

The Working Alliance and the Use of Interpreters

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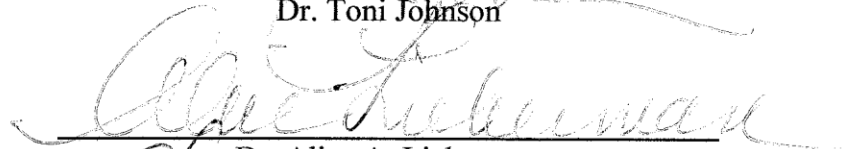
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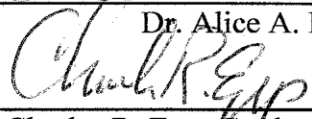
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The Working Alliance and the Use of Interpreters

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Abstract

The Working Alliance and the Use of Interpreters

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This dissertation compared working alliance with and without interpreters and examined factors that may impact the development of the working alliance when an interpreter is used. The setting was a Midwestern public school district where social workers complete a social developmental history with a parent as part of the evaluation of children for special education. The Working Alliance Inventory was used to measure the dependent variable, from the parent, social worker, and interpreter perspectives. The DIALANG was explored as a measure of language proficiency in both English and Spanish, but ultimately rejected. Quantitative data was collected over a three year period. Focus groups were then conducted with school social workers. The dependent variables were highly skewed with parents, social workers, and interpreters indicating a strong working alliance in almost every case. Multiple issues within the research were discussed with implications for future research.

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CHAPTER 1: BACKGROUND

Overview

The NASW Code of Ethics (1999) identifies six ethical principles based on the core values of service, social justice, dignity and worth of the person, the importance of human relationships, integrity, and competence. These core values come out of the mission of social work, which is to “enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (National Association of Social Workers, 1999, p.1). In order to fulfill the mission in an ethical way, social workers pay close attention to the types of relationships they build with their clients. They see their relationships with their clients as an important vehicle for change. They seek to build a “working alliance.”

To build the working alliance, social workers are taught specific basic skills. Communication skills are some of the first skills introduced. Social workers are taught about both verbal and non-verbal communication. They are taught how to listen, how to attend, and how to use silence. They are also taught other skills, such as how to demonstrate empathy, genuineness, warmth, and acceptance. They are taught how to contract with their clients, so that both social worker and client can be clear on what the goals and purposes of their contacts will be (Lishman, 1994). Social workers continue in their studies to learn specific therapeutic techniques, but these techniques rely on the social workers’ ability to use these basic skills.

Importance of Working Alliance in Social Work

The importance of the working alliance has been well established in research. In fact, it is one of the best predictors of treatment success, regardless of the therapeutic technique used (Bordin, 1994; Brandell & Ringel, 2004; Coady, 1993; Coleman, 2000). The establishment of the working alliance begins with the initial encounter the therapist has with the client and evolves over time. Many things can impede or disrupt the working alliance, and the social worker must be skilled enough to negotiate these breaches in such a way as to allow the therapy to progress. Communication between therapist and client is key to the development and continuity of the alliance.

Communication in the best of circumstances is extremely complex. Day gives a sense of this complexity in the following interaction:

Person A wishes to convey information to B. Before he speaks he has certain ideas in mind to which he wishes B to respond; he may hope that B will act in certain ways on what he conveys. What A says to B will depend on the situation, on A's previous experience of similar situations, and his previous experience, if any, of talking to B. A talks to B about something. He uses words – symbols which stand for something. The meaning of the words to B will depend on the situation in which they are spoken. A may intend to convey a double or hidden meaning. A's message may not correspond with other aspects of A's behaviour [sic]. A's tone of voice may imply that the opposite of what he actually says is intended. The message may be interpreted by B in a way opposite to that intended by A (Day, 1972, p.11-12).

Now imagine that A and B are from different cultural groups. Nonverbal behavioral cues may be different. Their experiences may be vastly different. The addition of different cultural backgrounds increases the complexity. Now imagine that A and B speak different languages. Their ability to communicate has become practically non-existent without the introduction of a third party who can help them understand each other.

Need for Interpreters

Obviously, communication cannot be taken for granted. There are specific populations for whom basic communication can be extremely difficult. One example is the population of those clients who do not speak the same language as their therapist. In the United States, English is the predominant language, but there are many people who live in the United States who speak English less than very well. The 2000 Census found that the population speaking a language other than English at home grew from 11 percent (23.1 million) in 1980, to 18 percent (47.0 million) in 2000 (Shin & Bruno, 2003). Most recent numbers indicate that that number has continued to grow to 55 million persons in 2008 (Malamud, 2010). In the state of Kansas, 8.7 percent of the population spoke a language other than English. In addition, these data reveal that the population over the age of 5 who spoke English less than 'very well' in the U.S. also increased during that time, from 4.8 percent of the population in 1980 to 8.1 percent of the population in 2000 (Shin & Bruno, 2003), with the percentage in Kansas being 3.9 percent. For census purposes, anyone speaking English less than 'very well' is determined to have difficulty with English. In 2000, the percentage of people who spoke English 'not at all' was 1.3, and the percentage of people who spoke English 'not well' was 2.9. While Spanish was

the next most likely language of use, the Census found 380 different languages or language groups represented in their study (Shin & Bruno, 2003).

When the prospective client speaks a language different from the social worker, the social worker's ability to help them is significantly diminished. The possibility of having a mismatch in linguistic ability between social worker and client is likely for a number of reasons. First, as stated above, a significant percentage of the population speaks English less than very well. Secondly, refugees and immigrants may tend to have greater need for social work services. Refugees may be coming from experiences of severe trauma, such as war, persecution, and severe deprivation (Miller, Martell, Pazdirek, Caruth, & Lopez, 2005). In addition, both refugees and immigrants have generally left familiar support systems and find themselves in a new environment where they are less knowledgeable about available resources. Finally, few social workers are able to conduct their business in a different language; an article in NASW News laments the lack of available social workers that speak Spanish, while maintaining the critical need for them (O'Neill, 2003).

Both individual clients and the social work profession are harmed when clients cannot receive appropriate social work services due to a language barrier. Clearly, lack of accessibility to services could affect individual clients in any area where social workers function, such as food stamps, Temporary Assistance to Needy Families, child welfare, criminal justice, and mental health. While few cases of death are documented, errors in diagnosis and therefore treatment have been cited (Baker, 1981; Fadiman, 1997; Humphreys, Atkar, & Baldwin, 1999). The social work profession is damaged when its members are unable to adhere to its Code of Ethics. In addition to the general statement

that social workers are to assist people in need, social workers also espouse values of social justice and the dignity and worth of the person (National Association of Social Workers, 1999). When linguistically different persons are being denied service solely on the basis of their language differences, social workers have failed (Furman et al., 2009). When a client is forced to use a language that is difficult, uncomfortable, or impossible for them to use, their dignity and worth is questioned. In order for social workers to meet their high values, linguistically different clients must be served.

In addition to the ethical reasons that social workers must serve linguistically different clients, there are also policy reasons. In 2000, then-president Bill Clinton signed Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" ("Exec. Order no. 13166", 2000). The purpose of this executive order is to clarify the obligation of agencies that receive federal funding to ensure access to governmental services for Limited English Proficient (LEP) persons. Many health and social service agencies that employ social workers receive federal funds and are therefore required by this policy to serve LEP clients.

Rationale for Study

Given that the working alliance is critical for good social work practice and that social workers must sometimes rely on interpreters in their work, this study examined the impact that interpreters have on the working alliance and what characteristics and practices have the greatest impact on the therapeutic alliance when an interpreter is used. The therapeutic alliance is examined from three points of view: the social worker's, the client's and the interpreter's.

This study's focus was quite narrow, focusing only on the relationship between interpreter variables and working alliance. The broader context is the overall field of cultural competency. The researcher recognizes that the broader cultural competency of a social worker will also impact both the use of working alliance and the use of an interpreter. Cultural competency has been described as having at least three characteristics: awareness, knowledge, and skills (Holcomb-McCoy, 2000; LaFramboise, Coleman, & Hernandez, 1991; NASW National Committee on Racial and Ethnic Diversity, 2001; Weaver, 1999). Awareness refers to the worker being aware of their own cultural values and biases (LaFramboise et al., 1991) and could also include awareness of models and theories of racial and ethnic identity development (Holcomb-McCoy, 2000). Knowledge refers to knowledge of the client's worldview, sociopolitical awareness, cultural background, and the dynamics of relationships within that cultural group (LaFramboise et al., 1991; Lum, 2004). Skills refer to specific social work skills that the social worker adapts to the culture as well as skills in communication (LaFramboise et al., 1991; Lum, 2004). The skills involved in using an interpreter fall into this last category.

Rather than addressing the broad category of cultural competency, this study focused on the narrow range of variables that encompass interpreter use. In order to gain a true understanding of the nature of the working alliance, an emic, or "insider" perspective may be most appropriate (Lum, 2004). From this perspective, it would not be appropriate to use only a trained observer to rate the alliance, but it is necessary to gather the points of view of each of the participants in the alliance in order to reach a true understanding of the nature of the alliance. Additionally, because there may be

significant differences between linguistic groups, a single language was selected for study.

Chapter Two of this dissertation reviews both qualitative and quantitative research studies that have been done in this area. Because there has been relatively little research done to date, the wider body of practice wisdom literature is also examined. This literature is primarily anecdotal and relies on the experiences of the authors in practicing with an interpreter. The authors in this area come from a wide variety of backgrounds, including social work, medicine, and various other related disciplines. This literature was reviewed as a way to identify potential variables that are believed to impact the alliance.

Chapter Three describes two key concepts: those of working alliance and language proficiency. While the concept of working alliance has briefly been introduced above, this section will describe more specifically the history and development of this concept, with particular emphasis on how the development of the concept has led to more measurable attributes. Language proficiency is discussed as one of the more important skills that an interpreter must possess. It is difficult for a mono-lingual social worker to assess language proficiency in a different language, and it is important to determine what exactly about language needs to be assessed and how strong it must be in order to be proficient. This chapter discusses the various attributes of language that may be important for an interpreter to be proficient in.

In Chapter Four, the methodology for this study is explained in detail. This study uses the Working Alliance Inventory as a primary tool of measurement. This instrument is discussed as well as the data collection procedures, the setting and sample for this study, and the protections for human subjects.

Chapter Five contains the quantitative data analysis. Various statistics were used, including ANOVAs and correlations. Issues of data analysis are specified. Finally, validity and reliability of the study design are also addressed.

Chapter Six contains the qualitative analysis on focus groups that were done to address the validity issues that arose during the study, and Chapter Seven contains the discussion, implications, and conclusions of this dissertation.

CHAPTER 2: LITERATURE REVIEW

Quantitative and Qualitative Research Studies

One of the earliest studies located relevant to the issues involved in using an interpreter was completed by Dr. Marcos in 1979. He interviewed eight psychiatrists and six lay hospital interpreters and also conducted a content analysis of eight psychiatric interviews using an interpreter. Dr. Marcos (1979) noted many distortions in interpreting that caused clinically problematic conclusions. Psychiatrists in his interviews noted that patients with severe paranoia or high anxiety had more difficulty dealing with interpreters in the sessions. He noted that selecting an interpreter with knowledge of clinical psychiatry is helpful. In addition, the psychiatrists interviewed felt that using lay interpreters was problematic because these interpreters generally had other job responsibilities that the interpretation interrupted. The author had several suggestions for clinicians, including meeting with the interpreter ahead of time to discuss the goals and any sensitive topics that may arise, insure the linguistic competence of the interpreter, discuss confidentiality, and determine if the interpreter has a prior relationship with the client (Marcos, 1979).

Kline, Acosta, Austin, and Johnson completed a study in 1980 that revealed significant differences in the views of Spanish-speaking patients and clinicians in terms of how satisfied the patients were with the services. In the study, they surveyed 61 patients and 16 psychiatric residents at their mental health outpatient clinic in Los Angeles to determine impressions of initial interviews. Twenty-one of the patients requested and used an interpreter. The rest were deemed to be bilingual, did not request an interpreter, and were interviewed in English. When they compared the responses, they

found that those who used interpreters were more satisfied with the service they received than those who were interviewed directly in English. However, the service providers believed that the opposite would be true – they believed that those who were interviewed without the use of an interpreter were more satisfied and more likely to have a second visit (Kline, Acosta, Austin, & Johnson, 1980). Interestingly, none of the residents in this study agreed with the statement “I think I help non-English-speaking patients just as well with a translator as I do English speaking patients with no translator” (Kline et al., 1980, p.1531). In this study, service providers and clients had very different perceptions. While the alliance was not measured directly, level of satisfaction could be considered an indicator of this. This study raises doubt that clinicians and their patients perceive the alliance in the same way and found that clinicians were not as comfortable doing their work through an interpreter.

A qualitative study using analysis of 20 case files, interviews with workers associated with these files, and participant observation in a child protection agency in the United Kingdom describes practices involving interpreters that the authors describe as discriminatory, as well as other issues (Humphreys et al., 1999). They found that in 19 of the cases, there was some problem with the interpreter at some point in the process. One of the specific issues highlighted were gender issues. In this study, male interpreters were used with female mothers to investigate child sexual abuse, which the mothers found problematic. Other issues involving interpretation were also highlighted, specifically noting problems with omissions and errors and overly summarizing.

Another qualitative study done in the United Kingdom analyzed nine interviews with mental health professionals serving a population with sizable minority ethnic

communities and where interpreters were regularly used (Raval & Smith, 2003). Their practitioners relied on the alliance, and noted that it was more difficult to form the alliance when using an interpreter. One participant specifically noted how even a small amount of spoken English by a father helped to establish the bond. They noted the difficulty of having to rely on the interpreter and knowing that the communication was imperfect. Participants sometimes felt peripheral to the work, and had difficulties using such personal qualities as humor as a tool to engage families. Participants in this research noted that they simplified their interventions and reduced their range of therapeutic questioning styles when using an interpreter. They noted that they wanted to have a collegial alliance with the interpreter, but that, for a variety of reasons (time constraints, use of a variety of interpreters, power differentials, role ambiguity, and style match), it was difficult to obtain. They also felt that their alliance with the interpreter was critical in forming the alliance with the families they saw. Practitioners in this study felt “powerless to change the conditions under which interpreters were contracted to work with them, felt anxious, experienced a loss of control, and became distrustful of interpreters” (Raval & Smith, 2003, p.24). The importance of using the same interpreter throughout the work was also emphasized.

A narrative study was completed more recently which examines using interpreters in psychotherapy cases with political refugees (Miller et al., 2005). Again, the study was small, using only 15 interpreters and 15 therapists. One goal of this study was to examine “the impact that interpreters may have on the therapy process” (Miller et al., 2005, p.29). They found support from the interpreters and therapists for a relational view of the interpreter as opposed to a “black box” perspective, where the interpreter is viewed as a

translation machine. In this relational view, the interpreter is an important part of a triadic alliance. The authors reported on the importance of trust between the client and the interpreter, and also stated that the alliance may initially be stronger with the interpreter than with the clinician. They also report that the process of developing the therapeutic alliance is more gradual when using an interpreter. One of the authors' suggestions was to have a pre-session with the interpreter to explain the nature and purpose of any therapy techniques that will be used in the session and with which the interpreter may be unfamiliar (Miller et al., 2005).

A qualitative study was completed which interviewed 10 mental health professionals who regularly work with interpreters in the United Kingdom to examine how empathy is affected in clinical work with interpreters (Pugh & Vetere, 2009). These professionals described losses in their ability to empathize with their clients. Specifically, they noted the loss of non-verbal aspects due to watching the interpreter and the difficulty of gauging their clients' responses to their messages. The professionals noted how hard they worked to word their messages and were concerned that the interpretation of their messages may not mirror their intentions. They noted that cultural differences also may have been exacerbated, making it even more difficult to develop that sense of relatedness with their clients. However, they also noted that the use of the interpreter showed their awareness of the client's needs, which helped to develop a sense of understanding. These practitioners stated that the use of post-session discussions with interpreters helped them gain new insights. The practitioners saw the interpreter as "both an obstacle and a facilitator of the empathic process, helping them to develop, and at time

inhibiting, a sense of empathic connectivity with the client” (Pugh & Vetere, 2009, p.317).

Another qualitative study involving 10 mental health providers was done to examine issues relating to the treatment of torture victims (Engstrom, Roth, & Hollis, 2010). Some of the themes that emerged included the need to use trained interpreters to avoid errors, the issue of interpreters dealing with difficult content, the importance of matching client and interpreter characteristics, such as gender, issues arising when client and interpreter already know one another from a different context, and the difficulties of inconsistent outcomes when the interpreters are unknown. The findings section emphasizes that the practitioners felt that building trust and rapport were more difficult when using an interpreter.

Additional studies have been completed in the field of medicine that examine use of interpreters. One study specifically examined the connection between interpreter quality and overall quality of care (Green et al., 2005). This was a large cross-sectional survey with 2715 surveys returned. They found that if a patient rated the interpreter quality high, they tended to also rate the quality of health care they received high (odds ratio of 4.8). While this study does not address working alliance, this finding could be implying a link between interpreter quality and alliance in a medical setting. One additional finding is germane. They found that patients who used interpreters were more likely than patients who had a practitioner who spoke their language to report that they had questions about their care that they wanted to ask but did not, which again may indicate a weaker alliance when the interpreter is used. This study also noted that communication and health care quality were similar for Asian immigrants who used

interpreters and those who had practitioners that spoke their language, but that the use of the interpreter can compromise communication about sensitive topics, particularly due to time constraints (Green et al., 2005). Another article on the same study noted that patients with practitioners who were language-discordant reported worse interpersonal care and were more likely to give their practitioners lower ratings even when they used interpreters (Ngo-Metzger et al., 2007).

Another study from the medical field used key informant interviews with nine professional medical interpreters in Geneva, Switzerland (Hudelson, 2005). One important suggestion from the interpreters was that the physicians discuss communication issues with the interpreter either before or after meeting with the patient. The interpreters in this study emphasized that it was the physician's place to initiate this, rather than the interpreter's. The interpreters also made numerous suggestions about training that could be done with physicians to improve their use of interpreters, including awareness of potential sources of misunderstanding, knowledge of the patient's country of origin, understanding of the difficulties of interpretation, and differences in communication styles (Hudelson, 2005).

A meta-analysis was conducted to determine if professional medical interpreters have a positive impact on clinical care (Karliner, Jacobs, Chen, & Mutha, 2007). This analysis found that professional interpreters do improve clinical care more than lay interpreters and that these professional interpreters can raise the quality up to that of patients with no language barrier. While clinical care is not the same as alliance, it is interesting to note that there were no essential differences between the cases where a professional interpreter was used versus when no interpretation was required.

Practice Wisdom

While few articles present research, there are numerous articles focusing on the practice wisdom of professionals who have used interpreters. Several articles specifically mention the difficulty of establishing rapport when using an interpreter (Amodeo, Grigg-Saito, & Robb, 1997; Baker, 1981; Durst, 1994; Luk, 2008; Musser-Granski & Carrillo, 1997; Tribe, 1999). Baker (1981) states that this is due to the indirect nature of communication. Amodeo et al. (1997) state that workers may feel that an interpreter dilutes the working alliance and may feel frustrated to see a client's affect and not understand what's being said. One author states that "The therapist may come to resent the close bond that may form between the client and interpreter" (Musser-Granski & Carrillo, 1997, p.58). Freed (1988) notes that an interviewer may feel left out when the client and interpreter are talking with each other. Another author notes that because of the triadic nature of the interactions, therapy with an interpreter is 200 percent more complex (Westermeyer, 1990). One author cites specific issues of role confusion and potential conflicts that may impact the alliance and states that "In a broader sense, any confusion or conflict among the clinician, the interpreter, and the patient will lead to frustration for all parties involved, preventing the rapport and trust inherently necessary for obtaining important personal information and clinical data" (Luk, 2008, p.558).

Several articles specifically address how to select an interpreter (Baker, 1981; Caple, Salcido, & di Cecco, 1995; Freed, 1988; Glasser, 1983; Humphreys et al., 1999; Musser-Granski & Carrillo, 1997). Specific interpreter attributes mentioned include gender (Humphreys et al., 1999; Jentsch, 1998; Musser-Granski & Carrillo, 1997), nationality (Jentsch, 1998), and power and class (Caple et al., 1995; Glasser, 1983;

Jentsch, 1998; Musser-Granski & Carrillo, 1997). Freed (1988), Luk (2008) and Westermeyer (1990) noted in their experience that interpreters with backgrounds in social work and psychology were more effective than those with other backgrounds. In addition, the need for skill in both languages is also discussed (Baker, 1981; Jentsch, 1998; Luk, 2008; Musser-Granski & Carrillo, 1997; Westermeyer, 1990). Jentsch (1998) also discusses the need to differentiate between ‘lay’ interpreters who may view this work as interrupting their other job responsibilities and interpreters whose job is defined by this task, a view which Tribe (1999) supports. Searight and Searight (2009) note that research from the medical field shows that training of interpreters improves their accuracy. They mention one specific training program for medical interpretation that does include some mental health components, Bridging the Gap, which provides training but does not certify competency. Other interpreter attributes are also discussed, including compassion, healthy adjustment, and sensitivity (Baker, 1981; Musser-Granski & Carrillo, 1997).

Much of the practice wisdom literature is devoted to suggestions for social workers for preparation and debriefing of interpreters (Amodeo et al., 1997; Caple et al., 1995; Freed, 1988; Jentsch, 1998; Luk, 2008; Searight & Searight, 2009; Tribe, 1999). These authors specifically mention the importance of a pre-session with the interpreter. Amodeo et al (1997) outline four important tasks in the pre-session: finding out if there is a pre-existing relationship between interpreter and client, reviewing the structure and content of the interview, explaining the need for accurate translation, and emphasizing the positive role that the interpreter plays in the interview. Freed (1988) discusses the importance for interpreters to understand their role and confidentiality rules. Caple et al

(1995) suggest that the pre-session briefing should include topics such as the purpose of the interview and likely content as well as the ways in which the interpreter's attitudes and characteristics may affect the interview. Jentsch (1998) notes that the interpreter needs to be familiar with the types of questions that will be asked in semi structured interview and perhaps even be provided with the rationale behind specific questions. She also mentions the need to discuss the role of the interpreter and confidentiality. Tribe (1999) suggests that interpreter and practitioner discuss how they can best work together, including style issues. Searight and Searight (2009) also note that the practitioner should take the opportunity to find out how to pronounce the client's name correctly, as one basic way to facilitate rapport.

Freed (1988) discusses the topic of seating arrangement, noting the importance in developing the alliance, but stopping short of making a recommendation. Westermeyer (1990) states that he prefers to have a seating arrangement that's like an equilateral triangle, but that other clinicians prefer different arrangements, such as interpreter to the side or clinician to the side. Gerber, (1980), in discussing the use of a sign language interpreter, believes that it is important for the client to be able to view both interpreter and clinician simultaneously. Of course, in sign language interpretation, it is critical for the client to see the interpretation, but Gerber notes that the client should also be able to easily view the facial expression and body language of the clinician. Searight and Searight (2009) state their preference for having the interpreter sitting slightly behind and to the side of the client, noting that the triangle can lead to both the practitioner and client talking to the interpreter rather than each other. Again, each of these authors is reaching into their own practice experience rather than research in stating these opinions.

While the difficulties in establishing rapport with clients when using an interpreter are documented in the practice literature, there is no research describing if, in fact, a difference exists in the alliance or which variables are the most critical in establishing rapport.

CHAPTER 3: KEY CONCEPTS

Working Alliance

The understanding of the importance of relationship has been a part of social work from its early beginnings (Coady, 1993). Richmond discussed social casework in terms of social relationships (1917) and believed that the relationship had the power to produce change (1916). The understanding of the healing power of relationship was further shaped by both client-centered theories and the psychotherapeutic school. In psychotherapy, some have argued that the alliance has been closely tied to theories of transference (Blair, 1986; Coleman, 2000; Foreman & Marmar, 1985; Marcus, 1988). Transference is defined as “a reflexive, unconscious repetition or revivification of varying combinations and patterns of ideas, fantasies, affects, attitudes, or behavior, originally experienced in relation to a significant figure from one’s childhood past, that have been displaced onto an intercurrent interpersonal relationship” (Brandell, 2004, p. 71). While he initially viewed transference as an obstacle (Brandell, 2004), Freud later believed that positive transference was a venue that allowed analysis to take place (Coleman, 2000; Marcus, 1988). Hartley and Strupp (1983) argue that the development of alliance theories came not from theories about transference, but from object relations theories that distinguish the transference relationship from the “real relationship,” that is the actual relationship between the therapist and the client. Some authors of this genre emphasize a rational working alliance, while others lean more towards the emotional relationship between client and therapist (Coleman, 2000). In the rational working alliance, the emphasis is on the connection that exists so that the pair can work together on the tasks of interpretation. Those that lean toward the importance of the emotional

relationship could be said to be describing a more therapeutic alliance, which comes more strongly from the object relations school and ascribes therapeutic value to the relationship itself (Coleman, 2000).

Carl Rogers and the client-centered theorists believed that when the worker supplied the requisite empathy, warmth, and genuineness, this therapeutic relationship was sufficient to produce change (Coady, 1993). Some researchers have searched for those factors that are common to all relationships where healing takes place. These factors could include, “a specific space for healing; an alliance with a warm, competent healer who provides a plausible explanatory framework for the patient’s distress, and an active ritual or procedure engaged in by both patient and healer” (Coleman, 2000, p.73). In fact, numerous articles have claimed that the alliance is the single best predictor of outcome, far superior to any one specific therapeutic method (Bordin, 1994; Brandell & Ringel, 2004; Coady, 1993; Coleman, 2000).

Through these understandings of the relationship between therapist and client, the concept of alliance was further developed. It can be defined as “the observable ability of the worker and the client to work together in a realistic, collaborative relationship based on mutual liking, trust, respect, and commitment to the work of treatment” (Foreman & Marmar, 1985, p.922). Coleman (2000) divides this concept into two: the emotional bond that the therapist develops with the client, and the “working aspects” of the relationship. Bordin (1994) divided the alliance into three aspects, stating that the therapist and their client need to have a “mutual understanding and agreement about change goals and the necessary tasks to move toward these goals along with the establishment of bonds to maintain the partner’s work” (p.13). The need for goals, tasks,

and bond are believed to go beyond any one theoretical orientation and, indeed, any one setting (Blair, 1986). Goals, task, and bond are the three components that comprise the working alliance (Bordin, 1994).

Bordin (1979) believes that his conceptualization of the alliance is true for any relationship between a person who is seeking change and a person who has agreed to be a change agent, including student and teacher, parent and child, and leader and community action group. The pair must agree on goals of the relationship. This would typically include negotiation resulting in an agreed-upon definition of the problem and the change desired. The task aspect requires the pair to collaborate on the type of activities that they will engage in to produce the desired change. The types of tasks will obviously differ depending on the theoretical orientation and could include a behaviorist requiring the client to report on their actual behaviors or a psychoanalyst encouraging his client to engage in free association. The bond aspect most closely reflects the idea of rapport or the emotional aspects of trust and attachment.

Blair (1986) specifically addresses the issue of context in relationship to the development of the alliance. He looks at issues that are unique to the school setting, and notes that the restrictions of the setting may require specific actions on the part of the therapist in a school setting in order to develop the strongest alliance possible. Blair notes the conflict that the worker has between being an agent of the school and an advocate for the client. In addition, he specifically states that schools may only be interested in allowing the worker to use specific processes (tasks) and may also be interested in influencing the desired outcomes (goals). He also addresses issues of confidentiality, school schedules, role conflicts, and the dilemmas imposed by having

numerous change agents available and interested in helping the student. Blair makes numerous suggestions for reducing the impact of these issues.

Coleman (2000) notes that the alliance is a very complex concept, but believes that it becomes even more complex when issues of culture are added to the mix. He states:

At the rational working alliance level, clients from different cultural backgrounds will have different expectations and understanding of psychotherapy, and will have preferences for certain therapist styles. At the emotional therapeutic alliance level, the therapist may be cast into a transference role for which he or she is not culturally prepared, and may be confronted with his or her own conscious and unconscious internalization of racist socialization (p.87).

He explains how cultural background can influence expectations of the alliance, a view which is also supported by Tsui and Schultz (1985) and Nguyen and Bowles (1998). Coleman (2000) reports that some have begun researching the effects of therapist-client matching on specific attributes, such as country of origin, but notes the limitations of these efforts. He argues that the therapist must have some knowledge of the client's culture, but that the therapist must also use his/her curiosity so that the client can explain his/her own unique cultural background. He specifically states that there is empirical support for this improving the working alliance. Coleman argues that the methods (tasks) that the therapist uses may need to be different with different cultural groups. He also advocates for therapists making cultural differences an overt discussion so that these differences will not impede the alliance. He challenges workers to do this so that issues

of social inequities and prejudice can be openly addressed. He notes that the therapist definitely needs to examine their own anxieties about working with persons who are culturally different (Coleman, 2000).

Language Proficiency

Language proficiency is not the only skill that could be assessed with interpreters, but it does appear that it is one of the most critical skills and one of the more difficult for mono-lingual social workers to assess. Interpreters must be proficient in at least two languages. The difficulty in judging interpreter quality, however, is that there is no consensus on what “proficient” means in any given language. Generally speaking, a proficiency is a global construct requiring further definition in order to be meaningful (Alderson, Krahne, & Stansfield, 1987). De Jong and Verhoeven (1992) describe some of the debates in this area. One of the issues discussed is how broad of a definition should be used. Some argue that overall communicative competence needs to be examined, but others opt for an easier to evaluate and define language competence. Regardless of the complexity of the model, however, differences have been noted between such concepts as possession of skills and knowledge and their use, and grammatical competence and pragmatic competence.

These debates have produced a variety of assessments, including portfolio evaluations, performance evaluations, and written evaluations. In addition to differences in the types of assessments used, there are different ideas about what content should be assessed. De Jong and Verhoeven (1992) note that historically language proficiency is divided into four categories: listening, speaking, reading, and writing. Each of these areas is a concept that can be further delineated. Others have broken these four out a bit

more specifically, adding vocabulary and grammar to the list (Alderson et al., 1987).

Niska (1997) notes that at least three aspects of interpreting should be assessed, only one of which is linguistic. The other two are cognitive and socio-cultural. She notes that most interpreter tests are “performance-referenced” rather than “system-referenced”.

With a performance referenced test, much of the work is done by trained raters rather than by paper-pencil activities. She discusses an interpreter test used in Sweden that contains both a written part and an oral section. The written part includes a terminology test and a factual test of information about Swedish society, including medicine, social welfare, labor, and law. The oral part includes some role plays of interpreting, professional ethics, and interpreting techniques. Another test for interpreters specifically notes the need to assess how well an interpreter can handle long sequences of speech without breaks (Department of Linguistics Interpreter Certification Project, 2001).

Again, however, these suggestions go beyond simply assessing language proficiency and lean more towards overall communicative competence.

For interpreters, the consensus appears to be that both an oral component and a written component should be used. The U.S. District Courts have a federal certification examination for their interpreters that includes both an oral and a written part. The National Center of State Courts found that 27 states require some type of oral examination for their interpreters (National Center of State Courts, 2004). The Midwest state being proposed for this study does certify interpreters for the deaf and hearing impaired, and they require both a written and a performance test for this certification (Kansas Commission for the Deaf and Hard of Hearing, 2005). Internationally, the Norwegian Interpreter Certification Examination also has both a written and an oral

component. The written component consists of text to translate, terminology, and information specific to the systems for which they will be interpreting (Department of Linguistics Interpreter Certification Project, 2001).

Unfortunately, social workers in need of an interpreter are not able to adequately assess the interpreter's language skills in the other language. Clearly, it is best if the social worker has access to a certified interpreter, particularly if the certification examination included a performance component that was specific to the types of interpretation required by that social worker. However, social workers in the current context have no access to interpreters with any kind of certification. Generally, interpreters are hired after having a conversation with a bilingual staff person, but no formal testing is being conducted in this setting. One hope for this study, then, was to begin examining a language proficiency test that could be administered by a monolingual social worker in order to screen potential interpreters. While this test could not be totally adequate since it could not include a performance component, it would be a beginning point for a monolingual social worker to determine the adequacy of their interpreter. Caution should be used, however, in broadening the meaning of any test that has not been designed for the specific purpose for which it is being used. In this case, a test for an interpreter that can be administered by a mono-lingual social worker cannot begin to examine the ability of this interpreter to communicate on a more global scale. The mono-lingual social worker should never use a test of this nature as the sole criterion for selecting an interpreter, but should rely on their ability to judge overall communication skills as well. Unfortunately, due to the nature of the responses in beginning tests, testing of interpreters was halted in this study.

Because perception of competence may be key in the development of alliance, both social worker and client were asked to rate the competence of the interviewer. Again, each person was only able to judge the interpreter's linguistic proficiency from their own mono-linguistic background, so the variable being measured became perception of language skill rather than the actual language proficiency. Because language skill may be difficult to separate from overall interpreter skill for the participants in this study, the question was asked globally, to refer to perception of all skills of the interpreter. This rating was going to be used as one method of validating the use of the proficiency test for each language, but became the only measures of overall communicative competence as well as language proficiency.

CHAPTER 4: METHODOLOGY

Research Questions

Given that two quantitative studies (Green et al., 2005; Kline et al., 1980), one qualitative study (Miller et al., 2005), and numerous practice wisdom articles (Amodeo, Grigg-Saito, & Robb, 1997; Baker, 1981; Durst, 1994; Musser-Granski & Carrillo, 1997; Tribe, 1999) have indicated that there may be a difference in working alliance when an interpreter is used, the following was the primary research question:

Q1. Does the use of an interpreter significantly affect working alliance as perceived by the social worker and client?

The hypothesis, based on the presumptions in the literature, was that social workers that use an interpreter will have a weaker working alliance than those that do not use an interpreter, as perceived by both the social workers and the clients. Related to this question, then is the second question:

Q2. How closely correlated are the perceptions of working alliance of the social worker, client, and interpreter?

It is hypothesized that these will be positively correlated, reflecting findings in previous literature, which is somewhere around 0.4. Another major question was also proposed:

Q3. Which combination of interpreter attributes (native speaker status, education, lay or professional interpreter), client attributes (English ability of client, number of years the client has lived in the U.S.), interpreter-client matching attributes (country of origin, gender), interpreter skill (as perceived by social worker and client) and social work practice (use of a pre-session between social worker and

interpreter, and seating arrangements of the persons involved in the interview)

best predicts working alliance when an interpreter is used?

The variables in this question come directly from the literature. While other variables could have been selected (e.g. social skills of interpreter, knowledge of social work), these particular ones were chosen as having the strongest basis in the literature. These ties to literature are fully explored in the discussion of variables that follow in the Measures section.

In addition to the above research questions, there is one other question related to measurement that will also be addressed:

Q4. How well do the perceptions of interpreter skill of parents and social workers and educational attainment of interpreters correlate?

It is hypothesized that correlations between perceptions of parents and social workers and educational attainment of interpreters will be positive and high, perhaps as high as 0.8. This is hypothesized because of the perceived inter-relatedness of education and a rich vocabulary and language structure.

Most of the variables were relatively simple to measure, which means that a social worker searching for a potential interpreter would have a relatively easy time assessing them. Interpreter skill is the most problematic to measure, and this will be discussed in greater depth below.

Rationale for the Research Design

Patton (2002) suggests that the research question will guide the choice as to whether a qualitative or a quantitative design is the most appropriate. He states that “qualitative methods facilitate study of issues in depth and detail” while quantitative

methods “require the use of standardized measures so that the varying perspectives and experiences of people can be fit into a limited number of predetermined response categories to which numbers are assigned” (Patton, 2002, p.14). In this case, since the research question used “significantly affect,” the use of statistics was implied. Depth and detail were not as important in this study as is a way to generalize the experiences of many into predetermined response categories. This goal clearly demanded a quantitative approach.

The research questions came foremost from the author’s desire to have clear guidance on specific practices in the use of an interpreter as well as from her desire to understand her own insecurities when using an interpreter. Practitioners as well as qualitative researchers become enmeshed in very specific situations and rely on their limited exposure to inform them. While they gain great insight from these in-depth experiences, it is difficult to generalize from them. For example, while gender of interpreter may be a critical issue for a specific client in a specific situation, it may not generally be as important of a consideration as perception of language ability. It is difficult in a qualitative study to tease out these nuances. However, this might be an important piece of information for a clinician who must choose between an interpreter who matches the client’s gender but has fewer linguistic skills and one with greater skills but represents a gender mismatch. The advantage of a quantitative approach is that greater numbers of experiences can be combined relatively easily into preset categories so that a variety of variables can be examined in a more systematic way and can be weighed against one another.

As noted in the literature review, most research in this area has been qualitative. Methodologies used have included content analysis (Marcos, 1979), surveys (Green et al., 2005; Kline et al., 1980), participant observation (Humphreys et al., 1999), interpretive phenomenological analysis (Pugh & Vetere, 2009; Raval & Smith, 2003), key informant interviews (Hudelson, 2005), a narrative study (Miller et al., 2005), a meta-analysis (Karliner et al., 2007), and exploratory qualitative interviews with an undefined analysis method (Engstrom et al., 2010). The remainder of the literature is based on practice wisdom. This previous literature, including both the limited studies and the practice wisdom literature, laid the groundwork for this quantitative approach. The literature suggested that there may in fact be a difference in perception of alliance, and it suggested a number of variables which may be important in the selection of interpreters. The quantitative approach allowed a systematic process for testing the suggestions made in the previous literature.

However, in the process of collecting data, additional questions about the validity of the data being collected began to surface. Therefore, at the end of the data collection period, focus groups were conducted to address these specific concerns. The object of a focus group is “to get high-quality data in a social context where people can consider their own views in the context of the views of others” (Patton, 2002, p.386). The narrow focus of the discussion seemed to lend itself well to the methodology of focus groups. Additional information about this methodology is included in Chapter 6.

Measures

Working Alliance

The dependent variable of working alliance was operationalized using the Working Alliance Inventory (WAI) (Horvath & Greenberg, 1986). While several measures of alliance have also been shown to have acceptable reliabilities (California Psychotherapy Alliance Scales, Penn Helping Alliance Rating Scale, Therapeutic Alliance Scale, and the Vanderbilt Therapeutic Alliance Scale), the Working Alliance Inventory has the advantage of separate, but parallel, forms for therapist, client, and observer (Cecero, Fenton, Nich, Franforter, & Carroll, 2001; Horvath, 1994). Most of the others rely only on observer data. The WAI has been adapted for various uses and found to be robust. Most specifically, for this study's purposes, it has been translated into French (Corbiere, Bisson, Lauzon, & Ricard, 2006). While French is not the language used for this study, this is important in demonstrating that the WAI can be valid with different cultural and linguistic groups. Another important adaptation is that the WAI has been shortened (Busseri & Tyler, 2003), and this shortened form will be used in this study. This was important in this study because it was anticipated that all persons involved would have already spent a great deal of time doing the actual interview and would not be willing to spend much additional time in completing a lengthy inventory. In addition, because the WAI is based on Bordin's conceptualization of the working alliance, which was designed to be pantheoretical, the WAI is not tied to a specific setting or theoretical perspective (Horvath & Greenberg, 1986).

The WAI has been thoroughly tested for reliability and validity. Consensual validity, a type of face validity, was obtained through the use of experts rating the initial

item pool and a re-rating done by a larger group of clinical and counseling psychologists (Horvath & Greenberg, 1986). Horvath and Greenberg (1989) compared results from the sub-scales on the WAI to the Empathy Scale of the Relationship Inventory developed by Barrett-Lennard (1978) and found significant correlations in two small studies, ranging from .63 to .83. In the same studies, they also compared the sub-scales on the WAI to the sub-scales on the Counselor Rating Form (CRF) developed by LaCrosse and Barak (1976). The second study showed correlations ranging from .41 to .73, but the first study showed weaker correlations, ranging from .05 to .39. The authors noted that the first study had less variability than the second study (Horvath & Greenberg, 1989). They also noted that, while all of these scales purport to measure the alliance, the different sub-scales are, in fact, measuring different dimensions of the relationship. The strongest correlations were between the sub-scales of the WAI and the Empathy Scale of the Relationship Inventory, and the weakest were between the Trustworthiness scale of the CRF and the WAI sub-scales. One study compared the WAI to three other scales (Vanderbilt Therapeutic Alliance Scale, the Penn Helping Alliance Rating Scale, and the California Psychotherapy Alliance Scale) and noted that the client form of the WAI was not significantly correlated with any of the other scales, all of which were observer rated. Again, the importance of noting which perspective is being measured is crucial. They also noted that the therapist form had significant but lower correlations than the observer form (Cecero et al., 2001). These studies indicate the complexity of measuring the alliance and underscore the need to look at a variety of aspects from a variety of perspectives in order to gain a full and rich picture.

Reliability estimates for the composite score from the WAI client form produced a Cronbach's alpha of .93 and for the therapist form a .87 (Horvath & Greenberg, 1989). The WAI is divided into three subscales corresponding to Bordin's conceptualization: goal, task, and bond. The subscale reliabilities were all above .80, except for the bond sub-scale of the therapist form, which was .68 (Horvath & Greenberg, 1986). Later revising the WAI to include a 7 point Likert scale raised all the reliability estimates to .89 and above (Horvath & Greenberg, 1986).

The three versions of the WAI have also been compared. Tichenor and Hill (1989) compared the scores of each version with a very small sample ($N = 8$) and found no correlations between the three. Horvath and Greenberg (1986) report correlations of the various sub-scales of the client and counselor versions ranging between .43 and .80 with $N = 29$. Unfortunately, they do not report correlations for the total score. A more recent study with a larger sample size ($N=60$) showed low correlations between the three scales, ranging from .21 to .37 (Cecero et al., 2001). Finally, a study completed in 2006 using a French version of the WAI showed a correlation of .44 between client and case managers with an $N = 150$ (Corbiere et al., 2006). These studies suggest that there may be differences in the ways that clients, therapists, and observers view the alliance. For this reason, both the client and therapist points of view will be viewed separately and compared with a sample that did not use interpreters. In addition, the interpreter's point of view will be obtained through the observer's version of the WAI. While interpreters are actual participants and not mere observers, the author believes that their point of view of the alliance may be critical to a complete understanding of the alliance. Jentsch (1998) supports this belief, stating, "The value of having both the 'skilled observer from outside'

as well as the ‘interpreter-insider’ perspective at the crucial research stage of interviewing can hardly be overestimated” (p.288). One of the qualitative studies (Miller et al., 2005) considered the interpreter point of view explicitly. While it is unknown how well the interpreter point of view may correlate with the other points of view, the interpreter’s understanding of the alliance may be important in terms of the predictions outlined in Q3.

For this dissertation, the items in each scale were somewhat modified to fit the setting selected, which is a school setting. For example, the word “client” was replaced with “parent” and the word “therapist” was replaced with “school social worker”. In addition, references made to the “client’s problem” were changed to reflect the “child’s issue.” References to “therapy” were changed to “this process.” These types of changes have been done in various versions of the scale (Atanasoff, 2003; Kasper, 2005; Manitoba Psychological Association, 2006). In addition, the parent form of the survey was translated into Spanish. The changes made to the parent form are illustrated in Appendix A and the Spanish version of the WAI is located in Appendix B.

The three forms of the WAI can be found in Appendices C, D, and E. The three subscales of the WAI are goal, task, and bond. The items that comprise the goal subscale are items 4, 6, 10, and 11. The items that comprise the task subscale are 1, 2, 8, and 12. The items that comprise the bond subscale are 3, 5, 7, and 9. These subscales will be used to help analyze missing data.

Language Proficiency

The use of practice tests for such standardized tests as the SAT or the TOEFL to assess English language skills was initially examined for use in this research. These have the advantage that they are readily available. Unfortunately, copyright laws prohibit the

copying of these practice instruments. Another possibility was to use tests that were already available in the selected setting. The tests that the psychologists and speech clinicians use are generally designed for school-aged children and rarely go as high as an adult population would require. In addition, they are generally oral tests that, in Spanish, would require a Spanish-speaking administrator. Teachers of limited English proficient students also use a variety of tests in their setting, but, again, these tests rarely go to the advanced level needed for this study.

One test was located which appeared to meet the needs of this study. This test is called DIALANG. It is a free, internet based test designed to help the test taker assess his/her own language skills. It is available at www.dialang.org. It assesses 14 different languages, including English and Spanish. It includes five aspects of language: reading, listening, writing, grammar, and vocabulary. It was developed by a group on behalf of the European Commission and uses the Common European Framework (CEFR) to report results. This framework consists of six levels, ranging from A1 (the lowest) to C2 (the highest). These levels are further explained in Table 1 below. Each area of language is assessed using this 6 point scale. This test has the advantage of including a listening portion, which is available to monolingual test administrators because of the internet. Unfortunately, a spoken portion is too complex at this time. This test was designed to help adult test takers assess their own language skills, particularly in order to select appropriate language classes or to determine what level of tests in the European system they would have a good chance of passing. While this test is relatively new (pilot testing was begun in 2002), some good data has been collected in its development (Alderson, 2005).

Table 1

Common European Framework of Language Competency Descriptions

CEFR Level	Description	Explanation	Points
C2	Mastery	Can understand with ease virtually everything heard or read. Can summarise [sic] information from different spoken and written sources, reconstructing arguments and accounts in a coherent presentation. Can express him/herself spontaneously and very fluently and precisely, differentiating finer shades of meaning even in more complex situations.	6
C1	Effective Operational Proficiency	Can understand a wide range of demanding, longer texts, and recognise [sic] implicit meaning.. Can express him/herself fluently and spontaneously without much obvious searching for expressions. Can use language flexibly and effectively for social, academic and professional purposes. Can produce clear, well-structured, detailed text on complex subjects, showing controlled use of organisational [sic] patterns, connectors and cohesive devices.	5
B2	Vantage	Can understand the main ideas of complex text on both concrete and abstract topics, including technical discussions in his/her field of specialization [sic].	4

		Can interact with a degree of fluency and spontaneity that makes regular interaction with native speakers quite possible without strain for either party. Can produce clear, detailed text on a wide range of subjects and explain a viewpoint on a topical issue giving the advantages and disadvantages of various options.	
B1	Threshold	Can understand the main points of clear standard input on familiar matters regularly encountered in work, school, leisure etc. Can deal with most situations likely to arise whilst traveling [sic] in an area where the language is spoken. Can produce simple connected text on topics which are familiar or of personal interest. Can describe experiences and events, dreams, hopes & ambitions and briefly give reasons and explanations for opinions and plans.	3
A2	Waystage	Can understand sentences and frequently used expressions related to areas of most immediate relevance (e.g. very basic personal and family information, shopping, local geography, employment). Can communicate in simple and routine tasks requiring a simple and direct exchange of information on familiar and routine matters. Can	2

		describe in simple terms aspects of his/her background, immediate environment and matters in areas of immediate need.	
A1	Breakthrough	Can understand and use familiar everyday expressions and very basic phrases aimed at the satisfaction of needs of a concrete type. Can introduce him/herself and others and can ask and answer questions about personal details such as where he/she lives, people he/she knows and things he/she has. Can interact in a simple way provided the other person talks slowly and clearly and is prepared to help.	1

(North, 1998)

Fourteen Assessment Development Teams (one for each language) of experienced language teachers were used to initially develop test items for each of the five language areas assessed and at each of the six levels in the framework. The number of items produced in this process ranged from 525 items in Icelandic to 3,350 items in Dutch. The Assessment Development Teams then selected 60 items per skill area for piloting. Initial piloting was done in English, Spanish, and Danish, with other languages beginning the piloting phase by November 2002. As of March, 2004, 2,265 tests had been completed in English and 680 in Spanish. Over half of the English group (65%) had greater than a secondary education. Over 60% of the group had studied English for more than 7 years. After 1200 tests had been completed in English, detailed statistics were completed for

that group. No data is reported for the Spanish group. Reliability tests were completed comparing the various versions of each area test, with Cronbach's alpha ranging from .861 to .929. Inter-rater reliability correlations for the various CEFR levels on the English test items ranged from .90 to .96 (Alderson, 2005). For the purposes of this study, the CEFR levels for each of the five areas assessed were totaled, for a score that could range from 5 to 30.

As testing was completed and additional interpreters were added to the pool of interpreters over the course of the study, it became apparent that the length of time for testing had been underestimated and that this request was unrealistic for the department to continue without reimbursement. The additional interpreters that were added were hired on a contract basis and asking them to donate 6 – 8 hours of their time for this research seemed burdensome. It was also very difficult for the bilingual social workers to find the time to do the testing. In addition, the interpreters and social workers that took the test felt that it tested a level of fluency that was not needed in their job. Specifically, the test used a variety of dialects of English (such as British and Australian) and a variety of dialects in Spanish (such as in Spain) that were almost never needed in their particular position. In addition, it tested their ability to use the appropriate register in that dialect, which may not be as important in their current setting. A total of three interpreters and two social workers took the DIALANG. All three of the interpreters were native Spanish speakers. Their scores ranged from 22 to 26 on the Spanish version and from 20 to 25 on the English version. The two bilingual social workers were not native Spanish speakers, and their scores were 10 and 12 on the Spanish version.

A number of difficulties were noted in the testing. Occasionally, part of the answer or part of the question was missing from the screen. Answers that were supplied by the test taker were only scored correct if they were written exactly as the test wanted. For example, “3” was incorrect when the expected answer was “three” and European spellings were frequently required to obtain a correct answer. Another issue that came up in the pre-testing was that occasionally a score of “0” was inexplicably obtained.

The validity of totaling the scores was unknown as was the validity of the use of this test for the purpose of assessing interpreter skill. In addition, testing was not completed for the majority of cases. For these reasons, additional questions were asked as proxies for language competence. Because perception of competence may be key in the development of alliance, both social worker and parent were asked to rate the competence of the interpreter. Again, each person was only able to judge the interpreter’s linguistic proficiency from their own mono-linguistic background, so the variable being measured became perception of language skill rather than the actual language proficiency. Because it may be difficult for participants in this study to separate language skill from overall interpreter skills (such as ability to build rapport), the question was asked globally, to refer to perception of all skills of the interpreter.

Other variables

Native Spanish Speakers

Persons whose first language is Spanish are native speakers. This variable becomes a bit more confusing for persons who grew up bilingual, using both Spanish and English from the time they are young. The interpreter decided if they considered themselves a native speaker, which could have led to some differences in interpretation.

When asked, the interpreter was told that if they spoke Spanish from a very early age, they would be considered a native speaker.

Education

Level of education was specifically mentioned in the literature only once, and briefly (Jentsch, 1998), but two related variables were discussed more fully: having a background in social work or psychology (Freed, 1988; Westermeyer, 1990), and high levels of linguistic skills (Baker, 1981; Jentsch, 1998; Musser-Granski & Carrillo, 1997; Westermeyer, 1990). Education was selected here as another proxy for linguistic skill (Q4). The decision was made not to ask about background in social work or psychology because it was believed that too few in the sample would have these qualifications. Education was asked as an open-ended question, and was then ordered on an ordinal scale. The primary reason for leaving it open-ended was that different countries have different educational systems and it would thus be difficult to meet all needs in developing this scale. The developed scale included the following levels: high school or less, some college, and bachelor's degree or higher.

Lay/Professional Interpreter

A lay interpreter was defined as anyone who was not currently being paid to interpret for social histories in the school district. This included persons who are paid by the district to interpret in other situations in the school. The distinction is that “professional” interpreters in this context have the interpretation for social histories as one of their primary job responsibilities and are not fitting this in to their already set schedule. In addition, “professional” interpreters have a history of completing these interviews, which a lay interpreter may or may not have. This variable was suggested by

three sources (Jentsch, 1998; Searight & Searight, 2009; Tribe, 1999). In fact, few interpreters were used that had not been hired by the district for this purpose. These represented only six cases and included only one case where a family member had been used. The other five cases were ones where another district employee was used. Because there was only one family member interpreter, this category was collapsed into the same category as other district employees.

Gender, Race, and Country of Origin

Interpreter-client matching attributes were dichotomous variables indicating that the attribute matches or that it does not. This was done for gender, matching if both interpreter and parent are female or if both are male. Gender has often been suggested as an important attribute in the literature (Humphreys et al., 1999; Jentsch, 1998; Musser-Granski & Carrillo, 1997). A dichotomous variable was also developed for country of origin, matching if both interpreter and parent indicate that they were born in the same country. Again, this attribute was suggested in the literature (Jentsch, 1998).

Seating Arrangement

A video tape, "Communicating Effectively Through an Interpreter" used in the training of medical personnel and interpreters produced by the Cross Cultural Health Care program in Seattle, Washington recommends that the interpreter sit slightly behind and to the side of the patient, so that it is most convenient for the patient to make eye contact with the medical personnel; in order to make eye contact with the interpreter, they must turn around in their seat. This suggestion was also found in the article by Searight and Searight (2009). Several of the other practice wisdom articles had other suggestions as well for seating arrangement (Freed, 1988; Gerber, 1980; Westermeyer, 1990). For

this study, social workers were asked to sketch a diagram of the seating arrangement. Several examples were provided. A total of 12 different seating arrangements were recorded. All but one are illustrated in Appendix H. The missing arrangement was any that included additional persons. Additional persons at the interview included children, student social workers, and additional interpreters who were observing.

Use of Pre-session

This was a dichotomous variable indicating if the social worker used a pre-session with the interpreter prior to this interview. This was suggested in several of the practice wisdom articles (Amodeo et al., 1997; Caple et al., 1995; Freed, 1988; Jentsch, 1998; Tribe, 1999) and at least one qualitative study (Hudelson, 2005). Specifics as to the content and length of this pre-session were not addressed.

English ability of parent and number of years the parent has lived in the United States

While these two variables were not specifically suggested by the literature, Jentsch (1998) does note that the background characteristics of the respondent will significantly affect the process of the interview. In addition, one study (Sadavoy, Meier, & Mui Ong, 2004), notes that clients with less English and who are more recent immigrants have greater difficulty accessing services. Another study used these two variables as control variables rather than study their impact (Green et al., 2005). These two items are both proxies for level of acculturation of the parent. It was hypothesized that the greater the level of acculturation, the easier it is for the social worker and parent to communicate directly, and thus, the greater the alliance.

Setting and Sample

The setting for this research was a large public school district in a Midwestern state. More specifically, this research focused on the interactions taking place during the psycho-social history that the school social worker obtained when a student is being evaluated for special education purposes. This history has been variously called a Case Study Assessment and the Social Developmental Study, and is similar to other such histories taken in settings such as nursing homes, hospitals, adoption agencies, clinician's offices, etc. According to a popular school social work textbook, the purpose of this study is to "assist the team, the parents, and the pupil in understanding the pupil's life circumstances as they relate to school performance or behavior" and to "assist parents and school personnel to develop the most suitable educational environment and intervene in a way that would be most helpful to the optimum learning and development of the child" (Thomas, Tiefenthal, Charak, & Constable, 2002, p.183). In the school setting selected for this study, the psycho-social history goes beyond merely gathering information. During this session, the social worker explores the parent's understanding of their child's difficulties, and begins the process of problem-solving, frequently outlining the various alternatives within the school setting and assessing the parents' reactions to these alternatives. While this setting is not a therapy setting, a good working alliance is critical in order to get accurate and thorough information with which to make an appropriate placement. Lucco (1991) discusses the need to explain the reason for the assessment, the social worker's role, and the limits of confidentiality in order to reduce the distrust and suspicion that may be initially present. These relate very closely to Bordin's concept of task. Thus, while the setting is not a classic therapy session, the

school social history session still requires a good alliance and is similar to initial sessions in various social work settings. The decision to select an initial session was deliberate. Practice wisdom holds that it may take longer to develop a working alliance when an interpreter is used. If this is the case, the greatest differences between cases using an interpreter and cases without using an interpreter would be found in the initial session.

A large school district (including over 100 schools) in the Midwest was selected for this study. This district conducts approximately 3900 special education evaluations per year. Approximately 43 requests were made during the 2005-2006 school year for assistance with Spanish interpretation for social histories to the district's interpretation office. Interpreters in this office have received training through the Bridging the Gap program mentioned previously (Searight & Searight, 2009). In addition, school social workers occasionally used other interpreters for this purpose, such as bilingual staff or a family member. While other languages are also required for evaluation purposes, Spanish is the language most often needed in this district.

The sample for this study included three parts. The first was all social histories that were conducted in Spanish with the use of an interpreter, both from the interpretation office and other interpreters, during the 2007-2010 school years. This included students from age 3 through seniors in high school and included both initial evaluations for special education and re-evaluations for special education. It was hoped that a total of 70 of these cases would be found during two years, but a total of three school years were needed to obtain the desired sample size. While all social workers were solicited for assistance in contributing cases, only 26 mono-lingual social workers out of approximately 100 total social workers across the district submitted cases. Attempts

were made frequently at monthly meetings to encourage all social workers to contribute all their cases. In addition, individual meetings were conducted with social workers known to have a high proportion of Spanish speaking parents to encourage them to contribute. Finally, the interpreter's office was asked to email whenever a social history was scheduled with their office, which they did on a sporadic basis.

The second sample was a control sample. The control sample consisted of social histories conducted in English by the same social workers that had conducted a case that used an interpreter. The research protocol called for this case to be the next social history that a social worker conducted in English following one that was done with an interpreter. For this control sample, WAIs were collected from the social worker and the parent. While 70 cases were hoped for, this number was reduced. Social workers had difficulty remembering to submit the English case immediately following their Spanish case, so many of these English cases were conducted significantly after the Spanish one. In addition, one social worker found that he was unable to submit enough English cases, as his caseload was primarily Spanish, so matching cases from another high school were used for a few of these cases (two). Actual numbers of matching cases were smaller than the number of cases that used an interpreter due to failure of the social worker to submit a matching case even after repeated reminders.

The third sample that was desired included all the social histories that were conducted in Spanish by a bilingual social worker during the 2007-2010 school years. The number of cases done in this way was unknown at the beginning of the study but it was hoped that 70 cases would be collected. Again, not all the bilingual social workers

contributed cases. A total of 6 bilingual social workers did, which brought the total number of social workers contributing cases to 32.

A G*Power 3 analysis showed that with a sample size of 210 ($70 + 70 + 70$), there would be sufficient power (80%) for an effect size of as small as .03 to examine the primary research question (Faul, Erdfelder, Lang, & Buchner, 2007). Unfortunately, as shown in the following chapter, the actual obtained sample was significantly less, and the observed effect was also smaller, leading to insufficient power.

Method of Data Collection

Social workers, parents, and interpreters took the Working Alliance Inventory immediately following the social history and placed their inventories in an envelope that they sealed. Social workers asked the parent to count to make sure that they had 13 numbers circled on their form and the final question answered prior to sealing it, to reduce missing data. They also asked the interpreter to count to make sure that they had 12 numbers circled on their form prior to sealing it. In addition, the social worker completed a data sheet at that time. This data sheet is located in Appendix F. The social worker was responsible for returning all forms. After the first year of data collection, an additional instruction was added to remind parents that variability was expected and that they needed to read the items carefully because some were worded in a negative way. After the second year of data collection, another new instruction was added, suggesting that social workers leave the room while the parent completed their WAI.

Initially, the interpreter was asked to complete the DIALANG testing once during the data collection period as well as an interpreter data sheet, located in Appendix G. Bilingual social workers were also asked to complete the DIALANG testing. The social

worker asked the interpreter if they had already completed these items when making arrangements for the social history, and the researcher followed up on these items when the case was submitted. Professional interpreters within the district completed the DIALANG and data sheet at the beginning of the data collection period, as did some of the bilingual social workers. Unfortunately, over the course of the three years, the district began contracting with additional interpreters. Each time a new interpreter was used, the researcher did get them to complete an interpreter data sheet. However, these interpreters were significantly more reluctant to spend the large amount of time needed to complete the DIALANG testing. In addition, as the research continued, it became apparent that there would not be sufficient variability in the dependent variable to conduct analyses with this variable, so the DIALANG testing was dropped after the second year.

Human Subjects Protection

Application was made to both the Human Subjects Committee of the University of Kansas and the Human Subjects committees of the school district sampled and approval granted. Each participant (interpreters, parents, and social workers) was asked to sign a consent form to participate in this research. Social workers had the research explained to them at a staff meeting, signed their consent forms at that time, and completed the research ethics tutorial required by the Human Subjects Committee of the University of Kansas. Each year, additional training was completed for new social workers. The social worker was then responsible for obtaining the consent forms from the interpreter and the parents involved and returning them with the completed Working Alliance Inventory and data forms. All parties understood that their participation was

voluntary and the social workers and interpreters were assured that this data will not be used for other work related purposes and will be kept confidential.

CHAPTER 5: DATA ANALYSIS

Data was initially examined by running frequencies on all variables. All inappropriate responses and outliers were then examined and corrections made to data entry errors. Reversed items on the WAI were recoded and then total scores were computed. Frequencies were also run on several items by the type of case, and again, inappropriate responses and outliers were examined and corrections made to data entry errors.

Missing Data

Missing data on the Working Alliance Inventory was estimated using the average from the other items of that subscale. If there was more than one item missing from a subscale, that data was not used. Because names were listed on the data sheets, when there was missing data, the person on the data sheet (social worker or interpreter) was contacted to attempt to complete the missing portions.

There were a total of 11 parent inventories (5.5%), six social worker inventories (3.0%), and four interpreter inventories (4.2%) that were either missing or not sufficiently complete. One of the parent inventories was missing entirely, and the other ten with missing totals had more than two items missing from at least one subscale. Three of the missing parent inventories were missing a total because the parent neglected to complete the back side of the inventory. Three of the social worker inventories were missing the back side of the inventory and three were missing completely. Three of the interpreter inventories were missing the back side of the inventory and one was missing completely. The means of the four cases where the interpreter inventory was missing were higher than the total means (79.25 for parent inventories where interpreter data was missing versus

77.15 for others; 75.50 for social worker inventories where interpreter data was missing versus 74.13 for others). The means of the six cases where the social worker inventory was missing were similar to the total means for parent inventories (77.83 for parent inventories where social worker data was missing versus 77.42 for others) but lower than the total means for interpreter inventories (72.00 for interpreter inventories where social worker data was missing versus 79.67 for others based on two cases). The means of the eleven cases where the parent inventory was missing were also lower than the total means (73.45 for social worker inventories where parent data was missing versus 74.75 for others; 75.50 for interpreter inventories where parent data was missing versus 79.67 for others). This data may indicate that the missing data may represent cases with poorer perceived alliances when the parent inventory or the social worker inventory was missing and cases with higher perceived alliances when the interpreter data was missing. For this reason, analysis was also completed on the subscale scores. Table 2 shows means and standard deviations for all cases where one or no items were missing from the subscale so a legitimate score was able to be computed.

Table 2

Means and Standard Deviations for Subscale Scores on the Working Alliance Inventory

	Goal	Task	Bond
WAI - Parent	24.90	26.36	26.01
	SD = 4.04	SD = 2.90	SD = 2.97
	N = 191	N = 196	N = 196
WAI – Social Worker	24.66	25.03	25.06
	SD = 3.24	SD = 2.79	SD = 2.45
	N = 195	N = 198	N = 198
WAI - Interpreter	25.81	26.87	27.02
	SD = 3.19	SD = 1.63	SD = 1.59
	N = 91	N = 91	N = 94

Table 3 shows the means and standard deviations for the six cases where the total for the social worker's WAI was missing. Generally, these means are within one point of the previous means, with two exceptions. The interpreter goal subscale for the missing social worker WAI's is considerably lower than that for the totals and the interpreter bond subscale is somewhat higher.

Table 3

Means and Standard Deviations for Subscale Scores for Missing Social Worker WAI

Totals

	Goal	Task	Bond
WAI - Parent	24.33	26.67	26.83
	SD = 4.80	SD = 1.51	SD = 1.60
	N = 6	N = 6	N = 6
WAI – Social Worker		25.33	24.89
		SD = 2.67	SD = 2.78
		N = 3	N = 3
WAI - Interpreter	18.50	27.50	26.00
	SD = 4.95	SD = .71	SD = 0.00
	N = 2	N = 2	N = 2

Table 4 shows the means and standard deviations for the eleven cases where the total for the parent's WAI was missing. All cells show a lower mean for these cases.

Table 4

Means and Standard Deviations for Subscale Scores for Missing Parent WAI Totals

	Goal	Task	Bond
WAI - Parent	16.00	24.00	24.78
	SD = 0.00	SD = 5.78	SD = 2.54
	N = 1	N = 6	N = 6
WAI – Social Worker	24.18	24.55	24.73
	SD = 3.52	SD = 4.01	SD = 2.72
	N = 11	N = 11	N = 11
WAI - Interpreter	22.50	26.00	27.00
	SD = 5.00	SD = 1.41	SD = 1.41
	N = 4	N = 4	N = 4

Table 5 shows means and standard deviations for the four cases where the total for the interpreter's WAI was missing. In all cells, the cases with missing interpreter WAIs have higher subscale means except for the social worker goal subscale.

Table 5

Means and Standard Deviations for Subscale Scores for Missing Interpreter WAI Totals

	Goal	Task	Bond
WAI - Parent	25.25	27.00	27.00
	SD = 5.50	SD = 2.00	SD = 2.00
	N = 4	N = 4	N = 4
WAI – Social Worker	24.00	26.00	25.50
	SD = 2.16	SD = 2.71	SD = 1.73
	N = 4	N = 4	N = 4
WAI - Interpreter			28.00
			SD = 0
			N = 3

While the overall amount of missing data is relatively small, it does appear that it may represent a bias, with parental missing information perhaps representing parents who were less satisfied with the alliance and with missing interpreter information perhaps representing interpreters who perceived the alliance as stronger. Because the data overall represented very strong alliance, this latter is not seen as significant to this study. However, there remains concern about possible bias with regards to parents who were less satisfied with the alliance.

Data Analysis

To describe the data set obtained, a frequency table was completed. Table 6 shows frequencies for the entire data set for gender and ethnicity of parent as well as type

of evaluation being completed. Again, it should be noted that parents self-identified ethnicity. One Spanish-speaking parent did not identify themselves as Hispanic from the list of choices.

Table 6

Frequency Distributions (N = 201)

	Cases using an interpreter	Cases NOT using an interpreter	Cases using a bilingual social worker
Gender of parent			
Male	12 (12.6%)	6 (8.3%)	1 (2.9%)
Female	80 (84.2%)	66 (91.7%)	31 (91.2%)
Missing	3 (3.2%)	0 (0.0%)	2 (5.9%)
Ethnicity of parent			
Hispanic	94 (98.9%)	14 (19.4%)	34 (100.0%)
Non-hispanic	1 (1.1%)	58 (80.6%)	0 (0.0%)
Missing	0 (0.0%)	0 (0.0%)	0 (0.0%)
Type of Evaluation			
Initial	55 (57.9%)	40 (55.5%)	20 (58.8%)
Re-evaluation	38 (40.0%)	30 (41.7%)	13 (38.2%)
Missing	2 (2.1%)	2 (2.8%)	1 (3.0%)

After data collection had begun, the researcher noted that many of the cases coming in were marked “perfectly”, that is, each item in the Working Alliance Inventory was

marked as a “7” except for the reversed items, which were marked “1.” At two points, the instructions were changed as indicated previously to try to discourage this (see previous chapter for details). Even with these changes in instruction, many cases came back marked in this way. Of the total of 201 cases, 57 or 28.4% of the parents completed a “perfect” inventory, and 22 or 10.9% of the social workers did. Of the 95 cases completed with an interpreter, 41 or 43.2% of the interpreters completed a “perfect” inventory. In addition, numerous inventories were completed that did not show any indication that the respondent had read the inventory because the reversed items were marked in a similar way to other items. Because these inventories were suspect, any inventory that had a “6” or “7” marked on both reversed items and no other item below a “4” were removed from analysis. This removed 15 parent inventories, 9 social worker inventories from the analysis, and 3 interpreter inventories.

Prior to beginning analyses, the dependent variables were checked for normality. Of the three dependent variables only the social worker’s WAI had skewness and kurtosis measures that were between 1 and -1. At this point, the parental WAI and the interpreter WAI were reflected and inverted, which produced skewness and kurtosis measures that were within acceptable bounds. However, the Kolmogorov-Smirnov test show all three of these variables to be non-normal ($p < .05$). Because the researcher was primarily interested in how the use of interpreters affects the entire alliance and not just how they affect the alliance from a single point of view, the scores from the working alliances were added together to form a new scale. Two new dependent variables were created, one using just the parent and social worker WAIs for all cases, and one using all three WAIs for cases where an interpreter was used. By doing this, the second new dependent

variable of alliance met all the above tests for normality, but the one using just parent and social worker WAIs did not. This new variable was then reflected and the square root was taken. At this point, the new variable met the criteria for skewness and kurtosis but was still significant on the Kolmogorov-Smirnov test ($p = .023$). This was considered acceptable for exploratory purposes since the ANOVA is fairly robust for non-normality (Mertler & Vannatta, 2002). However, because it is unknown whether or not combining WAIs is a legitimate use, statistics will also be completed for the three separate WAIs as though they were normally distributed, but caution should be used in interpreting all these statistics.

In order to address the primary research question (Q1), a one-way analysis of variance (ANOVA) was conducted to evaluate the relationship between the three situations, “with an interpreter” and “without an interpreter” and “bilingual” on the alliance as measured by parents and social workers. A total of 162 cases were used in this analysis, with 73 cases representing the use of an interpreter, 60 cases representing an English case, and 29 representing cases where a bilingual social worker was used. The ANOVA was not significant, $F(2,159) = .736$, $p = .48$, partial eta squared = .01.

In order to fully test the question, a one-way multivariate analysis of variance (MANOVA) was then conducted to determine the effect of the three situations on the two dependent variables, parent perception of alliance and school social worker perception of alliance. No significant differences in alliance were found among the three situations, Wilks’s lambda = .98, $F(4,316) = .95$, $p = .44$. The partial eta squared was .01, indicating a very small effect, which affected the observed power of .21. A G*Power 3 analysis indicates that a sample size of 687 would be needed to have sufficient power for an effect

size this small (Faul et al., 2007). Means and standard deviations of the dependent variables are shown in Table 7.

Table 7

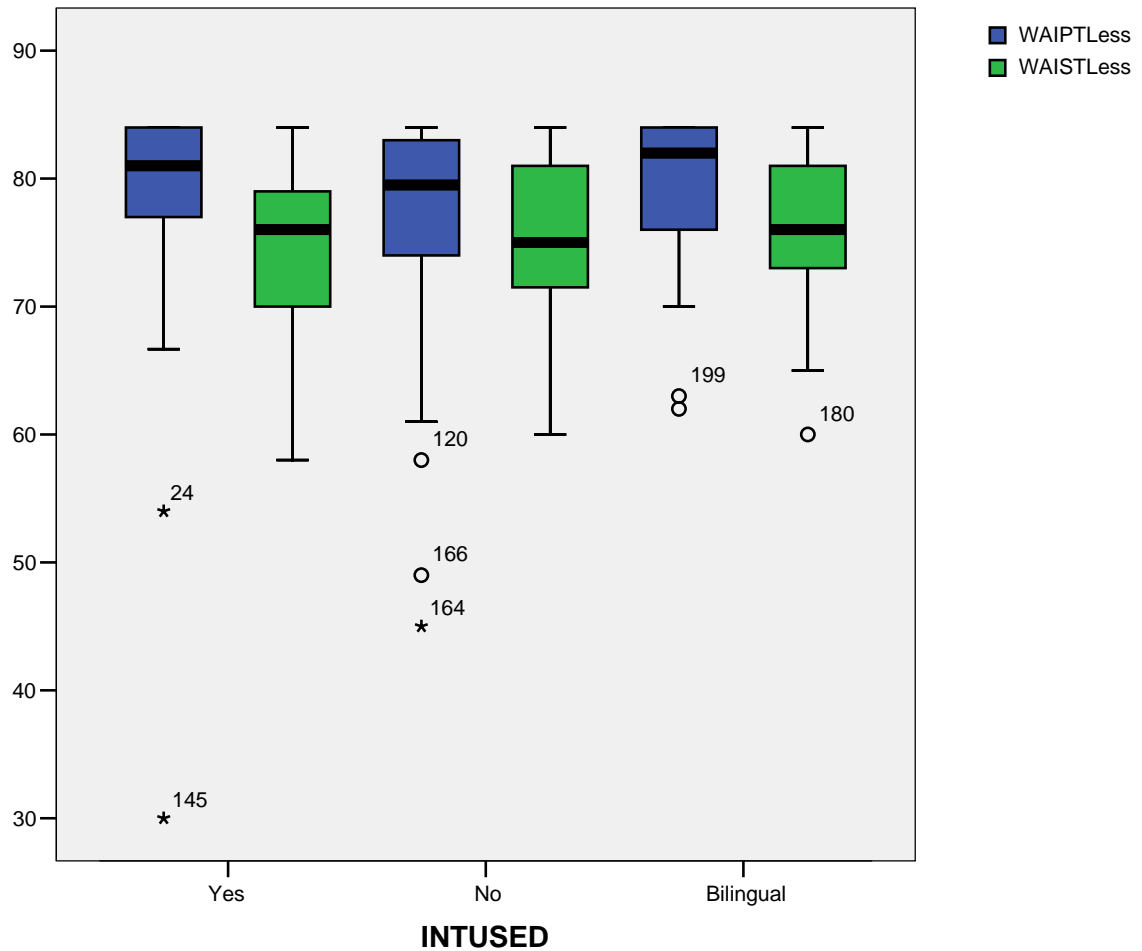
Means and Standard Deviations on the WAI for Both Groups

Type of Interview	Parent perception		School social worker	
	of alliance		perception of alliance	
	M	SD	M	SD
With an interpreter	78.71	8.17	74.62	6.33
Without an interpreter	77.00	8.42	75.53	6.50
With a bilingual social worker	79.30	6.13	76.21	6.19

Figure 1 shows the box plots of the data. As can be seen, there is greater difference between social worker (WAISTLess) and parent perception (WAIPTLess) overall than there is between cases where an interpreter was used or not.

Figure 1

Box Plot of WAI Scores



At this point, the cases that did not use an interpreter were set aside. There were a total of 95 cases that used an interpreter, but there were three cases where the interpreter's identity could not be determined. Using the set of cases where an interpreter was known, the frequencies for this set are described in Table 8.

Table 8

Frequency Distribution (N = 92)

	Frequency
Gender match	
Matches	68 (73.9%)
Did not match	24 (26.1%)
Country of origin match	
Matches	30 (32.6%)
Did not match	62 (67.4%)
Native Speaker status of interpreter	
Native Spanish Speaker	87 (94.6%)
Not a native Spanish speaker	5 (5.4%)
Level of Education of Interpreter	
High school or less	4 (4.35%)
Some college	50 (54.35%)
Bachelor's degree or higher	38 (41.30%)
Use of pre-session with interpreter	
Used a pre-session	25 (27.2%)
Did not use a pre-session	67 (72.8%)

In addition, descriptive statistics are reported for this data set in Table 9.

Table 9

Descriptive Statistics

	N	Mean	Standard Deviation
English ability of parent (Scale from 0 to 5)	90	1.37	1.10
Number of years parent has been in U.S.	88	12.94	6.73
Parent's perception of interpreter skill (7 point scale)	89	6.88	.67
Social Worker's perception of interpreter skill (7 point scale)	91	6.55	.73

Correlation coefficients were computed for the perceptions of alliance of the social worker, parent, and interpreter for all cases where an interpreter was used to address Q2. The results of the correlation analyses are displayed in Table 10. Using the Bonferroni approach to control for Type I error across the three correlations, a p value of less than .017 ($.05/3 = .017$) was required for significance. The only correlation that was significant was between parent and interpreter Working Alliance Inventories. Across the board, these correlations were much lower than the hypothesized correlation of .4, which was obtained through the literature. Perhaps most interestingly, there was almost no correlation between social worker perceptions of alliance and parental perceptions.

Table 10

Correlations among Working Alliance Inventories

	WAI - Parent	WAI – Social Worker	WAI - Interpreter
WAI - Parent	1.00		
	N = 78		
WAI – Social Worker	.04	1.00	
	N = 73	N = 88	
WAI - Interpreter	.28*	.25	1.00
	N = 74	N = 82	N = 88
$p < .017$			

Correlation coefficients were computed between perception of language competency by the social worker and parent, and educational attainment of the interpreter to address Q4. The results of this correlation analysis are shown in Table 11. Again, the Bonferroni approach was used to control for Type I error across the three correlations, with a p value of less than .017 ($.05/3 = .017$) required for significance. None of the correlations were significant, but it is interesting to note that the correlations of perception of skill for both parents and social workers were negatively correlated with educational achievement of interpreters.

Table 11

Correlations among Language Competency, Perceptions, and Education

	Perception of Skill - Parent	Perception of Skill – Social Worker	Educational Attainment
Perception of	1.00		
Skill – Parent	N = 89		
Perception of Skill –	.11	1.00	
Social Worker	N = 86	N = 91	
Educational	-.15	-.23	1.00
Attainment	N = 86	N = 89	N = 92

Of the eleven variables originally outlined in the third question (Q3), only eight proved to be usable in a multiple regression. Two of the dichotomous variables, the native speaker status and the lay or professional interpreter, did not have sufficient cases in both cells to run any analysis with any validity (3 and 4 cases respectively). The variable of seating arrangement could not be dichotomized with any meaning, so this variable is treated separately below. In addition, the variable of the social worker's previous knowledge of the parent was added as a result of focus group input (see Chapter 6).

Assumptions for multiple regression were then examined for the nine remaining variables. The two variables regarding perception of interpreter skill of the social worker and knowledge of the parent were both found to be non-normal on both kurtosis and skewness. The first variable was transformed using a reflect and inverse procedure and

the second one was transformed using a reflect and square root procedure (Mertler & Vannatta, 2002), which produced acceptable measures of skewness, but did not improve their measures of kurtosis. An examination of outliers using Mahalanobis Distance's revealed one multivariate outlier, which was removed for the purposes of the following analyses. Examination of scatterplots for standardized residuals indicated no significant issues with normality, linearity, or heteroscedasticity for the combination of WAIs nor for the social worker WAI. As indicated in previous analyses, the assumption of normality should be questioned for both the parent WAIs and the interpreter WAIs.

Correlations were completed between the total of all WAIs, individual WAIs, and each of the non-nominal variables. These correlations are found in Table 12. Note that the correlations are all very low, with the exception of interpreter skill as perceived by the parent, which correlates very highly with the parental WAI, and then also with the total of the WAIs.

Table 12

Correlations between independent and dependent variables

	WAI - Parent	WAI – Social Worker	WAI - Interpreter	WAI - Total
Length of time living in the US	-.07	-.01	.04	-.07
English ability of parent	-.06	-.01	.06	-.04
Interpreter's educational level	-.11	-.15	-.05	-.17
Social worker's previous knowledge of parent	.03	-.10	-.09	-.13
Interpreter skill - parent	.76*	.01	.18	.58*
Interpreter skill – social worker	.00	.18	-.12	.04

* $p < .0005$

As could be predicted on the basis of these correlations, multiple regression analyses, while attempted, did not produce anything of further interest.

Results for the categorical variables can be seen graphically in the following figures. Figure 2 illustrates that the distributions for situations where the interpreter and the parent matched on gender were not very different than those where the interpreter and the parent differed on gender. Please note that the gender differed on only 16 cases.

Figure 2

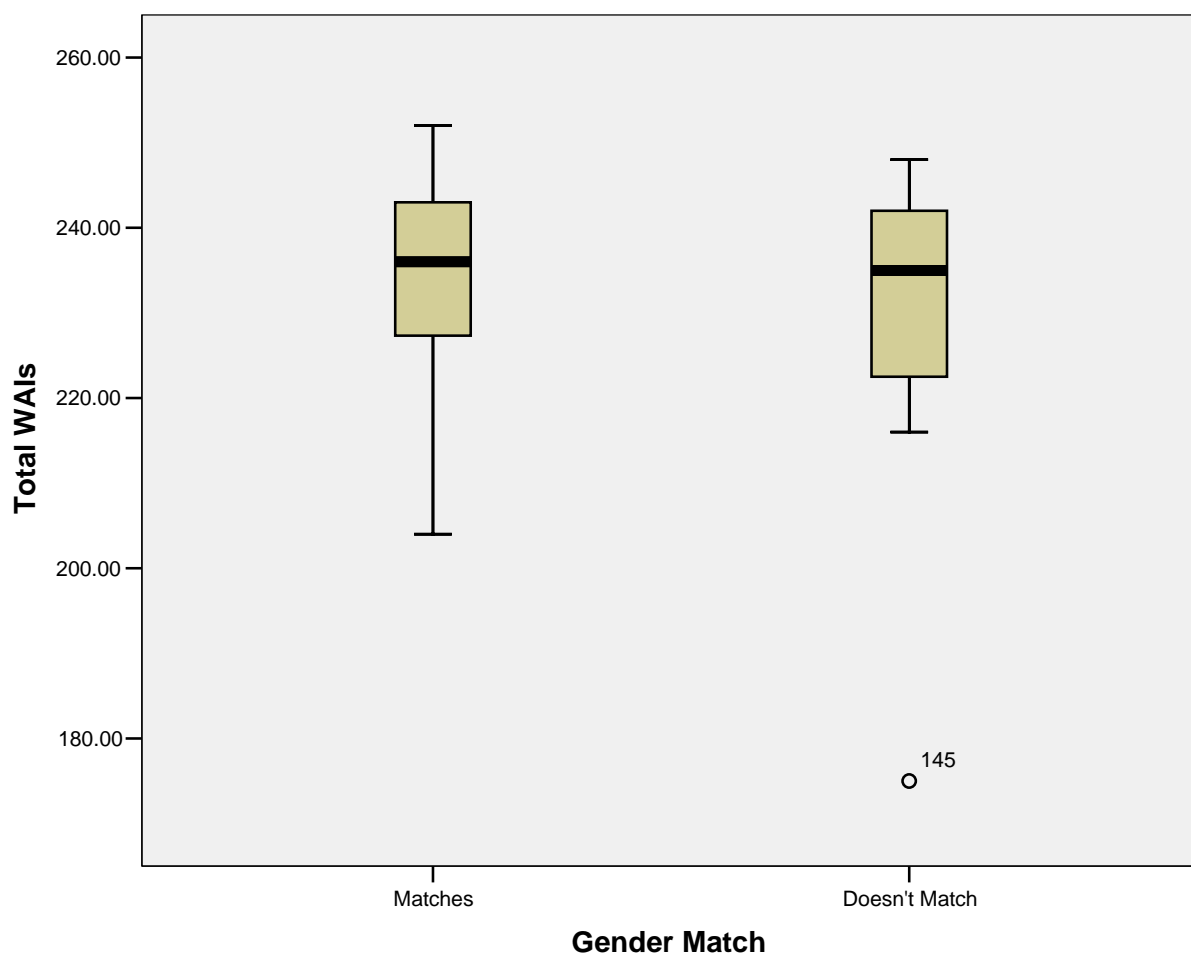
Impact of Gender Match on Alliance

Figure 3 illustrates some difference in distribution in situations where the parent and interpreter matched on country of origin and those where they differed, indicating that this variable may be of potential interest in further explorations.

Figure 3

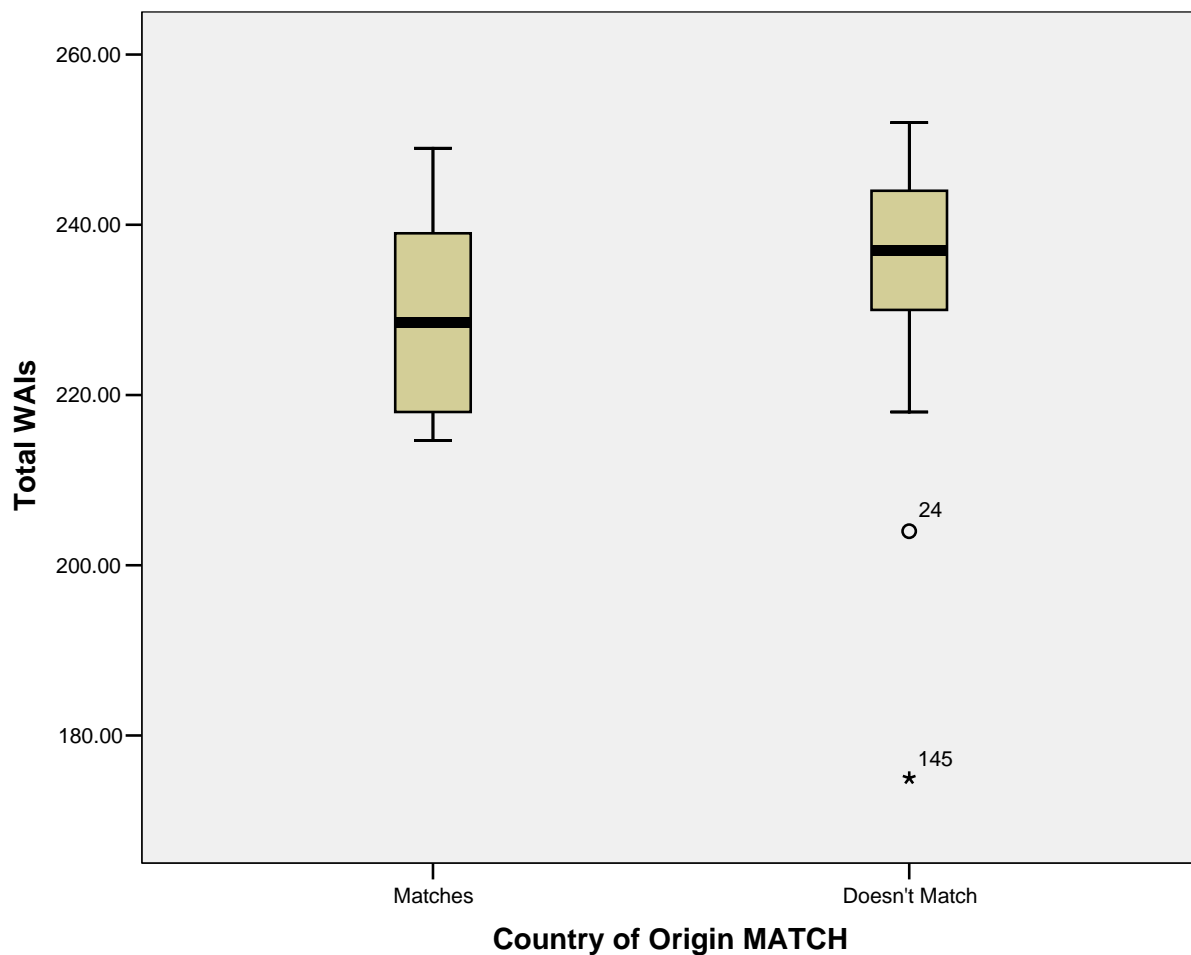
Impact of Country of Origin Match on Alliance

Figure 4 illustrates the various distributions of alliance dependent upon the seating arrangements. Given that the sample size for any one of these arrangements is quite small, great caution should be used in interpreting results, but the variability does indicate that this may also be a variable of interest for further exploration.

Figure 4

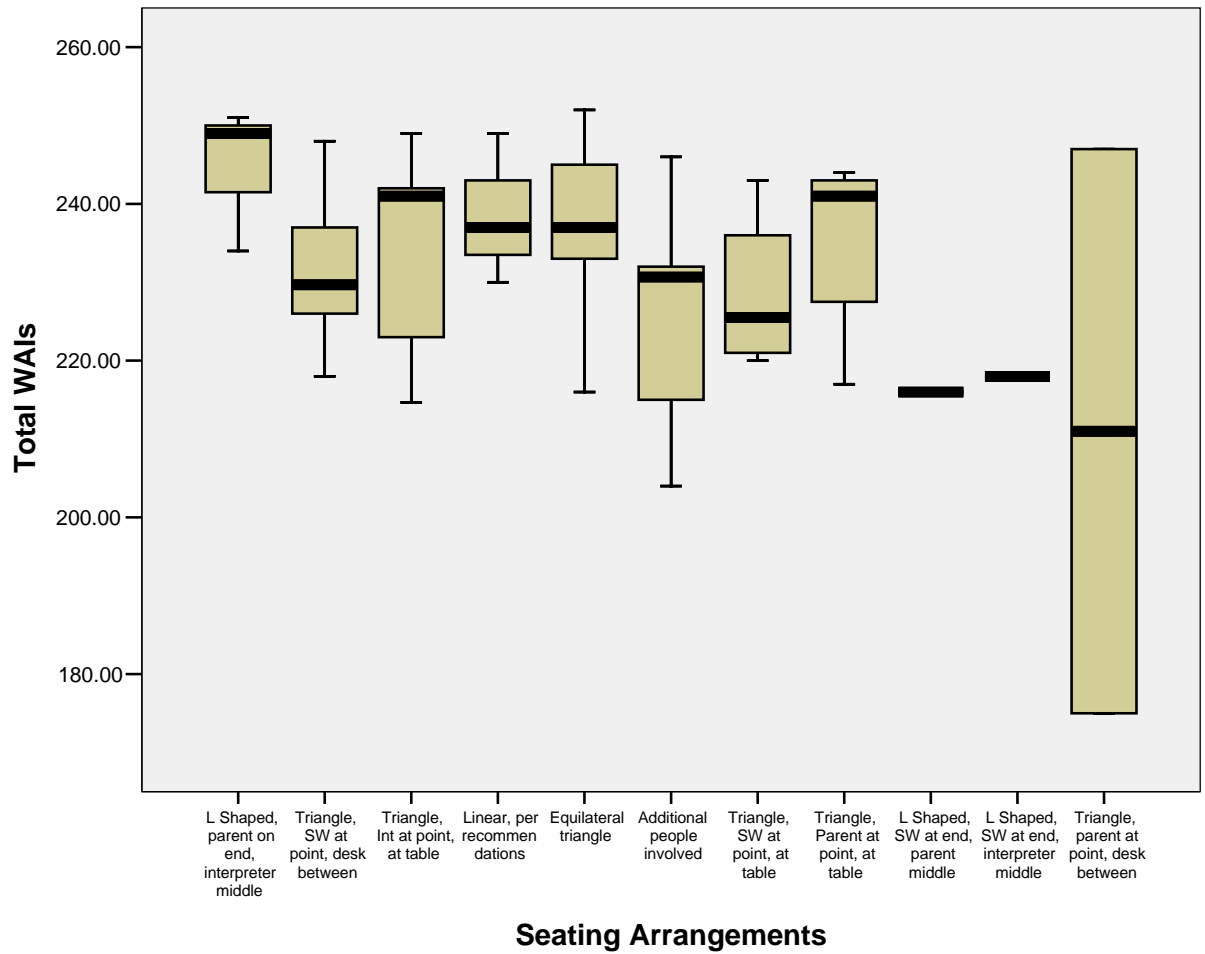
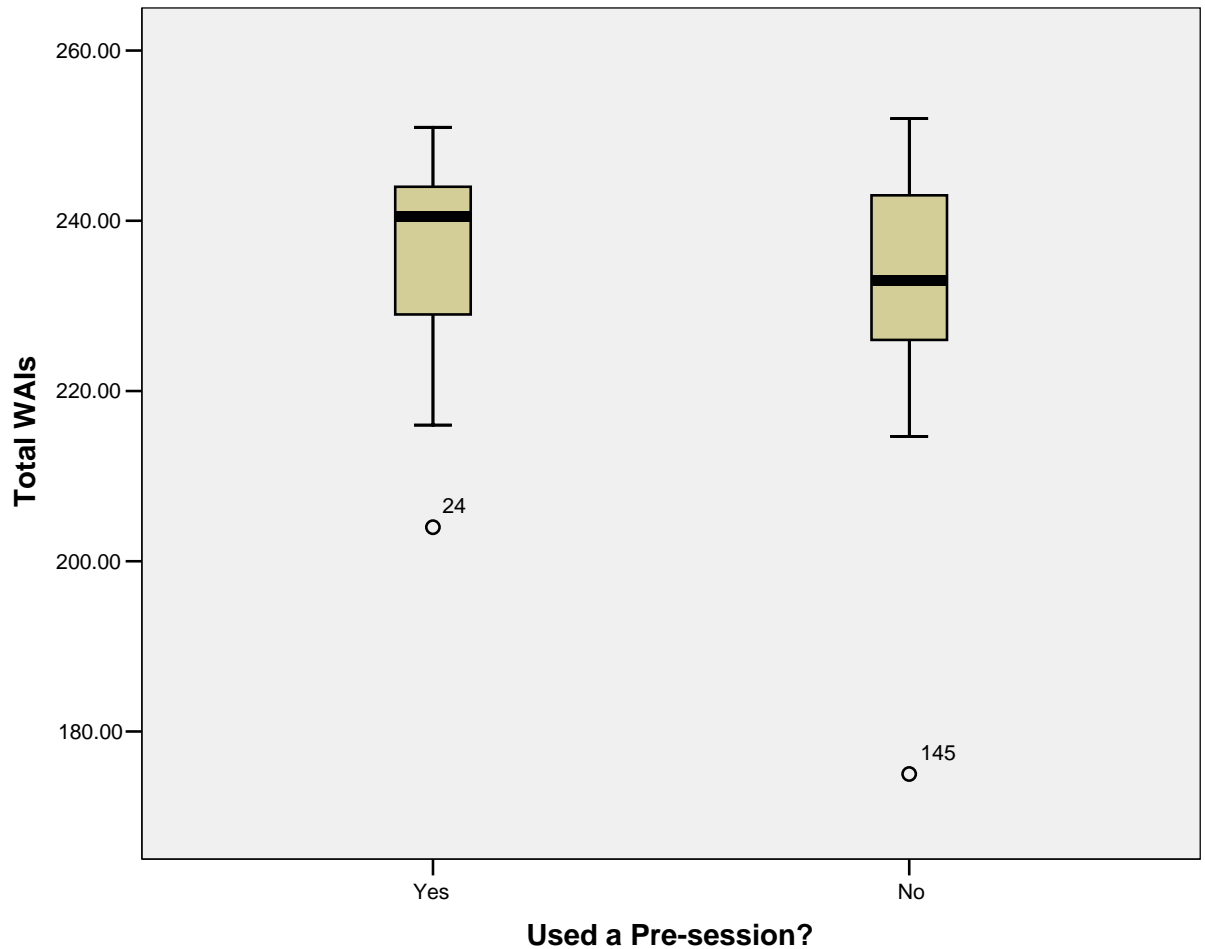
Impact of Seating Arrangements on Alliance

Figure 5 illustrates the differences in distributions when a pre-session was conducted between the social worker and the interpreter and when it was not. While the ranges appear similar, the box plot does indicate that the mean score on the WAI inventory was higher when a pre-session was conducted. Again, this indicates that this variable could be of interest in future studies.

Figure 5

Impact of Use of a Pre-session on Alliance



Limitations

The research design for this study could be described as a static group comparison study, which is one of Campbell and Stanley's three pre-experimental designs (Campbell & Stanley, 1963). The static groups being compared are those that use interpreters and those that do not. Campbell and Stanley (1963) state that the threats to internal validity that are present in this design are selection, mortality, the interaction of selection and mortality, and possibly maturation. Selection was an issue here due to the fact that the

vast majority of interpreters used were ones that had been specifically hired for this purpose and trained. Selection may also have been an issue due to the fact that only a portion of social workers in this district took part in the study. It is unknown in what ways they differ from the social workers that did not take part. Selection may also have taken place with regards to which cases were included in the study. This question was addressed in the focus groups that follow. Maturation might also be an issue if by using and completing the WAI, social workers became more attuned to these issues in later interviews. In fact, two social workers submitted a total of 44 cases, or 21.9% of the total cases. Seventeen social workers (53.1% of the total number of social workers participating) contributed five or fewer cases, for a total of 50 cases (24.9% of the total cases). Mortality could have been an issue if different numbers of persons drop out of the different groups. The methods of dealing with missing data allowed this issue to be analyzed and potential biases were reported previously.

Perhaps the greatest concern in this study was the high number of WAIs with high scores. This could perhaps be a result of social desirability, or a result of social workers not including cases that were more difficult, both of which are explored in the focus groups. Parents may be concerned about being critical of persons who they must rely upon to access services for their children. Again, by using a comparison group of parents who did not use an interpreter, the effects of social desirability by culture should have been minimized when groups were compared. Because of social desirability, the overall measure of alliance may be inflated. Again, this is an issue that was explored in the focus groups. Another possible explanation is that the WAI itself was not refined enough to detect the subtle differences in the alliance. Again, the validity of the WAI has been

examined previously in different settings as described in Chapter III and is also discussed in the focus groups that follow. An alternative explanation for the lack of variance is that there is, in fact, little variance in how well the alliance is developed over the course of a school social history. The alliance that is developed in the school setting for the purpose of social histories has not been studied previously.

The lack of variance obviously affected statistical analysis. There were few differences in WAIs across the board. The a priori power assumption was that there would be a medium effect. This assumption was based partly on the understanding that, from a programmatic point of view, small differences in the alliance would not be a call to change how business was conducted. If there was at least a medium effect, school systems would be more likely to consider their model of service delivery. In addition, the practice wisdom literature indicated that alliance was obviously more difficult to establish with an interpreter, leading to the assumption that if it was so obvious, it must be at least a medium effect. Had the hypothesized medium effect been achieved, the sample size would have been sufficient to achieve statistical significance for Q1.

The lack of variance also affected this study's ability to examine the factors that impact the alliance when an interpreter was used. The a priori power analysis indicated that the sample size would most likely be insufficient to run full multiple regression analyses on the large number of variables of interest, again assuming a medium effect. The G*Power analysis showed that a sample size of at least 131 cases with an interpreter would be needed (Faul, Erdfelder, & Buchner, 2007). The small sample combined with the small variance led to no credible findings in this important area.

There are also some threats to how widely this study can be generalized. This study only examines interpreters using the Spanish language. It is unknown if development of working alliance may be different for other linguistic groups. In addition, this study examines working alliance at a single session. Working alliance with interpreters may be very different in situations where there are multiple sessions. The purpose of the interview is specific to a school setting. Working alliance would likely be different in other settings, as the school social worker may or may not be well known to the parents prior to the social history interview. Other issues of generalizability were discussed in the focus groups that follow.

CHAPTER 6: FOCUS GROUPS

As noted in the previous chapter, unexpectedly high means were obtained for the Working Alliance Inventory. In addition, a relatively high number of inventories were given “perfect” scores (28.4% of parents, 10.9% of social workers, and 43.2% of interpreters) and numerous inventories were marked in such a way that it was obvious that the participant had not read the reversed items (an additional 7.5% of parents, 4.4% of social workers, and 3.2% of interpreters). Because of these unexpected results, the validity of the Working Alliance Inventory for this application was called into question. To address the concerns about validity, focus groups were conducted.

Rationale

Focus groups are a supplementary methodology that is commonly used to assist in interpreting results from a quantitative study (Barbour, 2007; Litoselliti, 2003; Morgan, 1996; Stewart & Shamdasani, 1990). A focus group can be defined as “a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, nonthreatening environment” (Krueger, 1994, p.6). An advantage in using focus groups in the present situation is that the focus groups allow for ideas to be suggested by a single participant and then the extent of consensus can be somewhat assessed by the response of the group to the suggestion. Another advantage was that the data could be collected quickly, with a minimum of additional interruption to the participants’ lives. A third advantage was that the group process and addition of food allowed the process of participating in this additional research to be a pleasurable and culminating experience for those that had been participating in this research for three years.

Methodology

The focus groups were held with social workers that had submitted cases for the study. Parents that had participated in the study were not available, since the researcher had systematically avoided getting their names and had assured the parents of anonymity. While interpreters' names were known, the majority of the interpreters that participated work on contract, and no funds were available to pay them for their participation. All social workers that had submitted at least one case to the study were invited to participate in a focus group during the last week of the school year. This time was selected because it was believed that there would be no additional data being collected during this week for the primary part of this study, and that social workers would most likely have additional discretionary time during this last week of school. Social workers were asked about their availability to participate in focus groups and their responses were used to select times to conduct the groups. A total of 25 social workers actually participated out of the 32 that had submitted cases. The social workers that attended represented 86.7% of the submitted cases. Only one of the bilingual social workers was not able to attend a focus group.

Focus groups ranged in attendance from 4 to 8 participants. Most sources indicate that a group of from four to twelve participants is acceptable (Barbour, 2007; Bruseberg & McDonagh, 2003; Einsiedel, Brown, & Ross, 1996; Krueger, 1994; Litoselliti, 2003). Literature also notes that a total of four groups generally provides sufficient saturation (Einsiedel et al., 1996; Krueger, 1994; Litoselliti, 2003; Morgan, 1996). A total of four groups were held over the four day period since this would provide the possibility of four groups of eight participants each. Of the four groups, two were

held over the lunch hour, one first thing of the day, and one at the end of the day. Once the times were set for the focus groups, participants could choose the time that best suited them until that particular group was full. Two of the sessions filled, and one of them had a waiting list of three people. Information sheets regarding the purpose of the focus groups and human subjects' protections were emailed to all participants and were also provided at the focus groups. Meals were provided during the lunch hour and first thing in the morning, and snacks were provided at the end of the day session. The availability of food was included in the information about the session to increase the likelihood of participation (Krueger, 1994). All sessions were tape recorded. Sessions were held in a centrally located church fellowship hall. This allowed the groups to take place away from the schools, where they may have felt more inhibited and where interruptions could happen. The church fellowship hall allowed for appropriate facilities (parking, kitchen, electronic equipment, etc.) in a neutral setting, where the participants could sit around a round table (Einsiedel et al., 1996; Krueger, 1994).

Social workers who had indicated a strong willingness to help, but that had not contributed cases were asked to be moderators for the sessions. One of these social workers was bilingual. These social workers were selected as they already had good training in group work (Krueger, 1994; Stewart & Shamdasani, 1990) and would be considered peers to the other social workers. The role of the moderator was to ask questions and control the discussion (Morgan, 1996). Each moderator was given a "Cheat Sheet" with instructions for conducting the group (see Appendix I). In addition, the researcher reviewed the instructions and asked if there were any questions prior to

starting the groups. The researcher left at this time to avoid bias in the groups (Einsiedel et al., 1996).

The sessions began with the participants gathering and getting food. Generally, the social workers were already acquainted with one another, although occasionally a social worker introduced herself to another social worker. While social workers in this district do not always recognize one another by sight, they generally do know one another by name. Once all participants had arrived and settled, the researcher explained the agenda and ground rules and then showed a Powerpoint detailing the ranges and means on each of the questions of the Working Alliance Inventory that social workers had completed through March 2010. The results were for the data set as a whole, representing all three types of cases. After answering any questions about these results, the researcher left the room. The moderator then took over. The guiding questions were available on Powerpoint, and the moderator also had a written copy of them. The guiding questions are found in the Moderator Cheat Sheet in Appendix I. An hour and a half was allowed for each group, although most groups ended somewhat before then.

Data Analysis

The researcher used two tape recordings to assist in the transcription of each of the four focus groups. Transcripts with identifying information redacted are located in Appendices K, L, M, and N. La Pelle's methodology of using Microsoft Word for qualitative data analysis was used (2004). This involved first putting the text into table format. The tables initially contained four columns: participant name, theme code, moderator question/participant response, and sequence number. Next, a theme codebook was developed, as is shown in Appendix J. Using Barbour's recommendations, a

provisional coding frame was developed using a “‘pragmatic version’ of ‘grounded theory’” (2007, p.115). *A priori* codes were used based on the initial questions posed, but additional *in vivo* codes were also developed based on other areas that the focus group participants brought up. Constant comparison was used in examining responses across groups and questions. La Pelle’s third step was to add columns and codes to capture face-sheet data. Specifically, one column was added showing if the speaker was a bilingual social worker or a monolingual social worker and another was added to show speaker gender. The fourth step involved coding the text with one or more theme codes. Since the formatting used would only allow one code, if a second code was needed, the text was copied, keeping the same sequence code but using a suffix on it. The table was sorted and examined to validate coding and make corrections. Finally, the table was examined to discover patterns.

Findings

Strong Alliance from Social Work Perspective

The primary question for the focus groups was to determine why the means were so high for the Working Alliance Inventories. The social workers in the focus groups generally felt that the high means accurately reflected that they were able to form a strong alliance with parents. One participant stated that

One of the things that I think it says is that we as school social workers in USD #259 really work hard to connect with our parents regardless of whether there is the use of an interpreter or not. We really want parents to understand what’s going on, we want to understand what they’re wanting and, I think that’s one of the reasons for the high numbers (FG3:LN7-11).

Social workers mentioned that they valued to amount of time they could spend with parents on the social history and felt that the social history was an opportunity to develop an alliance with a parent that they may not otherwise have. On the other hand, several participants mentioned that it was much easier to form the alliance when they had had numerous previous contacts with the parents in the past for other purposes. They noted that their responses on the Working Alliance Inventory reflected all the contacts that they had had with the parent, and were not simply the result of the alliance that had been formed during the social history interview. On the other hand, one social worker also mentioned that the alliance may appear very high at the time of the social history interview, but that this alliance may not hold throughout the special education process.

I think sometimes with just the social worker and the parent, you seem to have some agreement, but that then when you bring in the whole team, that there might be different information shared or points of view that maybe the parent's not understanding or not agreeing to, so sometimes it's not a contradiction, but the social worker and the parent during that time of the social history may seem to be on the same page, but later down in the process it, with just more information, sometimes it's harder for parents to put it all together (FG4:LN67-73).

One social worker spoke up and stated that she felt that the results of this study do not reflect her experience of the alliance being much more difficult to form when she used an interpreter. She stated:

One of the things that, maybe it's my own feeling, but, even though I . . . work really hard to connect with my parents regardless of what cultural, socioeconomic

background they come from, when I'm having to go through an interpreter . . . that language barrier makes me feel that the connection is not as great as it is when I'm able to communicate in the same language that the parent has, and according to the results, that does not reflect. . . the fact that that's the way I'm feeling (FG3:LN30-36).

Another social worker stated that she felt that the alliance was actually formed with the interpreter, rather than the social worker. She stated:

I think that often the bond is between the interpreter and not with me. I look at the parent, I say what I want, and the parent turns to the interpreter and makes eye contact with the interpreter and answers the question, as though the question were for the interpreter. And that made me feel like the bond between us wasn't nearly as strong as perhaps the bond between the parent and the interpreter (FG1:LN152-156).

Social Workers' Perceptions of Reasons for High WAI Scores from Parents

The social workers also felt that this desire for a strong alliance was echoed in the parents. "I think also, in addition to us wanting a strong connection, our parents want a strong connection with us, and we value that, and we see that in them" (FG3:LN16-17). Another social worker stated it this way: "these parents, practically every one that I dealt with, felt like the kids were getting what they needed in their education, so if the results were positive, like I assume they might be, that might be what it reflected" (FG2:LN 14-16). Yet another worker stated:

I found when I worked with my particular families that they were very appreciative because, first of all, I was sharing information with them and

providing them with information whereby hopefully it was going to make their child more successful in the educational setting and they wanted that and so because of that and whether it was a good selling part on the social workers' end of it, if you provide the information so that the parent can feel like they have a say and can buy in to what you as the social worker and representing your Child Study Team or staff at your school is trying to promote and do to help this student then I think those questions are going to be answered on basically the top end of the scale. I know they were for me (FG1:LN86-94).

On the other hand, social workers also felt that it was possible that parents rated the alliance higher due to cultural differences. Note that this would apply only to cases that involved Hispanic parents.

Well, I just want to make this observation, that in my work with some of the Hispanic families, and especially the women, and it's just my observation, but I do feel like the Hispanic families put us on a pedestal in the education field. There is a lot of respect, and they want us to work with their children. But I do sense that with the women that I did the social history with, there is a lot of passivity and that that is kind of a cultural thing and maybe I'm wrong, but they don't, they wouldn't speak against us, even if they felt that because they have a lot of respect for us (FG1:LN47-53).

Another social worker questioned "And again, just the culture being very private, do they share everything?" (FG4:LN82). Another social worker also wondered if parents could

feel totally open when responding to the Working Alliance Inventory: “I also wonder even though they knew I wouldn’t see the results, I wonder how much of some of the positive responses might not be due to wanting to make me as a professional feel good or having, not wanting to be negative (FG3:LN196-198)”.

Social workers also noted that having an interpreter or a bilingual social worker available for the social history may actually improve the alliance because of parent’s appreciation for the service. One social worker stated that the parents “really appreciated everything we could do for them, and really appreciated having that interpreter there. I think it really made them feel more comfortable” (FG2:LN29-31). Another social worker pointed out that “I wanted to add another thing in terms of, there’s nothing like when you are in a foreign country that is not of your original origin. There’s nothing like hearing your native tongue spoken. That does so much to create an initial connection. It’s really hard to understand, I think, unless you have been to another country” (FG3:LN224-227).

School social workers were very clear that this particular setting is most likely different from counseling settings, so it is very important not to generalize these findings to a counseling situation. One stated that

I know when I’m doing therapy I would not feel comfortable and I wouldn’t feel very positive about using an interpreter all the time, but the social history is primarily, and I think it’s seen as by both parties, primarily as an information gathering, so it doesn’t have, there may be ultimately emotional components to it, there may be some mental health things that come up, but it’s not as much providing empathic responses and trying to re-frame things like I would do in a therapeutic setting where I’m trying to use a lot of language to re-frame, to put the

right spin on things, so I can see why it might be with a social history a more optimum time to use an interpreter than like trying to actually do therapy” (FG1:LN19-28).

Other issues that social workers thought might pose a threat to the validity of the parental responses include exhaustion and issues of literacy. Note that both of these threats were mentioned only in cases where an interpreter was used. Social workers noted that social histories with an interpreter took significantly longer than social histories with no interpreter. One social worker described the exhaustion that took place and how it may have affected parental responses:

I don’t really question any [results], but I do know in the couple that I did, since it did take so long for us just to go through the social history information and then having to take the time to do the survey, I felt like maybe they were rushing a little because they were tired by then and it’s like, we both were tired, and, OK, here’s one more thing I need you to do. So I thought there could have maybe been some people rushing just to get it done because we’re tired by now (FG2:LN73-78).

They were also concerned that sometimes the parents weren’t literate, and the social worker would not necessarily be aware of this. One social worker talked about how this was a struggle for her:

I also question how well my parents understood the questions because some of their reading levels. They really struggled with understanding and I couldn’t help them, and I wasn’t there so I don’t know. I mean, I could explain to them . . . what

the instructions were, but I don't know if they really understood the questions. I really don't (FG2:LN79-82).

Selectivity Bias

Social workers generally did not recognize any selection bias on their part. One social worker stated that

I didn't feel like I selected one case over another, I just any time I had an evaluation where we were going to use an interpreter, I just automatically, you know, would use this process because I knew it was needed, so I really didn't have a selective or selection basis, I basically just, as they came, I just used them so that she could have it available for her research data, so I really didn't do any screening (FG1:LN135-139).

However, a number of social workers recognized that, by definition, cases where an interpreter was used were different from the cases that they typically did. Several social workers mentioned that they frequently forgot to do an English matching case and therefore did not do it immediately following the Spanish case. Issues of exceptionality were mentioned, and one social worker specifically wondered if cases where a significant emotional disturbance was suspected might be different. Most social workers indicated that the cases they typically had were suspected learning disability, speech, or gifted. One social worker specifically discussed the issue of having additional small children present for the interview as being a case he would likely not have included in the study due to their impatience.

One moderator did recognize that not all of the social workers in the district participated and felt that this might represent a type of bias. She stated

You know, I thought it really spoke to the social workers that participated that we could say that the social workers that participated in this program were viewed positively. We don't know about the ones that didn't participate. I would hope that it would generalize to all of us, that there's some kind of uniformity at least that we're conveying a social work relationship through the interpreter, but I think we have to remember that . . . we're looking at the one's who participated and there are some that didn't so, you know. If we had 100% representation . . . would that have altered the results? I hope not (FG2:LN276-283).

Opinions of the Working Alliance Inventory

Generally, social workers participating in the study felt that the Working Alliance Inventory was good at measuring the alliance and was easy to use. One social worker stated "I thought it was a really well designed inventory tool. It covered things very thoroughly and it kind of asked things in different ways to bring out different responses or have the opportunity to do so" (FG2:LN145-147). However, some social workers found that having some items reversed was confusing, some found the number of options on the scale to be difficult, and some found a specific question difficult to answer (but there was no consensus on a specific question). In addition, a number of social workers admitted that they felt that they had to guess at several items. One social worker, in responding to other conversation on this topic, stated "Yeah, I agree with you, both of you on that issue because we have to guess if you're talking to a parent that you have never had any contact with that parent and you're asking them to fill out that form, you're just guessing that the person may like you, may not, but you'll never know. You're just guessing" (FG1:244-247).

Additional Topics

Social workers also discussed other issues related to the use of interpreters. Some social workers felt that the alliance was improved greatly when the same interpreter was used and wondered about the feasibility of having specific interpreters assigned to them. They also discussed the burden that the district places on bilingual staff members, including social workers, without additional compensation. They wondered about how the school district could support social workers who wanted to learn Spanish and even provide incentives to encourage social workers to learn the language. Several told stories of difficulties with interpreters, such as an interpreter failing to show, falling asleep, or failing to interpret all that was said. However, these stories were viewed as isolated incidents; social workers overall spoke very positively about their interpreters. In fact, one social worker specifically noted how the quality of interpreter had greatly improved over the last several years and attributed this to their additional training.

Social workers also discussed their fidelity to the instructions given for administering the inventories to parents, feeling that their fidelity to the process assisted in helping the parents feel confident that their responses were confidential, but at the same time wondering if the parents actually believed that their responses were confidential.

Importance of this Study

Social workers felt that the study was important to them in a number of ways. Some were looking forward to seeing the full results to find out what parents thought of them and what interpreters, who were seen as impartial observers, might think of them. Others were looking forward to having more direction about such professional practice

decisions as seating arrangements. Some social workers mentioned that the results felt very encouraging to them. One social worker summarized her feelings in this way:

I think that it confirms what I hoped for myself and for other social workers that even though there's an interpreter and someone the communication is going through in my case, that my good intentions and my representation of the school as wanting what's best for the child and making our best recommendation that that comes across because I really, it's important to me that the parents know that I want what's best for their child, and that they trust in my professionalism, so it's very affirming to know that that is even happening in a case with an interpreter (FG2:251-257).

One bilingual social worker, after reviewing the partial results, summed up her response to the apparent findings in this way:

I'm just so impressed with my social worker colleagues and all the commitment they have to go [to the trouble of using interpreters], and it also just encourages me that no matter what building our parents walk into . . . they're going to have a friendly, warm social worker face, and I think that's one of the encouraging things out of this research . . . is that whether they have an interpreter or not, it's that social work therapeutic alliance that stands out so strong and that we can even do that above and beyond a barrier like language (FG2:376-383).

Limitations

There are some clear limitations to the finding of these focus groups. Clearly, only one point of view was examined, which was unfortunate. In addition, all social workers involved were known to the researcher and had prior relationships with her.

CHAPTER 7: DISCUSSION, IMPLICATIONS, AND CONCLUSIONS

Discussion

There were a number of research related issues during this study, which pose important caveats for any discussion of the findings of the study. First and foremost is the issue of the dependent variables being so highly skewed. Almost all parents, social workers, and interpreters in this study indicated a strong working alliance in almost every case. Discussion at the focus groups indicated that the social workers indeed felt that they are generally able to achieve a good working alliance with most of the parents that they contact for a social history. Due to time constraints and/or exhaustion, all those involved in these sessions may have had a tendency to indicate just an overall impression that things went well, rather than taking the time and energy to tease out the nuances involved in the working alliance. In addition, all the stakeholders who participated in this research may have had strong reasons for wanting to indicate that the alliance was strong. Parents do not want to have anything come in the way of their children getting needed services, and interpreters and social workers want to demonstrate that they do high quality work. Missing data analysis also indicated the possibility that parents who did not feel so positive about the alliance may not have fully completed the inventory.

Another theory as to why the working alliance was so highly skewed has to do with when the working alliance inventory was administered. One of the primary purposes of the social history is to get the family to join with the school in the process of evaluating their child to determine if their child is disabled. The social history is the parent's opportunity to be heard and to inform the process. It is then not surprising that parents do feel good at the end of that history, assuming the social worker has done their

job in hearing the parent. However, having a strong alliance at the time of the social history, which is generally at the beginning of the process, is not necessarily indicative of a continued strong alliance. The researcher's assumption that the initial session would have the weakest alliance may be invalid. In fact, the first session may be when the alliance is at its strongest because the parent feels that they are being heard and something is being done to help their child.

The primary question for this research is whether or not using an interpreter makes a difference in the working alliance. While the sample size for this study was insufficient and there are issues relating to the skewness of the data, the results do lend credibility to the finding in the medical arena that professional interpreters can bring the quality of care up to the level of care when no language barrier exists (Karliner et al., 2007). While the use of an interpreter may feel more difficult for the social worker and the social worker may notice the changes in the alliance and experience frustration with the process, in this study, parents, social workers, and interpreters indicated that they had a satisfactory alliance in nearly all cases. This is true in spite of the finding that the perceptions of working alliance of social worker, parent, and interpreter are not closely correlated. It should be noted that this study primarily used well trained interpreters, so this finding should not be extended to all cases of interpreter use.

Although the scores on the WAI continued to be somewhat non-normal, regression analyses were computed to determine the variables that would best predict working alliance when an interpreter is used. These analyses resulted in only one predictor variable being significant (parent and interpreter country of origin match) and only with the interpreter's WAI. In addition, there was a strong correlation between

parental perception of interpreter skills and their perception of alliance. This may again simply be reflective of the time and stress constraints, and parents may have simply marked this item like they marked all other items on their inventory, without paying particular attention to what the item was asking. In addition, visual inspection of seating arrangement indicates that seating arrangement may indeed impact alliance, although clearly much more data and research remains to be done in this area. The fact that such a high level of alliance was obtained in this study may indicate that professional interpreters are important to have, or that interpreters that are native speakers are important to have (because the vast majority of interpreters in this study were professionals and native speakers), but may also be explained by other factors. Again, no clear conclusions can be drawn from this study.

Educational attainment of interpreters and perceptions of language competency do not appear to be highly correlated, based on the results of this study. Interestingly, the parental perception of language competence was much more highly correlated with the overall parental WAI, indicating that perhaps the parents' alliance with the interpreter was what was actually being measured by the WAI, or perhaps that if the parents felt good about the interview, those feelings also spilled over to their assessment of the interpreter.

Implications

Because of the weaknesses of this study, no practical changes to the current status quo could be recommended to the study district at this time. There was not, for example, a clear indication that the alliance is stronger with a bilingual social worker than with a social worker and their professional interpreter. This kind of finding may not be able to

be measured, in fact. As reported in the focus groups, most parents are very happy to have the service. The struggle that Pugh and Vetere (2009) noted of feeling that the interpreter was both an obstacle and a facilitator could be instructive. It may be that parents are just happy to have the service available in their language. If offered a choice between a professional interpreter and their local social worker whom they had seen on several occasions, or a bilingual social worker not in their building, it is unknown what parents would choose. Clearly, the parents in this study were satisfied with their interactions with the social worker at the social history. They were not given the opportunity to compare other forms of service delivery. Social workers in the focus groups suggested that it would be better if they used the same interpreter each time. The impact of this on the alliance could not be reliably measured in this study either.

This study does, however, have implications for our understanding of alliance. The fact that the perceptions of alliance of social workers, parents, and interpreters involved in this study were not correlated indicates that professionals should not assume that their perceptions of alliance are the same as their client's. Put more bluntly, what makes us comfortable may not be what makes our clients comfortable. This supports Kline's findings that patients and clinicians have different ideas about satisfaction with services (Kline et al., 1980).

Clearly, this study cannot be generalized to any other language groups or any other clinical settings. The social workers in the focus groups felt strongly that their use of interpreters for the social history felt better and easier to them than did their use of interpreters for counseling or even their use of interpreters for completing Vineland Adaptive Behavior Scales semi-structured interviews. The school social history setting

may in fact be a unique setting with regard to the alliance. In addition, alliance at the initial interview may be considerably different for the alliance at other time points in the relationship.

While the social workers in the focus groups felt good about the Working Alliance Inventory itself, the WAI did not produce the normal distribution that was hoped for. This may be due to design issues mentioned previously, or the WAI may not have the sensitivity to measure the small effects that are present when measuring a good alliance versus an excellent alliance. Since the short form was used, this may be a product of using the short form of the inventory, which was used to minimize the time involved after the already lengthy interview. Asking participants to reflect on the alliance at a later time in more depth might produce greater variability, but would then have its own issues of memory and participation rates.

This study was an early attempt to conduct quantitative research in an area where more qualitative research has been done. One of the greatest barriers to conducting quantitative research of this type is sample size. Language minority clients are just that – minorities. Spanish was selected as the language most often being used, but by selecting this language, another issue came into play. Before conducting this research, attempts were made to locate other districts where interpreters were being used for Spanish social histories to increase the sample size. Other nearby districts generally indicated that they used a few bilingual social workers to conduct these histories rather than use interpreters. Even in the sampled district, bilingual social workers were generally placed at schools with a high percentage of Spanish-speaking families. By selecting a more common

language minority, greater numbers of bilingual workers were available to meet the need, reducing the number being served by interpreters.

While the use of the DIALANG ended up not being able to be included in this study, continued research needs to examine ways that monolingual social workers can assess the language expertise of their interpreters. While it did not appear that the DIALANG was going to be an ideal instrument, further research needs to be done to examine whether parts of it may be more useful to our purposes, such as the listening exercises, and perhaps even additional instruments need to be developed to assist social workers in their interpreter selection. The advent of a free, internet-based language test in the DIALANG lends credence to the possibility of the development of such an instrument that could be used world-wide to assist social workers and other mental health providers with this important task.

Next Steps

There were so many problems in this study that clear conclusions cannot be reached. However, this study does point the way for future research steps in this area.

Alliance in the setting of the school social history has not been studied. The indication from this study that a very strong alliance may be present at the conclusion of the social history should be studied further to determine its validity and to determine if this is the strongest point of the alliance during the process of special education evaluations. Future studies could also then determine what implications this might have for the conduct of these evaluations, particularly when comparing districts that use social workers to conduct the social history versus school districts that use paper forms to

collect this information. For example, if a strong alliance is developed with the social worker during the social history, does this then translate into better outcomes (e.g. children being accurately placed)? Another possible implication this may have from a school administrator's stand point is that there may be fewer parental objections when the social worker and parent have a strong alliance. Again, these ideas need investigation.

The primary research question of whether or not working alliance is weaker when an interpreter is used cannot be answered from this study. A similar research project could be conducted in a more traditional, clinical setting, where previous studies have demonstrated variance on the WAI (Busseri & Tyler, 2003; Cecero, Fenton, Nich, Franforter, & Carroll, 2001; Corbiere, Bisson, Lauzon, & Ricard, 2006). This would best be conducted with multiple sites over several states so that a sufficient sample size could be obtained. In addition, the research could best be conducted with outside researchers who are not affiliated with the organization collecting the data from all parties independently rather than the group completing the WAIs together. This would reduce the likelihood that clients in particular would feel compelled to rate the alliance higher. In addition, it would be best if that researcher could speak their language to increase the likelihood that all questions regarding the research are answered outside of the therapy session. When a sufficient sample size is collected, regression analyses could then be conducted to determine the importance of specific variables contributing to the alliance. Again, due to the nature of language minorities, the recommendation of continuing to conduct this research one language at a time still holds. This presents a clear limitation to the ability of the researcher to generalize to other cultural/linguistic groups, but it holds the most promise for getting large enough sample sizes to get a clear picture of what is

happening within a single language group. After clear findings are available with this language group, then additional language groups could begin to be studied, perhaps even with mixed languages present.

The use of the DIALANG should be explored in greater detail. Parts of the DIALANG test, such as the vocabulary pre-test or the listening portion, could be studied individually rather than using the entire battery so as to reduce the burden of test taking on individual interpreters. Being able to determine an interpreter's skill level is critical for monolingual social workers and this area of measurement of skills continues to be an area ripe for more research.

While the issues present in this study were disappointing for the researcher, they represent the ways in which research with real people in real settings can go awry. Support that was promised early in the development of this research changed when that leader retired and a new leader was hired. Plans that were developed based on the service delivery structure of interpreters within the district had to be adjusted when the district changed their structure. These represent some of the issues that can go wrong when research is done over a period of time, which was necessary to try to get a sufficient sample. It would be better to have a wider sample pool collected in a shorter amount of time so that these organizational changes would have less time to develop and their impact could be minimized if they did happen.

This study also demonstrates both the advantages and disadvantages of conducting research in an organization where the researcher is well known. Initial permission was granted because of the researcher's connections to the district. When the researcher attempted to engage other districts in the research, multiple barriers were

encountered including the need to have someone within the district ask for permission from the full school board. Most of the social workers involved in this research were involved because of their commitment to helping the researcher. After the coordinator of social workers retired, the new coordinator was not as passionate about this research; as a result, many social workers in this district, who did not have a close connection to the researcher, chose not to participate. The focus groups had such a high participation rate because of the connections with the researcher, but because of this connection, there may have been reticence to discuss problems within the research. In addition, all social workers involved may have been concerned about the researcher's impressions of them, which may have led to selectivity bias in the submission of cases.

While the findings of this study are not robust, the attempts to quantify the alliance and to determine which variables are most critical when an interpreter is used need to continue. Social workers need to use best practices in all aspects of their work, but they cannot do this when the best practices are not known. To be true to their ethics, it is imperative that social workers serve linguistically diverse populations, and, when they are unable to speak the language of the client, social workers may need to use the services of an interpreter. Social workers need to know how they can form strong alliances that can reach families even “above and beyond a barrier like language” (FG3:LN382-383) and that this need to reach out to language minority families is part of their mandate.

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Appendix A

CHANGES TO THE WORKING ALLIANCE INVENTORY – PARENT FORM

The item in brackets shows the Working Alliance Inventory – Client Form. Following the item in brackets is the re-written item used in this study.

1. [My therapist and I agree about the things I will need to do in therapy to help improve my situation.]
My social worker and I agree about the things I and the school will need to do to help improve my child's situation.
2. [What I am doing in therapy gives me new ways of looking at my problem.]
What we did today gave me new ways of looking at the problem.
3. [I believe my therapist likes me.]
I believe the school social worker likes me.
4. [My therapist does not understand what I am trying to accomplish in therapy.]
The school social worker does not understand what I am trying to accomplish in this process.
5. [I am confident in my therapist's ability to help me.]
I am confident in the school social worker's ability to help me and my child.
6. [My therapist and I are working towards mutually agreed upon goals.]
The school social worker and I are working towards mutually agreed upon goals.
7. [I feel that my therapist appreciates me.]
I feel that the school social worker appreciates me.
8. [We agree on what is important for me to work on.]
We agree on what is important to work on with my child.
9. [My therapist and I trust one another.]
The school social worker and I trust one another.
10. [My therapist and I have different ideas on what my problems are.]
The school social worker and I have different ideas on what my child's issues are.
11. [We have established a good understanding of the kind of changes that would be good for me.]
We have established a good understanding of the kind of changes that would be good for my child.
12. [I believe the way we are working with my problem is correct.]
I believe the way we are working with this problem is correct.

Appendix B

INVENTARIO DE ALIANZA DE TRABAJO – FORMULARIO PARA PADRES

Debajo hay una lista de afirmaciones acerca de su relación con la trabajadora social de la escuela. Considere cada una de ellas cuidadosamente e indique su nivel de conformidad, encerrando en un círculo el número correspondiente. Por favor, use la siguiente escala como guía:

No es cierto	Un poquito cierto	Ligeramente cierto	Algo cierto	Moderadamente cierto	Considerablemente cierto	Muy cierto
-----------------	----------------------	-----------------------	----------------	-------------------------	-----------------------------	---------------

1	2	3	4	5	6	7
---	---	---	---	---	---	---

1. Mi trabajadora social y yo estamos de acuerdo acerca de las cosas que la escuela y yo necesitamos hacer para mejorar la situación de mi hijo.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

2. Lo que hicimos hoy día me dio diferentes maneras de mirar el problema.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

3. Creo que le simpatizo a la trabajadora social de la escuela.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

4. La trabajadora social de la escuela no entiende lo que estoy tratando de lograr en este proceso.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

5. Tengo confianza en la habilidad de la trabajadora social de la escuela para ayudarme a mí y a mi hijo.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

6. La trabajadora social de la escuela y yo estamos trabajando hacia metas que hemos acordado mutuamente.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

7. Siento que la trabajadora social de la escuela me aprecia.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

8. Estamos de acuerdo en lo que es importante trabajar con mi hijo.

1 2 3 4 5 6 7

9. Entre la trabajadora social de la escuela y yo existe mutua confianza.

1 2 3 4 5 6 7

10. La trabajadora social de la escuela y yo tenemos diferentes ideas acerca de cuáles son los problemas de mi hijo.

1 2 3 4 5 6 7

11. Hemos establecido una buena comprensión acerca del tipo de cambios que serían buenos para mi hijo.

1 2 3 4 5 6 7

12. Creo que la manera en que estamos trabajando este problema es correcta.

1 2 3 4 5 6 7

Debajo hay una pregunta acerca de qué tan bien la intérprete pudo ayudarlo(a) en la comunicación entre usted y la trabajadora social de la escuela. Una vez más, considere la afirmación cuidadosamente e indique su nivel de conformidad encerrando en un círculo el número correspondiente, usando la misma escala superior.

13. Las habilidades de la intérprete hicieron que fuera fácil la comunicación con la trabajadora social de la escuela.

1 2 3 4 5 6 7

Finalmente, debajo hay unas cuantas preguntas acerca de usted.

14. ¿Cuál es su país de origen? _____

15. ¿Cuál es su sexo? Masculino o Femenino

16. ¿Cuál es su raza?

- _____ Hispana
- _____ Blanca
- _____ Afro-Americana
- _____ Asiática
- _____ Indio Americano
- _____ Multi-racial

17. ¿Cuántos años ha estado viviendo en los Estados Unidos? _____

Appendix C
WORKING ALLIANCE INVENTORY – PARENT FORM
(English)

Below is a list of statements about your relationship with the school social worker. Consider each item carefully and indicate your level of agreement for each of the following items by circling the corresponding number. Please use the following scale as your guide:

Not at all true	A little true	Slightly true	Somewhat true	Moderately true	Considerably true	Very true
1	2	3	4	5	6	7
1. My social worker and I agree about the things I and the school will need to do to help improve my child's situation.						
1	2	3	4	5	6	7
2. What we did today gave me new ways of looking at the problem.						
1	2	3	4	5	6	7
3. I believe the school social worker likes me.						
1	2	3	4	5	6	7
4. The school social worker does not understand what I am trying to accomplish in this process.						
1	2	3	4	5	6	7
5. I am confident in the school social worker's ability to help me and my child.						
1	2	3	4	5	6	7
6. The school social worker and I are working towards mutually agreed upon goals.						
1	2	3	4	5	6	7
7. I feel that the school social worker appreciates me.						
1	2	3	4	5	6	7

8. We agree on what is important to work on with my child.

1 2 3 4 5 6 7

9. The school social worker and I trust one another.

1 2 3 4 5 6 7

10. The school social worker and I have different ideas on what my child's issues are.

1 2 3 4 5 6 7

11. We have established a good understanding of the kind of changes that would be good for my child.

1 2 3 4 5 6 7

12. I believe the way we are working with this problem is correct.

1 2 3 4 5 6 7

Below is one question about how well the social worker was able to communicate with you in English. Again, consider the item carefully and indicate your level of agreement by circling the corresponding number, using the same scale as above.

13. The social worker's English language skills made it easy for me to communicate with the social worker today.

1 2 3 4 5 6 7

Finally, below are a few questions about yourself.

14. What is your country of origin? _____

15. What is your gender? Male or Female

16. What is your race?

- _____ Hispanic
- _____ White
- _____ African American
- _____ Asian
- _____ American Indian
- _____ Multi-racial

17. How many years have you been living in the U.S.? _____

Appendix D
WORKING ALLIANCE INVENTORY – INTERPRETER FORM

Below is a list of statements about the relationship between the school social worker and the parent. Consider each item carefully and indicate your level of agreement for each of the following items by circling the corresponding number. Please use the following scale as your guide:

Not at all true	A little true	Slightly true	Somewhat true	Moderately true	Considerably true	Very true
--------------------	------------------	------------------	------------------	--------------------	----------------------	--------------

1	2	3	4	5	6	7
---	---	---	---	---	---	---

1. There is agreement about the steps needing to be taken to help improve the child's situation.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

2. There is agreement about the usefulness of the social history taken today (i.e., the parents is seeing new ways to look at his/her child's problem.)

1	2	3	4	5	6	7
---	---	---	---	---	---	---

3. There is a mutual liking between the parent and the social worker.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

4. There are doubts or a lack of understanding about what participants are trying to accomplish.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

5. The parent feels confident in the school social worker's ability to help them and their child.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

6. The school social worker and parent are working towards mutually agreed upon goals.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

7. The parent feels that the school social worker appreciates him/her as a person.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

8. There is agreement on what is important to work on with the child.

1 2 3 4 5 6 7

9. There is mutual trust between the school social worker and parent.

1 2 3 4 5 6 7

10. The school social worker and parent have different ideas on what the child's issues are.

1 2 3 4 5 6 7

11. The school social worker and the parent have established a good understanding of the kind of changes that would be good for the child.

1 2 3 4 5 6 7

12. The parent believes the way the social worker and the parent are working with this problem is correct.

1 2 3 4 5 6 7

13. How did you come to interpret for this social history?

_____ I am employed by the Multilingual Center for this purpose.

_____ I am employed by the district as an interpreter, but not specifically for this purpose.

_____ I have been contracted to provide this service.

_____ I am a community volunteer, but do not know this particular family.

_____ I am a friend of this family or am a family member.

Appendix E

WORKING ALLIANCE INVENTORY – SCHOOL SOCIAL WORKER FORM

Below is a list of statements about your relationship with the parent. Consider each item carefully and indicate your level of agreement for each of the following items by circling the corresponding number. Please use the following scale as your guide:

Not at all true	A little true	Slightly true	Somewhat true	Moderately true	Considerably true	Very true
--------------------	------------------	------------------	------------------	--------------------	----------------------	--------------

1	2	3	4	5	6	7
---	---	---	---	---	---	---

1. The parent and I agree about the steps to be taken to improve the child's situation.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

2. The parent and I both feel confident about the usefulness of today's activity.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

3. I believe the parent likes me.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

4. I have doubts about what we are trying to accomplish in this process.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

5. I am confident in my ability to help this parent and their child.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

6. We are working towards mutually agreed upon goals.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

7. I appreciate this parent as a person.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

8. We agree on what is important to work on with this child.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

9. The parent and I have built a mutual trust.

1 2 3 4 5 6 7

10. The parent and I have different ideas on what the child's real issues are.

1 2 3 4 5 6 7

11. We have established a good understanding of the kind of changes that would be good for this child.

1 2 3 4 5 6 7

12. The parent believes the way we are working with this problem is correct.

1 2 3 4 5 6 7

Finally, below is one question about how well the interpreter was able to assist in the communication between you and the parent. Again, consider the item carefully and indicate your level of agreement by circling the corresponding number, using the same scale as above.

13. The interpreter's skills made it easy for me to communicate with the parent.

1 2 3 4 5 6 7

Appendix F

DATA SHEET
(to be completed by School Social Worker)

Date: _____

Name of Social Worker: _____

Type of Evaluation: Initial or Re-evaluation

Gender of parent: Male or Female

Race of parent:

- _____ Hispanic
- _____ White
- _____ African American
- _____ Asian
- _____ American Indian
- _____ Multi-racial

(based on Pupil Information Form parent completed at time of enrollment)

Did you use an interpreter? _____ Yes _____ No

Name of Interpreter: _____

Please rate the English ability of the parent from 0 to 5: _____

0 = No English

1 = Seems to understand a bit of English, but can't speak any

2 = Seems to understand quite a bit of English and can speak a few phrases

3 = Speaks some English, but relies on interpreter for most things

4 = Speaks quite a bit of English, but consults interpreter occasionally

5 = Fluent English

How many years has the parent been living in the U.S.? _____

How well did you know this parent prior to the interview? _____

0 = Not at all

1 = Have seen or heard about once or twice

2 = Have met with parent at least once prior to initiating this evaluation

3 = Have met with parent several times prior to initiating this evaluation

4 = Have met with parent frequently this year

5 = Have met with parent frequently over more than just this school year

Did you conduct a pre-session with the interpreter? Yes or No

How often have you worked with this interpreter? _____

0 = Never

1 = Once or twice

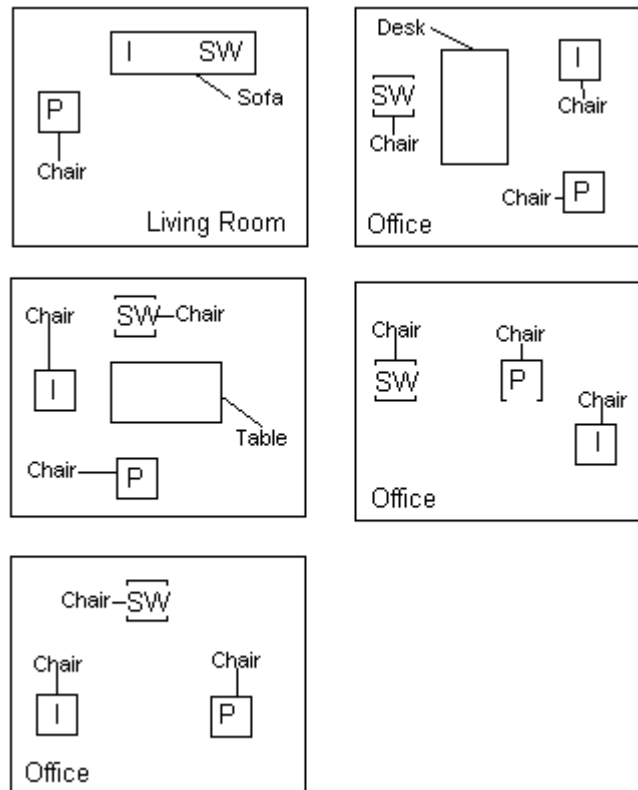
2 = 3-5 times

3 = More than 5 times

4 = Daily

Please diagram how you were seated for this interview. Use the following codes: P = parent, SW = social worker, I = Interpreter

Examples:



Appendix G

Interpreter Data:

Name: _____

Gender: M or F

Native Spanish Speaker: Yes or No

How did you come to interpret for this social history?

_____ I am employed by the Multilingual Center for this purpose.

_____ I am employed by the district as an interpreter, but not specifically for this purpose.

_____ I have been contracted to provide this service.

_____ I am a community volunteer, but do not know this particular family.

_____ I am a friend of this family or am a family member.

What is your country of origin? _____

How much schooling have you completed: _____

Office use only:

English Proficiency Scores:

Reading: _____

Writing: _____

Listening: _____

Grammar: _____

Vocabulary: _____

Total: _____

Spanish Proficiency Score:

Reading: _____

Writing: _____

Listening: _____

Grammar: _____

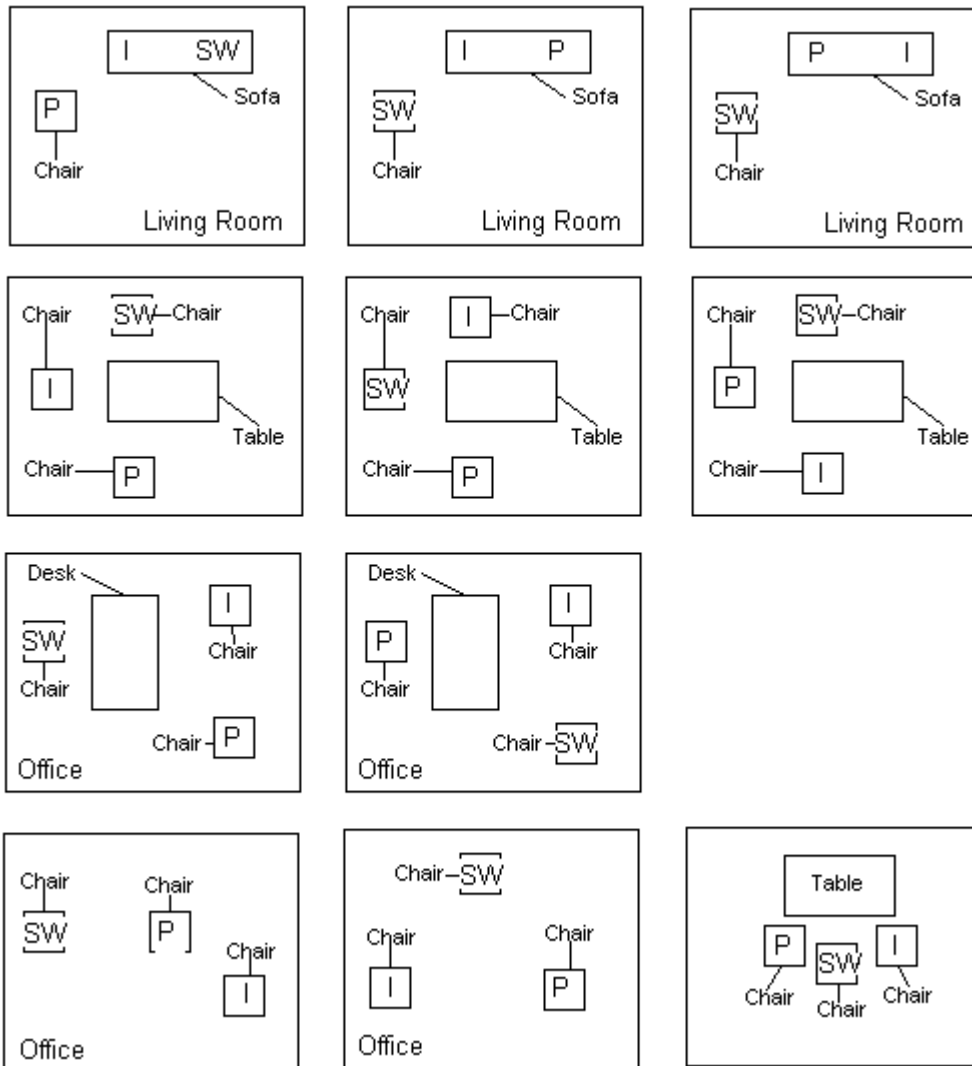
Vocabulary: _____

Total: _____

Total Proficiency Score: _____

Appendix H

Seating Arrangement Diagrams



Appendix I

Focus Group Moderator Cheat Sheet

Functions of the Moderator:

- Creates a relaxed, comfortable and non-threatening atmosphere
- Introduces the questions to be discussed
- Keeps the discussion on track
- Gives every participant a chance to participate
- Controls the pace of the discussion
- Summarizes key points

Goal: to determine why I didn't find much variance in the inventories and why everything was so good

AGENDA:

1. Eat
2. Judy will distribute Information Sheets and answer any questions about the focus group itself.
3. Judy will review ground rules:
 - 3.1. Each person should speak for himself or herself; give freely of your thoughts, feelings and experiences. Don't feel that you will offend me – I am seeking both positive and negative comments, and your negative comments may actually end up being the most important part of my research.
 - 3.2. Every perception is valid; there are no right or wrong answers.
 - 3.3. We will strive for open, honest communication and equal participation
 - 3.4. What you hear here is confidential; keep confidences and assume others will as well. Your responses are recorded, and, while I may recognize your voices, individual names will NOT be included in the transcription or analysis, nor associated with quotations which may be used in the final dissertation.
 - 3.5. Please confine your discussion to the topic.
 - 3.6. Please speak up – only one person should talk at a time. I am tape recording the sessions and if several are talking at once, I'll miss your comments. Even though it slows the discussion down a bit, please wait your turn for the microphone and speak into it so that all your comments are accurately recorded.
4. Judy will review results on PowerPoint
5. Judy will leave and facilitator will begin discussion. Questions are:
 - 5.1. What do these results say to you? What about these results seems true to you? What about these results do you question?
 - 5.2. What types of cases did you submit for the research? Were these cases typical of your caseload or how were they different from your typical caseload?
 - 5.3. What did you think of the Working Alliance Inventory? Was it confusing? Do you think the questions asked got to the heart of your relationship with the parent?

- 5.4. What kinds of issues or problems did you encounter in participating in this research?
- 5.5. How truthful did you feel you could be in responding to the questions in this research? How truthful do you think parents felt that they could be in responding to the questions in this research?
- 5.6. In what ways do you believe this research is important for school social workers in Wichita?
- 5.7. What else haven't I asked you that I should have?
6. Facilitator will summarize key points of the discussion, followed by "Does this accurately represent what was expressed by the group? Did I miss something important? Is there something else you wish to add that would help Judy in her research?"
7. Facilitator will thank everyone for coming, remind them that they will hear final results in August, and wish them a good summer.

Reminders:

- Maintain control over the agenda and the pace of the session. Make sure you allow enough time to get to all 7 question groups.
- Make sure everyone has the opportunity to respond to each question.
- Be prepared to handle dominant participants who talk too much, as well as quiet participants who may need encouragement to speak out.
- Be respectful of everyone's feelings.
- Feel free to use probes, such as "would you explain that further? Would you give me an example of what you mean? Would you say more? Is there anything else? Please describe what you mean. I don't understand."

Appendix J

Codebook for Qualitative Analysis

1. Moderator poses question. What do these results say to you? What about these results seems true to you? What about these results do you question?

- 1.01 We're just that good.

- 1.01.1 Parents think we're good.

- 1.02 Not the same as counseling.

- 1.03 Parents were afraid.

- 1.04 Culturally parents needed to say yes

- 1.05 Results are wrong.

- 2.0 Moderator poses question. What types of cases did you submit for the research? Were these cases typical of your caseload or how were they different from your typical caseload?

- 2.01 Due to culture

- 2.02 No selection process

- 2.03 Memory

- 2.04 Not hard cases

- 2.05 What about SWers who didn't participate?

- 2.06 Case Specifics

- 2.07 Exceptionality

- 3.0 Moderator poses question. What did you think of the working Alliance Inventory? Was it confusing? Do you think the questions asked got to the heart of your relationship with the parent?

- 3.01 Issues with specific question
- 3.02 Can't really know how to answer questions.
- 3.03 Hard on initial interview
- 3.04 It's good.
- 3.05 It's confusing.
- 4.0 Moderator poses question. What kinds of issues or problems did you encounter in participating in this research?
 - 4.01 Time
 - 4.02 Parental literacy
 - 4.03 Parent issues
- 5.0 Moderator poses question. How truthful did you feel you could be in responding to the questions in this research? How truthful do you think parents felt that they could be in responding to the questions in this research?
 - 5.01 Truthful
 - 5.02 Not truthful
- 6.0 Moderator poses question. In what ways do you believe this research is important for school social workers in Wichita?
 - 6.01 Hopes for research
 - 6.02 What about having assigned interpreters?
 - 6.03 Need to have more bilingual social workers
 - 6.04 Cultural proficiency of social workers
- 7.0 Moderator poses question. What else haven't I asked you that I should have?
 - 7.01 Interpreters are good

7.02 Vineland

7.03 Social Workers desire to help with research

8.0 Additional comments and topics.

8.01 Poor interpreter experiences

8.02 Poorer alliance with interpreters

8.03 Fidelity to process

8.04 I'm glad to be bilingual.

8.05 Social workers need to learn Spanish.

9.0 Off topic.

Appendix K

Focus Group #1

1
2
3
4
5 M: Well, the first question she wants us to answer is what do these results say to you?
6 3: Definitely the results say to me that they do appear to be a little skewed. One thing
7 we as social workers in the school system I feel really have the opportunity to establish
8 some relationships with our parents and our students. I at least feel like I do. Maybe at
9 the high school level I'm not doing as many full blown initials or even total re-evals since
10 we now use the waiver so the families that I am working with and I'm having to take a
11 social history on, I really get to know them and I generally try to go to their home as
12 much as I can and get to know them in the process of doing the evaluation, and so, I
13 know, me personally in answering a lot of those questions I wasn't one of those that went
14 straight down the line with the 7's but I did feel very good with the bulk of the families
15 that I worked with. I did not have resistance. I did feel like we were on the same page
16 and so I know the results do seem a little high and maybe part of it's just the setting that
17 we're in, being in the school system, we've established that relationship and feel good
18 about what we've done.

19 5: I also think talking about the difference between this and other counseling settings, I
20 know when I'm doing therapy I would not feel comfortable and I wouldn't feel very
21 positive about using an interpreter all the time, but the social history is primarily, and I
22 think it's seen as by both parties, primarily as an information gathering, so it doesn't
23 have, there may be ultimately emotional components to it, there may be some mental
24 health things that come up, but it's not as much providing empathic responses and trying
25 to re-frame things like I would do in a therapeutic setting where I'm trying to use a lot of
26 language to re-frame, to put the right spin on things, so I can see why it might be with a
27 social history a more optimum time to use an interpreter than like trying to actually do
28 therapy.

29 6: I think that from my perspective and at our school because I kind of agree with you
30 that I feel like I'm in the setting that we're in, that I know that I probably rated much
31 more on the higher end of the scale because most of the Hispanic families that I work
32 with are usually receptive to your involvement and they very much want their children to
33 be successful educationally, so most of them are very receptive to this process and, so I
34 think because we're in a position where we're not forcing our involvement into their
35 lives, that it's something they are receptive to and they are in a point where they are
36 wanting to pursue this, so I usually feel like we have a really good connection with our
37 families there, and plus we have three paras that speak Spanish fluently, so it seems like
38 we have a really good connection in our building with our Hispanic families and our
39 parent involvement's really positive and works towards that too so I feel like we usually
40 have a really good connection with them and which is probably reflective of why I feel
41 like those scores may to some extent might look so high.

42 4: Yeah, I feel that results show the trust that the parents have on also the school system.
43 In my school, too, I deal with a very high population of Hispanics and they not only feel
44 good about having a translator during a social history but when we are gathering the data,
45 but also having a native speaker, it makes the connection even stronger and the results, I
46 think, show that.

47 9: Well, I just want to make this observation, that in my work with some of the Hispanic
 48 families, and especially the women, and it's just my observation, but I do feel like the
 49 Hispanic families put us on a pedestal in the education field. There is a lot of respect, and
 50 they want us to work with their children. But I do sense that with the women that I did
 51 the social history with, there is a lot of passivity and that that is kind of a cultural thing
 52 and maybe I'm wrong, but they don't, they wouldn't speak against us, even if they felt
 53 that because they have a lot of respect for us, but especially the women wouldn't and that
 54 is just my observation, they seem to be very passive and whatever we do is fine.

55 8: I also wondered how much of the insolence on them was just the pervading cloud of
 56 I'm illegal, I don't want to create waves, I'm going to answer everything as positive as I
 57 can, in addition to being put on the pedestal which is something else in addition to the
 58 hard work we all put in to making these relationships be positive so that they feel as
 59 comfortable as possible giving us that information in addition to the interpreters working
 60 hard to build that trust level, too. The interpreter I think is the big reason why they felt
 61 comfortable with us. And I don't know, some interpreters did a better job of, in my
 62 opinion, interpreting than others, but I wouldn't say that I had any that I felt negative
 63 about. They were all very positive. I think that helped a lot, too, with the positive
 64 outcomes that we got.

65 5: I was just going to say that these results don't show the parents' results, they only
 66 show our responses of how we felt it went. So it shouldn't be skewed based on whether
 67 or not they are, like it shouldn't be skewed based their perception, it's our perception of
 68 how they perceived our relationship.

69 9: Well, you know, and I saw in some instances where I have used an interpreter that
 70 they would send a man out to do the interview with a woman, and I did see that that
 71 seemed very uncomfortable when there was that male interpreter with a female Hispanic.

72 2: I want to say I think that when I did my survey results, that I probably, I mean I was
 73 on the higher end of the scale as well, but I really think that a lot of that has to do with
 74 how much your exposure is to and other aspects in your building you know with like
 75 enrollment night and we do porch visits, and so we're out in the community a lot more. I
 76 mean, just with all the other different activities that we're involved in, all the other
 77 different supports that they view us, you know, in those regards and that's how they
 78 really get to have an understanding of who we are, so I think that the better that we make
 79 an effort to know our families. I think that that goes both ways, hopefully that reflects on
 80 their results, but it also reflects in our results.

81 M: I'm going to the next question. What about these results seem true to you?

82 8: Well I think overwhelming the parents wanted the assistance for their students, and I
 83 think that was reflected in the results to the questionnaire, that we saw that they were,
 84 realized that there were some issues and their kids were struggling and this was an
 85 avenue that hopefully would bring some more academic success for their kids.

86 3: I would agree. I found when I worked with my particular families that they were very
 87 appreciative because, first of all, I was sharing information with them and providing them
 88 with information whereby hopefully it was going to make their child more successful in
 89 the educational setting and they wanted that and so because of that and whether it was a
 90 good selling part on the social workers' end of it, if you provide the information so that
 91 the parent can feel like they have a say and can buy in to what you as the social worker
 92 and representing your Child Study Team or staff at your school is trying to promote and

93 do to help this student then I think those questions are going to be answered on basically
94 the top end of the scale. I know they were for me.

95 5: I think, too, this goes back to the question of the setting and why our results may be
96 higher than in some other settings where there's counseling, which is again that a lot of
97 our families that we work with come, they value education, and they see it as a really,
98 really important piece of life. And when you're in a counseling setting, while there may
99 be some need for them to be there, or some reason for them to be there, it's less tangible,
100 how's this going to help me, you know so, I think again that speaks to why these results
101 probably seem more positive. I also am curious about I would love to see the parent
102 results just to see if we're completely delusional about our relationships and our effects.

103 7: It would be interesting to see if we're simply over-confident in our abilities to build
104 relationships. The ones that I did were generally LD or gifted so in both cases we had
105 parents wanting help, either to help them be successful at school or to keep them
106 challenged and interested in making bigger gains. It would be interesting to see how I
107 would have scored it, if we were anticipating SED and this was a child that we had
108 suspended multiple times and were now looking at putting that kind of negative label on
109 or if the relationship with the parent was one, because of suspensions and behavior
110 problems, that was more negative. I didn't have that, but I could see where that would
111 affect numbers.

112 2: Kind of to piggy back on what you just said, I was thinking about one of my surveys
113 that I did and it was with a parent that was pushing for gifted and we had tried to do a
114 refusal to test and they were like, no, we want our child tested, so they knew our stand-
115 point already of we don't want to, and so on that one, for me, and I know for the parent,
116 too, probably, it was clear toward the other end of the scale because they knew that we
117 didn't want to test, they knew that we didn't think their child was gifted from the
118 beginning, so you just knew that in that situation, OK, this isn't going to be a good one,
119 but I went ahead and did it because, you know, you can't skew your research but, so not
120 every relationship is positive but I think that the majority of the time we try to go in with
121 a positive relationship, and there's not many instances where you have that negative.

122 M: I'm going to the next set of questions. What types of cases did you submit for your
123 research and were these cases typical of your case load, or how were they different from
124 your typical caseload?

125 6: I think if I ask myself how they were different from my typical caseload, I mean, we
126 have a high percentage of Hispanic families at our school, but they are still a minority, so
127 I guess if I look at my typical case load, then honestly, any time you have cultural or
128 language differences, you maybe don't feel as much of a connectedness that I do with
129 some of the other families that I've worked with, and I think that because sometimes you
130 don't know exactly if what you are stating or asking of the interpreter is reframing or
131 rephrasing it in a different way than what you intended it so I do think that in some ways
132 impacts your ability to connect and assess that family to some extent. But I think,
133 overall, what's the first question?

134 M: What type of cases did you submit for your research?

135 6: I didn't feel like I selected one case over another, I just any time I had an evaluation
136 where we were going to use an interpreter, I just automatically, you know, would use this
137 process because I knew it was needed, so I really didn't have a selective or selection
138 basis, I basically just, as they came, I just used them so that she could have it available

139 for her research data, so I really didn't do any screening, and I think I just answered the
140 second one.

141 4: Yeah, in my case in particular, the case load, the cases that I submitted, they are very
142 typical. I didn't select one or the other one. In my school in particular, we are
143 predominantly Hispanic and honestly, it was mainly if I remembered, oh yeah, let me ask
144 the parent to fill out the form, then that's the one I submitted, but they were all typical of
145 my caseload.

146 7: I'd have to say, like you, I didn't select any. I mean, they were selected simply
147 because I used an interpreter, and so, in that sense, they were typical. What would make
148 them different is, since I'm not bilingual, these are all parents that I have never had a
149 conversation, just the two of us, whether it was one of my ESOL instructors in the
150 building who helped me out or when we actually did the social history I got an interpreter
151 from downtown, so, at any time, my relationship with that parent also involved a third
152 person, and I think that often the bond is between the interpreter and not with me. I look
153 at the parent, I say what I want, and the parent turns to the interpreter and makes eye
154 contact with the interpreter and answers the question, as though the question were for the
155 interpreter. And that made me feel like the bond between us wasn't nearly as strong as
156 perhaps the bond between the parent and the interpreter. I felt that, but that's, that would
157 be the only thing that made my cases different.

158 5: I don't think I purposely selected, but I can think that, I imagine that if I was trying to
159 do one, and I thought that this is a crazy case with lots of contentious stuff, and I'm trying
160 not to go to due process, I might not add that last piece of, oh yeah, and now can you fill
161 this out because somebody's doing a study. You know, because we weren't just
162 supposed to be turning in ones that we used with an interpreter, we were also supposed to
163 be turning in some matching cases, so, and I didn't have any cases with interpreters that
164 were all, like, complicated, but I can think of a couple cases this year where I was like
165 yeah, I don't think that I probably would have added that one as one of mine on there.
166 Although I will say that when we finally got through some of those I still felt, and again,
167 perhaps delusionally, that we ended up having a pretty good relationship with the parent
168 because we worked really hard at that even though we, at times, disagreed about what
169 would be going on, so, possibly delusional.

170 8: There were some cases that didn't get included in this because they would bring a
171 small child, and after an hour and a half, of trying to sit patiently and with the small child
172 having their fill of that, there was that added level of stress with some of the cases that
173 just didn't seem appropriate to do a questionnaire yet too after everything else was said
174 and done. And then there were some where I was just kind of on edge that we did it, and
175 interestingly enough it seemed like most of happened with the Hispanic, non-English-
176 speaking cases. Some of the others that came in didn't have the small child with them
177 and I think that maybe that was just our skew – I don't know how the rest of you
178 experienced that, but at least at our school it seemed like a lot of the Hispanic ones that
179 came in had small children with them and that also impacted how we worked on the
180 initial social history part of that.

181 3: I wanted to add that at my high school, the cases that I submitted, were all re-
182 evaluations. And these students had been already at my school at least for three years if
183 not 4 years, so there had been a relationship established over that period of time, at least a
184 small one. And the change that we were making is that we were moving all of these

185 students had been identified MR or some exceptionality where they were not getting
186 Carnegie credits and needing to move on to a special day school where they could get
187 some more vocational type training and so, in that sense, I do a lot of that during the
188 school year, where I'm moving students on that are on my caseload especially those that
189 are not going to be graduating with Carnegie credits and trying to find through their
190 transition plans something else for them. The other comment I wanted to make is, and
191 I'm not sure that this had anything to do with bilingual or not, but one of my Hispanic
192 families had been in a big fire, and so I made sure that at Christmas time, that was one of
193 the families, our school always supports or adopts a family or two, and that was one of
194 the families we adopted. I think it didn't matter if it would have been a different type of
195 family, but the bond that I created with that particular family, then when it came time
196 even to use the interpreter, I had already been out to the home on a couple of different
197 occasions after phone calls using the interpreter, but then I would make the home visit
198 and be by myself, and sharing gifts and picking up lists to find out what we needed to get
199 for the family and that sort of thing that there definitely was a great bond there and I
200 didn't always use the interpreter and it was just more emotion and it was amazing how
201 we could still communicate even though I did not speak Spanish and she did not speak
202 English.

203 9: Another factor that might have made it different from typical case load is that some
204 parents would be losing pay to meet because they had to take off from work and so that
205 would be a factor that would make a difference is they were losing money because they
206 would have to meet with me.

207 M: I'll go on to the next set of questions. What did you think of the Working Alliance
208 Inventory? Was it confusing? Did you think the questions asked got to the heart of your
209 relationship with the parent?

210 3: Probably the only question that bothered me was the question about trust. That is such
211 a deep concept to me that I'm not sure that I could totally answer that accurately. I could
212 get a feel, that, yes, the parent liked me, liked me enough to tolerate me and be with me
213 for a period of time and cooperated, seemed to answer the questions, kept all the
214 appointments, but when it comes to that trust issue, that was hard for me to answer, that
215 was probably the only, only with a family that I had really worked and dealt with over a
216 long period of time would I feel really comfortable answering that question and feel like
217 I'm really being accurate with it because I did feel like I was really guessing on that
218 particular question, the trust issue.

219 5: I think guessing is probably the byword for me on this because I think I'm having a
220 good relationship with the parent but I also did think that personalities and cultures play
221 into how people present themselves and whether, there are lots of cultures for which and
222 it's not necessarily just Hispanic cultures but a lot of cultures where it's, I don't even
223 know if it is Hispanic culture, where it's polite to say yes, not to say no, and if you're not
224 going to go, like if you say are you going to come to this picnic, oh, yes, we're coming,
225 well that's the polite thing to do whether you're coming or not because it's not polite to
226 just flat out in your face say no, we're not coming. So I think culturally, personalities,
227 some people are more passive, some people are more willing to share, so I just felt like
228 the whole way I was sort of, I think we're doing good, everything I can see says yes, but
229 I'd like to see those parent results.

230 7: You thought it was the trust question. The one I thought was kind of weird was this
 231 parent likes me. I don't have a clue! No, they're not rude but I wouldn't expect them to
 232 be. I don't know that they know me enough to like me or dislike me. I think they were
 233 giving me respect because I'm at school, education is important to them, their child's
 234 education is extremely important to them and so respect goes with that, but on that
 235 question, I was probably guessing. I wouldn't have a clue if they liked me. We didn't
 236 know each other enough to know if they liked me.

237 ?? laughter.

238 9: Yeah, and sometimes you know whether a parent likes you, if you have had a previous
 239 contact with that parent on truancy and you have made a phone call or you have
 240 approached them about tardiness, that puts you in the light of being their watchdog and
 241 their police officer and you are because you have to have them toe the line. And so, if
 242 that has been part of the previous history, that makes a difference, and they may still
 243 smile and say yes I like you or respond that way but truthfully, we don't know.

244 4: Yeah, I agree with you, both of you on that issue because we have to guess if you're
 245 talking to a parent that you have never had any contact with that parent and you're asking
 246 them to fill out that form, you're just guessing that the person may like you, may not, but
 247 you'll never know. You're just guessing.

248 6: Well, when I look back on this and thinking about the question, I think the thing that I
 249 struggled with, is that I feel like these questions were more reflective of a situation where
 250 you had a little more of a long-term, in depth relationship, kind of like you were saying
 251 with the issue of trust, it's something that takes a great deal of time to establish in some
 252 situations, but even like saying we've established a good understanding, I mean, what
 253 defines a good understanding to me may be different than what the parent's perception
 254 and, a lot of times, especially with the Hispanic families because I don't speak the same
 255 language, if I see them in the hallway, I may not have little conversations with them
 256 about it's raining or their child's backpack wasn't with them today, like a lot of times you
 257 do with the other parents so that you have different ways of building relationships and
 258 some of it is, like you were saying, it's negative because they've been late a lot or there is
 259 other issues, but some of it's positive, too, because you get to have little conversations
 260 here and there through the school year that sometimes I'm not afforded that with my
 261 Hispanic families, so a lot of these questions were reflective of a more long term, in depth
 262 relationship because a lot of the Hispanic families, I may just call through the language
 263 line and say I need to have you come in, we're going to do this, and then the first time
 264 they come in that's the first time I've ever had an opportunity to sit down with these, with
 265 this family, so these questions in some ways weren't really reflective of the kind of
 266 relationship that I had with that particular family at that point.

267 2: I was just going to say looking back over the questions, the question that I always
 268 seemed to get stuck on was I am confident in my ability to help this parent and their child
 269 because I was confident with what I was doing that day to move forward in the process,
 270 but if we're looking at the whole entire special education process, you know, this child
 271 very well at the end of the whole process may not have qualified. So you know, we know
 272 the child is struggling, we know the parent is frustrated and everybody wants to get help
 273 for this child, but at the same time, at the end, you could tell them that their child is not
 274 going to qualify for services, and I'm not going to set them up to continue to struggle, but
 275 they are basically going to continue to struggle and won't be able to get the interventions

276 or support that's available, not through special education, so to say that I was always
 277 confident that I, that was a strong word I thought to have in the inventory because at that
 278 point in time, no I wasn't confident that I was going to be able to help this child and this
 279 parent to get past the problems that they were having in the classroom and in school.

280 M: Ok, I'll go on to the next set of questions. What kinds of issues or problems did you
 281 encounter in participating in this research?

282 8: Well, for me, it was one more thing to do on a social history that took 1 ½ to 2 times
 283 as long to begin with anyway and then there was this on top of that. And that was
 284 probably the biggest issue that I had, especially when there were kids involved that were
 285 in the room at the time.

286 4: Yeah, I also had the issue of time because a lot of the parents that I selected, they
 287 don't read, and I didn't know that at the time, so then I had read, to go through the whole
 288 thing, read the questions to the parent, and then they will answer, so that took a long time.

289 M: OK, I'll go on to the next set of questions.

290 9: Yeah, I just want to add to that. By asking that, you have to assume that they can read
 291 and so that made me feel bad because I didn't know if they did or didn't, so, and then the
 292 other point as you all have said was that taking the time to do that.

293 M: Thank you. How truthful did you feel you could be in responding to the questions in
 294 this research? How truthful do you think parents felt they could be in responding to the
 295 questions in this research?

296 7: I'm sorry; don't ask me to do it if you don't think I'm going to be truthful. That's just
 297 sort of an insulting question. I give you my honest opinion. Now some of it, like I said,
 298 on some of the questions, I'm kind of guessing whether they liked me but yeah, I gave
 299 you my honest answer. The parent, I have to kind of go back to what you said, a lot of
 300 the Hispanic parents, it is part of their culture to be very polite and to be respectful and
 301 hopefully they were honest, but maybe they were kind of taking their best shot too. Oh,
 302 yeah, I feel like it's OK. Who knows?

303 2: I was just going to say that I always answered truthfully and I know that I was
 304 probably on the other end of the spectrum on a lot of them when we saw the range, I was
 305 on the other end because there were some situations that it wasn't always positive. As for
 306 the parents, though, to try to make sure that they felt comfortable in answering the most
 307 truthfully, I asked them if they wanted me to leave the room and the majority of the time
 308 I did end up leaving the room so that they could you know put it back in their envelope
 309 and keep it all confidential, so there was no chance of me seeing the results. I felt like
 310 that would increase their chance of answering truthfully.

311 6: Well, I don't think that you'd be a social worker if you didn't, I mean I think that most
 312 of us feel like we have an ability to connect with people in a certain way or I don't think
 313 any of us would go into social work and I think especially in school social work, our role
 314 we very much view it as being an advocate for parents and for children and so I think
 315 this, to me is a reflection of how we value that role but also truthfully that we feel like
 316 we're doing positive, beneficial things for families.

317 M: OK, that kind of segues into this next question. In what ways do you believe this
 318 research is important for the school social workers in Wichita?

319 5: Well I really do think it will be helpful for us to know if using an interpreter is a huge
 320 obstacle to the actual relationships that we all strive to have with families and with
 321 families' confidence in what we can provide and what we can do. I hope the results

322 indicate that you know that we can not all have to be bilingual in order to serve our
323 students, but I think that will be really helpful information.

324 2: I think that one thing that would be interesting to look at when we're looking at the
325 results because I'm sure that [the researcher]'s going to share everything with all of us at
326 some point would be to compare the results of, if I always have the same interpreter and
327 my relationship with that interpreter. Because I know that there were sometimes I had
328 the same interpreter multiple times with different parents but then sometimes I would get
329 a new one and we had never worked together and so it was, you know, she didn't know
330 my style of, and I didn't know how fast to go in my pacing or how, that type of thing. So
331 I think it would be interesting to see you know, should we kind of have an assigned
332 interpreter and is that going to increase our effectiveness with parents if they, we, if they,
333 if we always work together versus if we just have a random person that we have never
334 worked with before, I don't know if there's any way to pull that information, but I think
335 that would be key to know and to see how we can better serve our parents with the use of
336 interpreters in the future.

337 7: I'm kind of curious, because we've mentioned a couple of things about the Hispanic
338 culture and being passive or being very respectful. Without an interpreter there, if you're
339 doing it yourself, if you're bilingual, and there's not that third person in the room, I'd like
340 to see the comparison between those two, and the relationship you're able to establish,
341 like I can if I'm with English-speaking without that third person. Because I felt it got in
342 the way of my ability to build a bond I would normally have and I mean if that's there
343 then how do we work with that, how are we able to get around that or be better at that.

344 9: So does this research project answer that question about the difference? Is it going to
345 answer that question about the difference between using an interpreter and being
346 bilingual? I've always thought that it's better to be bilingual.

347 4: That's true.

348 9: And I've always felt like, I'm sorry, I've always felt like the district has never seen the
349 value of that and they've never recognized it, so after all these years. And we continue to
350 grow, well we've grown a lot in our Hispanic population . . .

351 Unknown: Very much

352 9: . . . in the past 10 years even, and it's, I think they're dealing with it the best they can
353 but they don't give enough value or recognition to those of us who have worked very
354 hard to be bilingual, no, and they don't pay us, never have. There has to be incentives.

355 5: Well, I would say, though, that I don't think I would have had the job as a school
356 social worker without speaking Spanish, because I know when I was begging Pat Valko
357 for a position, one of the things was, um, I speak Spanish, not perfectly, not fluently, but I
358 do speak Spanish and the school I'm at is an ESOL school, we have 70% Hispanic, so I
359 think that it does help, but I agree that my frustration is I don't feel like we can afford to
360 or do pay especially para-professionals who do, these are not, the para-professionals at
361 my school who speak Spanish are triple value for me . . .

362 Unknown: MM,hmm.

363 5: . . . versus the para-professionals who don't, and not because the other ones are not
364 helpful in ways, but we have to have them. We could not function day to day without
365 some bilingual people in our school and I do wish the district would do more to kind of
366 grow your own bilingual staff. I wish we were in the high schools talking to kids who are
367 Vietnamese speaking and English-speaking and who are Cambodian-speaking and

368 English-speaking and Spanish-speaking and English-speaking and talking to them about
369 we sure hope you'll come back and work in the schools somewhere, in some capacity.
370 We have need for social workers and psychologists and teachers and counselors in these
371 settings, so I wish we were doing a little recruitment.

372 M: This is our last question. What else haven't I asked you that I should have? Is there
373 anything, any other questions I should have asked?

374 5: I do want to thank [the researcher] for, even though we all talked about the time issue
375 and thinking about yet one more piece of paperwork, I thought [the researcher] did an
376 amazing job of making it as easy as possible to do that. So, yeah, if you're going to do
377 research, it's going to take a little more time, but I thought [the researcher] did everything
378 to facilitate it so it would be easier for us to do, including recruiting my interpreter to rat
379 me out when I was doing one that I didn't think to send in, but I mean that was helpful
380 because then the interpreter was like, are you going to do that thing for [the researcher]. I
381 was like, well all right, because I forgot, you know, so I thought [the researcher] did a
382 great job of making it as easy as possible and as seamless as possible to do it.

383 3: This doesn't really answer that question, but I have a comment, and that is I've been
384 in this district a long time, have used interpreters many, many times and within the last
385 couple of years feel like the interpreters are so much better trained . . .

386 Unknown: Mm, hmm.

387 3: . . . and I really like the way that has been handled by the district because I can tell
388 you before when I would do social histories, there would be, the interpreter would be
389 supposedly telling the parent what I'm saying, the parent would respond, and then they
390 would never share with me what the parent said, and I would have to say, tell me what
391 she just said, please. And then sometimes I would say something and the interpreter
392 wouldn't interpret it and I'd say, you need to tell the mother what I just said. And I felt
393 like I was doing the teaching to the interpreter and since I do not speak English, I
394 probably don't speak English very well either (laughter), but because I don't speak
395 Spanish in this case, I meant I do heavily rely on my interpreter. The other comment I
396 wanted to make, I only had about three interpreters the whole school year, and I really
397 established a relationship with all three of them, and I did find that very helpful as well.
398 And when my interpreter was comfortable with me, I felt that helped the interpreter make
399 the parent more comfortable, and so although, yes, I agree I would love to be bilingual in
400 Spanish, I speak French, but I've only had to use my French one time, but, um, I don't
401 feel like I'm totally out there, I feel like I have been able to establish good relationships
402 with my Spanish speaking families. And part of that, I think is based on me establishing,
403 first of all, a good rapport with my interpreter.

404 M: Anybody else? OK.

405

Appendix J

Focus Group #2

1
2
3
4
5 M: Let's just start with the first question. What do these results say to you? Pass it to the
6 first person there. What do the results say to you?

7 9: OK. I'll speak then. I just had a small sample cause I didn't have a school with, either
8 school, with a huge Spanish population. But the parents, I did, I went through the process
9 for every parent that I had to use a Spanish interpreter, and every one of the parents were
10 parents that wanted to please. They wanted to make sure they did everything possible so
11 their children could do well and I tried to explain this process, of course, through an
12 interpreter, saying it's voluntary, but would you mind doing it and all of them said yes. I
13 don't think I got anybody that refused to do the questionnaires, but I think what it says to
14 me is that these parents, practically every one that I dealt with, felt like the kids were
15 getting what they needed in their education, so if the results were positive, like I assume
16 they might be, that might be what it reflected.

17 3: I would say the results reflect a social worker's how important it is to us to connect
18 with our clients or our client's parents and families to really listen, I think the social
19 history is a very natural setting for that to occur. I think it's easy for us to probably feel
20 good about that because we can take as much time as we need with the family, even
21 breaking it up into more than one session, if need be, so I think as social workers we tend
22 to be pretty thorough and work hard at that therapeutic alliance so I think that kind of
23 reflects that we might feel that we did a good job when we did these and that we
24 connected with the family.

25 7: One of the things I found was that, um and I really feel like they valued education, and
26 sometimes we don't see that in some of our families, but in the families that I worked
27 with, they really valued education. A lot of them only had first and second grade
28 education, and maybe from Mexico themselves and so education is so important to them,
29 and so they were more than willing to help out with the survey and really appreciated
30 everything we could do for them, and really appreciated having that interpreter there. I
31 think it really made them feel more comfortable, even though they probably could have
32 understood most of it in English, but they, you know, it just helped.

33 2: I agree that I think that it comes across very much so from the parents that they are
34 very appreciative that we're sitting down and taking that extended amount of time with
35 an interpreter and then to really get the full story and to explain everything to them
36 because I think that just the day-to-day contact we have with them when we we're like,
37 it's unfortunately a lot of times rushed, you know, having to pull someone all of a
38 sudden, a para, or a clerk or whoever we can get that can translate or sometimes we're
39 having to rush, unfortunately, and get the information and interpret what we have to at
40 the time and because we can't keep that person with us as long as we need to have them
41 or as long as we would like to get all the information we need and I definitely always feel
42 like when we're getting, you know, notice and consent and social history and we're
43 going over all the evaluation process with the parents, that, I always feel like they are
44 appreciative because they're realizing, you know, this is my time to be able to have as
45 much time with you as I need right now to go over every little detail and share
46 everything. I don't know, I just always feel like the parents really are appreciative and

47 feel like that's their time to really share with us everything that they normally maybe, we
48 don't have that time to do.

49 6: I have been at [elementary school] quite a while, so some of the families are ones that
50 I have known previously and I think that was valuable because it wasn't just an initial
51 meeting, you know, sometimes it feels a little more awkward to sit down with someone
52 you've never met or you don't know, so I think that did help and I agree, too, that with
53 our Hispanic families usually I see the appreciation that you've all talked about but I also
54 feel a level of respect for educators that I don't see nearly as often with our non-Hispanic
55 families and I think that is wonderful, and I think it's from the heart on their part.

56 4: And I would agree with everything that was said and our Hispanic families really do
57 value their children's education and they do respect the teachers and I think that has a lot
58 to do with it. I did the surveys, well, I mean I did the social histories, so the parents, most
59 the parents at the school where I work know me, have known me for a long time, and so
60 that trust has been developed and so it wasn't, I wasn't meeting a parent for the first time,
61 these were all parents that we've had. [Identifies school], so I mean they've known me, I
62 think that played a lot in that.

63 ?: Are we supposed to give our name first?

64 M: No.

65 8: And my school's a real small population, too. I haven't done too many for [the
66 researcher], but I think like [participant #2] said, they value that we sat down and took the
67 time with them because with people that I'm not able to communicate with well, I
68 probably haven't really built that trust level, but I think they did value that we, because
69 they do take a lot longer, I don't know if that's your experience, yeah, and I think they
70 felt valued that we sat down and took that time instead of rushing or, so mine has always
71 been a positive experience, too.

72 M: What about these results do you question?

73 8: I don't really question any, but I do know in the couple that I did, since it did take so
74 long for us just to go through the social history information and then having to take the
75 time to do the survey, I felt like maybe they were rushing a little because they were tired
76 by then and it's like, we both were tired, and, OK, here's one more thing I need you to
77 do. So I thought there could have maybe been some people rushing just to get it done
78 because we're tired by now.

79 4: I also question how well my parents understood the questions because some of their
80 reading levels they really struggled with understanding and I couldn't help them, and I
81 wasn't there so I don't know, I mean I could explain to them, I mean, what the
82 instructions were, but I don't know if they really understood the questions. I really don't.

83 9: I didn't see the results, you know, what the parents or the interpreter wrote down, and
84 but I wanted them to be completely very honest so I made sure I removed myself from
85 the room – I'd go into another room if it's their house, into a different part, you know,
86 like if we were in the kitchen, I would go into the living room, or if we were in my office,
87 I would go into another part of my office and turn my head so they would feel certain that
88 I 'm not seeing whatever they're writing, that I didn't want to know. I wanted them to be
89 completely honest, and I did not want them to skew the results to be positive to please
90 me, I wanted their true results. So if all the results were positive, and I'm assuming they
91 were because I did build rapport with all these parents and that kind of surprised me
92 because I had to go through an interpreter because unlike at least two of you, I don't

93 speak Spanish. That's not my second language, so I'm just assuming that they would, if
 94 they were going to be positive, I wanted it to be really positive, not to please me, so I
 95 made every effort to make sure they knew I was removed from the equation.

96 M: Anyone else? I think we'll go on to the next. What types of cases did you submit for
 97 the research? I think she might be thinking what initial evaluations or maybe we're
 98 thinking outcomes . . .

99 ? : I thought we had to do initials, didn't we? That's the only ones I did. [overlapping
 100 conversation]

101 M: Some of these, I guess I was wondering if it meant some of them might be gifted,
 102 some might be LD, MR, so maybe, can you tell me the diversity of your cases?

103 4: I believe over the years I've had a wide variety of cases, whether it's referring to
 104 initial re-evals, families you first got to know, families you've maybe had some other
 105 siblings, whether it's a more serious evaluation of a significant disorder or the possibility
 106 of that or a student that's doing really well, I think we had a good variety.

107 7: Seemed like the majority of mine were Learning Disabled, we had one that we really
 108 thought might be MR, but it wasn't, it ended up being a learning disability, which was
 109 really great. And, um, I guess that's about it.

110 2: Most of ours are learning disabled as well and saying we thought that we had one that
 111 might be MR that ended up being LD, lots of kids with speech concerns, one other health
 112 impairment, but most of ours are learning disabled, so . . .

113 9: All my cases came from my middle school, and, I think they were all re-evals. I think
 114 we did something like in a year's time, I think 90 re-evals, so, and [identified school], and
 115 so half the cases were gifted, or the kids were in a gifted program, and the other half were
 116 kids in other special ed programs and, there was one case at [elementary school] where I
 117 would have needed an interpreter and I really, really wanted to take that case to
 118 evaluation so I could use it for [this] research, but that didn't come about. [laughter]

119 M: Anybody else?

120 4: The majority were learning disability and I do recall a couple of gifted evaluations that
 121 we had.

122 M: OK. Let's look at that second question. Were these cases typical of your caseload or
 123 how were they different from your typical caseload?

124 4: I really think that all the cases we had were typical within the range of what we
 125 normally see at our school.

126 8? Mine were typical, too.

127 7?: Mine was typical.

128 2: LD and speech is really typical for our population.

129 9: I guess all my cases were at [middle school]. I think most of my re-evals were either
 130 gifted or other special ed cases and the re-evals for using an interpreter were typical of
 131 that, too.

132 6: I think ours were mainly LD and fairly typical for our building.

133 M: So what did you think of the Working Alliance Inventory?

134 6: I thought it was useful in that it was quite simple and didn't take a lot of time. As
 135 mentioned previously, when working with an interpreter, it can be rather exhausting for
 136 all three people involved, and, I got the sense that the parents appreciated being a part of,
 137 and that they were happy to, in a sense, do something back for the school. So, I thought it
 138 was a good thing.

139 7: I felt like it covered the relationship with the parent really well, and made me stop and
140 think about it, and I'm glad that it turned out the way it did, that we both felt very
141 positive about working together because that's what we work so hard to do, is help those
142 parents feel comfortable, any parent that we work with, so I was glad to see, and they
143 were, they didn't mind that survey at all, no, let me do it, no problem. I mean it didn't
144 get any problem with that.

145 3: I thought it was a really well designed inventory tool. It covered things very
146 thoroughly and it kind of asked things in different ways to bring out different responses
147 or have the opportunity to do so. It seemed very thorough.

148 9: Well, I'm really glad [the researcher is] doing this research because for the longest
149 time I was wondering if I have to go through an interpreter to do a social history, how
150 valid is my social history, what's my relationship like with this parent. I think I work
151 extra hard to try to build that, but that's difficult going through an interpreter, so I'll be
152 really interested to see what the results will be like. And, I mean, just an editorial
153 comment, I'm just disappointed that not more social workers participate because I know
154 there are social workers with schools with a heavier, much heavier, Hispanic population
155 than I had that probably did not participate to the level that I did. I gave her 100% of my
156 cases which were not as many as some people could have given, and I'm glad to see
157 several of you here, who didn't do that.

158 M: You know, it may have been partially already answered, but was the Working
159 Alliance confusing?

160 Multiple, no's.

161 M: Sounds like it's pretty unanimous here that it was not confusing.

162 4: I agree.

163 9: I thought it was all very well designed and anybody with a double digit IQ could
164 understand it.

165 [laughter]

166 M: We need that on tape. [more laughter]

167 9: [identifies herself and talks about her relationship with researcher].

168 M: Do you think the questions asked, got to the heart of the relationship with the parent?

169 Multiple yes's.

170 4: I think they did, like was said earlier, they were very well designed, and it was clear,
171 and it wasn't too lengthy, it was short, and it did get to the heart.

172 2: Well, I think it did a good job at asking and kind of, the same question in different
173 ways, making sure that you sat back and thought are the parent and I on the same page,
174 did I get my point across the right way, are they understanding where I'm coming from,
175 am I understanding where they're coming from, again are we on the same page, cause I
176 think that's very important that it makes you sit back and think, am I meeting them where
177 they're at, and do they understand what I'm trying to explain to them.

178 M: Yeah, it's been that kind of a question we've all had, it's a worry that we've all have
179 had, is the relationship translated through the interpreter? I think we're moving really
180 fast. We're only supposed to be out of here by 5:00. OK. What kind of problems or
181 issues did you encounter in participating in the research?

182 6: I had one case that was very unusual because the interpreter was falling asleep.

183 7: Oh my gosh! [lots of laughter]

184 6: I mean he was struggling, he was yawning and tears and finally I just said to him, you
 185 look really uncomfortable, and, you know, the parent was looking at him
 186 Unknown: Let me get you some caffeine! [laughter]
 187 6: and looking at me, and so he stood up and did the rest, walking around, which was
 188 unusual, so it was nothing to do with the research, in terms of, but it was such an unusual
 189 situation and I have to wonder, did that somehow reflect on me, or on what was the
 190 parent's view of that experience because it was, this happened to be a parent I had not
 191 met before, other than doing the notice and consent, so it was very different.
 192 9: I had two cases that was problematic, not because of the parents or myself, but it was
 193 kind of an interpreter problem again. One, the interpreter ran like almost an hour late,
 194 and she cited that she had car problems and traffic problems. And the parent was pretty
 195 patient, but I think she had to go to work, so I kind of wondered if that skewered the
 196 whole issue of how everybody answered the questions on the alliance, even though
 197 neither the parent nor I could help that, and there was another case that the interpreter
 198 failed to just show up period, and the phone system in the translating office was not
 199 working, well, no, I think the phone system was working, but the email wasn't working,
 200 and [the researcher] finally got a hold of them, they couldn't get out in time, so [the
 201 researcher] ended up interpreting, and, of course, we didn't use that case, for the alliance,
 202 but it frustrated me.
 203 7: Well, I had one of my English speaking cases was very unusual because it was a staff
 204 member who was very angry that we wanted to evaluate the child, and out of all my years
 205 of practicing social work anywhere, I have never had anyone treat me with such
 206 disrespect and I mean it was just awful, and she literally screamed at me so loud that the
 207 parents opened the door in the next room to see what was going on. And so, I always
 208 wondered how she rated me. [laughter] But it really wasn't me that the issue was. You
 209 know, she felt like her child was perfect and the child is not, and has some real serious
 210 issues, so, it was quite an ordeal. And so I kind of avoided working with her after that
 211 and let the principal deal with some other things, and told her what to tell the mom, like
 212 you have 10 days to think about . . . so that's terrible and I have to work with this person
 213 every day. But you know we've been doing fine together now, but . . .
 214 M: Kind of in spite of those cases, you know, there were some awfully positive results, so
 215 in spite of all the bizarre cases that we have, [oh I think hold it to our mouth?] so I think
 216 that in spite of all the fringe cases that you have, it's amazing that the results were this
 217 positive.
 218 6: One other thing I have to admit is that there was a time or two where I forgot to do the
 219 English follow up right away, and [the researcher] had to email me or let me know, I'm
 220 waiting on the English ones, so in terms of, I was good on the remembering to do them
 221 with the Hispanic, but a couple of times, I did not do the English one right away, I had to
 222 be reminded and do it down the road a little bit, but . . .
 223 2: I was the same way, it was easier to do one with an interpreter than . . .
 224 M: OK, so, how truthful do you feel you could be in responding to the questions in this
 225 research?
 226 Very truthful [multiple times x 3]
 227 9: I gave the whole truth that I knew. [laughter]
 228 6: The truth and nothing but the truth, so help me God [laughter]
 229 4: I was going to say ditto.

230 M: So everyone felt like they could be truthful. How truthful do you think the parents
 231 felt that they could be in responding to the questions?
 232 7: I think they felt truthful because, I mean they were truthful because they knew it was
 233 going to be sealed, and oftentimes you know they might be doing theirs, the interpreter
 234 would do hers, and I would be over here not looking at them and doing mine and then
 235 we'd all stick them in the envelope, we'd seal them, and then we'd just stick them in the
 236 envelope and either the interpreter or myself would drop them by the office to be mailed,
 237 so I really felt like they felt comfortable with that and did tell the truth. I'd like to know
 238 about that one, though. [laughter]
 239 7: She may not have finished the survey, though cause it was emailed to her.
 240 8: I felt, too that they could be very honest and truthful because I was like [participant
 241 #9], I would leave the room, and allow them that time,
 242 9: Turn your back or something.
 243 8: yeah, so I wasn't even in the room so I felt that they felt comfortable to be truthful.
 244 9: Yeah, I just agree, I think the parents had lots of reassurance before getting the survey
 245 to be very truthful, how confidential it was, and how even their name wouldn't be
 246 associated with it or their child's name, so I thought they felt they could be totally honest
 247 and were able to fill it out in privacy.
 248 4: I agree, I think that they answered truthfully.
 249 M: We're moving pretty fast here cause we're down to the last question. And it's in what
 250 ways do you believe this research is important for school social workers in Wichita?
 251 6: I think that it confirms what I hoped for myself and for other social workers that even
 252 though there's an interpreter and someone the communication is going through in my
 253 case, that my good intentions and my representation of the school as wanting what's best
 254 for the child and making our best recommendation that that comes across because I
 255 really, it's important to me that the parents know that I want what's best for their child,
 256 and that they trust in my professionalism, so it's very affirming to know that that is even
 257 happening in a case with an interpreter.
 258 4: I think it's very important because with the school district as large as 259 and as
 259 diverse a school district, it's important, you know, for us to know how we can do our job
 260 better and this is a good way of finding out how the parents feel about, you know, how
 261 they're treated and just the relationship that we have with the parents.
 262 3: I could really echo that in a large district like this, it's really encouraging to see the
 263 results on that, that we know yet from the social work side how, whether it's high school,
 264 middle school, or elementary that that of importance in that parent relationship and
 265 helping their child through the process seems to be very important to all of us and
 266 something we all really take seriously.
 267 2: I agree, too. I agree that when we're working with a parent and we have an interpreter
 268 involved, that it's nice to know that that compassion and that warmth and that sincerity,
 269 that we're just really trying to do what's in the best interest of their child and help
 270 educate them is coming through.
 271 9: I think this research is very important for school social workers in this district cause
 272 we're the people who connect with the parents, we're the point of entry when we're
 273 looking at special ed possibly for a child. And particularly in our district as diverse as it
 274 is, I think it's important that all parents know their input is very important and that we
 275 make an extra effort to involve them and, you know, get their opinions on everything.

276 M: You know, I thought it really spoke to the social workers that participated that we
 277 could say that the social workers that participated in this program were viewed positively.
 278 We don't know about the ones that didn't participate. I would hope that it would
 279 generalize to all of us, that there's some kind of uniformity at least that we're conveying
 280 a social work relationship through the interpreter, but I think we have to remember that
 281 the one, we're looking at the one's who participated and there are some that didn't so,
 282 you know. If we had 100% representation, what would that, would that have altered the
 283 results? I hope not. I hope not. I think these are real positive results. And I did, there is
 284 one more question.

285 9: Of course we come up to weird deals like [participant #7's]. [laughter]

286 7: I know.

287 M: I think it's interesting that even when you have the weird deals, the overall impression
 288 is very positive of social workers and their caring and respect for others. [cell phone
 289 ringing] Uh, oh. OK. Since that's not [the researcher], we're going to . . . OK, [the
 290 researcher] wants to know, what else haven't I asked you that I should have asked you?

291 7: I don't know if this is really to do with the research, but, for me, I had to do a Vineland
 292 through an interpreter, and I don't know that it really has to do with this, but I felt very
 293 uncomfortable that, you know, I couldn't tell what was being, you know, I would say
 294 what I would want to try to follow up to get the questions answered without actually
 295 asking the question directly, but I really wasn't sure what the interpreter was saying, and
 296 then what the parent would say back and they came back and forth, back and forth, and it
 297 just really hinders, and I really felt like that probably wasn't that great of a Vineland, I
 298 think maybe an actual Spanish speaking social worker should do the Vinelands because I
 299 think that we're not, I mean, I just didn't feel like it was a good deal, I didn't feel
 300 comfortable with it, so, it really didn't have anything to do with the research, but just an
 301 added little something.

302 6: I'm going to piggy-back off of [participant #7], just, interpreters seem to work
 303 differently and some, I feel, will fill me in a little better on the process of their
 304 conversation with the parent if the parent and the interpreter are going back and forth
 305 discussing something, the interpreter, some of them, might stop and turn to me and let me
 306 know what they're talking about, but not all of them do that, sometimes they'll talk for a
 307 long time, then they'll turn to you and say the answer's yes. [laughter] You know, like,
 308 there's got to be more than that. You know, I have no idea what all was in that. And it's
 309 not that I don't trust the interpreters, it's more, is there a piece in there that I need to
 310 know, or was what they were discussing, would it have prompted other questions from
 311 me.

312 9: For [this] research, I didn't have to you know, do a Vineland, with an interpreter, but
 313 in the past I have, and I felt like I was at a great advantage in that I'm a long ways from
 314 being anywhere near fluent in Spanish, but I had it in school 100 years ago so I know
 315 enough that I can catch on to the gist of the conversation. I thought that was very helpful.

316 M: Well, I think that's kind of it. And, to summarize, I think what we've found from the
 317 research is that we're pleased to know that mutual support and rapport is developed with
 318 the clients even through an interpreter, we feel like the clients are very appreciative of
 319 having an interpreter and taking the time with the special ed documents. Some were a
 320 little concerned that there was a fatigue factor with parents after completely going
 321 through the interpretation of special ed documents, they may have felt rushed to complete

the alliance inventory, and, it seemed like the cases were just typical cases that you might have with regular ed kids, LD, a couple of people pointed out they thought the student might be MR, but, with the evaluation, they looked LD, which may be complicated factors with language barriers, how important, how ESOL students may appear slower than they really are. People felt that the alliance inventory was simple, it didn't take a lot of time, it covered the heart of the parent relationship, people felt it was well designed and asked appropriate questions. Even though people had kind of unusual fringe cases of complicated families that might, some of them, angry, Out of tape?

Tech assistant: You're fine.

M: OK, even though there were some fringe cases, one case where the interpreter fell asleep, another the mother screamed at the parent, the overall impression still came out very true, that families really appreciated and a positive social work relationship was conveyed through the interpreter. People felt unanimously that people felt trust, that it was truthful, that the procedures that were given putting them in the envelope, were safe, and that parents could honestly write what they wanted to. We felt like it really is a positive thing for the social workers who participated in this document, they really truly did have an alliance with the parents and, although we kind of wonder it's reassuring to all of us that we can have relationship through an interpreter but we are still anxious about that Vineland and wonder, and we all still feel kind of anxious when interpreters say a paragraph and give us a one word answer, we don't, I guess we still feel a little anxious, in spite of having the inventory, once in a while. And I wonder if those are specific interpreters, you know, maybe we need to focus on our relationship with the interpreter, you know, our feeling safe with the interpreter, maybe that's [the researcher's] next research project. [laughter] Anyone?

6: I'm going to piggy back on that. I mean, I've been in the district forever now, and there used to be a smaller pool of interpreters, Right.

6: so I felt I had some good relationships with the interpreters, now, even this year, I've met multiple interpreters that I've never met before, so I think that impacts it, too, if you've worked with someone multiple times, you know, as your interpreter, that's a little easier than having folks that you don't know.

3: I would just say, too, it does make me really appreciate being able to do a social history straight in Spanish and not have to deal as much with that. [coughing]

7: Do you want a cough drop? I have some cough drops.

M: So we have one bilingual social worker is very reassured that she can do her own.

9: You know, after using interpreters I just thought, if I had any more time in the district than I did, I would make it a point to do what I can to learn more Spanish, so I wouldn't have to use an interpreter cause many times it was frustrating that they didn't show or they were late or, in a couple of cases, like what [participant #6] said, they would speak a whole phrase with the parent and turn to me and say yes or no, and I know there was a lot more involved in that. I just felt like I needed to do what I can to learn more Spanish if I had stuck around any longer.

7: Well you know I had worked with this one interpreter several cases and she would kind of like, she would maybe talk with the parent for quite some time, you know, I'm thinking, what's going on, you know, and then she'd say we're just talking about their high schooler, so they would get off target you know, on what we were discussing, quite

often in fact on this one case I had and I was trying to get a social history and they are visiting about other things, so, but you know, that was OK, we made it through it, and, but I really appreciated her letting me know they, kind of got off target there for a minute, you know, she was just kind of frequently, you know, whenever they did that what they kind of talked about. That was helpful.

3: I can try this again with a cough drop. Thank you my colleague. You know, it just really strikes admiration for me, and fortunately, I'm in a place setting where, you know, where I can use English and Spanish and not have to go as often through the interpreter situation unless it's a language that's maybe outside of those and I'm just so impressed with my social worker colleagues and all the commitment they have to go through that and to use that and it also just encourages me that no matter what building our parents walk into and see they're going to have a friendly, warm social worker face, and I think that's one of the encouraging things out of this research that at least we anticipate seeing is that whether they have an interpreter or not, it's that social work therapeutic alliance that stands out so strong and that we can even do that above and beyond a barrier like language.

M: Oh, you just give me goosebumps. [laughter]

Unknown: I know. It made me feel so good!

M: OK. Anything else?

6: I've got something, and this is back tracking and I'm not quite sure how to verbalize it, but on the question just about the inventory itself, I know there's the item of I believe the parent likes me and then the item of the parent and I have built a mutual trust and, you know, I always would hope that the parent would like me, but of the two, I think the mutual trust piece is the most important one. It's nice to be liked, but I'm there for a purpose, and the parent trusting me is paramount.

M: OK. I think we're done. Thank you all for coming, and [the researcher] wanted to wish you a wonderful summer holiday!

Appendix M

Focus Group #3

M: I'll lead you guys through the questions. Yeah, there we go. So what do these results say to you?

5: One of the things that I think it says is that we as school social workers in USD #259 really work hard to connect with our parents regardless of whether there is the use of an interpreter or not. We really want parents to understand what's going on, we want to understand what they're wanting and, I think that's one of the reasons for the high numbers.

6: Well I think we have a strong connection. We want to have a strong connection. That's why, at least what I did, you know, I do appreciate parents and I want the best for the kids, so, you know, I want to have a mutual understanding and work hard for that connection.

2: I think also, in addition to us wanting a strong connection, our parents want a strong connection with us, and we value that, and we see that in them. Because so many times, it has been said that we don't value our parents enough, and our parents don't value what we do enough, and so, we're seeing that connection that we are valuing our parents and they are valuing us, what we do.

4: Well, I concur with the, what others have said in terms of the connection and the parents being a part of this. Personally, I feel more connected when I do have the opportunity to do a social history with any parent, because I have a real opportunity to listen to what people say, and I think that is an important part.

M: Good. What about the results seem true to you?

6: The ones that I participated in, talking about what I did, I think the results were true. I do appreciate the parents as a parent, and I do try to make sure she understand that we are working together to do the best for the child.

M: Any other thoughts on that one? OK. What about these results do you question?

5: One of the things that, maybe it's my own feeling, but, even though I worked really hard and work really hard to connect with my parents regardless of what cultural, socioeconomic background they come from, when I'm having to go through an interpreter, even though it's kind of an interesting process, that language barrier makes me feel that the connection is not as great as it is when I'm able to communicate in the same language that the parent has, and according to the results, that does not reflect that, the results that [the researcher] got does not reflect the fact that that's the way I'm feeling.

M: Any other questions about the results? OK. What types of cases did you submit for research?

2: I had one family that I submitted, and the family, you want to know, like. Well, the family was from Puerto Rico, and recently, in the US, a young child, they only have two children, and one's kindergarten and one's preK, and so that's the one that I submitted, a very young family, recently to the United States.

6: Most of my families that I submitted were from Mexico, and they were just Spanish-speaking families, the children were, we were trying to find out if they were learning disability category or like MR, or just different kind of cases, I mean all cases that we do

48 have a categorical program in my school, so we did re-evals with those children, so kind
49 of all kinds of labels.

50 5: I submitted quite a few cases. Most of them were from a middle school where there is
51 a high Hispanic population. My other school was an Asian family. Let's see. Our
52 evaluations ranged from re-evals to initials.

53 4: This research was done over several years, and I was initially at an elementary school
54 and so there was an opportunity for many initial evaluations with Hispanic families, and
55 then I moved to a middle school where there were many re-evaluations with, where an
56 interpreter was used. I'll have to say that I learned many things about the culture from
57 doing these social histories with families because many of them came to a country that I
58 learned about, and I could identify that help was needed for lower socioeconomic
59 portions where people did not have valid social security numbers and did not have access
60 to the kinds of advantages that we have as citizens.

61 M: Can I interject here?

62 4: Sure.

63 M: OK, are you answering the first one, or the second one, just to clarify for when she's
64 writing it down?

65 4: I guess I'm answering the second one.

66 M: OK. And so we'll have that be noted to that, but, so what types of cases did you
67 submit for research?

68 4: Well, it was probably half and half in terms of initial evaluations and re-evaluations.

69 M: OK. Thank you. [Participant #4's] ahead of the curve, I mean, one of our
70 respondents is ahead of the curve. Sorry. And now we'll go to the second question on that
71 slide. Were these cases typical of your caseload or how were they different from your
72 typical caseload? And did you want to follow up on that?

73 M: No? OK.

74 2: It was different, well, as I recalled when one of the respondents was talking that I have
75 responded, or I had cases over a period of years also, and I was thinking more the more
76 recent cases. But over the period of time, I've had mostly Hispanic families that I have
77 worked with and submitted for this research project, but they all come from different
78 countries. That was one thing that was different. I mean, and, um, things that are typical
79 for my caseload is the fact that I had that close connection even though I had the
80 interpreter, I did feel connected.

81 6: The cases that I submitted are general the same of the cases that I currently have, but
82 the only difference is that the cases that I used for this research, they were parents that
83 needed translator/interpreter. That's the only difference.

84 5: In some of the ways, the cases were very typical. Parents are wanting what's best for
85 their children, they're wanting their children to receive a good education and to advance
86 and to be successful in school. One of the things I did learn in working with these
87 parents and families, initially I never thought about some of the traumas that our families
88 went through to get here to the United States. I can remember one young man who
89 became very closed as a result of his father having been in prison for 2 weeks. The
90 family lost their home, they lost their car. Just a lot of, some of the trauma and, you
91 know, in visiting with these families, it made me more aware of what's going on and
92 some of the barriers to learning that our children face, and not just language, but
93 environmental.

94 M: You have another thought?

95 2: Yes. Another thing that's different is the fact that some of the children, for the
96 research, don't have access to some of the things that other families have, like medical
97 and other government assistance, and so they struggle with that, trying to do it all on their
98 own, working different types of jobs, more seasonal jobs, and struggling with those
99 issues, I found, rather than, my entire caseload, that was different.

100 6: And when I said the cases were not different from the ones I deal with, it's because I
101 deal with those cases every day. You know, those type of families are like 90% of my
102 case load, so I, so they're almost the same.

103 5: I wanted to interject one other thing, based on what the other respondent was saying.
104 A lot of times we think that parents when they don't show up to a staffing it's because
105 they don't care, when in actuality, we have to take into consideration, a lot of our parents
106 work menial jobs where, like they may work in a hotel industry, they may work
107 construction, they may work, anyway, they can't take off to come to a staffing because if
108 they were to do that, they might lose their job and it's a choice they have to make,
109 coming to a triennial or an initial staffing meeting, or do their families eat. So, and I think
110 that's one of the differences that we face, and we need to be really considerate of that.

111 4: I thought of another characteristic that is really different with these families where we
112 use an interpreter. And your comment kind of spurred me to think deeper. And that is,
113 the courage that a lot of these families display when they leave the country, their country,
114 and come to the United States, where they don't know the social or the cultural
115 differences and they need a lot of extra assistance to find those assistances.

116 M: I was just going to make a comment even as the facilitator. It's just that it seems like
117 the alliance would be stronger even in this since we are kind of one of very few supports
118 for our families, so at least, this group of families. So, any other comments on that
119 question, just how it differed from your typical caseload?

120 5: I'm wanting to comment on our facilitator's comment. When I spoke about, with our
121 results being higher maybe that sense of our compassion as social workers transcends a
122 lot of the barriers that we might, that I might feel when trying to communicate with the
123 therapist, um, so, anyway.

124 2: And I think after we get over that initial scary part for the families that I'm going to
125 see the social worker, once that relationship is established, then our parents feel very
126 comfortable, and then those relationships build and they're very strong relationships as a
127 result of having to have gone over that hurdle of I'm going to this unknown person, but
128 once that's established, it's a good relationship.

129 M: This is good. It seems very positive. We'll move on to the next question. What did
130 you think of the working alliance inventory? [pause] Any thoughts on that? Or would
131 you like to answer the second question with it? There's another question there that says
132 was it confusing?

133 2: The inventory was OK. It was quick so I didn't have to spend a lot of time, trying to
134 figure out, and the questions were very user friendly, I should say. And so, and I noticed
135 when the families filled it out, they didn't, you know, especially if they had to use an
136 interpreter, it wasn't tedious, it didn't seem tedious in the fact that it came back very
137 quickly.

138 6: I think the questions were specific and the only thing is that, for some parents,
139 especially the ones that have low education, the switch between, you know, being, where

140 you have to answer true and then they want to switch that is the opposite when they have
141 to answer 1, I think that was the confusion for the parents. I don't know if that answers
142 one of the questions that [the researcher] said why, you know, it didn't have as much of
143 good results as the other one because I know some parents were filling it out there and
144 they asked me more than once what does that mean, and I think it's because they got
145 confused. You've got all the questions there you're supposed to answer, you know, the
146 highest, and then they want, it's the opposite, but other than that, I think they were
147 specific.

148 4: I thought it was a good inventory and accurately reflected what was addressed in the
149 inventory. However, I do recognize a lower level of education within the parents of those
150 who came from another country, seemed to have a lower level of education, and
151 therefore, they may not have understood the inventory.

152 M: Sounds like we answered what we thought of the inventory and also whether or not it
153 was confusing and various, or reasons why it might have been confusing for parents. Do
154 you think the questions asked got to the heart of your relationship with the parent?

155 6: Yes. Yes. Especially some questions were specific. How do you feel about this? Do
156 you think she's doing what supposed to do? So I think those were the key words for to
157 get to the relationship.

158 M: OK. Any other thoughts on that? OK. We'll move on. What kinds of issues or
159 problems did you encounter in participating in this research?

160 5: Well, initially, I forgot to or didn't realize I needed to counterpart with an English
161 evaluation, um, so, having to go back and get that data. I think that [the researcher] has
162 done a wonderful job in organizing it and making it very user friendly for us to do, and it
163 was, other than that initial part, I think it went rather smoothly.

164 2: Thinking back to the beginning of when she first asked us to participate, it seemed like
165 all of a sudden, I didn't have any bilingual social histories to do, and so I was wanting to
166 help out, and that was kind of frustrating to not to be able to initially, and then at the
167 school that I am in, it's not a whole lot of help to be given in that area. It is an ESOL
168 school, but we don't have, a lot of our families we don't do it in Spanish because they
169 speak English.

170 4: I have to say, that I agree with the person who indicated that initially, I did not match
171 an English social history with a social history obtained with an interpreter, so I had some
172 catch up to do on that respect. And then also, we're an ESOL school at the middle school
173 level, however, many of the families choose to speak Spanish at home, and the children
174 speak English at school, so there is still that focus on the Spanish language in the home
175 environment.

176 M: OK. Any other thoughts on issues or problems? How truthful did you feel you could
177 be in responding to the questions in this research?

178 5: I felt I could be very truthful with the, in responding to the questions.

179 6: I agree.

180 2: And I agree also.

181 4: Yes, I think they're very truthful responses to all the questions in the research. I will
182 have to say I think that even more information came out with the use of an interpreter
183 because these folks that I conversed with at least did not have a command at all of the
184 English language.

185 M: How truthful do you think parents felt that they could be in responding to the
 186 questions in this research?

187 2: I think I have a little better feel for how my English parents responded than I do when
 188 I was using an interpreter, although I wasn't in the room when either set, you just get the
 189 feel of the atmosphere a little bit better when you speak the same language, I think, that's
 190 my personal opinion, and so it's kind of hard for me to gauge what the Spanish-speaking
 191 parents were thinking, but they all agreed, if I gauge it on that, I know before I walked
 192 out of the room, they agreed to participate and seemed OK with doing that, so.

193 6: I think they were truthful because the parents that I worked with, they, I made sure
 194 they understood what they were doing, and I even told them that I never going to see the
 195 results or whatever, and they're not going to have their name, so I believe those things
 196 were motivation for the parents to write down what they think.

197 5: I agree, but I also wonder even though they knew I wouldn't see the results, I wonder
 198 how much of some of the positive responses might not be due to wanting to make me as a
 199 professional feel good or having, not wanting to be negative. I'm just curious about that.
 200 I do think that they responded truthfully, however, but that little piece has come to mind.

201 M: OK. [pause] In what ways do you believe this research is important for school social
 202 workers in Wichita?

203 5: I think the research is extremely important because I do think that we need more
 204 bilingual, multi-lingual social workers. We have wonderful interpreters and yes, we are
 205 able to connect through interpreters, but I still think that again, we need to encourage
 206 more language study for our social workers that are only, that only speak one language,
 207 and we need to look at maybe hiring more people that speak other languages than
 208 English.

209 6: I agree with some of what this, the prior social worker stated. The most important
 210 thing to me is that yes, we are going to see the need of a bilingual social worker. And the
 211 experience that I have, I have, you know, I am bilingual social worker, but sometimes I
 212 have set down, you know in a staffing or a meeting where another interpreter has been
 213 used, and I was just there, you know, I didn't interpret or, and no matter how good the
 214 interpreter is, it's always a loss of information, no matter how good it is, and I have to say
 215 over and over and over, it's not the same. The parent would not feel comfortable saying
 216 to the interpreter because she knows it's going to go from that, to the person, but if the
 217 parent has a direct contact with the person, that parent connects to you better than
 218 connecting with two people at the same time because the parent would be connecting
 219 with the interpreter and the social worker, but if you go, and you talk directly with the
 220 person, that person will connect to you. So to me, it is the most, it's extremely important
 221 for the social worker to be able to talk with the person in their language, and I had
 222 Vietnamese social histories and I came out feeling like I didn't do as good of a job as I
 223 did, even if I had an excellent interpreter, I always had that doubt that, OK, if everything
 224 was said.

225 5: I wanted to add another thing in terms of, there's nothing like when you are in a
 226 foreign country that is not of your original origin. There's nothing like hearing your
 227 native tongue spoken. That does so much to create an initial connection. It's really hard
 228 to understand, I think, unless you have been to another country, and I think we need to
 229 keep that in mind, so, yes, bilingual multilingual social workers are extremely valuable in
 230 connecting with families.

2: Looking at that question the importance of this research for Wichita, as I reflect on our move towards cultural proficiency, it allows us as social workers to reflect on how we're handling people of other, or not handling, but considering, people of other cultures, and then it also allows us to get feedback from those cultures of how they perceive they're being received in the schools.

M: Again, as facilitator and not participating in the research at this point, but I think, right now on Wichita, there aren't any incentives for being bilingual social worker, and a lot of times, in your base building, you're often taken away from your primary job to interpret here or say something there and you know, you really can feel abused in that, and so, I think there isn't as much of a motivation to be bilingual, if anything, there is a bit of a deterrent in saying that you speak Spanish. I know I'm often like, I don't know if I want to let everyone know because then they just come find you for every little thing, so, my frustration. Any other thoughts on what this would, how this is important for Wichita school social workers?

4: I agree with what's been said previously.

5: Based upon what our facilitator said, I really think that our district should promote us, or providing incentives for social workers to learn other languages to help with, maybe some of the expenses to go to universities, to study programs, or even to go to other countries where you can be immersed. The only way to really grasp a language, you can study the, how sentences are constructed, you can study alphabets all you want to, but until you are forced to live in a community where no one speaks English, it's really hard to learn, and the other thing is, there need to be incentives where bilingual social workers or social workers who have studied various languages can continue to practice those skills.

M: OK. Any other thoughts on that? I would, I could go forever on this one, but, OK. And, this is a question that our researcher is asking. What else haven't I asked you that I should have?

4: I feel that there is a huge difference in the abilities of interpreters. I've encountered both ends of the spectrum. And, some connections are better than others based on the interpreter's abilities, and I'm not speaking about language abilities, but rather about the social work abilities that we all possess.

5: I would agree.

6: Maybe it was asked, but it's very important to make sure they understand, to me, I represent one part of the Hispanic community and that's the biggest population in Wichita that they are a minority, but we are growing, it's not that I'm proud of them but it's growing, and it's going to be, we're going to need more social workers that are able to understand and I agree with my co-workers here when they said, it needs to be, the district needs to implement some type of program to have the social workers learn the skill because it's extremely needed. Again, it is very important for me to say that a lot of interpreters, and I'm telling you because I've been there, they do not translate, they do not interpret right. Even if you said that it is, and you like the person, they take, I've been watching very closely, and they take 30 or 40% of what you're saying. Because we have limited time and because we are, you know, the parent is in a rush, and sometimes the parents will say don't say this, because you know, I don't want them to say, and like, if they have a comment about somebody else, so it is so much information lost, in the interpretation, and I cannot tell you again and again and again, how many times it is very

important to have that direct connection and to be able to understand what really the parent is saying. A lot of times, I have found that, when I have not been there, the parent come to me right after, you know. We are not, like you said, being a bilingual social worker, sometimes is not a gift, because they use you for everything and when we are not there, they use somebody else, well the parent come to you later and tell you what went on, and then you have to go after and fix it because it was not done right because they used an interpreter because that's not what the parent was expecting, that was not the outcome, so I cannot say how truly important it is that the district sees that. A lot of times, I have thought, well, I hope we don't get in trouble because of this miscommunication, and the information that was left out.

2: I agree with what has been said, and also that it would be nice if the district provided opportunities for social workers to at least learn conversational Spanish or another language, and also, when we pull in an interpreter, we always have to, from outside of our school, we have people who, in our buildings, that can speak Spanish and that the families are already comfortable because that's who they come to a lot, but cannot, and I'm not talking about social workers, I'm talking about, but cannot do the piece for special ed because they have not been trained with that, to help. And I think I might would even feel more comfortable with someone that the family already knows and has communication with, helping interpret for our families for the special ed piece also.

6: OK. The other thing is that amount of the time it takes with the interpreter. We had lately, we had a staffing in Vietnamese, and I'm not kidding you, we had 3 hours staffing because the interpreter when, I don't know if she said it so many times, that she went over and over, and I couldn't understand, but it went 3 hours for an initial evaluation with interpretation. We kept looking at the clock, and she knew, she was late too, but it was, I don't know if you know, but in Spanish you say, English is specific, you get to the point, and that's it, and in Spanish you have to turn around and have to expand, you know, what you have to say, and you have to make sure the parent understands, and sometimes you have to change the entire sentence because if the parent is not educated, or the parent is from another country that is not from Mexico, it's a different Spanish that they use, so you have to say it in different ways for the parents to understand really what we're trying to say.

M: Did you have a comment you wanted to add?

4: I just wanted to say that I agree with that.

M: All right.

4: And the time element is one of those things that all of us struggle with. When an interpreter is used, there is a longer period of time because there's more Spanish words, as I understand than English words, and all of this has to go into the translation, and it can be lengthy.

5: I've noticed with both my staffings and social histories and the use of a Vietnamese interpreter as well as a Spanish interpreter, you can pretty much add, you double the amount of time, roughly, that you're going to spend in that meeting. So having bilingual, multilingual social workers in the long run, [I can't even talk], would probably be more economical.

6: And more ethical.

5: Yes.

322 6: I would think. You know, I'm a very big advocate, and probably all of us, but I want
323 to make sure that the parents knows every single line that I'm reading, if it's in English, I
324 would never, ever have them sign anything that they don't understand, so I would take
325 the time to translate every single line for the parents to know what they are reading, what
326 they're signing, so that, preparing for that, preparing for the social history, preparing for
327 the interview, takes longer time too, to me, because I do have to have Spanish and
328 English right there for the parent to see, and I know, they are not going to see that it's the
329 same, but I try to make sure word by word, that they can compare and they can feel pretty
330 good that that's what they're signing.

331 M: Any other thoughts on what else our researcher could have asked? OK. I think that
332 this will conclude our focus group. Thank you guys.
333

Appendix N

Focus Group #4

M: You guys ready? OK. Let's start with question one. What do these results say to you? And I can flip back through the results, if you want me to, so. Does anyone want to start?

Can you flip back?

M: Uh huh. [pause] Start right there? OK.

2: I would say that these are consistent with kind of the gut level feeling I had when I was doing these surveys with parents in general, they seemed to be open to doing this, they seemed to, just the non-verbal reactions I got. It was a good feeling like they had felt in a positive way about what we had tried to do that day. Both with interpreters and without.

3: To me, the results, since it was so positive that says to me that, as social workers, we obviously feel good about what we do, and we strive to make good connections with parents and perceive that, whether or not that's true, it would be nice to see the parents' reactions too, but from the social work perspective, it, apparently, we do feel good about what we do and want to be helpful, strive to be helpful to the parent.

5: And just to add to that, that we apparently do have a lot of confidence in our ability to be helpful to the parents, and I have, you know, I guess I'm not really too surprised either in that most of the parents that I have worked with, particularly those that did require an interpreter, they've been so appreciative of anything that we have done for them, so, you know, they seemed to value education and so, when they know we're really trying to work with their child and to help them to succeed, they are very, very appreciative.

1: And I think that's, I know we're doing I guess with Spanish speakers only, but I think that is part of the culture is that the teachers are, you know, the ones in the know, they're the experts and they do value education and they want, the, you know, it's always are they behaving? How are they doing in school? And they're going to do whatever they need to, to make sure their child is successful and, yeah, I think they're very appreciative, so, um.

M: OK. Anything else? We'll move on to the next question. What about these, I think that we've kind of answered this maybe a little bit, but what about these results seems true to you? [long pause] Then the next question would be what about these results do you question?

1: I think I appreciate this parent as a person, I think, yeah, we do, just as social workers look at the strengths that the parents have, what they're doing for their children, and I think that we always believe that they're doing the best that they can, for their children and for their families.

2: I think that we really try to build that foundation from day 1 with all of our parents, just establishing that good rapport and relationship because we know we're going to probably be working with a lot of them long term and so I think these results show that pay off. You know, we can't just, and some of these families we've known for a long time, and we have that good foundation. So I feel like we, we're doing our job. I think these results show that we're doing what we should be doing.

M: OK. So then, what about these results do you question? [long pause]

M: Anybody?

2: There were a couple of times I wondered if the parents were answering, even though, I explained that it was confidential, they put their results in an envelope, and it would be sealed, nobody would look at it, whether they really were as honest as they could have been or, maybe did they, the literacy level of the parents in reading the questions, especially with the ones that were kind of reversed, did they really interpret it the way that it was to be interpreted.

5: And to go along with that, too, there were a few times I know when I had to have an interpreter come in and we sit and we go through the whole notice and consent process and we go through the whole social history process, it takes a long time, Multiple Yeses.

5: and then you're doing this at the end of that long time, and so, there were times I wondered, you know, how much thought really was put into answering the questions just because they've been sitting there so long and were anxious to get finished.

1: I wonder how much was dependent on the interpreter, as well, because I've worked probably with 4 different ones, 4 or 5, and they really ranged from really giving their opinion, being very, not outspoken, but just very friendly, interpreters that would just, interpret exactly what you said, and, you know, nothing else, and I think the ones that were more outspoken, made the parent feel more comfortable to speak out more and I wonder if that affected the way they answered the questions as well.

3: I don't know if this is an answer to, or even a response, an appropriate response to the question, but I think sometimes with just the social worker and the parent, you seem to have some agreement, but that then when you bring in the whole team, that there might be different information shared or points of view that maybe the parent's not understanding or not agreeing to, so sometimes it's not a contradiction, but the social worker and the parent during that time of the social history may seem to be on the same page, but later down in the process it, with just more information, sometimes it's harder for parents to put it all together, so, I don't know. That's not really a response to the question, but.

5: When you were talking, I thought of something else. Sometimes, too, and I know when [participant #2], you were talking about the literacy level, you know, of the parent, well, and just the whole educational level of the parent and their experience in education and maybe they really have not had very much formal education and so, do they really feel that they can express you know, an opinion about what's happening, I mean, you know they may totally depend on the professionals at the school to know what's best and not really feel that they have a valuable opinion to give.

1: And again, just the culture being very private, do they share everything? And it's kind of off the subject, but I know I've worked with several families that when they hear mental retardation or cognitive or mental, they hear crazy, they hear something's wrong with my child, so do they withhold information so that you don't see their child as having a disability? Just a question.

M: Ready to go on, or did you want to . . . [unintelligible] . Are you sure? I don't want to take [unintelligible]

M: OK. The next question then is what types of cases did you submit for the research?

2: I tried to, because I was wanting to help [the researcher] out, every one that came along with an interpreter, I think I probably missed a few, but I tried to submit every one with an interpreter that I could and then a matching one, probably didn't get a matching

one for, probably didn't get an English speaking one to match for every Spanish one, but I tried to, as much as possible, because I knew she was needing help for her research.

3: Our population where I work is, we don't have a lot of Spanish speaking families, so I could only do a couple, but they were Spanish speaking. I guess they were all supposed to be Spanish speaking, and they were all re-evals, I think I did 2 or 3 and they were all re-evals.

5: Mine were the same, except there were some that were preschool children who were being evaluated and maybe the evaluation was completed by the ECO team actually, but, at least that initial part, you know, with the social history and all, was done by me.

1: Initial evaluations, re-evaluations, I think probably the majority ended up with learning disabilities.

M: Were these cases typical of your caseload or how were they different from your typical caseload?

M: Typical? Everybody in agreement? Typical? OK. What did you think of the Working Alliance Inventory? [long pause] Was it confusing? Did you think the questions asked got to the heart of your relationship with the parents?

5: The thing I don't like about it is, I don't like anything that has that many choices for an answer, like on a scale of 1 to 7, or, you know, even when it's broken down, because I know I get confused, trying to think that through, and I can only imagine for parents, you know to try to zero in on either a 1, 2, 3, up to a 7, I think it's a little bit confusing.

1: And my responses were probably a bit on the lower end because, you know, most of the time I would like to have thought that I had a good relationship with the parent, but some of the questions, I built a mutual trust, I don't know or I don't know if the parent appreciates me or likes me as a person, and I couldn't say, yeah, I think they really do, so some of those, I just think I tended to score low, cause I don't think we really know what the parents are thinking.

5: In a few cases, because I don't have a long history with my building, you know, there were a few times when that was the first time I had met the parent, when we were sitting down to do that, so to say we had mutual trust, you know, was maybe a stretch.

3: Just to add to that, it's interesting that you brought that up because mine were all re-evals, and they were parents that I had known for several years, and that I'd worked with, and that we've done lots of other things with, so that probably colored how I perceived that one meeting. You know, it wasn't just based obviously on that one meeting, you know, I'm sure that I, even though I didn't think about it, that I just thought about our whole relationship in general. I hadn't even taken that into consideration. I don't know that the survey necessarily can narrow down to just that one meeting, at least in my case.

2: I think most of the cases I had were families I knew. There were a few new ones, so that did help, that I had that relationship there, but I agree that there were a lot of choices and sometimes I was struggling with, you know, which category should I put here, but anyway, I would echo what you all said, too.

M: OK, so one of the things that you said was there were maybe too many choices, so that was probably confusing, but anything else that you thought maybe was confusing?

5: Just those questions that were reversed, like she had referred to before, because when you're going along and they're all going one way and then all of a sudden one of those gets slipped in, it kind of gets you, a little confused.

138 2: I thought about that the first few times, well, maybe every time that I did that, because
 139 I was doing it enough that I knew those were coming up, but for a parent, for these
 140 parents that were seeing it for the first time, I was really wondering, did they really read
 141 it, or did they see the confusion there.

142 M: Do you think the questions asked got to the heart of your relationship with the
 143 parents?

144 3: My response, and again it's not exactly addressing this question, but I'm speaking
 145 about relationships with other parents that I've had this year. And I can even think of
 146 those now that I have seen the questions again, I can see some of my relationships with
 147 some of my parents I would not have answered this positively so I think the questions
 148 were appropriate. I wouldn't have thought that just based on the families that I did for
 149 the study, but thinking about other families where, again, it wasn't as positive, I think the
 150 questions were appropriate.

151 M: Anyone else on that one? OK. All right. What kind of issues or problems did you
 152 encounter in participating in this research?

153 5: I'm just repeating what I said before, but the time. Even though it didn't take that
 154 long to do it, you know, in and of itself, but the fact that you had already spent maybe 2
 155 hours with the parent up to that point, and then, you know, asking them to do yet one
 156 more thing when they were tired and ready to go home.

157 2: The parent was given that information sheet, and sometimes I wondered if they really
 158 took the time to read through that and it can be a little bit confusing or complex to read
 159 through that, so I wanted to make sure they understood what they were going to be doing,
 160 but I think a lot of them just glanced at it.

161 M: OK. How truthful did you feel you could be in responding to the questions in this
 162 research? OK, you want to say something?

163 1: I think very truthful, but again, what [participant #5] was saying, when you've met
 164 that parent for the first time, just being very honest, you don't know what the parent is
 165 thinking.

166 2: I think the fact that it was anonymous and there were no names tied to any of this, I
 167 mean I felt like I could be honest, and I tried to reassure the parent their name would not
 168 be tied to this, too, so.

169 M: How truthful do you think parents felt that they could be in responding to the
 170 questions in this research? [long pause]

171 2: I think what I said before, I hope they were honest, but there's that unknown piece that
 172 we don't, we're not aware of or do they really trust us to believe it was anonymous or
 173 that were we going to write their names down or make copies of this or whatever, so, I
 174 don't know if there's a way of answering that.

175 5: And, I don't know how much this comes into play, but just that I did, I feel like the
 176 parents rely on us and depend on us, you know, as far as what is the actual level of trust, I
 177 don't know. There is still some parents from that population who are fearful of their
 178 name being out there, or, you know, because of immigration issues or whatever, you
 179 know, that might be, so, you know, I don't know how truthful really they would be on
 180 those kinds of things, but, it's hard to say.

181 M: So if you had, your gut feeling, would you say that the majority of them were, or . . .

182 5: I think so, but there's just a few families, that, you know, I just wonder about the trust
 183 level because of their . . .

184 M: OK. In what ways do you believe this research is important for school social workers
185 in Wichita?

186 3: I think it would be nice to see, hopefully we'll be able to see the results from the
187 interpreter and the parent because for me, it gives more important information than from
188 the social workers. I'm anxious to see how our families perceive us.

189 2: One thing that would be interesting to know is the seating arrangement, because we
190 filled out those diagrams of where the interpreter and the social worker and the family
191 sat, so I think that would be interesting how that correlates to the responses. Did certain
192 seating arrangements have a more positive, you know, response level?

193 5: And also, you know, when we talk about getting the results from the interpreters as
194 well, I think that will be interesting as well because you know, in a sense, they're kind of
195 observing us, in our role, which isn't something we usually, you know, we get feedback
196 on. So that will be nice to have that feedback.

197 M: In going back to what kinds of issues or problems did you encounter in participating
198 in this research, was there ever anything, I mean we talked a lot about with the parent,
199 was there ever any problems encountered with the interpreter? Like scheduling, or
200 anything like that? No? OK. All right. What else haven't I asked you that I should
201 have? [pause] Basically then, basically to summarize for [the researcher]. Do you guys
202 have anything that you want to say? [long pause] Did you think that . . .?

203 2: I think she alluded to this, but I think it will be interesting to see what the summary of
204 the research is and how we can do our jobs better, maybe it will give us some new
205 direction or new ways we can do things, or just to be more sensitive to families when
206 we're doing social histories.

207 M: Anybody have anything else they want to add that maybe we missed? No? OK, well
208 I think that's it. Thank you guys!

209 [First tape turned off. Rest is just snippets of conversation picked up on the one tape.

210 I think what you said is so true about the personality. Cause we had a homeless family,
211 and she got so involved and oftentimes, she would just take over

212 You don't know what she's saying, it's so scary, you have no idea, I mean for me, really
213 what's being said or

214 Yeah.

215 And then you know, you kind of feel like, well is she crossing her boundaries in terms of
216 social work. Now with the Hispanic families that we've had that

217 With that interpreter because she doesn't get along with that mother. [laughter]

218 It's quite an issue, you know. Yeah. And she gives her opinion. [laughter]

219 Your interpreter? Does she make sure she says that it's her opinion that she's not
220 speaking for, I don't

