Likert scale range of answers reflecting their degree of agreement with the statement. As Table 12 shows, slightly less than half (15) of respondents answered “Agree,” while slightly more than a quarter (eight) of respondents answered “Disagree.” Nine respondents answered selected any other answer.

Table 12 – Perceived feeling of support to manage/avoid ethical dilemmas during internship

#	Field	Choice Count
1	Strongly Agree	15.15% 5
2	Agree	45.45% 15
3	Undecided	6.06% 2
4	Disagree	24.24% 8
5	Strongly Disagree	9.09% 3
		33

Showing Rows: 1 - 6 Of 6

**Question #13: Availability and quality of academic supports.** The following question asked respondents to rate 12 separate academic supports imagined by the researcher or acknowledged in the social work literature as supportive of practice with LDCS, including an “Other: Please describe” open-text option (Rate the following items based on how much you believe that they supported your ability to practice with client systems that needed to communicate with you in a language you did not understand). Respondents were asked to rank each support, one meaning “most supportive” and increasing their rankings for the comparatively



less supportive resources. Respondents were also asked to rank a support as “0” if it was not available to them. As Table 13 shows, the support that received the most ratings of one (nine total) was “Referral to a professor, adviser, or other professional for consultation.” The support with the second-highest amount of one ratings (five total) was “Classroom discussions.” The support with the third-highest amount of one ratings (four total) was “Other. Please describe.” Some answers to this option included: online dictionaries and translators (rated one); contacts provided through my internship [sic] proved the most helpful (rated one); on-site training about interpreter services and on-site clinicians' experiences. (rated one).

Table 13 – Ranking of academic supports

#	Field	1	2	3	4	5
1	Required readings	2	0	2	1	0
2	Elective and/or recommended readings	0	4	2	0	0
3	Classroom discussions	5	2	2	0	0
4	Curriculum in a required course	1	0	1	2	1
5	Curriculum in an elective course	2	1	0	3	1
6	Referral to a professor, adviser, or other professional for consultation	9	2	1	0	2
7	Referral to fellow student(s) or non-professional(s) for consultation	3	1	3	2	3
8	Participation in academic event (e.g. lecture, workshop)	0	2	0	2	3
9	Participation in an academic group (e.g. student group/club, seminar)	1	1	0	1	4
10	Participation in an online forum related to school (e.g. Facebook class group)	1	1	2	1	2
11	Participation in an online forum unrelated to school (e.g. other Facebook group)	2	1	1	1	2
12	Other. Please describe:	4	0	0	0	0
		30	15	14	13	18

Showing Rows: 1 - 13 Of 13

Respondents were also given the opportunity to qualitatively expand on their rationale for their support ratings in an open text response after the question. One respondent wrote:

There was no emphasis in my curriculum or education on working directly with cts [sic] whose language I did not understand; mostly this fell in the area of culture and "cultural competency", but not language.

Another respondent described the limitations of available supports:

Classes included discussions on working with individuals of different ethnic backgrounds, and potential language barriers were addressed as a possible thing I would navigate during my placement. I don't think it ever went beyond that very basic introduction into actually talking about HOW to best support clients with whom there were language barriers.

This respondent described the value of consultation with others:

The most helpful support for me hearing from professors and students that were of other cultures. Hearing from them helped bring home the message of how difficult language barriers can be for minority individuals trying to access systems.

Lastly, this respondent described feel unprepared as a result of poor academic support:

Very little discussion of working with clients in another language that I can recall. I felt very unprepared for how to handle those situations, how to build rapport, and how to most effectively utilize interpreters.

**Question #14: Availability and quality of internship supports.** The following question asked respondents to rate 13 separate internship supports imagined by the researcher or acknowledged in social work literature as supportive of practice with LDCS, including an "Other: Please describe" open-text option (Rate the following items based on how much you believe that they supported your ability to practice with client systems that needed to communicate with you in a language you did not understand). Respondents were asked to rank

each support, one meaning “most supportive” and thereafter increasing their rankings for the comparatively less supportive resources. Respondents were also asked to rank a support 0 if it was not available to them. As Table 14 shows, the support that received the most one ratings was “Professional interpreters on staff” (15), followed by “Access to auxiliary interpreter services via telephone” (13), “Bilingual and/or multilingual paperwork” and “Opportunity to collaborate with interpreters before, after, and between interactions” (both received 12 ratings of one), and “Opportunity in individual supervision to discuss practice with client systems that speak a language you do not understand (seven).

Table 14 – Ranking of internship supports

#	Field	1	2	3	4	5
1	Bilingual and/or multilingual paperwork	12	3	1	0	1
2	Professional interpreters on staff	15	2	1	0	1
3	Access to auxiliary interpreter services via telephone	13	3	3	2	0
4	Opportunity to collaborate with interpreters before, after, and between interactions	12	3	3	0	0
5	Ability to choose interpretation method specific to the interaction circumstances	4	3	1	1	4
6	Technical support(s) for specific interpreter method	2	2	0	0	3
7	Application of relevant tests and/or assessments	3	1	1	0	0
8	Explicit training about practice with client systems that speak a language you do not understand	5	0	2	1	0
9	Opportunity in group supervision to discuss practice with client systems that speak a language you do not understand	4	2	1	2	2
10	Opportunity in individual supervision to discuss practice with client systems that speak a language you do not understand	7	8	3	2	2
11	Designated reading and/or reference materials about practice with client systems that speak a language you do not understand	2	0	1	1	2
12	Opportunity to consult with a school-based professional about practice with client systems that speak a language you do not understand	4	1	1	2	1
13	Other. Please describe:	2	0	0	0	0
		85	28	18	11	16

Showing Rows: 1 - 14 Of 14

Respondents were also given the opportunity to qualitatively expand on their rationale for their support ratings in an open text response after the question. As one respondent put it:

I was working at an elementary school and another one of the staff clinicians acted as translator. As the school year progressed, she was often busy to the point it would take weeks to even schedule a time for her to translate a phone call with me. My individual supervisor and fellow interns offered support around how frustrating and limiting this was, but unfortunately, no formal translating supports were available due to cost. Having another clinician interpret also brings up ethical questions.

Another respondent wrote about the impact the lack of a specific support:

The major barrier I found was disseminating specific assessment tools that were only available in English. The content of these assessments was lost in translation most of the time, so you had to be creative when it came to using these tools.

This respondent compared the impact on his or her learning of school and internship supports:

I have received excellent individual and group training at my internship from the multinational staff and from my peers in social work interns and psychology interns/externs. I have learned so much more from my internship than I have ever learned at my school.

Lastly, this respondent described the practice impact of having an informal interpreter:

Although at my placement there was no professional interpreter on staff I was fortunate to have a colleague who did speak the language of the family I was working closely with. This was an incredible moment of building the therapeutic alliance with this family.

## **Qualitative Findings**

The following data were coded qualitatively until various categories and themes emerged, at which point the information was effectively organized into categories and sub-categories that make up the coding paradigm that was followed in order to reach these findings. As illustrated in Table 15, the qualitative data collected from five total questions (not including the two open text responses that serve as supplements to the quantitative ratings questions) fell into two discrete categories: “Student support experience” or “Student feedback/opinion.” The first category in split into two sub-categories, “Internship” and “Academic/School.” Both sub-categories were split into the same subsequent sub-categories, “Available support,” “Unavailable support” and “Context.” From there, some qualitative data were coded to refer to when respondents mentioned that their ability to practice was impacted in some way by one of the previous categories, whether it was a contextual clarification or a support that was or was not available to them.

Additionally, certain data were coded to fall into the category of “Student feedback/opinion.” This category was less complex in that the majority of relevant data were coded as “Suggested supports” based on experience or opinion of the respondent, or “Reflection” which often includes more subjective, emotional content compared to the experience – support – impact narratives categories encompassed in “Student support experience.” The categories in the coding paradigm encompasses the thematic terminology used in the following qualitative findings summary.

Table 15 – Qualitative grounded theory coding paradigm

Student support experience →	Internship →	Available support →	Social work practice impact
		Unavailable support →	
		Context →	
	Academic/school →	Available support →	
		Unavailable support →	
		Context →	
Student feedback/opinion →	Suggested supports		
	Reflection		

**Question #15: Unsupported practice experiences.** The following qualitative question was answered by 28 respondents (n = 33). Respondents were asked to describe an internship experience when they felt their ability to practice with LDCS was not supported in order to for the researcher to discover any pattern in the responses that might be addressed via social work academic supports for the increased support of all social works students to practice with LDCS in the future.

*Unavailable or limited interpreter services.* In these findings, unsupportive experiences did not only derive from situations where support was absent. Rather, respondents also wrote about situations when support was available, but was not as comprehensive or varied as they wished. Firstly, 18 out of 28 respondents who answered the question (n = 33) described experiences where the interpreter services available were either absent or limited. Seven respondents said they had access to no interpreter at all during their internship, while five respondents described not having access to a professional interpreter as opposed to an informal interpreter, either in the form of a client, caregiver or staff member with an official role separate from an interpreter’s scope. One respondent noted:

We would at times run into situations where we would be serving people that speak very common languages...and this would present challenges as there were not always contracted interpreters that were available when we needed them, either on the phone and in person. Part of the issue is we got a lot of walk-ins so it was limited to phone interpreters. We called in and hoped for the best...

Another respondent talked about the limitations of an informal interpreter:

I can't think of any specific times, but There [sic] were times when the interpreter was split between too many different roles and didn't always have time translate in a timely manner, or I felt bad/awkward bothering her to help me since I knew she was busy.

***Lack of bilingual documents.*** Secondly, five respondents noted that their practice was not supported due to a lack of bilingual paperwork and assessment tools. One respondent described:

Using specific assessment tools with a client and their family/caregivers who did not speak English was a barrier I quickly noticed. The content was lost in the basic translation and I was nervous that the assessment results would not be as accurate. I also felt that the translation was too reflective of a simple "google translate" [sic] option, that is, it just translated the words instead of the content as well.

***Poor supervision and/or staff support.*** Slightly less common experiences of unsupported practice in the data related to poor supervision (four respondents) and poor support and communication with other staff members on site (four respondents).

***Practice impact of unavailable support(s). Impaired ability to practice.*** The unavailability of supports impacted practice in many ways. Most notably, 27 out of 28 respondents who answered the question described how their ability to practice with LDCS was

impaired, compromised or obstructed by a lack of specific support, with the exception of one respondents who claimed to receive “adequate support”. As this respondent said:

No one at my placement is a trained translator. As a result, sometimes the person translating for me interjects her own comments or has a side conversation with the parent/caregiver I am trying to communicate with. This interferes, in my opinion, with my ability to conduct the intake. I'm also dependent on this one person's availability to make phone calls and schedule intakes.

Another respondent described how unavailable supports affected the beginning of a practice relationship with a family:

I recently had an intake appointment where neither parent spoke English. I was not aware of this until meeting them. And none of our paperwork is offered in Spanish, which is extremely frustrating. I had to do the intake translating through the client, which puts them in a very awkward position.

This respondent wrote about how lack of support limited her or his practice with a child and parent:

I met briefly with a mother and young daughter who both spoke Hebrew. My supervisor knew some of the language and I was able to use that in session with the young girl. However, most of what she said to me was a mystery (I based my alliance with her on solely [sic] non-verbal and play communication). The mother spoke some English [sic], but I knew that our language barrier was confusing and frustrating.

***Prevalence of internship-based support impact on practice.*** The majority of supports described in these answers were internship-based (e.g. interpreters, bilingual paperwork). Only



one respondent wrote that he or she believed a lack of school-based support impacted his or her practice during internship, in addition to lack of internship support:

Having a different interpreter with each interaction impacted continuity of care. Limited knowledge from school and internship made supervision less effective when discussing cultural competence.

**Question #16: Supported practice experiences.** The following qualitative question was answered by 30 respondents (n = 33). Respondents were asked to describe an internship experience when they felt their ability to practice with LDCS was supported. The purpose of this question was to identify any pattern that might be addressed via social work academic supports for the future.

*Opportunity to consult with interpreter.* Compared to unsupportive practice experiences, the emphasis in these findings was largely about supports available to students during internship and the respective impact of these types of support on students' ability to practice with LDCS. Firstly, 22 of 30 respondents that answered to the question (n = 33) was related to the form of interpreter service available to them. Eight respondents described how the ability to collaborate and consult with the interpreter was supportive of their ability to practice. One respondent wrote:

Meeting in-person or on the phone with the interpreters prior to the primary interaction was the most helpful because I could inform the interpreter about the goal(s) and intention(s) for the upcoming interaction. In this way, the interpreter and I worked together. I also had consultation with professionals within my internship agency about the culture of my client...This gave me more context about cultural norms/framework to help with assisting my client and their caregiver.

Another respondent described the value of consultation this way:

Another supervisor actually listened to my concerns and made me feel like they were understandable. She helped me request an interpreter within the agency and advised me to meet with the interpreter (in-person or via phone) to ask any questions I may have about what to expect. The interpreter and I spoke on the phone prior to the interaction and it was probably the most helpful in terms of what to expect, as I had no idea what was to come.

***Access to any kind of interpreter, period.*** Five respondents described how access to any kind of interpreter, period, was supportive of their practice. Similarly, five respondents described how access to an informal interpreter, e.g. not a formally trained interpreting professional, was supportive of their practice with LDCS. This respondent described:

I was fortunate to be on internship with a colleague who spoke the same language as a family I was seeing. This was an incredible parenting session, where I believe the parents felt more comfortable with me because of the gesture of having an interpreter in the room with us.

Another respondent wrote about how an interpreter's availability for many forms of communication was supportive:

I felt supported when I had an interpreter there to help a Spanish-speaking client answer questions on the psychosocial assessment. I felt supported when I needed to contact the patient's mother to obtain collateral information, so left a message in Spanish for the patient's mother to understand, and let her know that she could leave the message in Spanish.

**Practice impact of available support(s).** ***Improved working alliance.*** Again, the impact of supports varied with some themes prevalent over others. Six respondents cited the

improvement of the working alliance as a result of having access to a specific support. One respondent wrote:

...I was also given supervision on how to generate a stronger therapeutic alliance, as well as to better understand it, despite the intermediary of a phone-based interpreter.

Another respondent described it this way:

I received a training on how to work with phone interpreters and received individual supervision to prepare for a phone outreach call to an Arabic speaker who had been identified as wanting individual therapy. When I finally made the call using interpreter services, the phone outreach went very smoothly and I felt a connection to the client despite the language barrier and the contact being over the phone. I then debriefed this phone call in a process recording and in supervision.

***Improved student skill, communication with LDCS and practice efficiency.*** Three respondents described how the availability of specific supports impacted their ability to practice by increasing their sense of preparation, confidence, and improving their skill set. Other findings were more thematically varied, including two respondents that described supportive experiences of improved communication with LDCS, increased efficiency and the ability to conduct clinical sessions due to available supports. One respondent wrote:

I was able to conduct regular individual sessions with my client using an interpreter over the phone, which generally worked well. My supervisor checked in with me about how I was doing and reminded me to speak directly to my client, not the interpreter.

Another respondent wrote about how their internship context was linked to the availability of supports:

My 2nd year internship was at a large urban teaching hospital and there was access to all different kinds of in-person and tech-based interpreter services, which greatly improved the capacity for the social workers to communicate with families about their children's medical care.

*Comparative lack of positive impact from academic supports.* Notably, only one respondent described how, in the absence of internship supports, school based supports, including classroom discussion and consultation with both peers and a professor, was most supportive of his or her practice with LDCS. As a result, the only practice impact linked to academic supports described in supportive experiences was about the student's increased awareness to the complexities of practice with LDCS. As one respondent put it:

...Support came largely from peers and practice professors: students expressed their concerns during class which led to a discussion about ethical/cultural/power dynamic implications when communicating through an interpreter or in a client's non-native language.

**Question #17: Suggested academic support(s).** After the question asking respondents to rate academic supports by level of quality and which supports were not available to them, respondents were asked to discuss what support(s) they imagined would be most supportive. More than half (18) of respondents submitted voluntary responses and nearly half of respondents (15) answered with suggested supports.

*Additional emphasis in curriculum.* Thirteen respondents suggested that social work schools augment existing course offerings, curriculum, and reading to support students in this area. Specifically, four suggested additional time in practice classes. One respondent wrote:

We should have had at least one or two sessions in my clinical practice class dedicated to working with clients who speak another language, including readings.

***Additional readings.*** Four respondents suggested required readings about practice with LDCS would be supportive, in addition to four who suggested the opportunity for consultation with others, ranging from professionals to fellow students. As this respondent said:

It would have been great to have a faculty member I knew I could go to who specifically dealt with these concerns and ethical issues.

***Interest in protocol and ethics.*** Lastly, aside from concrete suggestions, three respondents suggested support for learning “best practices” or protocols for working with LDCS in the form of different supports (readings, classroom discussions and curriculum), while two suggested supports for managing ethical dilemmas. As this respondent put it:

I think that merely mentioning that when working with people speaking languages I do not understand, what the priorities should be (e.g. finding someone that speaks their language to work with them). I think simply stating that clients speaking a different language deserve A, and if A is not available, B (where this is a list of priorities of what to look for).

**Question #18: Suggested internship support(s).** After respondents were asked to rate the available internship supports by level of quality and specify which had not been available to them, they were asked to describe what support(s) they imagined would be most supportive of their practice with LDCS. More than half (17) (n = 33) of respondents submitted voluntary responses and nearly half of respondents (16) answered with suggested supports.

***Interest in explicit training.*** Significantly, nine of the 16 respondents (n = 33) wrote that access to explicit training about practice with LDCS would have been supportive of their practice. This respondent wrote:

Explicit training about working with client systems who speak a language you don't understand

Another respondent submitted:

Explicit training on practice working with those cts [sic]

Lastly, this respondent specified:

Training would have been helpful and discussions about the interpretation services available

***Interest in variety of interpreter services.*** Secondly, seven of the 16 respondents to the questions (n = 33) wrote that more options or variations in interpreter service access would be supportive of their practice with LDCS. Specifically, two respondents wrote about the access to an in-person vs. remote interpreter; two respondents wrote about access to a remote interpreter; and two respondents wrote that access to any kind of interpreter would be supportive. One respondent described it this way:

Interpreter in person or over phone, or ability to refer client to Spanish speaking clinician (which we have but my supervisor did not want to reassign the case because of caseloads)... (also) Designated person in field as a translator or a connection to another [sic] virtual/phone person

Another respondent wrote:

Readings would have been very helpful, as would the opportunity to utilize in-person interpreter services rather than always relying on the phone.

***Interest in additional supervision.*** Lastly, three of the 16 respondents (n = 33) wrote that additional supervision (e.g. general or individual and group) would be supportive. There were a variety of other supports suggested by six of the 16 (n = 33), including access to bilingual paperwork and assessment tools.

### **Summary**

The mixed-methods survey collected enough of data to both surprise the researcher and simultaneously affirm existing hypotheses about the research question. While the social work students who responded to the survey (n = 33) did not interact with LDCS in high numbers (32 reported an average 1-2 per week or fewer), they *were* interacting with primarily parents and caregivers (23). The majority of these interactions were significant, including clinical sessions and intakes (28). Additionally, the majority of respondents felt both academic training (16) and internship training (15) never addressed assessing for language ability, and the majority also disagreed about feeling aware of potential risks and ethical dilemmas when practicing with LDCS before internship (13). In terms of academic supports, referral to a professional for consultation was rated the highest-quality support (nine), while access to professional interpreters on staff at internship was considered as most supportive for most respondents (15).

Comparatively, experiences of support were more nuanced in the qualitative data. There was a clear emphasis on internship-based supports making the difference when it came to experiences of feeling both supported and unsupported when practicing with LDCS, while academic supports were mentioned less frequently. However, respondents had plenty of suggestions for both academic and internship supports that they imagined would support practice with LDCS in the future, including additional emphasis in curriculum (13) and interest in explicit internship training to practice with LDCS (nine).

Much of the data suggest that the role of schools of social work in supporting practice with LDCS is minimal at this time. Knowing this, does it mean that supporting students to practice with LDCS should be left in the domain of internship training, or does it mean that schools should more intentionally attempt to provide support in the ways that respondents suggest for the sake of potential positive impact? With the data in hand, the following chapter will discuss the implications of these findings as they both answer the researcher question and suggest further research to be done. The researcher will also discuss the limitations and flaws of the research design.



## **CHAPTER V**

### **DISCUSSION**

The issues raised by the literature review were largely substantiated by the study's findings, and many of the findings in this study contributed to answering the research question, "How can schools of social work support their students to work with language-discordant client systems?" This final chapter discusses how the findings of this study answer the research question, offers implications for social work education and practice, and recommends future research to generate further knowledge on the subject.

The most significant findings include the predominance of practice with language-discordant client systems (LDCS) who are family members and caregivers as opposed to direct service to designated clients and the predominance of internship-based supports (versus academic supports) with both positive and negative impact on practice experiences with LDCS. Notably, respondents made varied suggestions in terms of academic supports they felt would be supportive, including additional emphasis on practice with LDCS in the curriculum, additional readings on the subject, and an explicit interest in protocol and ethical considerations when working with LDCS.

The chapter is organized according to the sections of the original literature review, in the following order: 1) social work education, including the sub-sections about supporting students, social work programs, and social work students, and 2) working with LDCS, including subsections about LDCS mental health needs and practice with interpreters.

#### **Key Findings: Comparison with the Previous Literature**

**Social work education.** The following section will compare and contrast the literature review's findings about social work education to the study's findings, including discussion of

ways of supporting students, the nature of social work programs, and specific obstacles facing social work students.

*Supporting students.* The existing literature's emphasis on the positive impact of supports on students, including better academic outcomes and program satisfaction (e.g., Hopson et al., 2014; Ruzek et al., 2016) was reiterated by the study's findings, wherein participants shared their experiences of how external supports available to them positively impacted their practice with LDCS. However, in contrast to the emphasis on academic supports in the literature review, the findings referenced how both academic *and* internship-based supports impacted practice, with emphasis on the latter. While the literature review makes the case for the positive impact of academic supports (Cahill et al., 2014; Ruzek et al., 2016; Tompkins et al., 2016), all but one respondent described how internship-based support(s) positively impacted their ability to practice with LDCS (e.g., opportunity to consult with interpreter, access to any kind of interpreter) when asked to qualitatively describe supportive experiences during internship.

The findings support the study of Hopson et al. (2014), which points to social support from teachers as a “protective factor” for student achievement; and the findings of this study revealed the academic support highest-rated by respondents to be “Referral to a professor, adviser, or other professional for consultation.” Similarly, it is fathomable that support via referral for consultation might include a student's experience of the professor (or another contact) as emotionally supportive, which Ruzek et al., (2016) found to correlate positively with student engagement, motivation, and autonomy.

The literature review also emphasized how students often rely on one another for academic support (Cahill et al., 2014), which arguably compares to the finding of “Classroom discussions” as the academic support rated second-highest by respondents. However, this finding

contrasts with the study's other findings of suggested academic supports by respondents, which includes an additional emphasis in curriculum, readings, and discussion of protocol and ethics about practice with LDCS. This contrast suggests that not all respondents found classroom discussions supportive; instead, responses were mixed. It is worth noting that there was little acknowledgment in these findings about students' using one another or fellow interns for support to practice with LDCS despite the literature's emphasis that this can have a positive impact on student learning when faculty support is perceived to be less available (Cadima et al., 2012; Rummell, 2015; Wheelan & Lisk, 2000).

***Social work programs.*** The study supports Berzoff's and Drisko's (2015) inclusion of language ability among barriers to "equitable mental health treatment" (p. 266) by showing that the majority of respondents felt a lack of specific supports impaired their ability to practice with LDCS. Berzoff and Drisko (2015) mention reduced supervision as an unfortunate byproduct of changes in the clinical social work field that impact the quality of practice. Comparatively, poor supervision and/or staff support was the third most mentioned form of unavailable support when respondents described an experience of feeling unsupported to practice with LDCS, and increased supervision was the third most mentioned internship-based support suggested by respondents when asked what unavailable supports they would have wanted. As a response to this, social work educators might argue that they have little control over an internship's contextual supports, including supervision and staff support. If this is true, social work must find other ways to help students manage a support gap when practicing with disadvantaged client populations, including LDCS.

***Social work students.*** Despite the literature review's emphasis on the social work students' risk of stress and professional burnout (Barbee et al., 2009; Collins et al., 2010), there

was little mention of burnout in the findings, most likely due to the fact that eligible respondents were expected to be current or recent students (e.g., earned their degree in the last five years or less). However, the risks for burnout among child-welfare social workers, including poor supervision and lack of support (Barbee et al., 2009), were mentioned in the study by respondents when describing experiences of unavailable support, impairing their ability to practice with LDCS. In contrast, Barbee et al. (2009) also noted that advanced child welfare training did not negate risk of burnout among child welfare social workers, while the study's findings showed that explicit training to practice with LDCS and work with interpreters was the most common internship support suggested by respondents when asked what unavailable support they would have wanted. While students might think that explicit training would mitigate the negative impact of other unavailable supports, it might not be as impactful as supervision and social support on their ability to practice with LDCS.

However, as mentioned in the previous section, social work schools often have no control over the availability of supervision and social support at a student's internship, and there is a risk that social work students enter school with pre-existing deficits in self-esteem and emotional well-being that might impede their ability to thrive in the field (Collins et al., 2010).

Unfortunately, the respondents made no mention of any supports related to resilience training (Grant & Kinman, 2012), self-care training framed as social work competency (Newell et al., 2014), or the other programs related to self-awareness and self-care described in the literature review (Beaumont & Hollins Martin, 2016; Gockel & Deng, 2016).

### **Working with LDCS**

**Mental health needs.** Compared to the literature's assertion that many LDCS encounter mental health services as refugees or asylum seekers (Suárez-Orozco et al., 2013), two

respondents wrote about their training experiences in agencies that worked with specifically refugees and survivors of torture. In addition to the evidence in the literature that language is a barrier to accessing mental health services (Lim, 2015), there is also evidence that cultural barriers, such as shame or avoidance when it comes to seeking mental health treatment, are a complicating factor when it comes to connecting LDCS with services (Bauer et al., 2010). In comparison, the study's findings showed that students mentioned not only wanting the support of language interpretation but also access to consultation on how a patient or family's culture might impact their practice with a specific patient or family. The literature review asserted that both social work students and educators should be sensitive to language ability in the assessment of cases, but the findings showed that across both academic and internship settings, students did not feel assessing for language ability was frequently addressed.

**Working with interpreters.** The following section will compare and contrast the literature review's findings about work with interpreters to the study's findings, including issues of access to interpreters, collaboration, role definition, training, professional environment factors and ethical considerations.

**Need for interpreters.** In comparison to the U.S. Census Bureau's (2014) estimates that 25 million residents speak English less than very well, the study's respondents predominantly interacted with parents and/or caregivers (of clients) who were LDCS. The majority only interacted with one to two (or less) LDCS per week, on average, a relatively low number. These findings might be the result of accessing a large number of respondents who worked with English-language-proficient minors as designated clients, wherein parents and/or caregivers might not have been language-concordant. However, the findings also speak to the complexity of working across generations and languages when attempting to serve a designated client with

parents in the room and begs the question (among others) of how to best support students in that complex practice situation.

In contrast to the literature's emphasis on the importance of traditional interpreters when more specialized services (e.g., transcultural mental health workers) are unavailable (Arafat, 2016; Villalobos et al., 2016), a major theme of these findings is the use of informal interpreters (e.g., bilingual staff members) whose official role was not as interpreter or a minor client forced to translate for family members in the absence of a professional interpreter. Some respondents also reported trying to work without interpreters either by using their own limited language skills or internet-based translation services. Despite the evidence of needing interpreters, many students reported "making do" without professional assistance. However, according to some respondents, access to any kind of interpreter -- professional or informal -- had a positive impact on their ability to practice... perhaps along the lines of thinking that some (any) support is better than none.

***Collaboration.*** In comparison to the literature emphasizing the importance of collaboration with interpreters when working with LDCS (Berthold & Fischman, 2014), "Opportunity to collaborate with interpreters before, after, and between interactions" was the third-highest rated internship support by respondents, and was also cited frequently in descriptions of supportive practice experiences. Unfortunately, organizational support was described as lacking by some respondents, who cited poor supervision and staff support as having a negative impact on their ability to practice with LDCS.

***The interpreter's role.*** The literature review emphasized that the role of an interpreter is more than translation and often includes other responsibilities like acting as a co-therapist or "cultural broker" (Engstrom et al., 2010; Leanza et al., 2015). Several respondents mentioned

role confusion in their experiences of feeling unsupported, including in one case explicit confusion about the role of an interpreter who was also a social worker and in another, feeling frustrated with an informal interpreter's interjections to a client that the student was unable to understand. On the other hand, in accord with the recommendations for consistent and strategic interpreter-provider pairing (Engstrom et al., 2010), one respondent described feeling like an interpreter's input and pre-existing relationship with a client positively impacted an LDCS interaction.

**Training.** Despite emphasis in the literature on the importance of training to work with interpreters, especially in terms of developing critical thinking and self-awareness (Costa & Briggs, 2014), interest in explicit training to work with LDCS and interpreters was the most commonly suggested internship support. Only a few respondents reported receiving training and its positive impact on their ability to practice with LDCS. However, similar to Gartley and Due's (2016) study of mental health clinicians, several respondents expressed interest in learning about protocol and best practices when working with interpreters and LDCS.

**Professional environment.** Similar to Regenstein's and Andres' (2014) findings that written translation is often secondary to verbal services in rural hospitals, a lack of bilingual documents was the second most commonly described unavailable practice support for respondents. Those who did have access to bilingual paperwork and assessment tools found them highly supportive, where "Bilingual and/or multilingual paperwork" tied as the third- highest rated internship support by respondents. Other findings related to environmental failings included the unfortunate frequency of informal interpreter use mentioned earlier, including the use of clients (sometimes minors) which carries the risk of harmful effects for the child and/or informal interpreter (Engstrom et al., 2009; Rainey et al., 2014). Similar to Lim's (2015) study,

which shows that the use of improperly trained interpreters negatively impacts assessing the mental health need of LDCS, respondents in this study described how limited or unavailable professional interpreter services impaired their ability to practice. In comparison, when students felt their ability to practice was supported, themes included a sense of an improved working alliance with patients and improved communication, practice skills, and sense of efficiency.

***Ethical considerations.*** The literature review highlighted the National Association of Social Work's Code of Ethics (2008) emphasis on "arranging for a qualified interpreter or translator whenever possible" (<http://www.socialworkers.org/pubs/Code/code.asp>). As the findings show, this is not always possible due to students predominantly citing unavailable or limited interpreter services in unsupported practice experiences. Similar to the literature review's assertion that student social workers must be prepared for situations where the ideal resources are not possible, the findings showed that several respondents wished they received training about the best practices and protocol for LDCS and interpreters, including discussion of ethics and confidentiality. It is clear that there is still work to be done to empower students to make informed decisions in less-than-ideal practice circumstances with LDCS.

Similar to the risks of harm for informal and child interpreters (Engstrom et al., 2009; Rainey et al., 2014), the findings of the study described here showed examples of what could be interpreted as what Mänttari-van der Kuip (2016) call "moral distress," or what is experienced by social workers in the face of obstacles that impede ethical practice. There were multiple examples of respondents' voicing frustration about a lack of support and how client needs were often not "highlighted" or considered during interactions and how the unavailable supports (e.g., no formal interpreter services, no bilingual paperwork) brought up questions of ethics or confidentiality that were often invalidated or unaddressed. This finding begs comparison to the



study by Ulrich et al. (2007) of nurses and social workers, which show a correlation between a lack of support for addressing ethical issues and a participant's desire to leave a job.

### **Implications for Social Work**

The literature review argued that social work education programs should integrate contextually appropriate supports to foster student achievement and well-being in order to work effectively with language-discordant client systems and other patient populations. In comparison, a predominant theme of this chapter is how social work students are often forced to make informed decisions and/or quickly problem solve when supports are limited, inadequate, or unavailable in order to intervene ethically and effectively with LDCS. This suggests that the as much as social work programs might want to provide any and all beneficial supports to their students, there is only so much programs can do when students are off-campus practicing at their internships, and eventually employed in the field. The implication is that in order to be a successful social work student, one must be able to lean on internal supports in the absence of external ones. However, how can social work programs and practitioners cultivate these internal supports?

**Implications for education.** Based on the findings of referral to academic contacts or professionals as positively impactful, schools should make an effort to organize and distribute applicable faculty contacts to the student body in order for them to be used as supports for students who would benefit from such consultation. Schools of social work should also take the initiative to connect students with similar internship and/or practice population experiences with one another in order for student-to-student support to augment student-to-faculty support.

However, the findings prompt an important question: why were internship-based supports predominantly mentioned as most supportive of practice with LDCS when compared to academic supports? Is it because internship supports *are* more supportive, or did the respondents

not have access to quality academic supports in the first place? Realistically, social work schools can only do so much to ensure that students have access to supports that assist their practice with LDCS (e.g., a variety of interpreter services and emotionally supportive supervision). Similarly, when charged with educating a diverse student body whose members intern a variety of practice settings, why should social work school prioritize educating students on best practices with LDCS over best practices with another relevant population?

Social work education is broad in its competency requirements and content (Council on Social Work Education, 2015). As a result, the researcher suggests that social work schools not yield the responsibility of providing quality supports for practice with LDCS entirely to internships but instead, that they seek to interrogate the quality of existing supports and investigate how to implement effective supports that empower social work students to make informed decisions despite obstacles including (but not limited to) limited or unavailable resources and poor supervision and/or staff support at the internship site.

A significant theme of the findings was gratitude for supports that were available as well as the admission of "making do" when supports were flawed or unavailable. This begs the question of how schools of social work can support students to make informed decisions outside of the classroom and off-campus. The researcher suggests that rather than assume that students will have access to ideal resources, schools must do more to educate students about how to cope and manage less-than-ideal professional environments and circumstances, which includes the unsupported experiences of practice with LDCS described in this study. In short, students should enter the field expecting and prepared to manage practice complexity as opposed to being ambushed by a lack of support.

Arguably, schools of social work can support students to manage the complications and nuances of difficult practice situations through broader, "umbrella"-type programs or curriculum initiatives that, in essence, support students to support themselves. Social work schools should consider the implementation of the types of resilience, self-care, and awareness training programs described in the literature review (e.g., Beaumont & Hollins Martin, 2016; Gockel & Deng, 2016; Grant & Kinman, 2012; Newell et al., 2014) into curriculum, not only to support student practice with LDCS, but to support all social work students due to the field's reputation for stress and burnout (Collins et al., 2010; Newell et al., 2014), and especially because the literature also shows that social work students are not the most confident help-seekers (Rudowicz & Au, 2001).

There is still work to be done to empower students to make informed decisions in less-than-ideal practice circumstances with LDCS. While none of these programs were suggested as potential academic supports, it is also not the responsibility of students to know about them. Similarly, if social work students experience symptoms of "moral distress" (Mänttari-van der Kuip, 2016, p. 86) even before earning their degree, schools should take some responsibility in making students more prepared to cope with the stresses and strains of social work practice. As a matter of urgency for student well-being and the vitality of the field, social work schools should implement self-care and ethical decision-making programming in order to help students to cope with complex practice circumstances, including those that might arise when practicing with LDCS.

**Implications for practice.** While the audience of this thesis is primarily social work educators, the findings could also be synthesized into preparatory information for any social work student working with LDCS during an internship, or any professional social worker in the

field who encounters LDCS. Social work students expecting to practice with LDCS during internship should make use of any and all supports available to them, but must also have realistic expectations that they might not have access to their ideal form of supports. Before, during and after internship, social work students (as well as professional social workers) should be proactive in the following areas:

***Self-education about LDCS best practices and ethics.*** Social work students and professionals should take the initiative to educate themselves about effective and ethical practice approaches with LDCS when that education is not provided externally. Examples of how this could be done include reading relevant studies and publications during free time, including publications by organizations that produce relevant content, including the International Association for Translation and Intercultural Studies and the National Council for Interpreting in Health Care. Students and professionals can educate themselves about the ethical imperatives (and potential dilemmas) of working with LDCS by doing independent reading on the subject and making use of resources like the ethics consultation hotline provided by the National Association of Social Workers for its members. This would enable practitioners to adopt an “evidence-based” stance toward practice, something that is increasingly required in the profession.

***Advocacy for LDCS patients in the field.*** If a social work student and/or professional feels that the needs of LDCS are not being centered in his or her practice setting, they must be prepared to advocate for those needs to the best of their ability. However, it should be acknowledged that advocacy might be difficult to sustain if the support-seeker is already stressed, overworked, or struggling. As a result, advocacy could manifest as (discreetly, if necessary) referring the LDCS to another service or agency that might meet the LDCS needs

better, asking a coworker to take on a case or provide additional support if the student and/or professional feels unable to effectively advocate for the LDCS, or seeking advice outside the usual hierarchy (e.g., reaching out to a program manager or staff of higher superiority than one's supervisor about an ongoing practice concern) if the support-seeker feels comfortable doing so.

***Outreach for supportive referrals and/or consultation.*** Social work students and/or professionals must actively seek help and guidance rather than waiting for it to come to them. This can be accomplished by diagramming one's support network, including on-site internship staff and social work program professors/academic staff who might have expertise in the area. Support-seekers must be dogged in their search because not every contact might provide suitable support or feedback, and therefore must be willing to try multiple contacts across several social spheres before giving up on the potential for effective consultation. As described earlier, support-seekers may also use consultation services associated with relevant institutions, like the NASW's ethics consultation hotline.

***Sharing LDCS practice experience/education with and offering support to others.*** Proactive practice action includes spreading the importance of support-seekers' sharing their education and experience with internship and treatment team staff, as well as fellow social work professionals and students. This means support-seekers must take the time to share and communicate with others about the nuances, best practices, and potential ethical dilemmas of practicing with LDCS when appropriate. This might take the form of volunteering to orient a fellow intern on how to technically navigate phone-based interpreter services or offering one's contact information to a student who mentions that he or she will be working with LDCS in his or her upcoming internship. Also, rather than anticipating smooth sailing, the findings suggest that social work students must anticipate experiences of frustration and impaired practice in the

field. However, support-seekers should not ignore these feelings, but do their best to process and address them. Support-seekers may use individual therapy, as well as consultation with professionals and peers (as described above), to work through their feelings about unavailable supports and, if necessary, decide how to take action to resolve the situation. Lastly, support-seekers should simultaneously implement self-care regimens and/or foster their own wellness and resilience in order to not become overwhelmed and risk premature burnout as emerging social workers. This may include tending to one's own physical health, setting aside blocks of time for relaxation and enjoyable activities, and intentionally practicing self-compassion in order to not ruminate on difficult practice experiences.

### **Recommendations for Future Research**

Future research is needed to discern what types of supportive protocols in social work programs would have the most positive impact on students entering a field where they may not have optimal support, will be forced to make difficult and ethically ambiguous decisions about client care while coping, and will simultaneously be coping with professional stress. There were many sub-questions that arose as a result of the findings, all of which would be good “fodder” for future study. Questions included how often social work students (and professionals) use formal versus informal interpreters and how agencies and practice settings prioritize supports for practice with LDCS. Also, as a direct follow-up to this study another study could explore the impact of solely academic supports on practice with LDCS.

In general, future research with more specificity and focus will benefit the social work field by providing an empirical foundation for effective students supports that may ameliorate the field's risk of frustration and burnout when practice includes encounters with LDCS.

**Limitations and biases of the study.** There were several limitations and biases in study, and many were due to the reality of the study's execution with only one researcher and no funding or research support staff. Firstly, the minimum sample was eventually set at 30 respondents (the final sample was 33) after the researcher encountered difficulty accessing those eligible to participate in the study during the five-week outreach period. In circumstances where there were compensated staff dedicated to ongoing outreach, the original goal sample of 50 would be met more easily.

Due to the researcher's limited experience with survey design, certain questions were not optimally written and/or designed for clarity and usability of findings. For example, the questions where respondents were asked to rank various academic and internship supports were answered differently depending on the respondent, e.g., only rating supports a "1" or "9" or "0" based on the rating key which said "1 = Most Supportive, 9 = Least Supportive, 0 = Not Available To Me," compromising the ability to use mean statistical analysis in order to compare the supportiveness of ratings. Similarly, clarity was an issue when respondents were supposed to discuss only academic supports, they answered internship supports instead or in addition. With more time to devote to instrument design, a more reliable and valid survey could be created that would maximize both clarity and usability of findings in a way that this study was not able to.

### **Conclusion**

Based on the study's findings, academic supports from schools of social work might not have the most direct positive impact on supported practice experiences, but there is more that schools and educators can do to support students to practice competently with vulnerable patient populations, including LDCS, whether or not the ideal supports are there during early learning experiences. The role of support is to not do away with the difficulty and challenges of practicing social work,

but to instead make them more manageable. Social work programs must respond to this call to action to not only increase their awareness and acknowledgment of LDCS as a special population within curriculum and classroom training but also consider and implement innovative supportive educational programming to make students more competent, autonomous, and resilient.



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## Appendix A: Smith College Human Subjects Review Committee Approval Letters



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**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063

February 28, 2017

Martha Early

Dear Martha,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Dominique Steinberg, Research Advisor



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School for Social Work  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

March 13, 2017

Martha Early

Dear Martha,

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Dominique Steinberg, Research Advisor





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School for Social Work  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

March 14, 2017

Martha Early

Dear Martha,

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Dominique Steinberg, Research Advisor



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School for Social Work  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

March 26, 2017

Martha Early

Dear Martha,

I have reviewed your amendment and it looks fine. The amendment to your study is therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Dominique Steinberg, Research Advisor

## Appendix B: Digital Recruitment Materials & Text

### Digital Flyer



Help! 帮帮我!  
¡Ayuda! አገዛ!  
مساعدة! Pomoc!

- Are you a **current** or **recent** social work student?
- Is your **BSW** or **MSW** program in the USA?
- Have you worked with clients, family members, and/or caregivers that **spoke a different language than you** during your internship?

**If you said YES to all three, then we need YOU for a thesis requirement research study!**

**PLEASE FILL OUT A SHORT SURVEY HERE:**

<http://bit.ly/2mRE49Y>

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Outreach Text for Email Listservs & Social Media Groups (Facebook & LinkedIn)

[Subject line]

Seeking current or recent social work students to complete an online survey

[Email/post body]

I am seeking participants for a research study of the experience of current and recent student social workers working with clients and significant others that need to communicate in a language they (the students) do not understand. Participants will fill out an online survey that takes 15 – 20 minutes to complete. This study is being conducted as a research requirement for my Master's in Social Work degree. See flyer for details. Please share! SURVEY

LINK: <http://bit.ly/2mRE49Y>

[digital outreach flyer attached]

## Descriptive Link Text for Reddit Links

[For subreddit /r/samplesize, according to subreddit posting guidelines]

[Academic] Practice with clients that speak a language you do not understand (Current or recent social work students)

[For all other subreddits]

[SURVEY] Current and recent social work students needed for research study about practice with patients that needed to communicate in a language you did not understand during internship

## Text for Twitter Outreach

[Tweets from professional profile]

Current+recent #socialwork students needed 4 survey re working w clients who spoke different language than u! Plz RT <http://bit.ly/2mRE49Y> [digital outreach flyer attached]

[Tweets to specific Twitter account for outreach]

@[\[insert handle here\]](#) Need recent #socialwork students 4 survey re working w clients who spoke different language! Plz RT [bit.ly/2mRE49Y](http://bit.ly/2mRE49Y)

**Appendix C: Research Study Participant Informed Consent Form**



2016-2017

**Consent to Participate in a Research Study  
Smith College School for Social Work • Northampton, MA**

.....  
**Title of Study:** How can schools of social work support their students to work with client systems that need to communicate in a language they (the students) do not understand?

**Investigator(s):** Martha Early  
.....

**Introduction**

- You are being asked to participate in a research study of the experience of student social workers working with clients and significant others that need to communicate in a language they (the students) do not understand.
- You were selected as a possible participant because you are in the process of earning your BSW or MSW degree, or you obtained your Social Work (BSW or MSW) degree no earlier than December 31, 2011. The degree must be awarded from a school based in the United States.
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

**Purpose of Study**

- The purpose of this study is to survey recent and current social work students to explore their experience(s) of support (or lack thereof) when working with client systems (including clients, family members and caregivers) during their internship that needed to communicate in a language they did not understand.
- This study is being conducted as a research requirement for my Master’s in Social Work degree. The data collected from this study will be used to complete my thesis requirement.
- Ultimately, this research may be published or presented at professional conferences.

**Description of the Study Procedures**

- If you agree to participate in the study, you will fill out an online survey that takes 15 – 20 minutes to complete. The survey will include questions about your experience working with language-discordant client systems during your internship and/or curricular field experience, as well as your experience of preparing to work with this client population in academic classes and academic activities outside of your internship.

**Risks/Discomforts of Being in this Study**

- The study has the following risk: you may risk feelings of distress when taking this survey if questions lead you to reflect that choices you made during your internship did not fully or adequately exemplify social justice values (in terms of ensuring access to services for client systems that need to communicate with you in a language you do not understand) or were ethically ambiguous.

**Benefits of Being in the Study**

- The benefits of participation are the possibility that you will feel positively about contributing to helping the field better understand the need for and importance of support in this area of social work training and education. Participants will benefit personally from taking the survey by gaining new insight into their work with client systems that need to communicate with them in a language they do not understand.
- The benefit to social work and society is that your contribution to this knowledge base will better inform and improve social work practice with the language-discordant patient population.

**Confidentiality**

- This study is anonymous. We will not be collecting or retaining any information about your identity.

**Payments/gift**

- You will not receive any financial payment for your participation.

**Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. In the anonymous survey, simply exit at any point by clicking on ‘escape’ at the top of the screen if you wish to do so. Answers to questions prior to exiting will remain in the survey up to that point, but I will have no way to know who you are, and the survey will be discarded as I will not use incomplete surveys in my study.

**Right to Ask Questions and Report Concerns**

- The researcher conducting this study is Martha Early, MSW Candidate, Smith College School for Social Work. Please ask any questions you have now.
- If you have any questions or concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

**Consent**

- I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.
- It has been recommended that I print out, copy or take a screenshot of this informed consent page for my record.
- By clicking on the “I agree to participate” button at the end of this Informed Consent, I do in fact agree to participate, voluntarily.

.....

**Clicking on this button means that I agree to participate in this survey.  
If you do not agree, simply exit the system. Thank you.**



## Appendix D: Survey Instrument

Research Question: The purpose of this study is to explore the experience of BSW and MSW students practicing with client systems that need to communicate in a language they do not understand during field experience. The research question is “How can schools of social work support their students to work with client systems that need to communicate in a language they (the students) do not understand?”

Survey Instructions: The following questions are about your experience with support(s) (see definition below) to facilitate practice with clients that spoke a different language while studying for your BSW or MSW. Please answer the following questions to the best of your ability.

Important Definitions: Please review before completing the survey. These definitions will appear at the beginning of every survey page for your reference.

The experience of support(s) is defined as follows: when a social work student experiences any of the following in order to learn and/or practice successfully:

As a student, your support system (e.g. supervisor, advisor, professor and/or other relevant person(s))... demonstrates/demonstrated interest in you

expresses/expressed concern for you

advocates/advocated for you

gave/gives assistance to you

gives/gave approval to you

give/gave comfort to you

give/gave encouragement to you (Oxford English Dictionary, 2017).

The experience of practice specifically refers to direct social work practice, defined by Walsh (2013) as: “the application of social work theory and/or methods to the resolution and prevention of psychosocial problems experienced by individuals, families, and groups” (Abstract and Keywords, para. 1).

### References

Support. (2017). Oxford English Dictionary. Retrieved 26 January 2017, from

<https://en.oxforddictionaries.com/definition/support>

Walsh, J. (2013-06-11). Direct Social Work Practice. Encyclopedia of Social Work. Retrieved 26 Jan. 2017, from

<http://socialwork.oxfordre.com.libproxy.smith.edu:2048/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-105>

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Important Definitions: Please review before completing the survey. These definitions will appear at the beginning of every survey page for your reference.

The experience of support(s) is defined as follows: when a social work student experiences any of the following in order to learn and/or practice successfully:

As a student, your support system (e.g. supervisor, advisor, professor and/or other relevant person(s))... demonstrates/demonstrated interest in you

expresses/expressed concern for you

advocates/advocated for you

gave/gives assistance to you

gives/gave approval to you

give/gave comfort to you

give/gave encouragement to you (Oxford English Dictionary, 2017).

The experience of practice specifically refers to direct social work practice, defined by Walsh (2013) as: “the application of social work theory and/or methods to the resolution and prevention of psychosocial problems experienced by individuals, families, and groups” (Abstract and Keywords, para. 1).

Questions about your Internship Experience. The following questions ask about the quantity and quality of your interactions during your internship(s) with client systems that needed to communicate with you in a language you did not understand.

1 Select the types of client systems with which you interacted during your internship that needed to communicate with you in a language you did not understand. (Select all that apply)

- Individual client
- Parent and/or caregiver
- Child and/or dependent
- Other family member
- Non-related caregiver
- Other. Please describe: \_\_\_\_\_

2 Select the types of interactions you engaged in during your internship with client systems that needed to communicate with you in a language you did not understand. (Select all that apply)

- Intake(s), assessment(s) and clinical session(s)
- Phone outreach
- Family meeting(s)
- Case management
- Milieu interaction(s)
- Other. Please describe: \_\_\_\_\_

3 Select which interpreter modalities you used during your internship in order to communicate with client systems that spoke a language you did not understand. (Select all that apply)

- In-person
- Telephonic
- VMI and/or videoconferencing
- RSMI (simultaneous interpretation via headset and/or earpiece)
- Other. Please describe: \_\_\_\_\_

4 Select the average number of interactions you had, per week, with client systems that needed to communicate with you in a language you did not understand. Estimate your average number of discrete interactions (e.g. 4 clinical sessions + 2 consultations = 6/week).

- Less than 1 interaction per week
- 1-2 interactions per week
- 3-4 interactions per week
- 5-6 interactions per week
- 7+ interactions per week

5 Select the average number of other client systems you interacted with, per week, that needed to communicate with you in a language you did not understand but were NOT a designated client (e.g. parents, caregivers, children, dependents).

- Less than 1 per week
- 1-2 persons per week
- 3-4 persons per week
- 5-6 persons per week
- 7+ persons per week

#### References

Support. (2017). Oxford English Dictionary. Retrieved 26 January 2017, from <https://en.oxforddictionaries.com/definition/support>

Walsh, J. (2013-06-11). Direct Social Work Practice. Encyclopedia of Social Work. Retrieved 26 Jan. 2017, from

<http://socialwork.oxfordre.com.libproxy.smith.edu:2048/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-105>

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Important Definitions: Please review before completing the survey. These definitions will appear at the beginning of every survey page for your reference.

The experience of support(s) is defined as follows: when a social work student experiences any of the following in order to learn and/or practice successfully:

As a student, your support system (e.g. supervisor, advisor, professor and/or other relevant person(s))... demonstrates/demonstrated interest in you

expresses/expressed concern for you

advocates/advocated for you

gave/gives assistance to you

gives/gave approval to you

give/gave comfort to you

give/gave encouragement to you (Oxford English Dictionary, 2017).

The experience of practice specifically refers to direct social work practice, defined by Walsh (2013) as: “the application of social work theory and/or methods to the resolution and prevention of psychosocial problems experienced by individuals, families, and groups” (Abstract and Keywords, para. 1).

Preparation & Support(s) During Internship. The following questions ask about your degree of preparation for and comfort level with practice with clients that needed to communicate with you in a language you did not understand before, during, and after your internship.

6 Before my internship began I was aware that I would interact and/or practice with client systems that needed to communicate with me in a language I did not understand.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

7 My academic training on client assessments included assessing for language ability.

- Always
- Frequently
- Occasionally
- Rarely
- Never

8 My internship training on client assessments included assessing for language ability.

- Always
- Frequently
- Occasionally
- Rarely
- Never

9 Before my internship began I felt supported in my ability to practice social work with client systems that needed to communicate with me in a language I did not understand.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

10 During my internship I felt supported in my ability to practice social work with client systems that needed to communicate with me in a language I did not understand.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

11 Before my internship I was aware of potential risks and ethical dilemmas that can occur in practice with client systems that needed to communicate with me in a language I did not understand.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

12 During my internship I was supported in managing and avoiding ethical dilemmas with client systems that needed to communicate with me in a language I did not understand.

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

## References

Support. (2017). Oxford English Dictionary. Retrieved 26 January 2017, from

<https://en.oxforddictionaries.com/definition/support>

Walsh, J. (2013-06-11). Direct Social Work Practice. Encyclopedia of Social Work. Retrieved 26 Jan. 2017, from

<http://socialwork.oxfordre.com.libproxy.smith.edu:2048/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-105>

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Important Definitions: Please review before completing the survey. These definitions will appear at the beginning of every survey page for your reference.

The experience of support(s) is defined as follows: when a social work student experiences any of the following in order to learn and/or practice successfully:

As a student, your support system (e.g. supervisor, advisor, professor and/or other relevant person(s))... demonstrates/demonstrated interest in you

expresses/expressed concern for you

advocates/advocated for you

gave/gives assistance to you

gives/gave approval to you

give/gave comfort to you

give/gave encouragement to you (Oxford English Dictionary, 2017).

The experience of practice specifically refers to direct social work practice, defined by Walsh (2013) as: “the application of social work theory and/or methods to the resolution and prevention of psychosocial problems experienced by individuals, families, and groups” (Abstract and Keywords, para. 1).

Questions about Academic Support(s). This question asks about academic support(s) available to you during your academic experience.

13 Rate the following items based on how much you believe that they supported your ability to practice with client systems that needed to communicate with you in a language you did not understand. Rating

Key: 1 = Most Supportive 9 = Least Supportive 0 = Not Available To Me

\_\_\_\_\_ Required readings

\_\_\_\_\_ Elective and/or recommended readings

\_\_\_\_\_ Classroom discussions

\_\_\_\_\_ Curriculum in a required course

\_\_\_\_\_ Curriculum in an elective course

\_\_\_\_\_ Referral to a professor, adviser, or other professional for consultation

\_\_\_\_\_ Referral to fellow student(s) or non-professional(s) for consultation

\_\_\_\_\_ Participation in academic event (e.g. lecture, workshop)

\_\_\_\_\_ Participation in an academic group (e.g. student group/club, seminar)

\_\_\_\_\_ Participation in an online forum related to school (e.g. Facebook class group)

\_\_\_\_\_ Participation in an online forum unrelated to school (e.g. other Facebook group)

\_\_\_\_\_ Other. Please describe:

14 If you wish, you may elaborate on any of the ratings above.

15 If you had any “Not Available To Me” answers to the question immediately above, which type/s of support(s) do you think would have been most supportive of your practice with client systems that needed to communicate with you in a language you did not understand?

## References

Support. (2017). Oxford English Dictionary. Retrieved 26 January 2017, from <https://en.oxforddictionaries.com/definition/support>

Walsh, J. (2013-06-11). Direct Social Work Practice. Encyclopedia of Social Work. Retrieved 26 Jan. 2017, from

<http://socialwork.oxfordre.com.libproxy.smith.edu:2048/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-105>

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Important Definitions: Please review before completing the survey. These definitions will appear at the beginning of every survey page for your reference.

The experience of support(s) is defined as follows: when a social work student experiences any of the following in order to learn and/or practice successfully:

As a student, your support system (e.g. supervisor, advisor, professor and/or other relevant person(s))... demonstrates/demonstrated interest in you

expresses/expressed concern for you

advocates/advocated for you

gave/gives assistance to you

gives/gave approval to you

give/gave comfort to you

give/gave encouragement to you (Oxford English Dictionary, 2017).

The experience of practice specifically refers to direct social work practice, defined by Walsh (2013) as: “the application of social work theory and/or methods to the resolution and prevention of psychosocial problems experienced by individuals, families, and groups” (Abstract and Keywords, para. 1).

Internship Support(s). This question asks about support(s) available to you during your internship.

16 Rate the following items based on how much you believe that they supported your ability to practice with client systems that needed to communicate with you in a language you did not understand. Rating Key: 1 = Most Supportive 9 = Least Supportive 0 = Not Available To Me

\_\_\_\_\_ Bilingual and/or multilingual paperwork

\_\_\_\_\_ Professional interpreters on staff

\_\_\_\_\_ Access to auxiliary interpreter services via telephone

\_\_\_\_\_ Opportunity to collaborate with interpreters before, after, and between interactions

\_\_\_\_\_ Ability to choose interpretation method specific to the interaction circumstances

\_\_\_\_\_ Technical support(s) for specific interpreter method

\_\_\_\_\_ Application of relevant tests and/or assessments

\_\_\_\_\_ Explicit training about practice with client systems that speak a language you do not understand

\_\_\_\_\_ Opportunity in group supervision to discuss practice with client systems that speak a language you do not understand

\_\_\_\_\_ Opportunity in individual supervision to discuss practice with client systems that speak a language you do not understand

\_\_\_\_\_ Designated reading and/or reference materials about practice with client systems that speak a language you do not understand

\_\_\_\_\_ Opportunity to consult with a school-based professional about practice with client systems that speak a language you do not understand

\_\_\_\_\_ Other. Please describe:

17 If you wish, you may elaborate on any of the ratings above.

18 If you had any “Not Available To Me” answers to the question immediately above, which type/s of support(s) do you think would have been most supportive of your practice with client systems that needed to communicate with you in a language you did not understand?

#### References

Support. (2017). Oxford English Dictionary. Retrieved 26 January 2017, from <https://en.oxforddictionaries.com/definition/support>

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#### Scenarios

19 Please briefly describe an internship experience when you felt your ability to practice with a client system(s) that needed to communicate with you in a language you did not understand was NOT supported.

20 Please briefly describe an internship experience when you felt your ability to practice with a client system(s) that needed to communicate with you in a language you did not understand WAS supported.

#### Conclusion

21 Is there any comment or observation you would like to add?

#### References

Support. (2017). Oxford English Dictionary. Retrieved 26 January 2017, from <https://en.oxforddictionaries.com/definition/support>

Walsh, J. (2013-06-11). Direct Social Work Practice. Encyclopedia of Social Work. Retrieved 26 Jan. 2017, from

<http://socialwork.oxfordre.com.libproxy.smith.edu:2048/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-105>