THE CHALLENGES AND STRENGTHS OF WORKING WITH MONOLINGUAL SPANISH SPEAKING CLIENTS IN SOCIAL SERVICES

A Project

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by
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Division of Social Work
Abstract

of

THE CHALLENGES AND STRENGTHS OF WORKING WITH MONOLINGUAL
SPANISH SPEAKING CLIENTS IN SOCIAL SERVICES

by

Beatriz Montoya Hernández

Juliana Margil

The purpose of this study was to determine the challenges and strengths bilingual social
workers encounter in providing services to monolingual Spanish speaking clients. A
qualitative exploratory approach, content analysis, was used in this research project. A
non-probability snowball sampling method of 10 bilingual social workers whom serve
monolingual Spanish speaking clients participated in this exploratory study. Three
themes emerged: (1) linguistic barrier, (2) the lack of cultural competency; and (3)
clients’ personalism. Implications for social work practice and policy are discussed.

__________________________, Committee Chair
Maria Dinis, Ph.D., M.S.W.

__________________________
Date
DEDICATION

I, Beatriz Montoya Hernandez, would like to dedicate this project to my parents, María Josefina and Federico, whom have given me the strength, motivation and support necessary to continue my education. Papás, gracias por enseñarme el valor del trabajo, por su fortaleza y dedicación. Gracias por sacrificar sus propias necesidades para ver mis sueños y deseos hechos realidad. Solo espero que algún día yo pueda hacer lo mismo por mi familia.

I, Juliana Margil, would like to dedicate this project to two wonderful human beings that unfortunately are no longer with us: my mother Amparo León Hernandez, and my uncle “Chuy” León Hernandez. Mamá le doy gracias por averme dado el más grande y hermoso regalo: la vida misma. Mil gracias por siempre protegérme y guíarme en todas las aventuras de mi vida. Tío Chuy graciotas por las porras y sabios consejos que me dio. Los quiero mucho y nunca los olvidaré.
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Chapter 1

THE PROBLEM

Introduction

This chapter will describe the research question to be addressed in this study. There will be a discussion of why the question is of interest and important to the authors. Then there will be a statement of collaboration, description of the background of the research question, followed by a precise statement of the research problem. Next, there will be a description of the purpose of the study, an examination of the theoretical framework for the research, definition of terms used in the research, a statement of the assumptions in the study, a discussion of how the research will benefit the field, a description of the delimitations of the project. Finally, a summary of the chapter and a brief summary of the other chapters will be included.

Negi and Furman (2009) asserted the need for effective social service as well as an understanding of providers’ experiences in meeting these needs. When Hispanic clients access social services, there are multiple factors that can hinder the process; and the authors could not help but notice the inconsistency and lack of effective social services to the Hispanic population. The authors observed that not all Hispanic clients have the same level of gratification when accessing social services. Authors became interested in the area of how monolingual Spanish speaking clients access the services and what are the strengths and challenges while providing them with various social services. Hispanic clients limited English is one of the major barriers as to why they do not have the same level of access to the social services, “Hispanic immigrant’s limited
English-language skills, sense of psychological isolation, encounters with unfamiliar bureaucratic systems, and experiences with discrimination represent significant psychosocial stressors” (David & Susan, 2001). These psychosocial stressors are the thematic areas that authors want to explore to better understand the Hispanic population to be able to serve and approach them in a more appropriate form. Social Workers must know and recognize the need to have a better understanding of the clients we serve so that we can ensure their wellbeing.

It is important to document the perceived challenges and protective factors in working with Hispanics within the social service sector. It is equally important to understand the perceived barriers and protective factors, which social work providers encounter when they work with immigrant Hispanics. These two factors could assist social service providers in the development of realistic and holistic approaches to improve the quality of service delivery. The authors’ findings will contribute to social work by upholding to social work code of ethics by promoting cultural competence and social justice to a vulnerable population. In conclusion, the authors’ research will contribute to social work values by adding to the social work literature about understanding the perceptions of other Latino caseworkers who work with Hispanics (Thomas, Medina & Cohen, 2010).

**Statement of Collaboration**

This project was written through the collaboration of both researchers Juliana Margil and Beatriz Montoya Hernandez. Beatriz was the lead writer for chapter three
and five, while Juliana was the primary writer on chapter two and four. Both researchers worked equally on chapter one and all the subsequent revisions of the five chapters.

**Background of the Problem**

Hispanics immigrate to the USA for an array of reasons, but most commonly is driven economic reasons (Negi & Furman, 2009). In the USA, Hispanics experience unforeseen psychosocial stressors such as poverty, discrimination, social isolation, and linguistic challenges (Castex, 1994; Negi & Furman, 2009; U.S. Bureau of the Census [USBC], 2010). To further exacerbate their mental health, Hispanics encounter socio-cultural challenges during the transition to their new living environment. In particular, the acculturation and adaptation process has psychological implications, which render Hispanic immigrants more vulnerable to psychotic mood, and anxiety related disorders (Diaz et al., 2001).

Hispanics encounter a multitude of systemic barriers in accessing and receiving social services. A reason for which Hispanics do not receive mental health services is due to an economic barrier, according to Woodward, Dwinell, and Arons (as cited by Mezzich, Ruiz, & Muñoz, 1999). Another barrier is that monolingual Spanish speaking clients encounter the scarcity of bilingual services in the mental health sector (Alegria et al., 2002). The scarcity of Spanish speaking providers, whether of Hispanic origin or not, in social services has been well-documented (Mezzich, Ruiz, & Muñoz, 1999; Negi & Furman, 2009; Thomas, Medina, & Cohen, 2010). Furthermore, bilingual and bicultural providers of Hispanic origin can make a difference regarding accurate psychological, rapport building relationship and fostering empathetic alliance (Pugh & Vetere, 2009).
Research has shown that non-Hispanic social workers do not understand the extent of discrimination and prejudice Hispanics encounter in their daily lives, according to Longres (as cited in Montalvo, 2009).

In 2010, Hispanics constituted the largest ethnic-racial minority group living in the United States, followed by African Americans (USBC). According to the 2010 U.S. Census, there are 308.7 million people living in the USA, of which 50.5 million (16 percent) are of Hispanic origin. The three largest Hispanic nationalities in the USA include those of Mexican (63 percent), Puerto Rican (9.2 percent) and Cuban origin (3.5 percent). The Hispanic population is rapidly growing, it is projected they will constitute 30 percent of the USA population by the year 2050. California is among the top three states with one of the highest Hispanic population concentration; the other two states are Florida and Texas. Over half of all Hispanics reside in one of the latter three states (USBC, 2010).

In the last ten years, Hispanics contributed to more than half the growth of the total USA population (USBC, 2010). Hispanics are both the fastest growing and the largest minority group in the USA. Between 2000 and 2010, the Hispanic population alone experienced a growth of 15.2 million (43 percent). The Hispanic population growth was ubiquitous, observed in all 50 states and the District of Columbia. Although the Hispanic population increased, the growth was not homogenous in term of nationalities. The largest increase was seen in those of Mexican (54 percent), Puerto Rican (36 percent) and Cuban origin (44 percent) (USBC).

According to the 2009 US Census, the median income in constant dollars for all
household was $49,777 (USBC). However, Hispanics median income was $38,039; only marginally exceeding the median income of African American households with $32,584. The income of households under $10,000 for Hispanics was 9.4 percent, compared to African Americans who had a 14.4 percent in the same income bracket; however, the income of households for all races under $10,000 was 7.3 percent. Further, Hispanic household median income over $250,000 was only .9 percent, accounting for the second lowest of all races, surpassing only African Americans. Hispanics accounted for 25.3 percent of persons living below the poverty level, compared to African Americans (25.8 percent), Asian and Pacific Islanders (12.5 percent), and Whites (12.3 percent). However, for persons of all races living below poverty level it was 14.3 percent (USBC).

In 2010, the total population with a high school education or more was 87.1 percent, compared to Hispanics at 62.9 percent (USBC). The three largest Hispanic nationalities with a high school education or more were Mexican (57.4 percent), Puerto Rican (74.8 percent), and Cuban origin (81.4 percent). In regards to higher education, being a college graduate or postgraduate were Mexican (10.6 percent), Puerto Rican (17.5 percent) and Cuban (26.3 percent). The percentages for Hispanics, with the exception of Cubans, in higher education are low compared to the total population at 29.9 percent (USBC).

**Statement of the Research Problem**

Hispanics seek social services for various reasons among them include psychosocial stressors, mandated services and voluntary case management for the self or family. Many Hispanics seek services due to psychosocial stressors or for their overall
wellbeing. At times, the interactions with a bilingual professional are the only intimate partnership with another Hispanic due to the isolation they may endure in the USA. Even though Hispanics may seek social services as a last resort, they seek assistance when they feel their needs are not being met through those alternate sources (Alegría et al., 2002; Mezzich, Ruiz, & Muñoz, 1999). There is a need to further study how challenges and strengths can be utilized to generate both a holistic and realistic approach in servicing monolingual Spanish speaking clients.

**Purpose of the Study**

The authors’ objective is to determine what are the perceived challenges and personal strengths of providing social services to monolingual Spanish speaking clients. There is a need to understand the challenges and the protective factors of working with Hispanic clients to better serve this population from a strength-based multi-dimensional perspective. The authors will accomplish this by interviewing ten bilingual social workers with the use of nine open-ended questions and eleven close-ended questions. The findings of this study may inform social workers who work with monolingual Spanish-speaking clients in understanding and recognizing the clients’ needs, barriers, and strengths while they seek social services.

**Research Question**

This study examines the following research question. What are the challenges and strengths bilingual Social Workers encounter in working with monolingual Spanish speaking clients?
Theoretical Framework

This study applies an Ecological Systems Theory and Strength Based Perspective. The researchers will explain how these two theoretical frameworks apply to this research study. Each framework will be discussed separately followed by an application to the monolingual Spanish-speaking clients that bilingual social workers provide social services.

Ecological Systems Theory

Ecological systems Model holds the notion of “person-in-environment” and it is an agreement among those who value the model to examine the environmental resources to which families must have access in order to meet both survival and developmental needs (Lesser & Pope, 2007). The perspective recognized the influence of environmental factors on human functioning; internal factors had received an inordinate emphasis in assessing human problems (Hepworth et al., 2010). Furthermore, Miley, O’Melia, and DuBois (2007) asserted that every part of our lives contributes to or hinders our ability to maneuver successfully through life. It is critical to understand and know that individuals and systems reciprocally influence each other. Social workers often times can locate resources in client systems physical and social environments such as family, schools, friends, and social groups. These resources can offer support to clients when they are experiencing a hardship, so that they can cope and move forward. Part of the social worker’s job is to help the client identify such resources and to look further to discover other systems that provide resources (Miley, O’Melia & DuBois).
According to Miley, O’Melia and DuBois (2007), every human system has cultural dimensions identifying cultural memberships in multiple contextual systems such as socioeconomic class, religion, ethnicity, race, age group, occupational, and lifestyle. These are several of the cultural dimensions that influence human behavior. It is important to understand the client cultural context and be able to have an appropriate approach to meet the client needs. Furthermore, “simply put, no two people are alike!” (Miley, O’Melia, & DuBois, p. 47). This means that not every intervention is going to work with every client the providers serve; therefore, it is important to identify and explore the factors that monolingual Spanish-speaking clients face when serving them.

Miley, O’Melia and DuBois (2007) explained that a nurturing and supportive environment often compensates for a system’s limitations, enabling the system to achieve the goodness-of-fit that characterizes the view of health. By all means even people who are gifted may encounter demanding environments that would immobilize the most well-prepared among us and can become overwhelmed in times of great stress; therefore the “ecological view precludes labeling individuals or social systems as dysfunctional or pathological in favor to recognize that there is simply goodness-of-fit” (Miley, O’Melia, & DuBois, p. 38). Indeed, given access to clients with the appropriate resources can construct a way to visualize and maneuver the system. Sheafor and Horejsi (2006) discussed the incongruence between client’s needs and the formal and informal resources currently available to them. Consequently, there is a high level of “incongruence or contrast between family values and societal values” (Robins et al., 1998, p. 129). According to Robins et al., in order to be able to function in both mainstream and
minority contexts, ethnic minorities have to develop coping skills in both contexts to guide them to adapt to both sets of demands.

**Application of Ecological Systems Theory**

Using the ecological systems theory to address how monolingual Spanish-speaking clients access social services is an example of the difficulty of maneuvers of the multiple systems. When providing social service to this population providers need to consider the various systems for his or her clients. As addressed before, clients do not operate in isolation from the environment and often times there are multiple barriers when clients attempts to access social services; and the social workers role is to create a supportive and nurturing environment for their wellbeing.

It is vital to consider the client culture and their background when providing them with social services. By addressing the client’s culture, providers will have a better understanding and a more appropriate approach to help monolingual Spanish-speaking clients. Social workers role is to ensure clients’ systems are evaluated to determine that they are getting the resources they need and want.

**Strengths Based Perspective**

According to Hepworth et al. (2006), the ecological practice principle mandates social workers to respect the balances and processes through which people and environments have adapted to each other’s needs, while attempting to improve transactional patterns that are maladaptive. Therefore, this “challenges social workers to build on the strengths and competencies clients already have available; a strengths
orientation is an essential tool for successfully applying an ecosystemic perspective” (Miley, O’Melia, & DuBois, 2007, p. 39).

Adopting a strengths perspective influences the ways that “social workers view client systems and involve then in the change process” (Miley, O’Melia, & DuBois, 2007, p. 80). In addition, Hill (1998) explained that strengths-based perspective seeks to identify the factors that support the resilience of members of disadvantages groups across the life span, and to build on these personal and social assets to promote growth and change. Recognizing that clients hold strengths to promote change is vital to build on the resilience that they already have.

Miley, O’Melia, and DuBois (2007) explained some the main assumptions of a strengths perspective: (1) collaboration augments exiting strengths to build new resources; (2) affirms that clients know their situations best; and (3) given options, can determine the best solutions for their challenges. Consequently, strengths-based perspective supports a process to increase “mastery and competence rather than correct deficits, and defines problems as occurring within the transactions between systems rather than residing in deficit system functioning” (Miley, O’Melia, & DuBois, p. 82). These assumptions are essential in implementing and understanding a strengths-based approach when working with clients.

Miley, O’Melia, and DuBois (2007) define strengths as natural talents, acquired capabilities, and skills demonstrated in daily life. Strength-orientated social workers “develop skills to identify strengths relevant for each level of client system – individual, family, group, community” (Miley, O’Melia, & DuBois, p. 221). Furthermore, Hepworth
et al. (2007) explained that social workers enter each working relationship wearing magnifying glasses to notice strengths, helping to create an empowerment atmosphere where good things exist and other good things are also possible.

According to Lesser and Pope (2007) empowerment is a complex concept. They state, “on a personal level empowerment refers to a subjective state of mind, feeling competent and experiencing a sense of control; on a political level, it refers to the objective reality of opportunities in society structures and the reallocation of power through a modification of social structures” (p. 85). Consequently, it is a process whereby individuals, families, organizations, communities, and societies increase their personal, interpersonal, and/or political power to achieve improvements in their situations (Gutierrez, 1994).

Martinez explained that one of the major strengths of Mexican American families is a quantitative rather than a qualitative difference from other ethnic groups. Meaning that there are simply more family members available to provide support and resources; “strong value placed on children coupled with the mother’s role in child rearing while the family maintains a public image that the main is in charge” (Miley, O’Melia, & DuBois, 2007, p. 236). Consequently, this observation alerts providers to check out any “general cultural conclusions with concrete information from each unique client system” (Miley, O’Melia, & DuBois, p 236).

**Application of Strengths Based Perspective**

Using the strengths-based perspective, the manner in which bilingual social workers perceived challenges and strengths while providing social services to the
monolingual Spanish-speaking clients is eminent because providers can assess client resources and empower them to be part of the process of change. Clients must feel that the provider is connecting with them and “gets them” in a way that they have control over their issue, so that the outcome is positive for their wellbeing.

Social workers need to recognize that client does not come alone or without any values. When providing social services to the monolingual Spanish-speaking clients, often times there is a whole family in need of change not just the person in front of the provider. The client holds within himself or herself the power to change. Social workers role is to help them learn the process and assist them to navigate the system of social services, so that they can successfully achieve wellbeing.

An example of the tension is the client’s language, which can be seen as a deficit when accessing social services. The language barrier should not be an obstacle to access social services, yet often times it is seen as a barrier. The majority of the support services are offered via paperwork written in English. Therefore, clients who do not speak English: (1) may not fully understand what is being offered; (2) may believe accepting the benefit imposes an obligation; (3) may not want to access the service or even continue with the service; and/or (4) because they are experiencing this barrier, may be too embarrassed to seek clarification. Consequently, obstacles due to a language difficulties, has the strong potential to be a barrier to receiving support during a critical time of need.
Definition of Terms

The following terms are used throughout this project and are relevant to the discussion of the perceived challenges and strengths Bilingual Social Workers encounter when providing social services to monolingual Spanish speaking clients.

Acculturation

“the adoption by one cultural group or individual of the culture of another” (The Social Work Dictionary, 2003, p. 3).

Assimilation

“the social integration or adoption of one group’s values, norms, and folkways by another group” (The Social Work Dictionary, 2003, p. 30)

Biculturalism

"the presence of two different cultures in the same region" (Random House Webster's Dictionary, 1997, p. 128).

Culture

“the customs, habits, skills, technology, arts, values, ideology, science, and religious and political behavior of a group of people in a specific time period” (The Social Work Dictionary, 1995, p. 87).

Hispanic

“persons who identify themselves as coming from or being descended from people from Mexico, Puerto Rico, Cuba, Central America, or South America” (The Social Work Dictionary, 2003, p. 1996).
Latino

“one who identifies or is identified with the languages and certain cultural characteristics of the people of South America, Central America, and the Caribbean” (The Social Work Dictionary, 2003, p. 244).

Personalismo

This is an approach to interpersonal relationships in which closeness is expected, people are valued over things, and interpersonal characteristics are emphasized over individual achievements. Paniagua (1998) observed that Hispanic clients are more likely to trust their therapists when they know them as persons via self-disclosures about hobbies, family, and music and entertainment preferences. Most importantly, families need to feel that the therapist is personally concerned.

For the purpose of this research, the terms Latino and Hispanic will be used interchangeably without preference or prejudice. This is simply because while most studies use either one term or the other, they almost universally employ the same definition of the population regardless of the term used. All participants are bilingual Social Workers providing social services to monolingual Spanish speaking clients.

Assumptions

The authors make the following assumptions: 1) client’ primary language is related to the use of social service; 2) all participants are bilingual; 3) variations in measurements of bilingual standards are significant (this may affect the outcomes of the work); and 4) participants are experts in defining and describing their own experiences.
Justification

The results of this study may assist social workers and other professionals when providing social services to the Hispanic population. As noted in the National Association of Social Workers Code of Ethics (1999) in Section 4, Social Workers’ Ethical Responsibilities as Professionals, Dignity and Worth of the Person, “it is part of the ethical practice to treat each person in a caring and respectful fashion, mindful of individual differences, cultural, and ethnic diversity” by being sensitive to the client’s needs and desires and how this may affect services (p. 4). This study addresses the need to understand the Latino clients we serve. If social workers truly wish to assist their clients to have easier access to social services then they must understand the importance to be aware of client’s diversity and barrier while they seek such services. Therefore, it is important to understand the challenges and strengths while serving this population.

The NASW Code of Ethics (2006) states that social workers have the responsibility to be culturally competent and socially diverse. Furthermore, “social workers should understand culture and function in human behavior and society, recognizing the strengths that exist in all cultures” (p. 9). Therefore, when social workers work with Hispanic clients they should be aware of challenges and strengths this population has, so that they can more appropriately approach and work with Latino clients.

Social workers have ethical responsibilities to their clients; one aspect of this is the commitment to their clients (NASW, 2006). According to NASW’s Code of Ethics, “a social worker’s primary responsibility is to promote the wellbeing of clients” (p. 7). In
order to promote the client’s wellbeing, social workers must know the importance of personalism for Latino clients and how they may perceive social services. This is especially important when Latino clients access social services as their last resource. It is important for social workers to know and understand the perceived challenges and strengths this population faces when accessing social services to promote their wellbeing and advocate for equality.

**Delimitations**

This quantitative, exploratory study does not use any surveys, beyond gathering basic demographic information about the bilingual social workers, so generalizable statistical data will not be derived. No information about client behavior or outcomes is discussed or analyzed. The focus is solely on the bilingual social workers perceived challenges and strengths when providing social services to the monolingual Spanish-speaking clients with the use of interviews to gather information further limits the study by removing the ability to independently verify the results. The interview subjects are limited to ten participants in Sacramento, Placer, Yolo, and Solano counties.

**Summary**

Chapter one contains an introduction to the subject of the study, a statement of collaboration, a discussion of the background of the problem, the statement of the research problem, the purpose of the project, posed the research question, and a description of the theoretical framework applied to the study. The chapter continues with definitions of terms, the assumptions, the justification, delimitations of the study, and a summary.
Chapter two of the study is a review of the literature that is relevant to the study, which presents the following thematic areas: 1) systemic challenges for Hispanics in the child welfare system, medical health, and mental health; 2) cultural competence referring to the level of acculturation and its effects on mental health treatment, the use of metaphors in clinical work with Hispanics, and implication of using linguistic interpreters in mental health; and 3) bicultural social service providers and Hispanic clients in regards to the Social Workers perceived needs of providing social services to Mexico-USA Transmigrants and social service needs of Hispanic immigrants. Gaps in the literature will be addressed. Chapter three will include details the research methods used in this study. In chapter four, the findings of the research are presented. Finally, in chapter five, the results are discussed and their relationship to the research question is examined. Implications and recommendations for social work practice are also discussed.
Chapter 2

REVIEW OF THE LITERATURE

Introduction

This chapter reviews the literature regarding the systemic challenges monolingual Spanish speaking Hispanics face in navigating various social service sectors in society, and the clinical tools social service providers utilize when working with Hispanics. The first section is an overview of the history of social service providers working with immigrants. The second section describes the systemic challenges Hispanics face in child welfare, mental health and health care. The third section is an overview of the culturally relevant factors in working with Hispanics in a clinical setting. These areas of the literature are relevant because they have important implications to the central question being examined: What are the challenges and strengths bilingual Social Workers encounter when serving monolingual Spanish speaking Hispanic clients? The final section will discuss gaps in the literature.

Historical Background

Immigration in the United States is not a new phenomenon, but in fact has contributed to its rich cultural and ethnic-racial diversity since colonial times. Up until the 1880s, immigrants were primarily from Protestant practicing countries such as the British Isles and north-western European nations (Daniels, 1991). The British and north-western Europeans are commonly referred to as the “old” immigrants and practiced the Protestant faith. Thus, many of the newly arrived immigrants from the British Isles and north-western European nations experienced an easier transition into United States.
After the 1880s, an influx of “new” immigrants arrived from Italy and eastern European countries (Daniels, 1991). The majority of these new immigrants left their country for economic, social or political reasons. The Italians and eastern Europeans had different traditions, customs, languages and religions not readily accepted by the traditional Protestant practicing society (Daniels, 1991; Karger & Stoesz, 2010). Due to Italians and eastern Europeans divergent religious practices, assimilation into the United States society was particularly difficult. As a means to preserve their culture and maintain a sense of belonging, many of these new immigrants built their own schools, churches and business which further divided the “old” and “new” immigrants (Iglehart & Becerra, 1995; Karger & Stoesz, 2010). Despite their efforts to integrate into society, Italians and eastern Europeans lived in marginalized conditions and were treated as second-class citizens (Iglehart & Becerra, 1995).

Italian and eastern European immigrants experienced social prejudice and social discrimination; they were considered nuisances to the previously homogenous and wholesome Protestant society (Ehrenreich, 1985). Resentment towards the new immigrants created for them social issues such as poverty, labor exploitation and residence in marginalized neighborhoods. In response to this societal problem, religious institutions were organized to help the less fortunate members of society. In the north, Catholics provided the largest amount of social services to immigrants while the Jewish religion reached out to faith practicing immigrants across the nation (Karger & Stoesz, 2010). This period of social policy and reform is known as the Progressive Era, 1880s-1920s. The Progressive Era is also considered as the birthplace of social work profession
for the heightened level of social concern for vulnerable and oppressed groups (Ehrenreich, 1985).

One of the largest faith-based organizations, Charity Organization Societies (COS), was an in-home visiting program based on Protestant ideology of self-sufficiency. The group feared that providing too much assistance to individuals would encourage laziness and dependency (Karger & Stoesz, 2010). By the 1880s, hundreds of COSs were established in New York City (Iglehart & Becerra, 1995). These faith-based organizations sent “friendly visitors” to provide social assistance and education to vulnerable individuals that included immigrants. Practicing from a religious framework, friendly visitors’ primary mission was to inculcate the Protestant faith and teach poor immigrants how to rectify their lives (Karger & Stoesz, 2010). These friendly visitors believed that the “poor must be taught to live a moral and self-disciplined life” (Karger & Stoesz, p. 46).

In the 1880s, Settlement Houses began to emerge as a new medium to provide direct social services to the most marginal members of society (Karger & Stoesz, 2010). Settlement Houses were an innovative approach in assisting the less fortunate individuals in society. Middle and upper class citizens would move into homes located within immigrant neighborhoods. Even though Jane Addams did not establish the first settlement house, Addams is credited with fueling this social movement. In 1889, Addams established Hull House, the first settlement house, in Chicago. Both upper and middle-class men and women relocated into a poverty-stricken immigrant neighborhood
The Hull House volunteers organized an array of educational, social and vocational training for the people in their respective communities. These settlement houses were unique because they provided direct social assistance and embraced the immigrants’ cultures as part of the social service delivery model. The “proto-social workers were perhaps less susceptible to nativism and racism than were many others of their class” (Ehrenreich, 1985, p. 41). By 1915, more than 300 settlement houses had been established nationally (Karger & Stoesz, 2010).

With the onset of World War I, the migration of Italian and eastern Europeans into the United States slowed. It was during this period the country saw a wave of new immigrants coming from their neighbors south of the border. Mexican immigrants often held jobs in the agrarian (80 percent), mining (60 percent) and railroad sectors (90 percent) (Iglehart & Becerra, 1995). It is estimated that as many as 500,000 Mexicans entered the United States during World War I. Further, after World War I the United States government introduced a set of strict immigration laws meant to deter immigration from Italy and eastern European nations. About the same time, societal problems were no longer viewed an individual deficit, but a social deficit that required government intervention (Leiby, 1978).

The federal government developed and funded social service programs that would target the most vulnerable and oppressed individuals in society (Iglehart & Becerra, 1995). Unfortunately, “ethnic and racial minorities remained outside the mainstream as
consumers” from federal social welfare programs (Iglehart & Becerra, 1995, p. 133). For example, by 1930 the number of foreign born Mexican-Americans was estimated at 600,000 (Daniels, 1991). Their presence in the United States drastically changed after the passage of the Social Security Act (1935) (Iglehart & Becerra, 1995). Hispanic individuals who applied for assistance were involuntarily relocated to Mexico, which included United States born Hispanics. Between 1929-1934, about 400,000 Hispanics were involuntarily deported to Mexico. For Hispanics who remained in the United States encountered social discrimination and prejudice which affected educational, economic and social opportunities (Iglehart & Becerra, 1995).

Immigrants have been a powerful catapult in the United States economy. However, “attitudes toward immigration and immigrants have had historic swings between inclusion and exclusion” (Drachman & Paulino, 2004, 165). Following World War II, there was another labor shortage, which would require government intervention. From 1942 and 1964, the federal government approved the Bracero Program, which would permit immigrants to legally work in the United States (Drachman & Paulino, 2004). By 1960, it was estimated that these guestworkers made up twenty-five percent of the nation’s agrarian labor (Daniels, 1991). Even though the guest workers were provided rights, they were not always enforced (Karger & Stoesz, 2010). It is critical for social workers to become aware of the history of immigrants.

A lot of social reform has occurred since the first “friendly visitors” outreached to immigrants and other ethnic minorities. However, there is still a great need for culturally appropriate social programs for these vulnerable and oppressed groups. Immigration of
diverse ethnic-racial groups into the United States is not a thing of the past, but continues today. Actually, the second largest wave of immigrants coming into the United States occurred from 1981 and 2000 (Daniels, 1991). Most recently, 2000 and 2002, 3.3 million illegal immigrants arrived to the country. The largest were Mexican with 50 percent and Hispanics from other Latin American countries made up 23 percent of the newly arrived (Karger & Stoesz, 2010). Though Hispanics constitute the largest ethnic-racial minority group in the United States, they continue to experience disproportionate levels of poverty and low levels of educational attainment (USBC, 2009).

**Systemic Challenges for Hispanics**

There are three sub-sections on systemic challenges for Hispanics: child welfare, mental health and health care.

**Child Welfare System Disparity**

Between 2000 and 2010, the growth rate of Hispanic children in the United States was 39 percent, while non-Hispanic youth decreased by five percent (National Council of La Raza, 2010). Despite their large presence, Hispanic children are disproportionately represented within the child welfare system compared to their white counterparts (A.E. Casey Foundation, 2009). In 2009, Hispanic children constituted 20 percent of children entering foster care in the USA, but comprised 22 percent of the children in the population (A.E. Casey Foundation, 2009; USBC, 2009). Dettlaff and Rycraft (2009) recommend that child welfare agencies deliver culturally competent services to this rapidly growing population, especially to newly arrived immigrants.
Thomas, Medina and Cohen (2010) did a qualitative study using focus groups compromised of Hispanic child welfare workers. The child welfare workers reported that families encounter both internal and external barriers, which may delay the closure of their Hispanic families’ cases. One internal barrier identified by participants was in regards to verbal or written communication. Thomas, Medina and Cohen (2010) study reported a scarcity of child welfare workers who could write in Spanish and lack of linguistic interpreters. In cases when translators are used participants reported that the “expression of feelings, emotions and a sense of mutuality” are missed (Thomas, Medina & Cohen, p. 161). Another concern is that Hispanic clients will state that they have understood their non-Spanish speaking worker, even when they have not.

Thomas, Medina and Cohen (2010) reported that the lack of cultural awareness of Hispanics by child welfare works was another agency barrier. In cases when welfare workers are bilingual, not of Hispanic origin, families may not be as forthcoming for fear of being judged. It was noted that using workers who are bilingual as well as bicultural is pivotal. Cultural awareness may be essential in using the “‘right emphasis’ or the ‘right tone’ ” which will help with establishing good rapport with Hispanic families (Thomas, Medina & Cohen, p. 161).

The focus group participants noted the importance of respecting Hispanic families’ cultural value of collectivism in which the family’s needs takes precedence over the individuals’ needs (Thomas, Medina & Cohen, 2010). One participant in Thomas, Medina and Cohen study provided an example of how a Hispanic family’s collective nature may contradict child protective services (CPS) policies such as an overcrowded
residence. Even though having multiple family members living in the same residence may not necessarily be an issue for a Hispanic worker (Thomas, Medina & Cohen, 2010). Thus, it is important viewing Hispanic families’ living situations from a cultural context lens. Understanding the “unique social and economic circumstances of Hispanics” is a key element for providers to develop cultural competency (Zambrana & Dorrington, 1998, p. 21).

The macro-system level barrier identified were the unavailability of culturally appropriate resources in the community, inaccessibility of social services in the community, and inflexibility of providers contracted by CPS (Thomas, Medina & Cohen, 2010). This fact may prevent the closure of the client’s case in a timely manner. Participants pointed out the limited number of agencies that provided culturally competent services to Hispanic families and the limited number of Hispanic foster families. Due to the scarcity of Hispanic foster families, Hispanic children must be placed with non-Hispanic families and when they are returned home, they sometimes lose their Spanish skills. The unavailability of competent interpreters, not having enough Spanish-speaking service providers in the community, and the poor understanding of Hispanic cultural norms negatively affects Hispanic families within the child welfare system (Thomas, Medina & Cohen, 2010). Hispanic families wait longer for needed services or have limited number of service options due to their linguistic needs.

Suleiman (2003) is recommending language access to families at the “front end, in the system, and at the back end” of child welfare system. Suleiman suggested hiring more bilingual workers, competent interpreters or contract with interpreting agencies.
Suleiman (2003) is also recommending that more infrastructure support for the bilingual worker should be provided to minimize burnout.

Suleiman (2003) states that having culturally competent language access to English limited proficiency (ELP) clients is part of the Civil Rights Act. Child welfare workers should not be using children, relatives or neighbors as interpreters as it violates ethics and the civil rights act. Suleiman states it is unethical and violates the civil rights act when a child welfare agency delays, or does not provide linguistically appropriate services to English limited proficiency (ELP) clients. This barrier can have a negative impact of whether or not the family reunifies. For example, bilingual child welfare workers should be hired in areas with high Latinos concentrations, and culturally competent agencies should be contracted to provide court mandated services to the Latino population (Suleiman, 2003).

**Medical Health Disparity**

The Pew Hispanic Center (2008) completed a national quantitative survey of 4,013 adult Hispanics to find out how they receive health care or advice. Of the 4,013 Hispanics surveyed, 73 percent of Latinos reported having a usual place to receive medical care versus 27 percent who did not. A high percentage of Hispanics surveyed reported receiving health advice from alternative sources such as the media, family and friends, and community supports, rather than from a health care provider.

Native born Hispanics are less likely than foreign born Hispanics to lack a primary health care provider. Native born Hispanics are twice as likely to have medical insurances their foreign-born counterparts, 42 and 19 percent respectively. The survey
represented Hispanic adults of diverse linguistic abilities: 22 percent reported being English dominant, 25 percent were bilingual and 32 percent were Spanish-dominant (Pew Hispanic Center, 2008).

Language skills are important in the delivery of culturally competent services for patients with limited English proficiency (Moreno & Morales, 2009). Hence, “culturally competent care” is a pivotal factor to reduce ethnic-racial disparities in health care (Betancourt et. al, 2003). There is a greater concern by private and public health care agencies to minimize the ethnic-racial disparity in the United States health care industry. However, before this can occur systemic changes need to take place to ensure culturally appropriate health care services to minority groups.

**Mental Health Disparity**

Alegría et al. (2002) analyzed the 1990-1992 National Comorbidity Survey to investigate disparities in specialty mental health care use in various ethnic-racial minorities. The investigators reported that poor Hispanics have lower access to specialty care compared to their non-Hispanic white counterparts in the same income bracket. The use of specialty mental health services for Latinos was found to be at six percent, compared to their non-Latino white counterparts at 12 percent (Alegría et al., 2002).

Alegría et al, (2002) delineate multiple reasons for the disparity in mental health service utilization by Hispanics. One possible reason may be attributed to the scarcity of bilingual mental health providers, thus discouraging monolingual Spanish speaking Hispanics from seeking help. Another reason noted was Latinos’ autonomy in coping with mental health disorders. The investigators also postulate that this discrepancy in
caused by the lack of Medicaid accepting providers in Hispanic communities (Alegría et al., 2002).

A major limitation to Alegría et al. (2002) study was that the survey automatically excluded Latinos who were not fluent in English. Thus, generalization of these results to monolingual Spanish speaking clients may not apply. Mezzich, Ruiz and Muñoz (1999) also extracted similar results in their review on the patterns and challenges Hispanics encounter with mental health use; they found Hispanics underutilize mental health services despite their large population in the USA.

Harris, Edlund and Larson (2005) reviewed secondary data from the 2001-2003 National Surveys on Drug Use and Health to compare the rates of mental health problems and use of mental health care among several ethnic-racial groups. Among the nine ethnic-racial groups, the Hispanic subgroups included Mexican-American, other Hispanic, Central and South American, and Puerto Rican. Other individuals of Hispanics origin, such as Cubans, were accounted for in the other Hispanic subgroup. An alternative ‘other Hispanic’ subgroup was constructed because of the small samples size of additional Hispanic nationals.

Ethnic and racial minority groups are less likely to use mental health services compared to whites (Harris, Edlund & Larson, 2005). Comparing the use of mental health use among the Hispanic subgroups, the results showed Mexicans (6.97 percent), other Hispanics (9.38 percent) and Puerto Ricans (13.17 percent) used mental health care services at higher rates than Central and South Americans (4.6 percent). The mental healthcare use for the white subgroup measured at 14.16 percent. The highest mental
health care use was seen in the American Indian/Alaskan native at 15.05 percent (Harris, Edlund & Larson, 2005).

Among adults affected with a Severe Mental Illness (SMI), Harris, Edlund and Larson (2009) found that all Hispanic subgroups utilize mental health services less compared to non-Hispanic whites (58.09 percent). The Hispanic subgroup results were Central and South Americans at 20.33 percent, Puerto Ricans at 42.22 percent, Mexicans at 40.38 percent, and other Hispanic subgroup at 54.94 percent. Mexicans who reported suffering SMI reported using mental health services at twice the rate of Central and South Americans. In regards to the adults with a SMI who reported unmet needs were non-Hispanic whites at 35.41 percent, Mexicans at 33.92 percent, Puerto Ricans at 37.18 percent, other Hispanics at 35.52 percent and Central and South Americans at 29.95 percent. Adults from Central and South America with a SMI reported less mental health needs as compared to the other Hispanic subgroups.

Montalvo (2009) cites a study done by Fraga et al. (2004) which reports that when Hispanics do access mental health care services, their dropout rate is much higher in the first session than any other minority group. Malgady and Zayas (2001) hypothesize that underutilization and early termination of Hispanics may be due to a “cultural distance” (p. 39), which may lead to misdiagnosis and thus poor treatment outcome. Further, Montalvo (2009) infers that an “implicit racial bias” (p. 277) against Hispanics contributes to the ethno-racial gap in mental health care services for this population. Montalvo (2009) further explains that many clinicians may disregard Hispanic clients’ skin color, and colonization history; however, this factor can assist clinicians in
understanding clients’ experiences from a socio-historical context. Even though it is not explicitly stated, Latinos are keenly aware of their skin color and their colonization history. Bertolino (2010) recommends viewing each family as having their own culture and being careful about making cultural assumptions.

**Cultural Competence**

There are three sub-sections discussed in this section. These are the level of acculturation and its effects on mental health treatment, using metaphors in clinical work with Hispanics, and the implications of using linguistic interpreters in mental health.

**Level of Acculturation and its Effects on Mental Health Treatment**

Compared to English speaking patients, monolingual Spanish speaking patients are less satisfied with provider communication. Although language skills are a pivotal factor during the assessment process; nevertheless, the patient’s acculturation and how much “cultural expressions represent symptomatology” (Altarriba & Santiago-Rivera, 1994, p. 388) are equally as important. Understanding a patient’s acculturation level is important in the development of a Hispanic patient’s mental health evaluations and treatment plan (Malgady & Zayas, 2001; Furman et al., 2009). Acculturation levels have been linked with a higher risk for psychopathology (Breslau et al., 2006). Altarriba and Santiago-Rivera cited a study by S. Sue et al. (1991), which showed that when the clinician and patient were from the same ethnic group and spoke the same language the client was less likely to drop out, participation would increase and they would have a better treatment outcome.

Altarriba and Santiago-Rivera (1994) cited mixed literature on the outcomes of
assessing Hispanic clients with the non-dominant and dominant language. Altarriba & Santiago-Rivera cited the results of Marcos’ (1973) research that when intakes were done in Hispanic clients’ non-dominant language, the psychiatric diagnosis was more severe. When patients used a non-dominant language, the communication was slower with frequent pauses, which were erroneously interpreted as symptoms of a depressed mood or non-compliance by providers. The slower verbal communication was believed to be due to patients’ limited vocabulary in English and thus, the expression of emotion was not as pronounced (Marcos 1973, as cited by Altarriba & Santiago-Rivera, 1994). Altarriba and Santiago-Rivera (1994) also referred to a contradictory study conducted by Del Castillo (1970) that revealed that when clinicians interviewed Hispanic clients in their dominant language, the clients’ psychotic diagnosis was more severe than when they were interviewed in the non-dominant language. The researchers suspected that the less severe psychotic diagnosis was due to the clients’ limited English repertoire. Altarriba and Santiago-Rivera (1994) acknowledged that despite the mixed literature in regards to language skills in the assessment process, language definitely has an impact on a client’s mental health diagnosis.

Using Metaphors in Clinical Work with Hispanics

Zuñiga (1992) discussed the use of metaphors (such as idioms) in the treatment and therapeutic alliance with Hispanics. The use of metaphors in psychotherapy has been identified as a culturally relevant tool to infuse a “culturally meaningful experience” (p. 55) for clients’ problems or concerns. It is non-forceful method of teaching “worth, value, purpose, and meaning” in life (Zuñiga, 1992, p.55). Further, the use of metaphors
can create a familiar environment for Hispanic clients.

An example given by Zuñiga (1992) working with a young Chicana female client who was experiencing domestic violence in her relationship. Zuñiga (1993) invited her female client to interpret the saying, “mejor sola que mal acompañada” (p. 58). The significance of this saying is that “it is best to be alone than to be in bad company.” Thus, the client was able to arrive at a new frame of reference about the issue, which had prompted her to attend counseling. The use of metaphors in therapy “allows clients the opportunity to create new possibilities” (Lyddon, Clay, & Sparks, 2001, p. 272). Using the saying in therapy eased a culturally relevant tool for the client to arrive at a novel perspective. Further, metaphors can be used with monolingual Spanish speaking clients and bilingual clients to generate personal change (Zuñiga, 1992).

Using metaphors in treatment are strengths in treatment of the Hispanic community, and can be used to effectively provide therapy to clients. Aviera (1996) also discussed his experiences using metaphors in his treatment of inpatient psychiatric patients. Even though he is of non-Hispanic origin, he was able to effectively use ‘dichos’ in treatment of psychiatric patients in a Los Angeles psychiatric hospital. Aviera (1996) felt that metaphors are a tool that applies cultural sensitivity. Further metaphors can be used successfully to have clients open up, disclose historical past and introduce novel vantage point (Aviera, 1996; Lyddon, Clay, & Sparks, 2001).

**Effects of Using Linguistic Interpreters in Mental Health**

“Language is an important means of transmitting information regarding beliefs and cultural traditions” (Altarriba & Santiago-Rivera, 1994, p. 389). To minimize the
linguistic difference between a client and provider, interpreters have been used in the mental health and health care system (Altarriba & Santiago-Rivera, 1994; Moreno & Morales, 2009). However, research has shown that using an interpreter may negatively affect the therapeutic alliance, specifically empathetic communication (Pugh & Vetere, 2009). Pugh and Vetere (2009) reported that providers feel it becomes harder to “empathize with client’s discourse” (p. 313) and for providers to assess “client’s reception” (p. 314) of their empathic communication when a linguistic interpreter was used.

Altarriba and Santiago-Rivera (1994) reported that the use of interpreters takes longer, confidentiality issues may arise and there is difficulty in determining an accurate diagnosis due to the difficulty of “accurately matching client speech and body language” (p. 390). Pugh and Vetere (2009) also reported that providers who have to use an interpreter further felt that clients appeared less willing to disclose with an interpreter due to the stigma associated with mental health problems in their communities.

Another implication of using interpreters is sometimes when lay interpreters or other family members are used. The relatives may not act professionally and answer questions for the client. The use of interpreters becomes even more compromised when they are not adequately trained for clinical repertoire (Altarriba & Santiago-Rivera, 1994). Another concern is that there is not “evidence-based criteria” as to what constitutes a good interpreter (Moreno & Morales, 2009, p. 1287). When interpreters do not have the right amount of training, then information can be relayed incorrectly, which can lead to a client’s inaccurate diagnosis. When an interpreter was needed and made
available to monolingual Spanish speaking patients, they reported increased patient satisfaction compared to their Spanish speaking counterparts who did not use interpreters (Moreno & Morales, 2009). In other respects, the use of linguistic interpreters can be a cultural bridge between client and patient (Pugh & Vetere, 2009).

Diaz et al. (2001) completed a cross-cultural study of the perceived needs and service use of Spanish speaking monolingual patients at a fully staffed bilingual mental health clinic, ‘La Clinica Hispana’, compared to the main mental health clinic, CMHC, serves mainstream patients. Diaz et al. found that Spanish speaking monolingual Hispanic patients reported “better perceived access to physical health care services” in the fully staffed bilingual clinic. Although La Clinica Hispana was not a primary care center, the patients’ response could have been due to their subjective and objective experiences. “Hispanics are sometimes thought to be reluctant to identify themselves as having mental health problems and inclined to identify themselves as having mental health problems” (Diaz et al., 2001, p. 345). In regards to subjective views about how well their physical health needs are being met, patients at La Clinica Hispana reported a 93 percent, compared to 77 percent at the mainstream clinic. Given that La Clinica Hispana’s name is not affiliated as a mental health facility, patients may perceive it as a medical clinic. Furthermore, the clinic’s patients are required to have yearly physical exams (Diaz et al., 2001).

Nevertheless, Spanish speaking Hispanics did report a greater perceived need for medication management (Diaz et al., 2001). The researchers are not sure what factors lead to this. However, Diaz et al. suggest that being followed at a specialized clinic,
“may not be sufficient to overcome the problems of monolingualism and low levels of education at least as far as taking medication is concerned” (Diaz et al., 2001, p. 339). Although patients’ linguistic needs were met by La Clinica Hispana staff, this culturally competent approach was not enough to assist with the patients’ compliance to medication management. The researchers indicated that patients followed at La Clinica Hispana were less acculturated, i.e., the patients had lower levels of schooling and only spoke Spanish. Further, La Clinica Hispana patients had lived in the United States mainland for less time compared to the mainstream clinic (Diaz et al., 2001).

On average, patients seen at La Clinica Hispana were older, married, had lower levels of education, and had resided in the USA less time than their counterparts at CMHC. The majority of patients seen at La Clinica Hispana were from Puerto Rican (93 percent), other (4 percent) and Mexican origin (2 percent). The most common psychotic disorders documented in patients being followed at La Clinica Hispana were psychotic (20 percent), mood (53 percent) and anxiety disorders (8 percent) compared to their Hispanic counterparts at the main clinic, 34 percent, 34 percent, and 8 percent respectively (Diaz et al., 2001).

Gaps in the Literature

Despite there being large amounts of literature on the disparities Hispanics encounter systemically, there is limited and specific information on what challenges monolingual Spanish speaking clients encounter in social services. A couple of studies have focused on the specific challenges monolingual Spanish speaking clients encounter, but they have been limited to Hispanics living urban areas (Negi & Furman, 2009; Strug
& Mason, 2002). Further, there are no studies to this date documenting the strengths of working with this same population in social services.

Negi and Furman (2009) completed a qualitative study in which they interviewed five female social service providers regarding the perceived challenges Hispanic Transmigrants, Mexico-USA border, and experience. The exploratory study was conducted in an urban area in the United States. The social service providers who partook in the study were selected because one of the study authors knew them. Negi and Furman (2009) concluded that transmigration was driven by economic and social reasons, identifying transmigrants was difficult, and women usually did not transmigrate. Oftentimes, social service providers learned by chance that their clients were transmigrants by conducting a home visit or through a client’s friend (Negi & Furman, 2009). Further, women appear to endure increase psychosocial distress due to their financial dependence on partners. The providers indicated that for the most part women are homemakers. The women’s unemployment status often places them in a vulnerable position, especially if their partner is abusive or an alcoholic.

In summary, the study participants stated that they needed to be more flexible with their services, there was poor availability of services to Spanish speaking clients, and participants had to be creative in coordinating social service for clients on either side of the border (Negi & Furman, 2009). For example, social workers sometimes connected clients with informal jobs, provide pro-bono work, and become a “broker” for their clients. Due to the limited number of bilingual providers, the participants often times did
not have a place to refer their clients. Another major concern was clients’ undocumented status, which prevented them from qualifying for social services.

There were a couple of limitations noted in the exploratory study by Negi and Furman (2009). The first limitation was that the sample size was small and non-random. Therefore, the views of the participants may not generalize to other social service providers working in a different social service capacity. For future studies, the researchers recommend exploring the social service needs of Hispanic immigrants in disparate areas (Negi & Furman, 2009). A second limitation of the study was that Hispanic women primarily sought out social services; thus, the perceived social service needs of male clients are not represented in the study. For future studies, Negi and Furman (2009) recommend interviewing social services providers who work with both genders.

Strug & Mason (2002) lead qualitative study on the perceived social service needs of the Hispanic immigrant population in Washington Heights, New York. The qualitative study included focus groups comprised of seven community-based professionals. The seven community based professionals sampling process was described as “conceptually driven and sequential” (p. 73). All six, except one, community-based professionals were of Hispanic origin. Even though the Washington Heights community is known for its high Dominican Republic concentration, the four focus groups included Hispanic immigrants from seven other Latin American countries. There were thirty focus group participants total: 17 women and 13 men. The focus group participants were samples of “convenience” (Strug & Mason, 2002).
Themes salient in the qualitative study were the lack of mental health services, the need for health insurance, shortage of housing, unmet social service needs and systemic barriers to the use of social services (Strug & Mason, 2002). Systemic barriers that were identified were the lack of bilingual social service providers and Hispanics at the administration level in the community. Limited English skills often deterred Hispanic immigrant clients from applying for social services even in cases where they would qualify. Further, immigrants reported feeling discriminated against due to their undocumented status and the unavailability of forms in Spanish.

It is significant to discuss the limitations of the study by Strug and Mason (2002). Even though they completed a snowball sampling of community based professionals, they made sure not to interview more than one professional from the same community organization. Therefore, this study is not representative of social service providers working in different social service capacities. The researchers were uncertain of the representativeness of focus group members. One of the recommendations made for future studies, was to look at the barriers Hispanic immigrants face in accessing social services. A second recommendation was to look at how Hispanic immigrants “cope and survive” (Strug & Mason, p. 86).

Hispanic immigrants often face a myriad of systemic challenges due to the lack of bilingual staff at agencies, lack of culturally appropriate services, social isolation and undocumented status in the United States (Furman & Negi, 2009; Strug & Mason, 2002; Thomas, Medina & Cohen, 2010). Due to the large Hispanic population across the United States, it is important to understand the needs of monolingual Spanish speaking
clients in disparate regional areas (Negi & Furman, 2009). It is equally important to document the strengths of working with monolingual Spanish speaking clients. Currently, there seems to be a lack of literature that describes the perceived strengths of working with monolingual Spanish speaking clients. It is for this reason the authors of this research wishes to discern what are the challenges and strengths of working with monolingual Spanish speaking clients.

Summary

In this section, the authors discussed the systemic challenges Hispanic clients encounter in the complex social service delivery system. The authors discussed the level of acculturation and its effects on mental health treatment, using metaphors in clinical work with Hispanics, and implications of using linguistic interpreters in mental health. Gaps in the literature were also presented. In the next chapter, the methodology is described.
Chapter 3

METHODOLOGY

Introduction

In this chapter, the authors describe the methodology and research design employed for this project. The authors explained the methods used in the design of the study and the analysis of the interviews. Furthermore, criteria for selecting participants to be interviewed, details of the interview process, and development of the interview questions are all described. The chapter includes the following areas: Research Question, Research Design, Study Population, Sample Population, Instrumentation, Data Gathering Procedure, and Data Analysis. Finally, the authors reviewed the steps taken to protect the safety of the human subjects.

Research Question

The following question is investigated in this study: What are the perceived challenges and strengths of providing social services to monolingual Spanish speaking clients?

Research Design

A qualitative exploratory approach is used for this research project. Ground theory and social constructivism philosophical standards are employed in this study. Descriptions and discussion of each element of the framework for the research design of the project is explained below.
**Qualitative Approach**

Qualitative approach is use to gain a deeper understanding of the presenting problem and human experiences which generates richer observations that are not easily reduced to a numerical value (Rubin & Babbie, 2007). For example, a social worker wanting to observed terminally ill patients’ resilience behaviors and asking how they are cope to their diagnosis will benefit from the depth analysis allowed by qualitative research methods. Rubin (2007) explained that data could be collected using direct in-person observation, in-depth interviews, and/or participant logs. Qualitative methods are particularly suitable when flexibility is required to study a new experience about which we know very little and we seek to gain sight into the subjective meanings of the experience (Rubin & Babbie, 2007). The data collected is usually in the form of words, either the written observations of the researchers, the spoken words of the participants, or the recorded actions of the participants. In more complex studies, the use of a video recorder may be use in which case the data will be both pictures and words. The data is not standardized as in qualitative studies; therefore, it requires the interpretation of the researcher to analyze the data to find meaning identify common themes or absences of such commonality.

The qualitative tool is used to encourage the interviewee to talk, possibly to some extent and length about a particular issue, topic, or range of topics. This is the main difference between survey-based interviews as it tries to ask open-ended questions to elicit specific information from the interviewees. A lot can be learned by purely being attentive to what is taking place (Rubin & Babbie, 2007). Researcher uses this approach
to have a better understanding of the subjects’ daily living activity being question.

Qualitative descriptions tend to be more concerned with conveying a sense of what is like to walk in the shoes of the people being described-proving rich details about their lives, meaning, environments, and interactions than with generalizing with precision to a larger population (Rubin & Babbie, 2007).

Among the advantages of the qualitative approach are the direct contact between the interviewee and the interviewer. This allows the interviewer to notice body language, cues, voice, intonation, and reactions to the questions can give a lot more information to add to the response. This allows the researcher to notice and record affect and reactions to questions in addition to the actual answers to the interview questions (Creswell, 2009). Qualitative approach allows for a deeper understanding as interviewer can ask clarifying and follow up questions as needed. It allows the interviewee to talk about their experience by not limiting their response to preselected answers. This approach can also be relatively inexpensive depending on the exact design of the research study (Creswell, 2009). Another advantage is its flexibility to modify your research design at any time (Rubin & Babbie, 2007).

There are also disadvantages to consider when using a qualitative interviewing approach. These include its inherent subjectivity as the researcher has its own interpretation, biases, way of seen things, and unconsciously the researcher can lead the study in a certain direction. It is important to mention that by its nature qualitative research integrates some of the subjective and researcher’s personal biases. Generalization is also a disadvantage because the researcher can produce results that
would not necessarily be replicated by another independent researcher. In addition, Rubin
and Babbie explained that qualitative researchers get a full and in-depth view of their
subject matter, they can reach an unusually comprehensive understanding, and this level
of comprehension is less generalizable than results based on rigorous sampling and
standardized measurements. The sample size and subjectivity nature does lead to
qualitative research not being generalizable to a larger population. The researcher needs
to determine where and to what extent the researcher is generalizing beyond his or her
specific observations to other settings (Rubin & Babbie, 2007). Ultimately, finding
meaning to the data collected depends on the researcher’s ability to find themes and make
interpretations.

**Exploratory Studies**

An exploratory study provides conclusive answers to researchers’ questions and
was designed as a starting point for further investigation. As Rubin and Babbie (2007)
noted, exploratory studies aim to establish a base from which additional questions can be
investigated.

**Ground Theory**

Rubin and Babbie (2007) noted that ground theory is an inductive method that
begins with observations and looks for patterns, themes, or common categories, and the
analysis is not set up to confirm or disconfirm specific hypothesis. The purpose is to ask
more general questions that search to explore broader aspects of the subject of the study
and possibly generate trends, theories that address the research question, and have a
better understanding of the experience. The openness of this theory allows a greater
latitude to discover unexpected regularity or disparity that otherwise would not have been anticipated by a preestablished theory or hypothesis.

**Social Constructivists**

Cottone (2007) states that as individuals engage with the world they strive to make sense of it, while simultaneously existing in that world and absorbing its culture. They want to make sense of the world and use their own experiences to gain understanding. Rubin and Babbie (2007) defined social constructivists as a paradigm that emphasizes multiple subjective realities and the impossible of being completely objective. Therefore, researchers use open-ended questions and focus on the context of the participants to explore their understanding of the world. In the end, the researcher’s goal is to understand the participants understanding of the world (Creswell, 2009).

**Phenomenological Research (Content Analysis)**

Content analysis is a systemic method of examining the data available in any form of communication, including notes based on observations in the field, individual or focus group interviews, books and journals (Dudley, 2010). It is a way of discovering patterns and meanings from communications. Researcher needs to code the data to be able to find the patterns and themes. Therefore, it applies a conceptual framework to analyze the data and allows manifest and latent content to be utilized. Manifest content is directly visible, objectivity identifiable characteristics of a communication. For example, counting the number of times the word is being use such as in a book or response. Latent content refers to the underlying meanings contained within communications. Latent content is a way of understanding the meaning of the communication by reviewing the entire
transcripts and making an assessment (Rubin & Babbie, 2009). This study utilized both methods of content analysis.

Rubin and Babbie (2007) asserted that the greatest advantage to content analysis is its economy in terms of both time and money. Another advantage is correcting mistakes is ease, but if the researcher has botched a survey, the researcher may be forced to repeat the whole research project with all the costs of money and time. In content analysis, it is usually easier to repeat a portion of the study than it is for other research methods and you may be only required to recode a portion of your data (Rubin & Babbie, 2007). The last two advantages addressed by Rubin and Babbie (2007) are availability to study processes that occur over long periods of time and being unobtrusive that is the content analyst rarely affects the subject being studied. In this study, experts or informants are interviewed to understand the population experience.

Content analysis has disadvantage as well such as it is limited to data that is recorded in some form, which may be intrusive towards the subjects (Dudley, 2010). Reliability refers to that quality measurement that suggest that the same data would be collected each time in repeated observations of the same phenomenon, and validity problems are less likely as it is a descriptive term to measure the intended idea. Often times, two researchers may arise with different themes even after analyzing the same data. The researcher can always code, recode, and even recode again if they want making certain that the coding is consistent. Nevertheless, there is probably nothing you can do after the fact to ensure greater reliability in observation and categorization (Rubin & Babbie, 2007).
Study Population

The participants of this study had one of the following degrees Licensed Clinical Social Worker (LCSW), Master in Social Work (MSW), and Approved Social Worker (ASW) who have been employed in the field at the time of the interview working in a variety of agencies including community based non-profit agencies, for-profit agencies, and private practice. Participants must also have identified themselves as bilingual social workers providing social services to monolingual Spanish speaking clients. The focus of the interview was to understand the perceived challenges and strengths social workers might encounter when offering the various types of social services to monolingual Spanish speaking clients.

Sample Population

Researchers conducted the study by interviewing LCSW, MSW, and ASW in various agencies in Yolo, Solano, and Sacramento counties. The snowball sampling method was utilized in this study. Researchers’ first contacted interested colleagues with the used of a brief recruitment summary script (see Appendix 3) who hold one of the degrees listed above through mail, e-mail, and or telephone. The sample size was a total of ten social workers who held a LCSW, MSW, and ASW degree. The snowball method was used in this study. According to Rubin and Babbie (2007), snowball sampling method is primarily used for exploratory purposes such as this one. It is the process by which researchers accumulates participants as each located subject suggests other subjects. Researchers’ implemented the method by collecting data on the few members of the target population whom one is able to locate and then asking those individuals to
provide the information needed to locate other members of that population they happen to
know. This process allowed the researcher to collect the data necessary and to have a
total of ten participants. Rubin and Babbie (2007) went on to assert that his sampling
method is appropriate when the members of a specific population are difficult to locate.
The advantages included building a group with similarities while been flexible by
opening the pool to other potential subjects to LCSW, MSW and ASW not known to
researchers. An important key concept is to have a group of subjects with different
experiences in the field, but also with work experiences similar enough to each other to
make valid analysis and comparisons. Participants in this study agreed to participate
voluntarily and were spoken directly to confirm their voluntarily participation.

**Instrumentation**

Researchers gathered the data using open-ended interviews, which were recorded.
Each interview lasted between 30 to 50 minutes. All of the face-to-face interviews were
conducted in a public place, which was private and agreed to prior to the interview. The
location and time were also convenient for each participant. In order to address the
possibility of compromising internal validity through instrumentation changes Rubin and
Babbie (2007) explained the standardized open-ended questions are written out in
advance exactly the way they are to be asked in the interview. A total of nine open-ended
questions were developed and designed to stimulate unique responses from each
participant addressing the same subjects across all interviews (see Appendix 2). Two of
the questions addressed the language challenge for the social worker providing the social
service to their monolingual Spanish speaking client(s). Five of the questions asked about
the individual social worker’s work experience, approach, and skills when providing social services to monolingual Spanish speaking clients. Lastly, two of the questions asked about social worker’s suggestions to decrease the perceived challenges and increase the perceived strengths. In addition, eleven more questions were asked for statistical purposes with demographics information. Standardized questions ensure that all interviews are conducted in a consistent, thorough manner with a minimum of interviewer effects and biases. Standardized questions also guarantee that all participants were given the same opportunity to response to the question and provide their views. Probes need to be limited to where they are indicated on the measurement instrument (Rubin & Babbie, 2007). Researchers can pursue additional important detail information with neutral probes to avoid affect the nature of the subsequent response in any way.

Rubin and Babbie (2007) noted that the downside to standardized open-ended interview reduces the natural, conversational nature of the interview and the interviewer’s flexibility to follow up on important unanticipated circumstances or responses. The reason for probing here comes helpful as interviewer can probe the interviewee for detail information with clear and succinct questions, asking them in an unbiased manner, and pursuing important details with neutral probes (Rubin & Babbie, 2007). Respondents can express their views in their own words and allowing for more depth than with close-ended questions or preselected responses.

Disadvantages of open-ended questions include: differences in participant’s ability to accurately articulate their answers, long replies can be time-intensive to transcribe and code, open-ended replies may wonder off the topic of the question, and
answers that vary greatly from each other may be difficult to compare and develop common themes (Neuman, 2004). Often times, the different responses among the participants may be difficult to code the data in logical themes and organized the data. The assessment depends on the ability of the researcher to organize and analyze the collected data.

The interview process mimics a social relationship and requires following certain expectations and social norms. The researcher may follow specific guidelines to ensure professionalism and effective interviews to gather accurate data. The researcher appearance and demeanor should be at all times professional without being firm or rigid inviting participant to response honestly to the questions. Researchers need to be dress in a professional manner with neat clothes. Learning to be more interested than interesting allows the interviewee to elicit more information and active communication a desire to hear what the participant has to say (Rubin & Babbie, 2007). Interviewer needs to be prepared to probe the interviewee to return to the subject of the questions, when to ask follow up questions to clarify answers, be familiar with the questions and the general field of the subject of the research. The researcher should also make the interview a relaxed and comfortable experience. Finally, the researcher should at all times be polite and at end thank the participant for their time in participating in the research project.

**Data Gathering Procedures**

The researchers asked bilingual LCSW, MSW, ASW social workers known to them for names of LCSW, MSW, ASW social workers they thought they might be interested in participating in this study. The LCSW, MSW or ASW social worker holding
one of the degrees was contacted using the brief recruitment script (see Appendix 3) by mail, phone, or e-mail. The interested participants called or e-mailed back one or both of the researchers in order to show their interest and voluntarily participation in the study. Interested participants have also verbally agreed to participate in the study. If they were not interested, they were thanked for their time and researchers made no further contact with them. If they expressed interest, The Consent to Participate in Research form was mailed or emailed to them and an interview was set up at their convenience. Participants were interviewed at a time and public location convenient to them such as the library room and or their office. The researcher started by reviewing The Consent to Participate in Research form and the signing of it. Then the nine open-ended questions were asked followed by the eleven closed-ended questions. Each interview was recorded using a voice recorder. The interviews lasted between 30-50 minutes. At the end of each interview, the participants were thanked for their time and given a Starbucks coffee gift card with the amount of $5 dollars. In addition, The Consent to Participate in Research form was reviewed, signed or initial by each participant, and collected. Each participant was also offered the option to receive a summary of the research findings.

Data Analysis

After the interviews, all the recordings were transcribed into word processing documents and printed. The data was reviewed by both researchers and analyzed for themes, differences, commonalities, connections and concepts. Researcher used color-highlighters to code the data into themes and clusters. Content analysis was conducted on the written responses. Common themes were developed. Both latent and manifest
analyses were conducted. The researcher read each interview in detail using manifest coding to highlight each instance of the key words. Finally, researchers focused on the passages around the highlighted key words, latent coding technique was employed to determine the underlying meaning contained in the text where the key word appeared.

**Protection of Human Subjects**

A Request for Review by the Sacramento State Committee for the Protection of Human Subjects was submitted as required to the Division of Social Work Committee for the Protection of Human Subjects. After review, the committee approved the study. No subjects were contacted or data collected prior to the approval being received.

All of the participants participated voluntarily and all of the LCSW, MSW, or ASW bilingual social workers were advised that participation was voluntary. Participants were also advised that some of the questions asked may make them feel uncomfortable as they recall some experiences. However, they could refuse to answer any of the questions, skip questions, or stop the interview at any time. All of the information obtained from the interview was kept confidential locked and in a secure location in the researcher’s homes. Participants were also instructed to not use the actual names of any of their clients but to refer to them as the client or another non-specific name. All of the information was also erased after completion of the study by June 2012. In addition, all of the participants were asked to review the confidentiality process in The Consent for Research (see Appendix 1). All of the participants read and signed The Consent for Research, which was also kept confidential, and secure in a location.
Summary

The chapter focused on the qualitative, exploratory, ground theory study design and social constructivist, phenomenological content analysis methods used for this study. The researches explained the instrumentation, the methods used for collecting the data, the data analysis and the procedure for protecting human subjects. In the next chapter, the data will be analyzed.
Chapter 4

DATA ANALYSIS

Introduction

Interviews were conducted with 10 participants, all of whom provided social services to Hispanic clients in the Northern California area. All participants were bilingual, bicultural and worked in one of the following counties: Placer, Sacramento, Solano and Yolo. The participants worked in a variety of settings, which included mental health clinics, schools, medical, and private, practice, clinical supervision, public social service agencies and law enforcement.

The objective of the study is to investigate the perceived challenges and strengths social workers experience in working with monolingual Spanish speaking clients. The specific research question was: What are the challenges and strengths bilingual social workers encounter in working with monolingual Spanish speaking clients? The intent driving the exploration of this study is two-fold. The first is to develop a current evaluation of the perceived challenges for monolingual Spanish speaking clients. The second is to develop a current evaluation of strengths in working with monolingual Spanish speaking clients. Further, current research has focused on the perceived challenges of working in this population, but the strengths of providing direct or in-direct social services have been minimally discussed.

Demographics of Participants

Seven of the ten participants self-identified as Latino, and three self-identified as White. All ten participants were bilingual in Spanish-English. Participants in the
qualitative study held one of following degrees: ASW, LCSW or MSW. All participants were given fictitious names as follows: Rebecca, Nancy, Nadia, Lucy, Marge, Regina, Jackie, Carla, Mary, and Gabriel.

Rebecca, Jackie, and Nancy indicated carrying a Hispanic caseload of twenty, thirty-three, and forty-five percent, respectively. Seven of the participants indicated carrying a Hispanic caseload from fifty percent to as high as eighty-five percent. The researchers also inquired how many of the clients that providers’ served were exclusively monolingual Spanish speaking to distinguish from those of Hispanic origin. The providers answered in either percentages or number of actual clients. Rebecca, Gabriel, and Marge indicated that five, thirty, and seventy-percent of their clients were monolingual Spanish speaking, respectively. Seven of the participants indicated that they had anywhere between zero to two-hundred clients who were monolingual Spanish speaking.

In regards to age groups served, Nadia and Lucy indicated working with clients from all age groups, i.e., under eighteen years to over sixty-five years. The eight other participants served clients from various age groups, i.e., under eighteen, eighteen to thirty-five, thirty-six to sixty-five years and sixty-five and over. Participants underrepresented clients in the over sixty-five age groups.

Table 1 shows the gender, education, ethnicity, years of clinical experience, if they were employed with a social service agency, and lastly, if they provided indirect social services. Ninety percent of the participants were women. Half of the participants held a MSW, thirty percent had an ASW and twenty percent had an LCSW. Rebecca and
Regina both held an LCSW, were in private practice and provided clinical supervision to other social workers. Nearly three quarters of the participants were of Hispanic origin. Further, half of the participants had either less than ten years or more than ten years in clinical practice. Moreover, four-fifths of the participants worked in a social service agency and provided indirect social services.

Table 1

Demographics of Respondents (N = 10)

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percent</th>
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</thead>
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<tr>
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<td>10</td>
</tr>
<tr>
<td>Education (n = 10)</td>
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<td></td>
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<td>50</td>
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<tr>
<td>ASW</td>
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<td>LCSW</td>
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<tr>
<td>Ethnicity (n = 10)</td>
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<td>70</td>
</tr>
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<td>50</td>
</tr>
<tr>
<td>11 or more</td>
<td>5</td>
<td>50</td>
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</tr>
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<td>80</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Provide indirect social services (n = 10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
<td>80</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
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</table>
What are the Challenges and Strengths Bilingual Social Workers Encounter in Working with Monolingual Spanish Speaking Clients?

A number of themes became evident about the challenges and strengths bilingual social service providers encounter in working with monolingual Spanish speaking clients: (1) linguistic barrier; (2) the lack of culturally competent services; and (3) clients’ personalism. The authors started all of the interviews and survey questions in English; however, at times social service providers and researchers interjected Spanish words or phrases. A summary concludes this chapter.

Linguistic Barrier

All of the ten study participants were bilingual; however, they empathized with the personal struggles monolingual Spanish speaking clients’ encounter due to a linguistic barrier. Participants also expressed concern about clients having to utilize interpreting services when there is no bilingual staff available. The scarcity of bilingual providers in social work leaves clients feeling marginalized and underserved compared to their white counterparts (Negi & Furman, 2009; Strug & Mason, 2002). One of the participants Jackie stated,

I think it is very uncomfortable for the client because they are not um, they, it is somebody who does not um, I find that they are more open to usually somebody who speaks the language just because you are able to communicate with them and you understand them…

Clients do not feel as comfortable speaking with a provider who is not Spanish speaking. Based on what Jackie indicated it appears that clients are “more open” when
the provider speaks the clients’ dominant language. The fact that Jackie speaks Spanish allows for better rapport building between her and the Hispanic clients. In addition, when the client is more trusting of the provider then a more accurate assessment can be completed which benefits the client. On the other hand, when the client and provider do not speak the same language it affects the rapport building. When there are not enough bilingual providers to serve monolingual Spanish speaking clients, Hispanics are marginally served. The participants emphasized the importance of hiring more bilingual personnel to assist monolingual Spanish speaking clients.

A linguistic barrier alienates a monolingual Spanish speaking client from the provider despite using an interpreter to facilitate communication. Rebecca, a psychotherapist, noted that a linguistic barrier can negatively affect the client-provider relationship. Even when interpreters are used, it does not appear to have the same positive effect in the client-provider rapport building (Push & Vetere, 2009). When an interpreter is used the client has to self-disclose to a third person; this fact makes it more stressful for the client. Rebecca stated,

Um…I don’t think it is their first choice…um…I think they would much prefer to be able to see a therapist who speaks their language who speaks to them directly because when you bring in another person…um…and I actually have been an interpreter in the past, but not in Spanish in American Sign Language, and so I know it is always kind of awkward for them because now they are sharing their stuff with two people and not just one person and so…um…I think they would prefer that one on one relationship with the therapist. They don’t really get a
sense of the therapist at all if they are having to go through the interpreter. And their connection may be with the interpreter and not with the therapist which I don’t think its very effective.

Interpreters can inadvertently interfere with the client-provider relationship despite minimizing the language gap. When an interpreter is used it takes away from the client’s “connection” with the provider; thus, further distancing the client. The therapeutic relationship may develop between the client and interpreter, and not necessarily with the provider. Using an interpreter in psychotherapy seems to minimize the linguistic piece, but this tool can also negatively affect the therapeutic alliance (Pugh & Vetere, 2009). Another unintended consequence of using interpreters is that the provider depends on the interpreters’ translation, whether good or bad.

When an interpreter is used, there is always the risk of using an interpreter who does not have the training or skills to adequately perform the job. Nancy stated,

Well, I don’t think it’s the same…meeting with somebody and having an interpreter who is going to help…um the person because sometimes the meaning of words or sentences get lost with the translation especially because the translator may not be very familiar with certain terms. Um so I…I really think that uh a person who speaks Spanish…speaking with another person who speaks Spanish is much better and I can see it when people normally request to have a…um…Spanish speaking case manager so…so I really think that it is much better than the use of interpreters.
Even when an interpreter is used, there is the risk that the client’s needs are not completely conveyed. The use of interpreters can facilitate linguistic communication, but it can also represent a disadvantage for the client. When client has to use an interpreter there is a risk of an inaccurate or distorted translation if the interpreter does not have the appropriate training. Unfortunately, there is no evidence based criteria as to what constitutes an appropriate linguistic interpreter (Moreno & Morales, 2009). Nancy suggested that it is better when the provider can directly understand the clients’ own words and language.

The linguistic challenge negatively affects monolingual Spanish speaking clients from obtaining information about a program or agency (Negi & Furman, 2009). The linguistic barrier Hispanic clients’ face requires provider to invest more in advocating for their client. Marge stated in frustration,

A lot of the times I’m the one that’s helping them make phone calls because they call somewhere and, “Oh, no we don’t have someone who speaks Spanish”. And um...a lot of the families tend to say “okay forget it then” they kind of get scared I think to ask for help when they don’t...don’t have someone who speaks their language. Um...and then just I think a lot of the times they feel uncomfortable asking for services or even asking questions because they don’t speak the language. And then that causes a whole other set of issues for them because their needs are not being met um…and the other persons, the providers, don’t necessarily know it because they can’t guess what the family is going through and so I think it’s a big challenge systemically because its…not only its going from
the…it the affects the family, the individual, that needs the services and then there’s a lack of communication and just…it definitely affects the services.

The lack of bilingual providers in the community leaves no choice, but for monolingual Spanish speaking clients to navigate complex bureaucratic systems (Negi & Furman, 2009; Zambrana & Dorrington, 1998). Monolingual Spanish speaking clients are dissatisfied when services are rendered in their non-dominant language (Betancourt et al., 2003; Moreno & Morales, 2009). As Marge well articulated, the lack of bilingual providers in the community is a “big challenge systemically” which not only impacts the individual, but also the family’s welfare. The lack of culturally appropriate services in child welfare, health and mental health care has been well documented (Montalvo, 2009; Negi & Furman, 2009; Thomas, Medina & Cohen, 2010).

**Lack of Culturally Competent Services**

Monolingual Spanish speaking clients not only encounter a linguistic barrier; they also experience a lack of appropriate culturally competent services in the community. When the provider has knowledge of the Spanish language and Hispanic culture it fosters a “greater understanding and empathy” working with Hispanics (Taylor et al., 2006, p. 436). However, it is also important for the provider to be cognizant that there are intra-group and inter-group differences within the Hispanic culture. Marge highlighted this fact by stating,

…all ethnic groups and also just within the Latino community there is so much diversity and whether they’re Mexican or from Guatemala or wherever there’s within those that culture you know everyone has their traditions and it’s important
for service providers to be aware that if something doesn’t appear to be right or doesn’t seem to be of the norm you know…not assume that what the other person is doing is the wrong way of doing it but really trying to understand what that persons’ backgrounds is and where those beliefs come from. That’s what I mean with cultural…the differences I was brought up one way, and I might meet another Mexican family that was brought up with completely different way but just because we are the same culture doesn’t mean that we agree on everything or we um…would raise our children the same way or look for services the same way.

Marge, a Mexican-American woman, is fully aware that there are intra-group and inter-group differences within the Hispanic culture (Castex, 1994; Furman et al., 2009). Marge gives an example by stating that the way she was raised may not be the same way another Mexican-American peer was raised. It is essential for providers to have firsthand knowledge of Hispanic client’s belief systems and their socio-cultural history in order to comprehend their life experiences (Furman et al., 2009; Montalvo, 2009). Equally important is for providers to try and understand the family’s individual culture (Bertolino, 2010). In hopes to minimize stereotypes and clichés, providers should self-explore “attitudes and feelings” (Phinney, 1996, p. 151; Taylor, 2006). Through this self-awareness process providers can increase their cultural competency in working with ethnic-racial groups.

The need to train culturally competent social workers is huge especially due to the unprecedented presence of Hispanics in United States (USBC; Furman et al., 2009).
Because of the “language differences, cultural distinctions, and unique political ramifications” of Hispanics it is important to train culturally competent social workers to meet their social service needs (Sisneros & Foster Alter, 2009). Gabriel confidently related,

I feel fortunate to be bilingual and to be able to provide services directly to the client in Spanish and have the contact with me and can communicate through me and express you know um, the concerns, so um, it helped tremendously to build trust, and build rapport and it helps a whole lot to really have an understanding what is transpired by the client but even more importantly I think it is very…its not just the language component although that is a big one you know been able to understand and communicate very well but there is a lot of nuances that involve a client and social workers build rapport um, that sometimes does not come up in language but its more cultural and so you have to have that its not only bilingual but um also being bicultural that is important so understanding those nuances will facilitate rapport trust and ability to really connect with the client.

As Gabriel indicated above, aside from the linguistic barrier it is equally as critical to understand that there are cultural “nuances” that can only be understood through a cultural lens. Having and practicing under a cultural lens can help the provider “really connect with the client.” Gabriel being of Hispanic origin attests to the fact that a lack of cultural competency can further alienate the Hispanic client from the non-Hispanic provider. Even though when interpreters are used, it is fundamental for
providers to have a basic understanding of Hispanic culture (Taylor et al., 2006).

Similarly, Lucy joyfully indicated,

I wish (chuckles lightly) in an imaginary world in my utopia would be that there would be more bilingual service providers bicultural also bicultural um, because you are able to understand a little more patient um, and have that knowledge and that background to not personalize sometimes.

Lucy indicated that it is important for providers to “be a little more patient” with monolingual Spanish speaking clients. Understanding the Hispanic culture helps the provider have more insight of a monolingual Spanish speaking client’s daily struggles such as immigration issues (Taylor et al., 2006; Castex, 1994; Negi & Furman, 2009).

Social workers should become aware of personal biases and preconceived notions about clients from different ethnic-racial groups (Furman et al, 2009).

Training in cultural competency was a common theme captured from participants’ conversations. In order to appropriately assist Hispanic clients, it is important to have an understanding of the Hispanic culture otherwise personal biases may arise. Nancy who is a case manager stated,

Nancy: I think…um…one of the main challenges that I see is cultural.

Researcher: Cultural?

Cultural. Yes, because let’s see if we are talking about the school services for instances…for instance, I am sorry…um …what you see often times is the way of living of the Hispanic population doesn’t seem to be completely understood by…um…people in the educational system.
Researcher: Uh huh.

Nancy: Ah… It is a very different culture… um… they would probably criticize the… um… I don’t know maybe they would accuse a mom of being overprotective or you know those kinds of things… um… when it is just the culture. Hispanics really care for their children.

As Nancy pointed out, a Hispanic parent may be erroneously perceived as “overprotective” by a non-Hispanic worker. A service provider who does not understand the Hispanic culture may come to believe that the parent is hindering the child’s independence; however, the parents’ reported “overprotection” is a cultural value (familism). Zambrana & Dorrington noted, “social science literature has tended to describe Latinos from a cultural-deficit perspective” (1998, p. 7). A non-Hispanic worker may develop a negative perception of Hispanic if viewed through an American lens (Thomas, Medina & Cohen, 2010).

Further participants suggested that agencies should provide trainings about culture competency to better serve their monolingual Spanish speaking clients. More knowledge of the Hispanic culture would help community providers understand the culture and therefore the clients. Mary stated,

I think we would be better at providing services if we can hit on those two things: educating the people around us on the culture, so they kind of dispel some of the stereotypes and those kinds of things and break some of those barriers down for our co-workers and partners, um… but also I think it goes back to the language thing being able to provide the Spanish language families with information and
resources in their native language that are encouraging too, I think they need to understand they need to know that we understand them and that we are compassionate and empathetic because I don’t think they get that in a lot of places.

This lack of cultural competency often creates negative stereotyping of Hispanic individuals. These stereotyping attitudes often lead Hispanic clients feeling like “a provider has judged them unfairly” (Furman et al., p. 170). Research from Malgady and Zayas (2001) hypothesized that a “cultural distance” (p. 39) can interfere in an effective diagnosis and treatment plan of Hispanic in mental health.

Therefore, there is a need to continue cultural training for community members who are working with the Hispanic population, in particular if they are monolingual Spanish speaking. There seems to be a need for more cultural sensitivity and cultural awareness to make sure that Hispanics are understood and empathized. Nadia disappointedly stated,

…people don’t really understand immigration or immigration reform or immigration laws and you know I have co-workers who say, who are not Spanish speaking, “Well why can’t they just get their social security number?” You know there are families who have been waiting twenty years for that social security number, so it’s just educating other people too. And I know for me, immigration is a very….I have a soft spot for that. And um…you know I have cousins who don’t have their social security number then they’ve been here twenty years and they’re trying to raise their kids and you know it’s tough luck, maybe right?
What Nadia has indicated her frustration when people of non-Hispanic origin are quick to judge or who do not understand the real challenges that some Hispanics face. For example, getting a social security number is sometimes not feasible for clients who are undocumented (Furman et al., 2009). When social service providers do not understand immigration policy they are oblivious to their clients’ struggles (Strug & Mason, 2002). Non-Hispanic social workers do not understand the challenges Hispanics living in the United States deal with in their daily lives (Montalvo, 2009). A Hispanic worker would have a better understanding either from a personal experience or from being emerged in the culture.

**Clients’ Personalism**

A major theme that came up among participants was how challenging, but gratifying it was working with monolingual Spanish speaking clients. For Hispanics, the development of personal relationships with other individuals is of utmost importance (Furman et al, 2009). Personalism is a culture value in which Hispanics highly regard “the uniqueness of each individual and the qualities that give a person a sense of worth” (Ruiz, 2005, p. 39) and is tied to “dignity and respect for authority” (Ruiz, 2005, p. 39). Personalism is one of several cultural values taught by Hispanic mothers to their children at an early age (ethnic-racial socialization) (Calzada, Fernandez & Cortes, 2010). Mary stated,

The client is almost always very gracious and they seem to understand that sometimes a bilingual person is not always available, but at the same time they’re not as comfortable. They’ve never been rude I guess is my point.
Despite the systemic challenge in acquiring culturally appropriate services, monolingual Spanish speaking clients show a great level of respect to non-Spanish speaking providers. During the first session with a Hispanic client the provider should “foster the therapeutic alliance by conveying warmth and trust” (Furman et al., 2009, p. 172). Fostering a positive therapeutic alliance is important for clients to feel welcomed when they come to contact with an authority figure. Lucy who is a medical social worker stated,

…they wouldn’t ask for what they really didn’t need if they have more questions they do not ask they don’t really want kind of create much noise they just take whatever for face value without really engaging or asking more questions of whoever is working with them um that kind of thing…

As Lucy mentioned, clients show a high level of dignity and respect for authority figures and do not want to be a nuisance. Given Hispanics’ colonization history, the traits of “simpatía and personalismo allow for those who traditionally do not have the opportunity to develop mutuality in relationships” to do so (Ruiz, 2005, p. 40). Hispanic clients’ respectful demeanor may be a way to develop a trusting relationship with the provider, which in turn makes it easy to work with them. It is equally important for authority figures to show the same level of respect towards their Hispanic clients; this helps curtail the power differential between provider and client (Furman et al., 2009; Ruiz, 2005). Gabriel stated,

…dealing with clients in Spanish and a lot of times…clients are going to be too respectful to you as a practitioner and feel like it’s a bother that they are there, so
those are sort of cultural nuances that we may come across and you heard this ‘perdón por la molestia’, or ‘sorry for bothering you’. Its this sort of attitude that…sometimes clients bring…they feel like ‘I know am bothering’ so that needs to be understood in terms of…saying ‘no, no aquí estoy para servirle” or “am here to serve you” so to speak…I mean when its nuances that it’s not always understood by not just being bilingual, but understanding that lets break that barrier and let it be a better understanding that we are here to serve you and don’t feel like you are a burden you know.

Gabriel gave an example of how humble and respectful Hispanic clients are with him. Gabriel has to clarify to clients that he is there to help and wants to help. By reassuring the client that the client is not a nuisance, Gabriel reflects the clients’ self-worth and at the same time nurtures the personal relationship with the client (Furman et al., 2009; Ruiz, 2005). The connection that a provider fosters with a client is highly regarded. Nadia stated,

...because there’s people like the other day I had to call someone and I wasn’t sure it was the same family and when I told her who I was she was like, “Ay mi’hija, ¿cómo estas?” [Translation: Oh, darling how are you?] You know…“Hace años que no te veo y no sabía que estabas aquí.” [Translation: I haven’t seen you in years and I did not know you were here]. She was just really nice and she remembered me because I was her home visitor in 2003. You know and for me it’s just very rewarding and they will call me for any reason. I have learned to separate myself because people call me at home and they say can you
just come over now and I say, “No, I will come tomorrow” because you have to set up boundaries for yourself and for my families too but for me…

It is part of a Hispanic clients’ characteristic to develop a meaningful personal relationship with the provider. In the case of Nadia, even though nine years have gone by her previous client remembered and greeted her warmly. This exemplifies personalism which “embodies elements of trust, warmth, and attention” to the personal relationship developed with the provider (González-Prendes et al., 2011, p. 382). In Nadia’s case, because she had already developed a personal relationship with the client she was able to set personal boundaries without offending the client. A provider who does not attempt to first develop a personal relationship with a client can be perceive as “cold and impersonal” and risks fostering a meaningful personal relationship with a Hispanic client (González-Prendes et al., 2011, p.383). For Hispanics, “family is central to the worldview of Latinos” and their respectful approach is taught at an early age (Furman et al., 2009, p.172). Despite the challenges monolingual Spanish speaking clients encounter, participants reported that it is both personally and professionally rewarding to serve this population.

Summary

In this chapter, the data from the qualitative study was analyzed and discussed. Chapter 5 is a description of the conclusions and the researchers’ recommendations for future research. The limitations of this study and the implication for social work practice and policy will also be discussed.
Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter will discuss the conclusions reached in this study. The three themes that emerged during the interviews will be discussed as they relate to each other, the challenges, and strengths bilingual Social Workers encounter when providing social services to monolingual Spanish speaking clients. The chapter will also discuss recommendations for future studies, enumerate the limitations of the study, and outline the broader implications of the study for social work and practice.

Conclusions

This study asked the research question: What are the challenges and strengths bilingual Social Workers encounter in working with monolingual Spanish speaking clients? As the participants elaborated on this question, the first study theme emerged. Participants reported being bilingual; however, they understand the personal struggles monolingual Spanish speaking clients’ encounter due to a linguistic barrier. Participants also reported that clients experience a lack of appropriate cultural competent social services. Combining these two responses, it appears that the providers have different levels of understanding of the clients’ culture and language. This means that clients may feel better to understand when the providers have a greater cultural competence and can communicate in the clients’ primary language, Spanish. It fosters a “greater understanding and empathy” working with Hispanics (Taylor et al., 2006, p. 436). Some of the participants felt that there is a stronger relationship with their direct service
provider when he or she speaks the same language and they have the same culture, too. Leni responded that “is more than just language, but is cultural.” The combination of language and culture suggests that there is a greater need of bicultural and bilingual direct service providers to work with our monolingual population, Spanish speaking clients. This is reinforced by Myrna who responded by stating, “Hiring bilingual staff providing them with…services that are culturally competent because what applies to one family doesn’t apply to another family.” Another important suggestion is the need for professional interpreters that can convey the need of monolingual clients when they seek social services such as medical trained professional interpreters. Nancy stated, “Sometimes the meaning of words gets lost with the translation…especially because the translator may not be very familiar with certain terms.” This study explored different factors that can minimize monolingual Spanish speaking clients’ barriers.

The third theme to emerge from the interviews was clients’ personalism. Personalism is one of the cultural values taught by Hispanic mothers to their children at an early age and also forms part of the way Hispanics relate to others; therefore, this suggests that Hispanics want a relationship that is built with respect and dignity (Calzada, Fernandez & Cortes, 2010). The study suggests that it is extremely important for Hispanics to form a relationship that fosters respect among its members. Leni described this relationship as “A wonderful feeling…it is a human connection that you are able to make in that time frame.” Gabriel responded, “clients are going to be too respectful, perdon por la molestia, sorry for bothering you,” and suggested the need to understand the culture nuances is very important to let clients know that there is no bothering.
The findings may indicate why general use of social services is not meeting monolingual Spanish speaking clients’ expectations and needs as indicated by González-Ramos and González, 2005. Negi and Furman (2009) suggested that need for social service agencies to recruit and retain Spanish-speaking social service providers, which in turn mean that there is a limited amount of trained bilingual staff and providers who can appropriately serve and address the needs of Spanish-speaking clients.

Recommendations

There are two areas of recommendations from the study results: individual bilingual Social Workers’ practice and future research. The recommendations are presented below.

**Individual Bilingual Social Worker’s Practice**

This study points towards several recommendations for individual bilingual social workers’ practice. The first is to continue to recognize and take into account the complexity of the life situations for clients. It is vital for social workers to not assume that Spanish speaking clients are aware of the social services available to them and that they understand what they entail. This study found that bilingual social workers recognize that clients have barriers while accessing social services and maintaining a strengths based perspective on clients is recommended to best assist clients when serving monolingual Spanish speaking clients.

Another recommendation is that bilingual social workers continue to consistently review in a critical manner their practice. As called for by the National Association of Social Workers *Code of Ethics*, Ethical Principals, Competence, social workers should
continually strive to develop professional skills. The study also recommends that social
workers endeavor to be aware of their individual practice styles and how they impact and
interact with each client. Indeed, social workers would benefit from on-going training to
become sensitive to clients’ culture and language.

Future Research

This study could be applied to future qualitative and quantitative studies. While 9
of the 10 participants were females, it would be useful to have more males participate in
the study to determine the role of gender between perceptions and engagement of the
population. In general, based on the limited numbers of participants, there is a need for
this study to be applied to a greater population of participants. As with any study, larger
population studies would provide for more accurate results, more concrete identification
of trends, and create a more reliable means while being able to isolate the outliers. While
the population sample size of this study does not promote great extrapolation of its
results, at a minimum the study suggests that there are challenges and strengths when
providing social services to the monolingual Spanish speaking clients.

Limitations

Limitation of this study included the disadvantages of using the qualitative
research approach including its inherently subjective nature and lack of generalizability.
By its very nature, qualitative research integrates some of the subjective and personal
biases of the researcher. During the analysis phase, the very meanings of the words used
by the participants are open to interpretation by the researchers. Due to the small sample
size and subjective nature, qualitative research it is not generalizable to large populations.
Another disadvantage is that the research is very difficult to duplicate. In addition, there is a greater potential for the bias of the researcher to be communicated to the research participants during an in-person interview than other data collection techniques (Rubin & Babbie 2008).

Limitations specifically applicable to this study include the limitations of work experience of the study participants. Some of the participants only worked in not-for-profit agencies, and therefore had no frame of reference outside of the primary population within their agency. Consequently, only two participants had experienced working in private practice and could speak about the therapeutic level and alliance between client and therapist. In addition, all of the participants served non-mandated clients, these may impact the way challenges, and strengths are perceived by providers. Another limitation was the fact that only one of the participants was identified as a male. The most significant limitations of this study were the size of the sample. Only 10 participants took part in this study. However, there is a need for larger sample size—and likely including more males in the study—in order to establish whether the results of this study can be generalized to the Hispanic-cultured as a whole, or whether this work’s implications are limited to the providers in this study.

**Implications for Social Work Practice and Policy**

The implications of this study will benefit the practice of bilingual Social Workers on the micro, mezzo, and macro levels. On the micro level, Social Workers must become educated about the clients’ language and culture, particularly monolingual Spanish speaking clients. Working from that understanding, Social Workers need to recognize
the cultural nuances, language barrier, and simple lack of knowledge and comprehension that many monolingual Spanish speaking people experience. Without the action of social workers—in concert with other professionals—an entire demographic of monolingual Spanish speaking clients are being left behind.

Opportunities exist for social work practice at the mezzo level. The information revealed and examined in this study could be utilized by social workers in educating other colleagues and agency staff. Specifically, the need to use professional interpreters, and to ensure that clients are receiving the appropriate social services, cannot be underestimated. Agencies involved in the study through the participation of social workers employed at the agency will benefit by the improvement in the individual worker’s self-awareness and self-examination. Moreover, other employees at the agency may benefit from discussion of the project by participants, as they also examine their own practice.

At the macro level, the practice of providers’ benefits from greater self-examination and from continuous reassessment of practices by those employed the field. Social workers have an opportunity to work on issues of social justice not only for the Hispanic population, but also for other minority populations who seek social services in their primary language. Advocating for legislation reform for Hispanics to have access to higher education will in turn have more professionals in other arenas that have the capability to serve clients in their primary language to minimize barriers.

The social work profession is bound by a code of ethics, a set of core values that set social workers apart from other helping professions. Therefore, in order for social
workers to be committed to their clients, help those in need, address social problems, social workers have the responsibility to be culturally competent and socially diverse. According to National Association of Social Workers (NASW) Code of Ethics (2006), "social workers should understand culture and function in human behavior and society, recognizing the strengths that exist in all cultures" (p. 9). Therefore, when social workers work with Hispanic families they should be aware of the effect language and culture has in the social services clients received in order to appropriately approach and work with Hispanic clients.

Conclusion

The purpose of this study was to contribute to the understanding of the factors that impact the type of social services bilingual Social Workers provide to monolingual Spanish speaking clients. By understanding, the challenges and strengths when providing social services to the population can help bilingual social workers better serve the monolingual Spanish speaking population. The study explored the perceived challenges and strengths when providing social services to the monolingual Spanish speaking clients. The study suggested that language and culture plays an important role when serving this population. In addition, the study also suggested that personalism was very important to clients whose primary language is Spanish. Therefore, there is a need for additional research into the delivery of social services when client is monolingual and the impact of language and culture as a whole. Other areas of study should include client’s self-perception of social services and the impact of that perception on engagement of
treatment. Further research should also consider how to maximize social workers impact on client engagement and the retention while receiving social services.
APPENDICES
Appendix 1

Consent to Participate in Research

**Purpose:**

You are being asked to participate in a research study conducted by Beatriz Montoya Hernandez and Juliana Margil, Masters of Social Work students in the Division of Social Work at California State University, Sacramento. This study will be used in partial fulfillment of the Masters in Social Work requirements at CSUS. This study will investigate the strengths and challenges bilingual Social Workers encounter in providing social services to the Latino/Hispanic population in Northern California.

**Procedures:**

You will be interviewed by either researcher at a public location of your preference such as in the library. You will be asked seven open-ended, and two closed-ended questions regarding your experience working with monolingual Latino/Clients clients. In addition to your responses to the questions, the researcher will collect some basic information regarding your professional title, gender, if you are of Latino/Hispanic descent, experience, the social service setting you are self-employed/employed, type of social service you provide, percentage of your Spanish speaking caseload, and age groups of the Spanish speaking population served.

**Risks:**

The risks associated with this study are minimal. The questions asked in the questionnaire may make you feel uncomfortable as you recall some experiences. However, you may refuse to answer any of the questions, skip questions, or stop the
interview anytime. If you feel you have suffered any emotional or psychological harm as a result of the interview, you are encouraged to seek mental health services at any of the following locations: County of Sacramento: Mental Health Service located at 2150 Stockton Boulevard, Sacramento, CA 95817 / (916) 875-1000 fee-for service); Yolo County: Alcohol, Drug, and Mental Health located at 137 N. Cottonwood Street Suite 1506 Woodland, CA 95695 / (530) 666-8630 (fee for service); or call the 24-Hour CRISIS and ACCESS toll free line at (888) 965-6647.

Benefits:
You will be given a Starbucks gift card in the amount of $5. You may not benefit personally from this research. However, by partaking in this study, you may contribute important information to the profession of Social Work. The information that you provide will provide will help social work practitioners and Social Work students to further understand the relationship between strength and challenges in working with Spanish speaking clients. This information may be useful in providing social services that are more effective to clients whose primary language is not English.

Confidentiality:
Every effort will be made by the researchers to keep all the information collected confidential. Your responses on the audiotape will be kept confidential. You are not required to provide a signature on this consent form due to confidentiality reasons. If you prefer to sign your initials, you may do so. The consent forms, questionnaires, and audiotapes will be kept in a locked and secure location in the researcher’s home. No individual participants will be identified in reports or publications that may follow the
study. However, my faculty advisor (Maria Dinis, Ph.D., MSW) may review the data in order to provide assistance with the analysis.

**Contact Information:**

If you have any questions about this research, please feel free to contact either co-researcher Beatriz Montoya Hernandez at (XXX) XXX-XXXX or at XXXXXXX@hotmail.com or Juliana Margil at (XXX) XXX-XXXX or at XXXXX@saclink.csus.edu. You may also contact our thesis advisor, Maria Dinis, Ph.D., MSW at (916) 278-7161 or at dinis@csus.edu.

Your participation in this research is entirely voluntary. You may refuse to participate in this study at any time without any consequences. The researcher may also decide to discontinue your participation in this study at any time. Your signature/initiais below indicate that you have read and understood this form and agree to participate in this research.

Participants Initials/Signature ____________________________________________________________

Date__________________________________________

I have read the descriptive information on the Research Participation cover letter. I understand that my participation is completely voluntary. My signature confirms that I have received a copy of the Research Participation cover letter and I agree to participate in the study.

I ________________________________ agree to be audio taped.

Signature: ________________________________ Date: ______________
Appendix 2

Interview Questions

1. When writing your case notes, what language do you prefer to use (English or Spanish)?

2. Do(es) you/your agency provide bilingual interpreters?

3. What do you think is it like for clients who prefer to see a bilingual Social Worker but have to use an interpreter?

4. What is it like for you to provide social services in Spanish to Latino/Hispanic clients?

5. What systemic challenges do you encounter in working with Spanish speaking clients?

6. What tools do you utilize when providing social services in Spanish?

7. What do you think can be improved to provide effective social services to Spanish speaking clients?

8. What suggestions do you have (if any) in mitigating these challenges?

9. What suggestions (if any) do you have for your agency and or private practice to provide social services to the monolingual Latino/Hispanic community?

Demographics (please check which answer best describes you):

10. Title: MSW_______ ASW_______ LCSW_______

11. Gender: M_______ F_______

12. Are you of a non-white Latino/Hispanic origin? Yes _____ No ______

13. Number of months with direct clinical experience: _______
14. Are you in private practice: Yes_____ No_____
   If yes, how many months: ______

15. Are you working for a social services agency: Yes____ No____
   If yes, how many months: ______

16. Do you provide indirect services? Yes___ No____

17. What type of social services do you provide?

18. What percent of your caseload within the last year was Latino/Hispanic origin? _

19. How many of your clients in the last year were exclusively Spanish speaking?___

20. Age group(s) of the Spanish speaking population served:
   Under 18 ___ 18-35 ____ 36-65____ 65+_____
Appendix 3

Brief Recruitment Script

Date

Dear ________,

Juliana Margil and I, Beatriz Montoya Hernandez, are graduate students of Social Work at California State University, Sacramento (CSUS). We are contacting you to ask for your assistance in completing our Master’s Thesis project. In our project, we are researching the kind and amount of social services Latino/Hispanic clients receive in their native language, Spanish.

We would appreciate your participation in a taped interview to gather information about the language used in various social services settings. The interview session would take approximately one hour of your time. There are nine open-ended questions and eleven closed-ended questions.

With all of our respect to you and this profession, you were selected using the snowball tool as we are surveying Master in Social Work (MSW), Licensed Clinical Social Workers (LCSW), and Approved Social Workers (ASW) who speak Spanish, and may provide some social services in Spanish. In addition, we ask you to forward this e-mail to potential volunteers who will like to participate in the research.

If you have questions about our project or are interested in participating, please contact either Juliana Margil at (XXX) XXX-XXXX or at XXXXX@saclink.csus.edu and Beatriz Montoya Hernandez at (XXX) XXX-XXXX or at XXXXXXX@hotmail.com.
This thesis project is being conducted under the supervision of Maria Dinis, Ph.D., MSW. If you wish to contact her, she can be reached at (916) 278-7161 or at: dinis@csus.edu. We know that your time is very valuable and sincerely hope you choose to volunteer an hour towards our research project. Your information and work experience will contribute to a further understanding of the language needs to better serve our Latino/Hispanic population.

Cordially yours,

Juliana Margil and Beatriz Montoya Hernández
REFERENCES


