

## Enhancing Education and Training: Language Diversity Among Human Service Providers and Interpreters

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**Abstract:** This study was designed to analyze: (a) the relationships among three distinct levels of bi/multilingual competence as self-reported through a quantitative survey distributed to 483 trainees and practitioners in the fields of human services (i.e., psychology, counseling, social work, and family services), (b) the reported levels of self-efficacy of six native, heritage, and professionally trained speakers (non-native Spanish speakers) in the human services field, and (c) the level of confidence in their interpretative skills when another professional solicits their bilingual services. The study suggests the collaboration between interpretation and human services programs and creation of specialized certifications anchored in culture. Additionally, the study recommends the refinement of education strategies considering the background of ethnic groups in order to increase the levels of success.

**Key words:** multilingualism, culture, second language, translation, human services

### 1. Introduction

Historically, the fields of diversity, multiculturalism, and pluralism in the US were dominated by the social narratives pertaining to race and ethnicity. With time other social variables such as socioeconomic status, gender, sexual orientation, social justice, class, national origin, religion, and spirituality expanded the definition of multiculturalism to make it more comprehensive (Buckley & Foldy, 2010; Celinska & Swazo, 2016). On the other hand, the dimensions of multilingual competences have been frequently ignored by most frameworks in the area of human services (Hurley, Gerstein, & Egisdóttir, 2013; Peters, Sawyer & Guzman, 2014). This has been a curious negligence since language is the main tool utilized by human service providers when assisting individuals who are seeking professional services. In the US it has always been assumed that English as the dominant language is the only appropriate way to communicate with clients regardless of their national and linguistic backgrounds (Shoeman, Chiliza, Emsley, & Southwood, 2008; Swazo, 2013). Although this has been clearly a dominant faulty logic, it has not been properly corrected by educational or training accreditation boards. Only when seen through the intersecting lenses of psycholinguistics, translation, and interpretation, the language issue becomes a preponderant element that deserves the attention of researchers in the human services field.

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Even though this is clear for translators and interpreters who are abundantly aware of the influences of contextual culture and country origin as determinants of precise meaning of words in a conversational context, human service providers in general lack this conceptual understanding (Swazo & Celinska, 2018). The reports of various bilingual clients indicate that human service providers who have a basic understanding of their native language and culture of origin also can empathize at a higher level and can form a stronger therapeutic relationship (Costa & Dewaele, 2014). According to Alia (2004) a language barrier between the provider and client can cause a family to be less apt to engage with the provider (therapist). As a result, using basic language keywords from the non-native speaker can accelerate the access to emotional issues. Additionally, demonstrating genuine curiosity about migration, acculturation, and culture of origin issues tend to elicit the curiosity of clients (Alia, 2004). Consistent with Alia (2004), Bager-Charleson, Dewaele, Costa, and Kasap (2017) concluded in a study of 88 therapist participants that brief training intervention at the multi-ethnic Mother tongue Counselling Service has an impact on therapists' practice by changing the narrative of "knowing". Specifically, the human service provider's (therapist's) awareness that there is not only a language barrier but also a barrier of self-interpretation and understanding cements the idea that bilingualism is a multicultural issue as well as a linguistic issue.

## **2. Intersections Among the Fields of Translation, Interpretation, and Human Services**

The field of human services (i.e., psychology, social work, counseling, and family services) is closely entangled with the field of translation and interpretation as both use culturally and contextually embedded language as a means of communication and service delivery. Regardless of the country and lingua franca used for therapeutic purposes, there are immigrants from different generations that might not have a strong mastery of the adopted country language in order to articulate with fluency their deep sentiments and emotional and psychological states of being. As a result, there are two logical alternatives to this linguistic deficiency for an individual who is seeking assistance from a human service provider. First, a professional interpreter must be hired to serve as a linguistic mediator between the client and the provider. Second, the human service provider himself/herself must have the bilingual skills to provide direct services using the native language of the client without needing an intermediary. In theory, the latter is the ideal case, but it is not always feasible to find a native speaker of the client who also has professional training and credentials in the field of human services. As a result, interpreters are the most affordable and accessible alternative. For instance, in a study at Geneva University Hospitals a self-administered questionnaire was sent to 151 head doctors and nurses in 70 clinical services in 11 clinical departments (Bischoff & Hudelson, 2010). With a 66% response rate, the study revealed that most participants use interpreters to communicate with patients not fluent in French. However, professional interpreters are still underused and instead participants tend to use ad hoc interpreters while professional interpreters are used as a last resort (Bischoff & Hudelson, 2010). Furthermore, access to interpreters cannot be equated to automatic use of their services by clients as there is a degree of resistance to bring a third party to the already emotionally compromising situation of being in a therapeutic environment.

A survey study by Dewaele (2016) in which 1005 participants completed the Bilingualism and Emotion Questionnaire (BEQ) showed that bilingual or multilingual individuals "feel differently" in different languages. Then, code switching was used as a coping mechanism by most participants in order to fully express certain emotions that were not captured with another language. This finding was reaffirmed by a study conducted with 10

bilingual service providers which revealed that clients use their first language to express more emotional content or important memories including trauma. As a result, the use of certain language by the bilingual human service provider or via the interpreter has specific implications regarding assessment and treatment (Kokaliari, Catanzarite, & Berzoff, 2013). Consequently, professional interpreters must have a robust knowledge of the therapeutic context in order to convey effectively and efficiently the content provided by the client in order to ensure that the clinician can render an accurate diagnosis and treatment plan.

Although there is an overwhelming support for multilingual services in order to increase the accuracy of diagnoses and the understanding of emotions and thought processes, the human services training programs remain stubbornly anchored in the status quo of traditional definitions of multiculturalism. The lack of inclusion of multilingualism as a transformational element to responsibly assist multilingual populations remains an unattended issue. With the intention of remediating this fracture of knowledge and expanding the current body of literature, this study was designed to analyze: (a) the relationships among three distinct levels of bi/multilingual competence as self-reported through a quantitative survey of 483 trainees and practitioners in the fields of human services, (b) the reported levels of self-efficacy of six native, heritage, and professionally trained speakers (non-native Spanish speakers) in the human services field, and (c) the level of confidence on their interpretative skills when another professional solicits their bilingual services.

### **3. Method**

#### **3.1 Levels of Bi/Multilingualism Among Human Service Providers: A Quantitative Analysis Data Collection Instrument and Procedure**

The study utilized the Multilingual Competence in Counselor Education and Allied Disciplines (MCCEAD), a questionnaire designed by the first author to measure, among other constructs, the levels of bi/multilingual competence. The participants who chose to participate in the study signed a written consent and were subsequently administered the questionnaire (the responses were anonymous), yielding a 95% return rate. Bi/Multilingual Competence in this study was measured at the following three levels: (1) Bilingualism, (2) Academic-Based Second Language, and (3) Culturally-Embedded Bi/Multilingualism. Bilingualism Level (Level 1) is indicated by the total number of endorsements (i.e., “yes” answers) to the items representing the degree of bilingualism (i.e., emerging, partial, or full). Academic-Based Second Language Level (Level 2) is measured by the total number of years of instruction in second language at both middle/high school and/or college. Culturally-Embedded Bi/Multilingualism Level (Level 3) is measured as the total number of endorsements (i.e., “yes” answers) to items representing the use of more than one language in a variety of social interactions such as communicating with others, daily use of media (e.g., music, TV, printed materials), use of native language of the ancestors when visiting their homeland, and the readiness to emigrate to a foreign country based on the knowledge of this country’s language and customs.

#### **3.2 Participants**

The total of 483 participants responded to the MCCEAD including 411 trainees and 72 practitioners. The trainees were 111 undergraduate and 300 graduate students enrolled in 3 universities in the U.S.A. The practitioners were affiliated through professional development activities with a large-size Midwest state university and a small private university in Central America. The students and practitioners represented the following disciplines: psychology (n = 146), counseling (n = 193), social work (n = 61), and family services (n = 83). The

481 out of 483 participants self-reported the following ethnicities: 71.5% Euro American, 5.8% African American, 0.4% Native American, 15% Hispanic/Latino, 0.8% Middle Eastern, 0.6% Pacific Islander, 1.7% Asian, 3.3% Biracial, and 0.6% Other. Females comprised 84% of the participants ( $n = 408$ ) and males comprised 16% ( $n = 75$ ). The participants represented a wide range of ages: 79% were 20–31 years old, 15% were 32–45 years old, and 6% were 46 or more years old.

### 3.3 Service Delivery and Interpretation Self-Efficacy among Human Service Providers: A Qualitative Analysis

The qualitative part of the study focused on in-depth interviews framed in the professional experience of six different human service providers in the U.S.A. ranked as native speakers, heritage speakers, and professionally trained Spanish speakers. These six participants did not participate in the quantitative part of the study described above. Differences of their perceptions about quality of services and self-efficacy when assuming the roles of human service providers and interpreters were recorded and analyzed.

**Table 1 Participants of Interviews**

Country of Origin	Gender	Age	Level of Linguistic Ability	Number of Years in the Human Services Field
Bogota, Colombia	female	43	Native	7
Granada, Spain	female	39	Native	13
US, Mexican descent	female	25	Heritage	2
US, Cuban descent	male	33	Heritage	5
US, Midwest (Euro American)	female	47	Professionally trained (second language)	17
US, East Coast (Euro American)	male	51	Professionally trained (second language)	24

## 4. Results

### 4.1 Levels of Bi/Multilingualism among Human Service Providers: A Quantitative Analysis

The values of Pearson product-moment correlation coefficients (see Table 1) indicate that all levels of Bi/Multilingual Competence are statistically significantly and positively correlated with each other ( $p$  value of .005 or lower). The correlation between Bilingualism (Level 1) and Culturally-Embedded Bi/Multilingualism (Level 3) ( $r = .617$ ,  $p = .000$ ) is of moderate strength. The two remaining correlations, that is between Bilingualism (Level 1) and Academic-Based Second Language (Level 2) and between Academic-Based Second Language (Level 2) and Culturally-Embedded Bi/Multilingualism (Level 3), are weak.

**Table 2 Correlations among Levels of Bi/Multilingual Competence**

	Level 1: Bilingualism	Level 2: Academic-Based Second Language
Level 1: Bilingualism		
Level 2: Academic-Based Second Language	$r = .235$ $p = .000$	
Level 3: Culturally-Embedded Bi/Multilingualism	$r = .617$ $p = .000$	$r = .134$ $p = .005$

#### **4.2 Service Delivery and Interpretation Self-Efficacy Among Human Service Providers: A Qualitative Analysis**

Question 1: Do you think that you have a high degree of efficacy when working with clients who speak Spanish? The native speakers reported a higher degree of confidence than the rest of the participants. The professionally trained participant with the highest number of years in the field reported a high degree of confidence when working with clients of Mexican descent because she lived for a period of time in Mexico and the vast majority of her clients are of Mexican descent. The heritage speaker participants indicated that sometimes they faced issues related to high quality translations of technical terms associated with a discipline (i.e., legal, medical, psychological, etc.).

Question 2: Based on your previous answer, how would you rate the quality of your services including interpreting for some of your colleagues? The native speaker participants rated their services as “excellent.” The heritage speaker participants rated their services as “good” depending on the age of the client and specificity of situations faced. Technical language seemed to be an issue for both. The professionally trained speaker participants rated themselves between “good” to “acceptable” depending on the country of origin of the client that they service. Decoding slangs and provincialisms within a cultural context was reported as being a difficult task.

### **5. Discussion of Results**

The current survey results pertaining to the levels of bi/multilingual competence among human services professionals indicate that self-reported academic-based second language competence correlates weakly with both bilingualism and culturally-embedded bi/multilingualism. Clearly, learning a second language in an academic environment (school and/or college) does not strongly relate to self-identified bilingual or culturally meaningful use of language. Professionals who have learned second/non-native language(s) through classroom-based instruction rarely experience subsequent extensive, authentic culture-based application of their language skills. On the other hand, human services professionals who self-identify as bilinguals are more likely to use language in a culturally meaningful way. However, self-identification as a bilingual provider does not necessarily translate into culturally meaningful use of second language as there is only a moderate possibility of such use of language in self-identified bilingual professionals.

In terms of the qualitative analysis, it appears that there is a direct relationship between being a native speaker and having a considerable number of years of experience in the field. It seems that the confidence accompanied with experience runs parallel. Although heritage speakers appear on the surface to be almost as fluid as native speakers, without the proper linguistic training in interpretation or human services in non-native language they lack depth and conceptual abilities. Similarly, those who have been exposed to one heritage culture lack the broader multicultural perspective possessed by trained professionals or native speakers who have formal education within the context of their native language. Multicultural experiences for non-native speakers who are professionally trained appear to be an asset because exposure to diverse populations has enhanced their comprehension and analytical abilities to understand the meaning of a concept that might be culturally embedded.

### **6. Implications and Recommendations to the Fields of Human Services and Interpretation**

The current survey results pertaining to the levels of bi/multilingual competence among human services

professionals support several suggestions for incorporating language training into preparation of human service professionals who work with diverse language populations. For professionals striving at using culturally-embedded bi/multilingual skills in providing human services, language training should expand beyond academic-based second language instruction and self-identification as a bilingual provider. These levels of bi/multilingual competence may not assure a professional's confidence in, and comfort with, providing psycho-educational, therapeutic, and/or treatment services in his/her client's native language. In order to strengthen professional confidence and expertise in providing services for linguistically diverse clientele, professionals would need to engage in culturally meaningful language-based interactions outside of classroom-based instruction and/or receive profession-specific language training.

In broad terms, the results of this mixed method study parallel similar studies about the critical importance of integrating culture within any language base program. Subsequently, the intersections of the interpretation and human services fields are palpable and manifested in the areas of theory and practice. From a clinical training perspective, human services programs can create dual emphasis certificates by adding interpretation techniques with an emphasis on language and culture. Likewise, interpretation training programs can add a certificate or an emphasis to their degrees by incorporating more sophisticated counseling interactive skills in order to enhance the quality of communication while providing interpretation services. From a macro academic perspective, Erasmus Mundus students from Europe can benefit from joining clinical settings in the US in order to boost their cultural and linguistic skills in a non-European setting. Similarly, US students can establish similar clinical experiences in European countries. Training programs in Europe and the US can establish academic ties in order to foment these initiatives that breakdown academic silos and rigid boundaries by fomenting creative ways to expand specialized training fields.

## **7. Conclusion**

The field of human services (i.e., psychology, social work, counseling, and family services) has been attempting to update its training and clinical policies and standards during the last decades to reflect an increasingly diverse population. Race and ethnicity have been at the forefront of the multicultural movement with later additions of socioeconomic status, gender, sexual orientation, social justice, class, national origin, religion, and spirituality as additional diversity domains. On the other hand, multilingualism has been neglected to be fully integrated within training, clinical practices, and accreditation standards.

As revealed by a series of research studies summarized within the literature review regarding multilingualism within therapeutic settings, there is robust evidence supporting the integration of bi/multilingual strategies and techniques in order to promote higher quality therapeutic outcomes. Moreover, there are parallelisms between the human services and interpretation professions that can serve to benefit each one. Both professions advocate for the use of language to promote better quality of human interaction understanding that can only be achieved if contextual, individual, and collective cultures are taken into consideration. The interpretation field can benefit from using some of the counseling skills and techniques used by human service professionals in order to increase the quality of their services. Likewise, the human service field can benefit greatly by incorporating some of the specialized techniques advocated by the interpretation field. In essence, there is a need to promote synergy between adjacent professional fields in order to benefit clients who receive these services.

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