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System Challenges for Bilingual Clinical Social Work in Forensic Settings

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Roberto Arroyo

has been found to be complete and satisfactory in all respects,
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Walden University
2019

Abstract

System Challenges for Bilingual Clinical Social Work in Forensic Settings

by

Roberto G. Arroyo

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Social Work

Walden University

August 2019

Abstract

Little information exists about challenges that bilingual clinical social workers face when engaging individuals with Limited English Proficiency (LEP) in forensic settings, which may influence the efficacy of services provided. Bilingual clinical social workers in the U.S. state of South Carolina lack operational guidelines to assist people with LEP who are involved in forensic matters. The purpose of this study was to explore challenges that affect delivery of bilingual clinical social work to people with LEP in forensic settings. Ecological systems theory served as the conceptual framework for this study. Purposive and snowball sampling methods led to the participation of 6 licensed bilingual clinical social workers who met the criterion of experience in the provision of services to people with LEP in forensic settings, either in Spanish or American Sign Language (ASL). Data were collected using semistructured interviews through phone calls and videoconferencing platforms. Interviews were transcribed and reviewed by participants to ensure accuracy. Collected data were organized, processed, and analyzed through thematic analysis to identify emerging themes. Key themes included: financial constraints; low-priority for LEP clients; lack of community support; issues with service access; cross-agency collaborations; and laws, policies, and initiatives. The findings of this study may lead to positive social change by substantiating the importance of additional support for bilingual social workers in the form of education, supervision, and continued training. With support and collaboration, bilingual social workers may be able to enact social change to overcome challenges in the provision of services for LEP individuals.

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Dedication

I want to formally dedicate this project to my family members (who are with us or called home) for their unwavering love, care, support, and understanding. Above all, to my loving mother, Julia; father, Noel; precious wife, Michelle, and to my children who make me whole, Gerrick and Madison, ¡los quiero con toda mi alma y mi corazón!

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Section 1: Foundation of the Study and Literature Review

Bilingual clinical social workers often encounter and work with individuals from different cultural backgrounds who speak various languages. Limited English Proficiency (LEP) among clients is a critical factor influencing communication with clinical social workers and other forensic service providers (Canales, Kan, & Varela, 2017). My aim in this qualitative action research study, which was grounded in ecological systems theory (EST), was to identify system challenges that bilingual clinical social workers face when providing services to LEP individuals in forensic settings. The discipline of social work may benefit from the study's contributions to the body of knowledge, which may serve to promote better practices and advocacy for social justice.

Individuals presenting from forensic settings require additional support to navigate involved systems, such as courts, the Department of Social Services, or the Department of Juvenile Justice (National Organization of Forensic Social Work [NOFSW], 2012). Court orders may contain several demands that the individual must satisfy (Bitar, Kimball, Bermúdez, & Drew, 2014; Bolton, Lehmann, Jordan, Frank, & Moore, 2016). Demands may require successful completion of a program, engagement in therapeutic services, or fulfilling financial obligations at any or all levels of the ecological system. The ecological system consists of microsystem, or immediate surrounding, mesosystem, or surrounding environment, macrosystem, or surrounding culture, and chronosystem, or temporal environment (Austin, Anthony, Knee, & Mathias, 2016; Kung, 2016; Marrs Fuchsel, 2015). However, many of the services mandated to individuals in forensic settings in the United States are not offered in languages other

than English, leaving many LEP individuals unable to navigate systems successfully and complete mandated requirements (Bitar et al., 2014; Canales et al.; Capps, Rolfe, & Logsdon, 2016; Engstrom, Piedra, & Min, 2009).

Navigating the health care system is another challenge for individuals with LEP. Clients often eschew follow-up care, not because of willful noncompliance, but because of a lack of understanding or health literacy (Capps et al., 2016; Ohtani, Suzuki, Takeuchi, & Uchida, 2015). Providing translation is not sufficient to enable patients to navigate the health care system unassisted. Researchers have noted that, although interpreters and translators may be available, no continuum ensures effective communication assistance for individuals with LEP who may also have limitations in their language (Capps et al., 2016; Pope et al., 2016; Söderström, 2014). Capps et al (2016) found the need for better care through the application of cultural consciousness and language specific services tailored to clients. Use of a holistic person-in-environment (PIE; National Association of Social Workers [NASW], 2017) approach may be one way to address the need identified by Capps et al.

A PIE approach includes understanding clients' native language fluency in writing, their beliefs concerning health and related services, and how to address their needs while respecting pertinent cultural and intersectional issues (NASW, 2017). Use of this approach leads to better understanding of patients' needs, especially when challenges occur at various system levels because of language barriers (NASW, 2015). According to Capps et al (2016), health care disparities, which are higher among clients with LEP than other clients, are better managed through a PIE perspective. In helping clients to

complete mandated services, a bilingual clinical social worker is well poised to take on the PIE perspective (Engstrom et al., 2009).

In this section, I focus on challenges present in microsystem (individual), mesosystem (community), macrosystem (institutional), and chronosystem (time) interactions as experienced by bilingual clinical social workers delivering services to individuals with LEP in forensic (legal or judicial) settings. Limitations within their employment setting, for instance, may hinder the ability of bilingual clinical social workers to address challenges in service delivery affecting their clients (Engstrom & Min, 2004; Lanesskog, Piedra, & Maldonado, 2015; NASW, 2017). First, I present the problem and purpose statements and research question. After providing definitions for key terms, I discuss the nature of the study, its significance, and its theoretical underpinnings. In the comprehensive literature review that follows, I highlight major themes in the research and detail the language barriers and other issues that pose a threat to the accessibility of systems and services for LEP individuals.

Problem Statement

The specific problem I investigated was that bilingual clinical social workers in the U.S. state of South Carolina do not have any operational guidelines or standards to provide proper services to forensic LEP clients (Barrera, Vélez-Ortiz, D., & Camacho, 2016; Brisset et al., 2014; Engstrom, Min, & Gamble, 2013; Exec. Order No. 13166, 2000). Bilingual clinical social workers often advocate and care for vulnerable populations, including clients with LEP in forensic settings (Barrera et al., 2016).

However, based on my review of the literature, there is a gap in information regarding the

challenges affecting the delivery of bilingual clinical social work to LEP individuals in forensic settings.

Approximately 26 million individuals have LEP in the United States (Ryan, 2013; U.S. Census Bureau, 2015). This number represents an 80% growth of LEP populations from 1990 to 2015 (U.S. Census Bureau, 2017). Challenges are present in the delivery of services, comprehension, quality of care, legal adherence, and ethical considerations (Cook, Doksum, Chen, Carle, & Alegria, 2013; NOFSW, 2011). Due to complexities arising from population growth, language barriers, and a lack of operational guidelines continued research is necessary to mitigate disparities affecting the LEP community's access to forensic services (Maschi and Killian, 2011).

According to NASW's (2017) *Code of Ethics*, social work service delivery requires cultural awareness. Proficiency in diversity is encouraged through the obtainment of culturally conscious education. Cultural competence, as defined by the NASW (2015), consists of demonstrating respect, acceptance, and appreciation of diversity while striving for the therapeutic alliance. However, limited practitioner exposure to cultural knowledge does not guarantee alignment with a client or a productive working relationship (Arriaza, 2015; Guerrero, Campos, Urada, & Yang, 2012). Because of the growth of LEP populations, it is necessary to provide better PIE services to serve the diverse populations in the United States (Engstrom et al., 2009).

The LEP community in South Carolina was comprised of more than 300,000 people in 2014 (U.S. Census Bureau, 2015). Of this populace, more than 200,000 individuals are native Spanish speakers (U.S. Census Bureau, 2015). Individuals with

LEP may experience challenges associated with language complexities in South Carolina. Brisset et al. (2014) and Liu (2013) indicated that linguistic barriers and limited resources to meet culturally competent needs underpinned the growing prevalence of disparities in providing care to LEP clients. I explored microsystem, mesosystem, macrosystem, and chronosystem interactions and challenges when providing forensic services to LEP populations in South Carolina.

Forensic social work encompasses a wide range of legal and judicial issues. Examples include child and family services; clinical settings; behavioral or mental health services, such as substance use treatment; and treatment within correctional sectors (Maschi & Killian, 2011). Forensic social work focuses on care of individuals or families involved within civil or criminal litigation, family issues related to custody or social service needs, adult services in cases of abuse or neglect, and court-mandated treatments (NOFSW, 2012). In working with forensic clients with LEP, clinical social workers must overcome language and communication barriers that interfere with delivery of services (Engstrom & Min, 2004; Engstrom et al., 2009; Khawaja, McCarthy, Braddock, & Dunne, 2013; McClellan & Snowden, 2015; Yildiz & Bartlett, 2011).

Addressing linguistic barriers is particularly important in forensic settings (Engstrom & Min, 2004). George, Thomson, Chaze, and Guruge (2015) discussed how mental health is negatively affected as language barriers hinder adaptation. Many immigrants with LEP struggle before migrating, arriving at their host country with prior exposure to trauma followed by subsequent mental health needs (Keller, Joscelyne, Granski, & Rosenfeld, 2017; Menjívar & Abrego, 2012; Parmet, Sainsbury-Wong, &

Prabhu, 2017). Biopsychosocial complexities driven by cultural and PIE experiences of the LEP population may result in clients entering forensic settings (Canales et al., 2017).

The role bilingual clinical social workers play in serving LEP clients highlights cultural awareness and competency in forensic service delivery (Engstrom et al., 2009). Individuals with language barriers experience added challenges in clinical social work and forensic settings because of issues affecting other parts of their lives, reflecting microsystem, mesosystem, macrosystem, and chronosystem interactions (Engstrom et al., 2009). Legislative measures do provide limited guidance to social workers regarding properly delivering services to individuals with LEP. Yet, several instances have occurred in which social workers were not aware of or lacked a standard approach to mitigate language difficulties (Brisset et al., 2014; Exec. Order No. 13166, 2000). Examples include how bilingual clinical social workers are expected to provide care in organizations without guidance, support, or knowledge of legal mandates relevant to the area of practice and the LEP community as highlighted by previous research (Arriaza, 2015; Brisset et al., 2014; Engstrom & Min, 2004; Engstrom et al., 2009; Kung, 2016; Lanesskog et al., 2015).

Lack of supervision, standard operating procedures, resources, support, and training for bilingual clinical social workers present challenges in service delivery to LEP individuals. These challenges complicate adherence to legal statutes and the NASW *Code of Ethics* in terms of informed consent (Section 1b), competence (Section 4), and social welfare (Section 6; NASW, 2017; Schwei et al., 2015). Furthermore, the NOFSW *Code of Ethics* promotes additional obligations, such as being aware and knowledgeable of new

and changing laws and identifying points of conflict with laws, treatment plans, or other forensic matters (NOSFW, 2011). The challenges facing bilingual clinical social workers might impede their abilities to meet NOSFW standards effectively, and therefore were important to assess.

Purpose Statement

The purpose of this qualitative action research study was to identify challenges experienced by bilingual clinical social workers in South Carolina who deliver services to individuals with LEP in forensic settings. More specifically, I wanted to categorize gaps affecting service delivery involving microsystem, mesosystem, macrosystem, and chronosystem interactions.

Research Question

I explored the following research question in this study: In South Carolina, what system challenges affect the delivery of bilingual clinical social work to people with LEP in forensic settings?

Definitions

In this section, I define terms used throughout the study.

Action research: A methodical approach to research allowing scholar-practitioners to investigate experienced issues to identify solutions, accumulate new knowledge, and enact the *look-think-act* method to implement solutions (Herr & Anderson, 2005; Lewin, 1946; McNiff & Whitehead, 2010; Stringer, 2013).

Chronosystem: The focus on transitions and interactions during an extended period (Bronfenbrenner, 1986).

Cultural awareness: Application of respect intended to demonstrate acknowledgment, acceptance, and worth to a group or individual representing diversity (NASW, 2015).

Forensic social work: The application of social work to questions and issues relating to legal or judicial settings (NOFSW, 2012).

Insider-outsider perspective: Insider status as a researcher relates to being part of the same population under study while outsider status indicates the researcher is not part of the population studied (Dwyer & Buckle, 2009). However, hyphenated insider-outsider perspective refers to the researcher as being in-between or belonging to both statuses (Dwyer & Buckle, 2009).

Limited English Proficiency (LEP): “Limited ability to read, write, speak, or understand English. The term usually refers to people whose primary language is not English” (U.S. Department of Justice, Civil Rights Division, 2011, p. 1).

Macrosystem: Social work practice and interactions with large systems affecting social policy or systemic change (NASW, 2015).

Mandate: A legal ruling from a judicial proceeding requiring an individual to engage in services, such as family services, juvenile justice, parole and probations, traffic violations, or other aspects of forensic settings (Canales et al., 2017).

Mesosystem: Interactions with family, school, community, and peer groups (Bronfenbrenner, 1977).

Microsystem: Social work practice and interactions with a primary focus on individuals and families (NASW, 2015).

Systems: The connection of individuals or groups to microsystem, mesosystem, macrosystem, and chronosystem domains within their environment (Bronfenbrenner, 1977).

Nature of the Study

I employed an action research approach (Herr & Anderson, 2005) grounded in the philosophical position of EST (Bronfenbrenner, 1986) to explore the system challenges that influence the delivery of bilingual forensic social work to people with LEP. Herr and Anderson (2005) offered a simplified definition of action research as a collaborative effort between the researcher and participants. They also characterized action research as a “naturalistic inquiry” (Herr & Anderson, 2005, p. 50). Participants are directly affected by the issues under study in this type of research (McNiff & Whitehead, 2010; Stringer, 2013), which is facilitated by an invested outsider (who may or may not have an insider perspective; Herr & Anderson, 2005; McNiff & Whitehead, 2010; Stringer, 2013). I assumed this facilitator role while engaging with participants before, during, and after my interviews with them.

Conducting action research also allowed me to meet the goals of this project, which were to communicate and enlighten participants and the discipline of social work about identified challenges related to serving clients with LEP. As McNiff and Whitehead (2010) and Stringer (2013) noted, the goals of action research designs are theme recognition, knowledge development, and solution implementation, which were consistent with my goals for this project. Because the goal of this study was to identify themes of challenges facing bilingual clinical social workers in South Carolina who

deliver services to individuals with LEP in forensic settings to recommend solutions, action research was appropriate for the present study. I used Stringer's (2013) model of *look, think, act*, which involves gathering information, assessing how the identified problem affects the described community and stakeholders, and then reporting findings and recommendations. Raising awareness about the challenges affecting bilingual clinical social workers and LEP clients may promote better education about PIE perspectives and lead to the creation of necessary standards to guide the practice.

Significance of the Study

The primary objective in this study was to produce findings that promote an ethical progression of care provided by bilingual clinical social workers in forensic settings to clients with LEP. I focused on the system challenges that affect the delivery of bilingual clinical social work to people with LEP in forensic settings in South Carolina. As a result, this study contributes to the body of knowledge new information about bilingual clinical social workers and the challenges they face in the provision of services to the LEP community. Of most significance, I aimed to explore an area that is not adequately represented in the literature. The findings in my research provide clinical social workers and students with new insights on the PIE perspective as it applies to LEP persons in forensic settings by investigating challenges and interactions of bilingual clinical social workers. The results from this study empower bilingual clinical social workers to address challenges in working with LEP persons in forensic contexts by becoming agents of change in their work environments.

Contribution to Social Work Practice and Education

I aimed to highlight challenges unaddressed by the knowledge and practice of bilingual clinical social work with forensic populations of LEP complicated by microsystem, mesosystem, macrosystem, and chronosystem interactions (Baizerman, Roholt, Korum, & Rana, 2013; Bent-Goodley, 2015; Hyde, 2012). Findings from this study inform bilingual clinical social workers about challenges with providing services to populations of LEP in forensic settings. Social workers may gain knowledge to better identify disparities affecting vulnerable populations, practitioner competencies, social justice, and ethical standards based on the findings of the study. Subsequently, by expanding the foundation and understanding of PIE perspective, education may improve for bilingual clinical social workers to better serve LEP individuals (Arriaza, 2015; Schwei et al., 2015).

Theoretical Framework

Ecological systems theory provided the theoretical framework for this study. Specifically, I used the PIE perspective, wherein an individual is affected by microsystem, mesosystem, macrosystem, and chronosystem challenges (Bronfenbrenner, 1986). EST stems from the works of Bronfenbrenner (1977, 1986), who identified how transactions and linkages among nested social networks influence individuals. EST informed this study by guiding the exploration of bilingual clinical social workers' perspectives regarding microsystem, mesosystem, macrosystem, and chronosystem challenges for service delivery to forensic populations with LEP.

By studying shared experiences, researchers determine challenges faced by bilingual clinical social workers and the effect on clients served (McNiff & Whitehead, 2010). By analyzing the experiences of bilingual clinical social workers, I gained insight about factors affecting services not considered in current literature. Inherent to this process was the analysis of personal experiences and the process through which knowledge emerges and how meaning invites social action (Stringer, 2013). In this study, I gave attention to bilingual clinical social workers' experiences and how challenges arise in forensic settings with LEP individuals. Through this exploration, I expected bilingual clinical social workers' perspectives to inform action and empowerment to improve care and service delivery for mandated clients with LEP.

Values and Ethics

I aimed to address relevant principles and values from the NASW *Code of Ethics*, including informed consent (Section 1b), competence (Section 4), and social welfare (Section 6; NASW, 2017; Schwei et al., 2015). The NASW *Code of Ethics* (2017) suggested that social workers should commit to enhancing the knowledge base of the profession by engaging in research, advocacy, and social justice. If access to equitable and meaningful resources is compromised, measures are necessary to achieve social welfare, especially when addressing the needs of the forensic LEP population.

The presence of the LEP population within forensic settings requires social justice because of the absence of operational standards or guidelines. Despite increasing LEP populations, Canales et al. (2017) revealed only 10% of participants (including social workers) could conduct interviews and assessments in Spanish. When unable to

participate independently (i.e., without interpreters), clinical social workers and other service providers are unable to adequately provide care to clients (Tang, Kruger, Quan, & Fernandez, 2014). Thus, the clients served are at a disadvantage in accessing necessary or mandated forensic services (Canales et al., 2017). Further, this disadvantage for people with LEP is not in line with the NASW *Code of Ethics*, and research is necessary to help bridge the gap in practice (Arriaza, 2015; Baizerman et al., 2013; Council on Social Work Education [CSWE], 2015; Danso, 2015).

Review of Professional and Academic Literature

Through this study, I focused on the experiences of bilingual clinical social workers who work with LEP clients in mandated forensic settings and the challenges they face in interacting with clients. However, the current body of knowledge lacks in this area. In the interest of discovering existing knowledge related to key themes for this study, I used university databases, as well as Google Scholar. Through these databases, I searched for the following terms and related topics: *bilingual social worker*, *bilingual*, *social worker*, *language barrier*, *Limited English Proficiency*, *forensic social work*, *immigrant*, *challenges*, and *system*.

Specific databases used included: Academic Search Complete, American Doctoral Dissertations, CINAHL Plus, Cochrane Database of Systematic Reviews, MEDLINE, PsycINFO, PsycArticles, and SocINDEX because of their expansive selection of literature and focus or inclusion of literature on social work. I conducted the literature search to find primarily peer-reviewed, scholarly sources though books and reports selected for review. In searching, literature was limited to sources published

within the last five years, with an exception for seminal and relevant works. Such works were critical to the development of the theoretical framework and other portions of the literature review.

State agencies involved with the referral of court-mandated services do not host easily accessible information depicting the prevalence of LEP populations in reports. Agencies likely to encounter forensic LEP individuals include the Department of Social Services, the Department of Juvenile Justice, the Department of Motor Vehicles, and the judicial or court system. Although these departments' websites offer access to reports detailing types of services rendered, data describing the percentage of clients who have LEP is unavailable.

Prevalence of Populations With LEP

The American Community Survey reported that more than 40 million foreign-born individuals live in the United States, with varying levels of English proficiency (Gambino, Acosta, & Grieco, 2014; Ryan, 2013; Vickstrom, Shin, Collazo, & Bauman, 2015). LEP can lead to challenges in microsystem, mesosystem, macrosystem, and chronosystem interactions with bilingual clinical social workers and other mandated service providers due to problems in navigating requirements within (Caballero et al., 2017; Jacquez, Vaughn, Pelley, & Topmiller, 2015; Raynor, 2016; Steinberg, Valenzuela-Araujo, Zickafoose, Kieffer, & DeCamp, 2016). Further, Cleaveland and Ihara (2012) revealed fears of deportation, punitive treatment when entering healthcare systems, and opposition when attempting to seek assistance through appropriate channels occurred among people with LEP when engaging in services.

Researchers found that southern states, including South Carolina, are enforcing hostile policies toward immigrant populations that represent a segment of LEP individuals (Ayón, 2017; Ellis, Wright, & Townley 2016; Vargas, Sanchez, & Juárez, 2017). In context, South Carolina stands at an estimate of 4.4 million residents; of those, more than 300,000 individuals have LEP (U.S. Census Bureau, 2015). Among that approximate number, the largest segment is those who speak Spanish (197,358; U.S. Census Bureau, 2015). More language groups are listed as follows in descending prevalence: other Indo-European languages (60,105), Asian and Pacific Island languages (40,658), and Other (9,893; U.S. Census Bureau, 2015). The growth of the LEP population not only serves to underscore the importance of providing competent services, but also the need to better understand bilingual clinical social worker perspectives and experiences of those served as they strive to navigate challenging environments. Canales et al. (2017) discussed the disconnect that exists in statistics regarding how the percentage of Spanish-speaking individuals is not proportionate to the reported number of professionals who have similar cultural backgrounds. Thus, I explored the system challenges that bilingual clinical social workers face when providing services to LEP clients in forensic settings.

Perspectives of Bilingual Providers in Forensic Settings

Many researchers have highlighted that bilingual providers, such as clinical social workers, deliver a unique PIE approach and services to those who are not able to effectively communicate or navigate in microsystems, mesosystems, macrosystems, and chronosystems outside their native language (Arriaza, 2015; Brisset et al., 2014;

Engstrom & Min, 2004; Engstrom et al., 2009; Kung, 2016; Lanesskog et al., 2015). In a qualitative study using snowball sampling, Engstrom and Min (2004) examined the perspectives of 26 bilingual social workers via ethnographic interviews. The researchers found that bilingual social workers have larger workloads than their monolingual counterparts because they often are called upon to assist monolingual social workers in serving people with LEP. Thus, Engstrom and Min stated that bilingual social workers should have reduced caseloads to help protect them from being overburdened and avoid feelings of burnout.

Engstrom et al. (2009) continued research on bilingual social workers and the extent of language skill utility as well as service delivery issues. In their qualitative design, the researchers selected 26 participants through snowball sampling for an exploratory study. The results showed that bilingual social workers play an essential role in the provision of language appropriate services. However, hiring standards were lax or absent to ascertain competency of the bilingual social worker specific to language proficiency. Furthermore, initiatives to promote continuing education for bilingual service delivery were not in place.

Additionally, bilingual providers report a lack of holistic collaboration from peers and other institutions when addressing the needs of LEP individuals (Castaño, Biever, González, & Anderson, 2007; Ng, Popova, Yau, & Sulman, 2007; Verdinelli & Biever, 2009). Castaño et al. (2007) shared perceptions of 127 Spanish-speaking mental health professionals through purposive sampling. In this mixed-method study, many

respondents felt the need for increased formal training on an academic and professional level for practitioners who tackle added intricacies when providing services in Spanish.

In the analysis of literature related to microsystem and macrosystem social work practice, Austin et al. (2016) identified a problem where cross-over skills and methods of communication were necessary to observe the needs of clients served. Thus, Austin et al. conveyed that the social work profession must continue to expand efforts in research and education focusing on the observance of system challenges that affect clients served.

However, Lanesskog et al. (2015) pointed out that language competency is not enough to meet the needs of the Latino population. Lanesskog et al. conducted a qualitative study using a purposive and snowball sample to achieve focus groups for 25 providers servicing Latino immigrants. The researchers described how empathy, cultural competence, and the providers' will to engage are also necessary for the provision of care. The results also indicated that the rare availability of bilingual providers poses challenges with access to human service initiatives.

In Canada, immigrants' access to various services, such as the health care system or school services, is hampered by barriers to culture and language. Khanlou, Haque, Sheehan, and Jones (2015) performed 27 in-depth interviews with social work, health care, legal, and community service practitioners to gain a better understanding of their perspective related to challenges in serving this population. Of several barriers identified from a systems perspective, the organization of infrastructure posed a challenge as the immigrant parents were unable or had limited ability to negotiate the system without significant assistance (Khanlou et al., 2015). Language was another significant factor.

The researchers, however, did not cite communication as solely a verbal issue; rather, literacy was integral, both in their native language and the host country's two primary languages (English and French). Khanlou et al. (2015) described that better integration and simplification of work processes or inter-agency collaboration would benefit all parties while providing culturally sensitive training to mitigate obstacles.

Emotional support and a PIE perspective take on additional meaning when the client population requires a different complexity of service delivery secondary to cultural or language barriers complicating services. The LEP population needs additional supports that may be difficult to arrange in the absence of bilingual or culturally prepared clinicians (Khanlou et al., 2015). Khanlou et al.'s findings revealed some limitations because of the purposive sampling and array of participants. Additionally, the researchers purported contribution to the existing body of knowledge where limited data were previously available. Understanding challenges to service delivery to populations with limited language proficiency is vital, especially from the perspectives of those providing care because without comprehension of their needs, mitigating circumstances and building support cannot happen.

Although many researchers have studied cultural sensitivity, the culturally sensitive model often fails to expand on the LEP person-in-environment perspective beyond the setting where it is initially delivered (Azzopardi & McNeill, 2016; Garran & Werkmeister Rozas, 2013; NASW, 2015). The accounts of bilingual social workers and bilingual professionals—as noted in available literature—reflect lack of support, supervision, and academic preparedness to serve the LEP population.

Cultural Awareness Considerations

Researchers continue to acknowledge the role of cultural sensitivity in clinical social work as the minority population in the United States is affected by disparities when compared to majority demographics (CSWE, 2015; NASW, 2015). Per the NASW *Code of Ethics* (2017), clinical social workers, including bilinguals, are tasked to observe, advocate, and strive for social welfare for those affected by disparities in care and accessibility of services. For this reason, academic and ethical standards in clinical social work incorporate perspectives that guide practice and methods to advocate, respect, and protect culturally diverse populations (CSWE, 2015; NASW, 2015). Investing efforts in cultural awareness proves necessary as results translate into organizational consciousness to employ practices that value the worth of the workforce and its clientele (Azzopardi & McNeill, 2016).

Azzopardi and McNeill (2016) further contended that cultural consciousness often is restricted to the practice setting. As diversity in the population and complexities associated with system challenges continue to grow, the value and importance of cultural competence remains paramount in the provision of bilingual clinical social work (Engstrom & Min, 2004; George et al., 2015; Liu, 2013; Semansky, Goodkind, Sommerfeld, & Willging, 2013). Although the NASW (2015) published *Standards and Indicators for Cultural Competence*, the application of a culturally appropriate operational model to address the needs of a diverse society is not yet available and requires further research (Azzopardi & McNeill, 2016; Danso, 2015; Engstrom & Min, 2004; Liu, 2013).

On cultural competence, Attard et al. (2015) identified interventions that lead to better dynamics between clinical practitioners and clients. Subsequently, the researchers used focus groups to explore strategies for improving communication and promoting more effective practices for LEP patients. In addition to determining that the clients' native language was their preferred method of communication, researchers in this study recommended interpreter services (Attard et al., 2015). However, Attard et al. identified the need to increase organizational awareness so that appropriate interventions can be employed more often. Attard et al. also recommended establishing evidence-based guidelines to encourage overcoming barriers that contribute to limited use of professional interpretation services.

The breadth of strategies available for cultural awareness and treating LEP clients do not match the paucity of awareness, indicating that attention to identified methods in relevant research is urgently necessary (Attard et al., 2015). Researchers suggest countering barriers to treatment access with better education and implementation of culturally conscious practitioners, readily accessible interpretation services and materials, and the resources to accomplish each (Attard et al., 2015). Attard et al. reflected on perspectives of health care practitioners and the difficulties they encountered in monolingual service delivery. Participants cited the lack of time to provide this standard of care posed a significant barrier regardless of awareness or access to appropriate services and materials (Attard et al., 2015). The obstacles they face highlight system challenges in treating individuals with LEP. For example, care delivered may suffer because of language barriers and the inability to adequately communicate. The relevance

this poses to my study includes the increase in burden for bilingual practitioners to provide services at all echelons of systems to fill the gap created from the absence of appropriate resources.

Although Attard et al. (2015) observed a lack of interpretation services use among individuals with LEP, Hsieh (2015) conducted a qualitative, semistructured interview study to discern which factors contribute to providers' decisions regarding whether to use interpreters. The sample consisted of 39 providers from a variety of health care fields, including nursing, mental health, emergency care, oncology, and obstetrics/gynecology. This pool was from a specific academic health care center that used interpreting services. Hsieh considered how the use of an interpreter would affect practitioner workloads, along with the necessity of attention to time commitment and usage. With more urgent or time-sensitive matters, system issues, such as the organizational culture and ethical considerations, may influence interpretation. For example, gaining informed consent must be achieved with a professional interpreter.

Hsieh (2015) provided insight into system challenges that influence whether health care providers are willing and able to access interpreting resources and how those choices influence service delivery and quality of care to patients with LEP. However, Hsieh found that a 10-week course for monolingual providers improved interpretation access. Bilingual training could make interpreting access easier but is not necessarily the most appropriate choice. Communicational complexities in another language place undue burden on practitioners with a minimal understanding of nuances or medical terminology, especially if performing interpreting services takes away from their other duties.

This topic bears further scrutiny to review practices in other organizations and their ramifications. Available and accessible resources are necessary to have full utilization and implementation of appropriate interpretation services (Hsieh, 2015). However, the need still exists to educate health care professionals on the availability of interpreters and when it is appropriate to access them. As Wolz (2015) pointed out, the use of interpreter services introduces a tertiary element of nuances and possible inaccuracies that may dilute the working relationship between clients and service providers.

Although literature is available on the topic of microsystem to mesosystem cultural observances, systematic partnerships to address cultural complexities are not evident (Austin et al., 2016; Brolan et al., 2014; Cavazos & Faver, 2007; Lee & Yuen, 2003; Mark & Lyons, 2010). A bilingual clinical social worker engaged in the forensic setting is positioned to identify discrepancies and disparities affecting LEP clients mandated to services. As tasked by the NASW (2017) *Code of Ethics* and the *Standards and Indicators for Cultural Competence* (2015), bilingual clinical social workers are positioned to explore and bridge system gaps affecting forensic LEP clients, thereby improving the knowledge base. However, the various systems and individuals involved in providing services to LEP people in forensic settings currently operate separately and without operational guidelines, which may inhibit their abilities to provide services to clients (Austin et al., 2016).

Lindsay, Tetrault, Desmaris, King, and Pierart (2014) also researched social workers' provision of culturally sensitive care, focusing specifically on immigrant

families and children with disabilities. The researchers interviewed health professionals—including social workers—to determine their knowledge regarding cultural sensitivity. The sample consisted of social workers, occupational, and speech therapists. Sampled participants engaged clients among immigrant populations for treatment to children in rehabilitation centers. Lindsay et al. (2014) contributed to the understanding of how social work education prepares clinicians to be aware of and sensitive to (a) their own biases, (b) their ability to identify chasms in cultural knowledge, and (c) their ability to incorporate new data into their practice. Additionally, healthcare workers should understand their clients' culture (Lindsay et al., 2014). A final strategy to employ in the provision of culturally sensitive care relates to intersectionality and being able to mitigate communication challenges to promote acceptance and appreciation.

Lindsay et al.'s (2014) findings reinforced the concept of cultural brokerage or the act of bridging cultural gaps. The researchers' findings provided insight to serve better LEP populations and generate successful brokerage in the presence of cultural disparities. One of the means to accomplish this task is to provide a foundational relationship that strengthens over time, creating a therapeutic alliance and trust between clinicians and clients or their families.

Although Lindsay et al. (2014) highlighted the differences that need to be bridged to provide culturally sensitive care to clients with LEP, it did not provide insight obtained from bilingual clinicians. However, significant findings may occur from exploring what monolingual clinicians experience and how the burdens on their service delivery differ from the increased caseloads of bilingual clinicians. Furthermore, challenges exist from a

systems perspective that may not occur for bilingual clinicians but still affect and influence care.

Provisions of the Civil Rights Act (1964) and Executive Order No. 13166 (2000) intend to improve access to services for those with LEP, but these provisions focus on four factors: (a) having a large enough proportion of persons likely to be encountered, (b) the frequency with which such interactions would occur, (c) the importance of the agencies' role in serving LEP clients, and (d) sufficient resources such as personnel and cost to provide competent services. These factors indicate that service accessibility for people with LEP is limited. The lack of appropriate programs begs the examination of how bilingual clinical social workers negotiate challenges faced in the presence of LEP clients and deficiency of adequate infrastructure to meet these needs (Patel, Firmender, & Snowden, 2013). The respective agencies and systems (e.g., Department of Social Services, Department of Juvenile Justice, and Department of Motor Vehicles) list reports and statistics of the type of services rendered but not the percentage of the population who required translation or interpreting. Therefore, bilingual clinical social workers lack information regarding clients served, and without this information, policies and operational guidelines have not been implemented to serve LEP populations adequately.

Challenges in Microsystem Interactions

Challenges faced by bilingual clinical social workers in microsystem interactions often are reduced to simple variations in engagement by those outside the working relationship of the bilingual clinical social worker and an LEP client (Arriaza, 2015; Engstrom et al., 2009; Harrison, 2007). The assertion that communication is the only

challenge in service delivery to people with LEP presents a common misconception.

Investigating this issue from a PIE perspective may provide a more holistic understanding of these challenges (Bitar et al., 2014; Canales et al., 2017; Capps et al., 2016; Engstrom et al., 2009).

Themes demonstrated in the present body of knowledge articulate that bilingual clinical social workers face challenges that have not been researched sufficiently (Arriaza, Nedjat-Haiem, Lee, & Martin, 2015; Bitar et al., 2014; Canales et al., 2017; Engstrom et al., 2009; Furman, Loya, Jones, & Hugo, 2013). Bilingual clinical social workers are also affected by common issues in the profession that include, but are not limited to, excessive workloads, low wages, limited support, high levels of stress, and complexities arising from scarce funding provisions (Diaconescu, 2015).

Verdinelli and Biever (2009) described another challenge in the form of clinical supervision for bilingual services. A convenience sampling of 15 providers of Spanish language mental health services participated in a focus group discussion. The qualitative study revealed that supervision is not adequately achieved for bilingual supervisees, whether graduate students or social work professionals seeking clinical licensure. The researchers highlighted supervision for role-appropriate reasons, but complications of service delivery to LEP individuals did not receive attention (Verdinelli & Biever, 2009).

Researchers have demonstrated how bilingual clinical social workers are often left to proceed with service delivery without adequate supervision or guidelines specific to LEP engagements (Verdinelli & Biever, 2009). Moreover, they may practice in settings that lack materials or interventions specific to the spoken language of the LEP client

(Engstrom & Min, 2004). Besides, bilingual clinical social workers may engage individuals who are illiterate or have limited grade school education in their language (Engstrom et al., 2009; Steinberg et al., 2016).

Steinberg et al. (2016) provided meaningful insights from the lens of the clients' experiences as LEP parents of pediatric patients. The researchers reviewed previously collected data from interviews conducted with Spanish-speaking mothers of pediatric patients. The two-part interviews provided data for a subsequent study to explore the revealed themes. The main topics identified were as follows: managing language barriers, a preference for bilingual providers, a dislike for interpreted engagements, trying to communicate without assistance, provider's limited language skills, and fear of stigma or discrimination.

Although some existing studies have revealed discrepancies in care from language complications and communication barriers, Steinberg et al. (2016) found a unique perspective that identified what challenges LEP patients face and the effect those have in service delivery. Patient perspectives are not often explored in this manner; therefore, this study offered a foundation for further research on evidence-based care.

A key point from Steinberg et al.'s (2016) findings was the preference for bilingual providers instead of interpreters, with clients even going to great distances to find a clinic to serve that need. The ire toward interpreted encounters stems from poor quality communication despite the shared language. Another factor identified by the researchers was trust because it was difficult to place trust in a service when participation is splintered and interferes with therapeutic attunement.

A common finding was fear and the stigma of being a burden or being perceived as a pest, which other researchers identified regarding individuals with LEP seeking health care or other services (Cleaveland & Ihara, 2012; Easton, Entwistle, & Williams, 2013; Steinberg et al., 2016). Although I aimed to identify challenges to this population as told by bilingual clinical social workers, analyzing what the population served experiences provides insight as to what areas providers should improve. Such information is relevant to stakeholders in determining what shared system challenges exist and how to implement education, training, and resources.

Challenges in microsystem interactions reveal problems that affect positive outcomes in the working relationships between bilingual clinical social workers and their clients (Calo et al., 2015; Diaconescu, 2015; Engstrom & Min, 2004; Geoffrion, Morselli, & Guay, 2016). However, little information is available about the accounts from bilingual clinical social workers delivering services to mandated LEP clients. Thus, I aimed to better understand these factors by exploring accounts from bilingual clinical social work professionals to improve interventions and achieve enhanced client outcomes.

Challenges in Mesosystem Interactions

Commonly found challenges in mesosystem interactions include lack of staff to serve the LEP community and absence of a comprehensive case-management approach to serving LEP clients (Biegel, Farkas, & Song, 1998; Mitchell, Malak, & Small, 1998). These factors inhibit bilingual clinical social workers' ability to serve clients with LEP. Many social agencies have attempted to improve the provision of monolingual, traditional social work in more efficient manners; however, focusing efforts on these

practices has continued to leave bilingual clinical social workers without proper support and guidelines (Drolet et al., 2014; Engstrom & Min, 2004). As such, the currently ineffective support of bilingual clinical social work continues in the presence of demands to streamline traditional monolingual services (Drolet et al., 2014; Hyde, 2012; Engstrom & Min, 2004; Yildiz & Bartlett, 2011). Further, complications in the application of bilingual services are not limited by a prevalent language or geographical area (Drolet et al., 2014; Engstrom & Min, 2004; Engstrom et al., 2009; Liu, 2013; Mitchell et al., 1998; Ng et al., 2007; Ung, 2013).

Positionality of language and cultural respect are paramount to the client-social worker relationship (Biegel et al., 1998; Cook et al., 2013; Hyde, 2012; Tran, & Ferullo, 1997). Besides, Mitchell et al. (1998) indicated that bilingual services—although vital to clients and community—suffer from an underdeveloped and inefficient operational structure because no operational guidelines or standards exist for service provision to people with LEP. In their qualitative study, Mitchell et al. interviewed 56 bilingual mental health providers using a semistructured questionnaire.

Although Mitchell et al.'s (1998) research is outdated, their findings pointed out that bilingual providers suffered from a lack of organizational support and understanding about the depth and challenges that are still relevant today. Mitchell et al. also explained that a collaboration between bilingual services and community support run in tandem to improve individual access and outcomes for clients. Their contribution to the body of knowledge represents earlier findings that continue to emerge unmitigated in recent studies.

Growth in the LEP population has caused more LEP individuals to need mandated services, but numbers of bilingual clinical social workers available to work with them have not increased at the same rate (Engstrom et al., 2009). Engstrom et al. (2009) found challenges in the provision of services to clients with LEP by bilingual clinical social workers. These challenges are exacerbated by workload demands, as indicated by the exponential growth of LEP populations in the United States. More recently, Drolet et al. (2014) conducted a qualitative study exploring the perspectives of 43 bilingual professionals and found that microsystem and mesosystem challenges to the delivery of services are present in the 21st century, just as earlier studies showed (e.g., Engstrom & Min, 2004; Mitchell et al., 1998). Drolet et al.'s (2014) research demonstrated that organizational challenges remain for bilingual practitioners within the mesosystem, thus supporting the purpose of my study.

Barrera et al. (2016) researched the perspectives of Mexican-Americans seeking mental health services as described by 25 mental health providers in a qualitative study employing focus groups and individual interviews. The researchers identified the role of community involvement in the mesosystem as an integral component to client participation in forensic services. Such communal support includes reassurance in seeking services or assistance by bridging communicational barriers in the presence of LEP (Barrera et al., 2016). However, the researchers revealed that stakeholders' lack of awareness about the importance of forensic services—whether driven by personal or mandated needs—presents system challenges in treatment pathways.

Canales et al. (2017) stated that specialized knowledge for both clinical subject matter and linguistic proficiency is necessary when evaluating LEP individuals engaged in forensic settings. The quantitative study involved the participation of 79 forensic psychological evaluators (Canales et al., 2017). The researchers found that LEP individuals mandated to services are underserved because many interpreters and clinicians within the mesosystem are not adequately prepared or capable to bridge the existing communication gap. This operational flaw represents an area in need of further study because it affects bilingual clinical social work delivery and LEP clients (George et al., 2015).

Challenges arise when clients find difficulty negotiating mandated services and encounter gaps in system processes (McClellan & Snowden, 2015; Raynor, 2016). Derr (2016) found that although the use of services was lower among LEP populations than among other demographics, system challenges presented a significant correlation with low service use, such as cost, lack of insurance, time investment, and language. Because of this lack of access to services, bilingual clinical social workers must work harder to find resources for clients with LEP (Derr, 2016).

Individuals within forensic settings are often required to navigate multiple agencies to fulfill court-ordered requirements (Caballero et al., 2017; Valera et al., 2015). Canales et al. (2017) discussed various settings where interpretation is required, including psychological assessment, competency to stand trial evaluations, mandated treatment settings, and the courtroom. Further, some mental health professionals decline mandated clients with LEP in the absence of proficient bilingual clinicians because of language

barriers (Canales et al., 2017). As a result, interagency, community, and client-practitioner communication suffer, which affects progress or treatment completion for clients with LEP.

Challenges in Macrosystem Interactions

Macrosystem interactions are based on the cultural backgrounds and contexts of those involved (Bronfenbrenner, 1977, 1986). Thus, socioeconomic status, race, ethnicity, criminal history, psychological distress, and substance use disorders are macrosystem factors that drive disparities in clinical care for minority groups (Alvarez et al., 2016; Bergeron, 2013; Lê Cook & Alegría, 2011). Lê Cook and Alegría (2011) contended that racial and socioeconomic minorities, including people with LEP, do not have the same access to and level of treatment, especially in forensic settings.

Increased cultural awareness and culturally competent service provision are needed to foster better services provided to clients with LEP (Bergeron, 2013; Degnen & Tyler, 2017; Vera Sanchez & Adams, 2011). However, cultural awareness is currently lacking among social workers and other service providers. This lack of cultural awareness not only inhibits the provision of care to clients with LEP, but stresses upon bilingual clinical social workers the importance to find ways to optimize service delivery (Engstrom & Min, 2004; NASW, 2017).

Implications of U.S. immigration policy and fears of deportation often discourage documented and undocumented immigrants from participating in various aspects of health care and legal systems (Grunblatt, 2017; Martin, 2017; Menjívar & Abrego, 2012; Pagano, 2014). Ayón (2017) explored these specific concepts and identified several states

that foster hostile environments toward immigrants, such as South Carolina's restrictive immigration legislation. This legislation adds to the difficulties for immigrants in obtaining work and housing, which hinders access to a variety of services (Ayón, 2017). Further, immigrants increasingly face discrimination, fear of deportation, and financial insecurity, all of which lead to emotional distress (Ayón, 2017). Current examples of matters leading to the apprehension experienced by the LEP community are not limited to immigration policy, child separation, and deportation.

Grunblatt (2017) predicted that nonimmigrant work visas would become increasingly difficult to obtain through proposed regulations or statutory changes. President Trump enacted policies resulting in legal battles between various state and federal courts to repeal legislation that prevents immigrants from applying for work visas or citizenship (U.S. Citizenship and Immigration Services, 2018). Other executive orders enacted during the first few months of Trump's administration threatened the stability felt by documented and undocumented immigrants (Gostin & Cathaoir, 2017; Martin, 2017; U.S. Citizenship and Immigration Services, 2018). From interviews conducted by Menjivar and Abrego (2012), Central American immigrants reported a systematic experience of "legal violence," which reflects the challenges faced by immigrants in navigating local and federal systems (p. 5).

Client apprehension stems from the fear that by accessing services, providers will report immigration status to authorities (Cleveland & Ihara, 2012; Gostin & Cathaoir, 2017; Grunblatt, 2017; Martin, 2017; Menjivar & Abrego, 2012). Such challenges represent a concern that researchers have not thoroughly addressed when considering the

systematic implications for patient outcomes in social services. Further, as part of competent service delivery, bilingual clinical social workers must heed and understand PIE dynamics and biopsychosocial considerations affecting populations with LEP (NASW, 2017). Thus, bilingual clinical social workers must understand and have operational guidelines for interacting with LEP clients, as the clients' fears or apprehensions toward engaging in services may impede their interactions with the social workers.

Challenges in Chronosystem Interactions

Bilingual clinical social workers' ability to speak the same language as clients with LEP is not sufficient to fully meet their needs. Lanesskog et al. (2015) noted that adding empathy and cultural competence are necessary to engage clients with LEP. Ung (2013) expressed culturally competent social workers need to look beyond limitations of language proficiency and focus on challenges faced by the individual. Yang et al. (2014) opened a line of inquiry prompting further research on systematic challenges affecting the delivery of care to vulnerable populations, including those with LEP. Yang et al. revealed how the marginalized immigrant population faced further intersectional and systemic challenges for obtaining work, health care, and mental health services.

During a 4-year period, Yang et al. (2014) conducted interviews with Chinese immigrants to identify the depth and breadth of stigma faced in this population after seeking mental health services. Even within an individual's cultural group, further discrimination occurred regarding mode of entry to the country, the reason for relocation, and reduced acceptance into their new community because of physical and emotional

health concerns (Yang et al., 2014). Researchers continue to promote the need for increased exploration of the challenges affecting bilingual social workers serving the LEP population.

Bilingual clinical social workers often perform various roles, such as direct clinical services, community development, consultancy, training, and service development (Mitchell et al., 1998). However, despite the additional services and efforts bilingual clinical social workers put forward in their work with LEP populations, they are often not compensated for these additional responsibilities (Engstrom & Min, 2004; Fry & Lowell, 2003). The increased responsibilities of bilingual clinical social workers in serving people with LEP and lack of support cause high levels of stress (Engstrom & Min, 2004; Fry & Lowell, 2003). The cumulative effect of such conditions has problematic results regarding bilingual clinical social workers' job performance, work efficacy, and work outcomes (Engstrom et al., 2013; Engstrom et al., 2009; Fry & Lowell, 2003; Mitchell et al., 1998).

Forensic and mandated outcomes for those with LEP are affected when a lack of linguistic acculturation exists (Becerra, Androff, Messing, Castillo, & Cimino, 2015). For populations made vulnerable by communication challenges, culturally specific resources represent an increasing need (Ng et al., 2007). Recommendations for formalized training in service to the LEP population reflects a necessary step for social justice (Castaño et al., 2007).

Furman et al. (2013) stipulated that more initiatives are needed to enhance educational programs in social work, specific to cultural competency when addressing the

Latino population. Furman et al. found that cultural immersion helped social workers address challenges while appreciating the PIE perspective of the LEP community.

However, Fuchsel (2015) noted that current restrictions in service provision include the scarcity of bilingual social workers, training limitations, and the need for more academic initiatives to enhance bilingual practice.

Researchers highlighted educational implications and encouraged educators to revisit the microsystem and macrosystem relationship as it affects served populations (Austin et al., 2016; Fuchsel, 2015; Kung, 2016; Sevilla, Sierra & Setterlund, 2018). Liu (2013) described the need to support practitioner-client communication through culturally and linguistically competent clinical social workers. However, current education for clinical social workers does not fully cover the added challenges introduced by service delivery to LEP individuals (Sevilla, Sierra & Setterlund, 2018; Verdinelli & Biever, 2009). Furthermore, provisions should be made to provide more effective supervision of clinical social workers to address nuances with bilingual service delivery.

Researchers have stressed better hiring practices and training for bilingual clinical social workers and collaboration with academia to develop culturally responsive curricula that incorporate the role of a bilingual clinical social worker (Austin et al., 2016; Kung, 2016; Liu, 2013). Drolet et al. (2014) posited that the weight of responsibility to deliver culturally competent care falls not only to bilingual clinical social workers, but also to the agency rendering services. Strategies should be developed to address systematic challenges in the delivery of bilingual clinical social work to LEP individuals in the forensic setting.

From a chronosystem lens, the development of requisite skills to adequately serve the needs of LEP individuals takes time and reinforcement with continued education. Immediate benefits from academic, occupational training, and support may emerge over time after a new approach or program is implemented (Austin et al., 2016; Kung, 2016; Liu, 2013). A cumulative culture of practice regarding consistent support may empower bilingual clinical social workers and may help mitigate challenges when working with the LEP community, as identified in the literature and revealed in this study (Arriaza, 2015; CSWE, 2015).

Further study on bilingual social workers by Olcon, Pantell, and Sund (2018) showcased Latino social workers represent about 11% of the workforce, but representation in education and topics related to their use as bilingual social workers is lacking. This finding is significant because the Spanish-speaking client population continues to grow and is underserved. Olcon et al. found that educational strategies need to expand and focus on the vastness of cultural wealth.

The purpose of Olcon et al.'s (2018) research was to describe what benefit recruiting Spanish-speaking social workers provides to practice and how important it is to address language barriers during the educational process. Olcon et al. suggested the need to better engage Latino social workers through recruitment, more in-depth education, and the development of more comprehensive teaching on cultural sensitivity as it relates to contextual cultural wealth. Future research in this area may include the exploration of postgraduate education and supervision. As the focus of my study was the perspective from bilingual clinical social workers in forensic settings, Olcon et al.'s research

provided a relevant case study to compare themes identified, support findings in my study, or corroborate my participants' answers.

Gap in Literature

This thorough and exhaustive review of current literature confirmed that challenges related to cultural, social, and linguistic barriers are present and ameliorated to an extent when bilingualism exists during service delivery to LEP clients. Researchers continue to promote the ongoing need to explore sociolinguistic phenomena (Drolet et al., 2014; Engstrom et al., 2009; Lê Cook & Alegría, 2011; Njeru et al., 2016). However, system challenges affecting the delivery of bilingual clinical social work to people with LEP in forensic settings have not accrued significant attention in the literature.

Summary

In the existing literature, researchers articulated known challenges independently concerning people with LEP, microsystem, mesosystem, macrosystem, chronosystem, bilingual clinical social workers, or mandated clients (Adepoju, Preston, & Gonzales, 2015; Cleaveland & Ihara, 2012; Easton, Entwistle, & Williams, 2013; Engstrom et al., 2009). However, a gap exists regarding the challenges faced by bilingual clinical social workers engaging LEP individuals in the forensic setting through microsystem, mesosystem, macrosystem, and chronosystem collaborative interactions (Arriaza, 2015; Jacobs, Chen, Karliner, Agger-Gupta, & Mutha, 2006). The nature of multifactorial system challenges poses a discrete set of problems, which I explored in this study.

The literature review demonstrates a paucity of research on the convergence of each level of EST and the challenges they create for bilingual clinical social workers

engaging individuals with LEP in forensic settings. This gap suggests that further research is necessary to enhance the provision of bilingual clinical social work.

In Section 2, I describe the research design and data collection strategy.

Section 2: Research Design and Data Collection

In this study, I focused on the microsystem, mesosystem, macrosystem, and chronosystem challenges that bilingual clinical social workers identify when delivering services to LEP persons in forensic settings. This section includes a description of, and rationale for, the research design and approach. An overview of the methodology clarifies how I obtained and analyzed the data. I describe the sample population, selection criteria, and participant recruitment procedures. A thorough explanation of the interview protocol highlights the structure and format given to individual interviews. In the chapter, I also describe how I analyzed data. Finally, I delineate the Institutional Review Board (IRB) process and maintenance of ethical standards.

Research Design

In this research study, I asked the following question: In South Carolina, what system challenges affect the delivery of bilingual clinical social work to people with LEP in forensic settings? To answer this question, I used a qualitative design with an action research approach. This design was grounded in EST to address the system challenges that bilingual clinical social workers identify in their work with LEP persons at the microsystem, mesosystem, macrosystem, and chronosystem levels. Kornbluh (2015) explained how qualitative researchers invest attention in the experiences and perspectives of their research participants. The researcher, in turn, interprets those qualitative data, giving meaning to participants' experiences and perspectives (Lewin, 1946; Liu & Bernardo, 2014). Therefore, I followed described guidelines when conducting my research.

Action Research

Bradbury and Reason (2003) compared action research to other types of qualitative studies and stated that they are highly similar; the main difference lies in the relationship between the researcher and the study participants. The collaboration between researchers and participants to seek knowledge through action research supports this assertion. Stringer (2013) provided a description of action research in a model entitled the Look, Think, Act cycle. The stages of inquiry, thought to be independent but often layered or intertwined, occur in this simple application.

The *look* phase refers to the process of data gathering, whether through observation or more participatory involvement (Patterson, Baldwin, Araujo, Shearer, & Stewart, 2010; Stringer, 2013). During the *think* phase, the researcher analyzes the received information to connect ideas and factors preceding or contributing to identified themes, as well as possible outcomes within the constructs of the study population and sociocultural setting (Patterson et al., 2010; Stringer, 2013). The *act* part of the cycle yields answers and may promote further research. Therefore, the cycle continues, and the ongoing nature of action research leads to more in-depth introspection or observation.

Recalling the model of look, think, act, Bradbury and Reason (2003) focused on the dynamics between the researcher and study population for mutual knowledge gain. The goals of answering a research question or identifying an issue in a research study require participants to reflect on their experiences, share their perspectives, and critically evaluate the discovered themes (McNiff & Whitehead, 2010). Through this process,

research participants in this study collaborated with me to share their experiences, perspectives, and evaluate the research findings.

Action research aligned with the objectives for the study, the primary one of which was to obtain bilingual clinical social workers' perspectives on challenges arising in service delivery to forensic individuals with LEP. Using this qualitative design, I was able to implement individual interviews and guide a discussion wherein experiential knowledge was shared. Interviews facilitated collaboration between the research participants and me, the researcher, based on principles of action research (Bradbury & Reason, 2003; Herr & Anderson, 2005).

Operational definitions. Operational definitions for this study included identified challenges that complicate service delivery to individuals with LEP at the microsystem, mesosystem, macrosystem, and chronosystem domains (Baizerman et al., 2013; Bent-Goodley, 2015; Bronfenbrenner, 1986; Hyde, 2012). Additional complexities arise in the engagement of forensic LEP individuals mandated to services (Austin et al., 2016; Brolan et al., 2014; Cavazos & Faver, 2007; Lee & Yuen, 2003; Mark & Lyons, 2010). In Section 1, I provided definitions and described the affected systems, population, characteristics of each, contributory factors, and specific attitudes or attributes.

The NASW (2015) described dynamics about each stratum of the ecological system, that is, those microsystem, mesosystem, macrosystem, and chronosystem levels. However, individuals do not live in a vacuum and frequently interact between systems (Bitar et al., 2014; Canales et al., 2017; Diaconescu, 2015). A client engaging in services with the practitioner represents the microsystem. The mesosystem is composed of the

individual as well as local and small community entities. The macrosystem includes each of the smaller levels and adds distinct differences in that the client may not be directly involved with decisions at governmental levels, for example, which affect the mesosystem and microsystem domains. The chronosystem reflects the continuum of system dynamics over time.

Methodology

Prospective Data

I followed guidelines for action research and used individual interviews for data collection (McNiff & Whitehead, 2010; Robinson, 2014). I conducted semistructured interviews with participants via telephone or online meeting platform. Researchers have documented that semistructured interviews are appropriate for collecting data in action research studies (McManners, 2016; Merenstein, 2015; Smith, Wallengren, & Öhlén, 2017). To facilitate the interviews, I broke down questions in the semistructured interview protocol into system-related domains (i.e., microsystem, mesosystem, macrosystem, and chronosystem).

Because of the structure of the interview questions, this research study required me to probe participant responses. As such, a focus group was not appropriate for data collection study because of the scarcity and limited availability of qualified participants in South Carolina (see Ayón, 2017; Ellis et al., 2016; U.S. Census Bureau, 2015; Vargas et al., 2017). Furthermore, technical complications presented a risk to data loss. The potential for technical complications coupled with time limitations decreased participants' ability to engage in a focus group. Instead, individual interviews allowed me

to extend higher levels of flexibility to interviewees while decreasing potential obstacles imposed by focus groups to this study. McNiff and Whitehead (2010) explained that individual interviews align with the cyclical nature of action research because they promote a process of dialogue, insight, and action, which I sought in this study.

Discussions with bilingual clinical social workers offered me a better understanding of, and broadened the knowledge base pertinent to, concepts in service delivery to clients with LEP. Engaging providers in the forensic setting allowed for the exploration of existing knowledge and insights that may lead to improved outcomes when addressing challenges in ecological systems affecting service delivery to LEP individuals in the forensic setting.

I recruited six bilingual clinical social workers from South Carolina using a purposive sampling procedure in conjunction with snowball sampling as needed. Researchers have suggested that the availability of bilingual social workers in the United States is limited (Drolet et al., 2014; Engstrom & Min, 2004; Engstrom et al., 2009). South Carolina is not a bilingual-prominent state, meaning that services are traditionally offered in English without much consideration to other languages that are present in the community (Ayón, 2017; Ellis et al., 2016; U.S. Census Bureau, 2015; Vargas et al., 2017). Action research studies are feasible with smaller groups, especially when the population of interest has specific characteristics limiting the number of potential respondents (Lanesskog et al., 2015). As such, the presence of a limited sampling pool justified setting a goal of a minimum of five participants (see Marshall, Cardon, Poddar, & Fontenot, 2013). To assist in recruitment, I offered a nominal token of appreciation in

the form of an Amazon gift card as established by guidelines within my Walden University's IRB application (Walden University, 2015).

I coded and compared findings to identify the presence of common factors affecting bilingual clinical social workers facilitating care to persons with LEP. The contents from the resulting interviews were audio recorded with participant consent, stored securely, and transcribed verbatim for accurate coding and analysis.

Participants

After IRB approval, I used direct contact, networking efforts, and presented the opportunity at institutions that could post participation information for the benefit of those who may be interested. After exhausting initial efforts, I used an email list comprised of 1,000 social workers in South Carolina, which led to the study's participation goal. The recruitment campaign reached 20 organizations representing health centers, academic institutions, private business, and non-profit agencies. The participants received a screening questionnaire via email to determine eligibility for the study which indicated whether inclusion criteria were met (see Appendix A).

I sent an introductory letter and an informed consent document to possible participants. After obtaining consent, respondents completed a screening questionnaire to participate in this study. Participants had to meet specific inclusion criteria: (a) they must be social workers with education, licensure, or certification to work within the described roles; (b) they must have at least one year of working experience; (c) they must be bilingual with native proficiency and capable of delivering services in the clients' language of advantage; (d) they must facilitate the delivery of service for LEP persons in

some forensic setting as defined in Section 1; (e) they must meet privacy and technical requirements for interviews via phone calls or the ability to download GoToMeeting for videoconferencing; and (f) they must acknowledge the presence or absence of personal restrictions, such as pregnancy or mental health concerns, preventing participation in the study (see Appendix A).

A chance existed that some social workers reached through initial recruitment methods would not meet the inclusion criteria. However, these social workers may have had bilingual colleagues who meet the inclusion criteria. In that event, social workers shared the opportunity and my contact information with colleagues. When I reached the desired sample size, and potential participants reviewed and signed the informed consent form, I scheduled interviews with participants at a date and time convenient for them.

I emailed the interview questionnaire ahead of time and discussed it during the live interview. I conducted interviews via telephone or GoToMeeting as the videoconferencing platform. With permission, I recorded all interviews for transcription. I provided a nominal gift (\$20.00 Amazon gift card) to respondents who participated in the interview.

Instrumentation

I developed a semistructured interview questionnaire inspired by peer-reviewed concepts to capture qualitative data for this research study (Creswell, 2013; Nielsen, Abildgaard, & Daniels, 2014). Open-ended questions driven by themes represented the format of choice (see Appendix B). This process entailed an exploratory study regarding microsystem, mesosystem, macrosystem, and chronosystem inquiry on domains as

relevant to the service delivery for mandated LEP individuals. The semistructured approach allowed a flexible medium to elicit and probe participants' responses (Creswell, 2013; Maxwell, 2013; Stringer, 2013). I emailed the questionnaire directly to participants before the interviews for familiarity and time management purposes.

The questions were separated by the following domains: microsystem, mesosystem, macrosystem, and chronosystem related questions. Each question was designed to elicit insider perspectives on the challenges that bilingual clinical social workers in South Carolina encountered when working with LEP persons in forensic settings. In addition to identifying these challenges, questions also tapped into bilingual clinical social workers' suggestions and recommendations to address identified challenges.

The microsystem-level section included one-on-one challenges when engaging LEP clients for forensic purposes. The mesosystem level depicted challenges on a broader scale, inclusive of local and small community domains. Regarding the section on macrosystem-level challenges, I surveyed what infrastructure is in place to provide support to bilingual clinical social workers, awareness and use of policy, statutes, or legislation to this end. I also explored how treatment or service delivery is affected by identified gaps at this system level and between each domain. Through chronosystem queries, I sought to identify what changes the bilingual clinical social worker must make throughout her or his career while adapting to circumstances or overcoming challenges.

Data Analysis

Analyzing information gained from individual interviews involves coding to extrapolate themes and garner deeper meaning and insight. Through this method, commonalities are categorized for analysis. A thorough review of the data leads to organized reflection on answers to the research question and to developing dimensional aspects of participants' responses (Bloomberg & Volpe, 2016).

Participants' responses to the interview questions required analysis. Researchers transcribe interview sessions verbatim to accurately process data "for significant statements, meaning units, textual and structural description, and description of the 'essence'" (Creswell, 2013, p. 105). I performed initial and subsequent transcription efforts as required. Additionally, participant checking allowed me to review, correct, and ensure the accuracy of transcribed interviews. Transcribed information was sent via email, granting the participants 7 days to review the transcript and respond with a request for corrections or confirmation. The email also informed participants it was understood that no changes were required if no response was given past the seventh day.

I used NVivo qualitative data analysis software as the medium to organize, process, and analyze collected information (Cope, 2014; Gläser & Laudel, 2013; Robinson, 2014; St. Pierre & Jackson, 2014). Emerging themes within and between each stratum of the questionnaire were codified and analyzed on a matrix for data analysis and presentation. Thematic analysis defines this method of data analysis as a stepwise approach toward ensuring trustworthiness (Nowell, Norris, White, & Moules, 2017).

The researcher must be familiar with and fully immersed in the data. From that point, features can be identified and labeled, also called coding (Nowell et al., 2017). Through an examination of the collated information, relevant themes emerge and lead to broader theme identification and review (Nowell et al., 2017). The culmination of these efforts leads to the definition of themes and the ultimate production of a report (Nowell et al., 2017). Thematic analysis, then, provides a richer examination into the data, revealing the complexity of findings and their implication (Bloomberg & Volpe, 2016).

Trustworthiness of the data refers to the ways a researcher establishes scientific rigor in a qualitative research study. The first notion within trustworthiness is credibility. Contextual effects of sociocultural and environmental influences affect perceptions of participants (Yardley, 2017). Credibility focuses on whether the researcher adequately defines and represents the participants' thoughts, feelings, or actions (Bloomberg & Volpe, 2016). The perspectives of participants should be believable (Lincoln & Guba, 1985). To achieve data credibility, participant involvement should be organic and natural. Other facets to consider are any biases brought by the researcher. In this study, I had an insider-outsider perspective but remained neutral during individual interview discussions to avoid bias or influence on the proceedings. However, because of my background and qualifications, I was uniquely positioned to lend credibility to the study (Shenton, 2004).

Researchers often cite Lincoln and Guba (1985) when discussing trustworthiness and include the descriptors of transferability, dependability, and confirmability as well. The former reflects the ability to generalize the results to other contexts or settings. If the researcher is thorough enough with explanations of related constructs, it is up to future

researchers who wish to use the data to make sense of it being appropriate or not for transferability. Bloomberg and Volpe (2016) added that a thorough description is necessary to allow a vicarious experience.

Dependability aligns with the quantitative use of reliability but without the statistical rigors or procedures. Meeting this criterion requires an audit trail of detail explaining data collection and analysis in such a manner that another researcher could follow and duplicate the same procedures (Bloomberg & Volpe, 2016; Shenton, 2004). I created an audit trail in this study by detailing each step I took during the data collection and analysis processes in a clear and descriptive manner.

Confirmability builds on upon tenets of trustworthiness and allows other researchers to compare and substantiate their results. In doing so, bias is refuted and findings confirmed. Researchers support confirmability by disclosing any preconceived ideas or influence, which I established by journaling my thoughts and experiences during data collection and analysis and by identifying for readers any of my own biases that may influence the study's analysis and results.

Ethical Procedures

I received IRB approval from Walden University (number 08-02-18-0597048) to conduct this research study. Training and continued education from the National Institutes of Health (NIH) provided knowledge to support my aims as a researcher dealing with human subjects. Therein, the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979) provided guidance for creating recruitment and consent documentation. It is necessary for researchers to

maintain and observe respect, beneficence, and justice under the guidance of the Belmont Report and the federal code enacted to that cause (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979; Office for Human Research Protections [OHRP], 2009).

Initial screening methods ensured adherence to the ethical principles of the Belmont Report encompassing respect for persons, beneficence, and justice. Individuals enjoyed autonomy to participate or withdraw from the study with respect and confidentiality in accordance with OHRP guidelines (OHRP, 2009). Participants also had access to research findings through an executive summary. Through this study, I applied the tenets of the Belmont Report by obtaining informed consent through a voluntary process. Following OHRP guidelines, I recruited adult participants who were not mentally debilitated, imprisoned, or otherwise considered a member of a vulnerable population (OHRP, 2009). I achieved these concepts through a letter of recruitment, screening questionnaires, consent forms, and dissemination of findings.

To demonstrate and maintain credibility it was necessary to disclose that I am a bilingual clinical social worker who delivers services to individuals stemming from the forensic setting, including those with LEP. System dynamics present challenges, which piqued my interest in such a study. The insider-outsider perspective is such that as a researcher, I was external to the process to gain other insiders' points-of-view (Dwyer & Buckle, 2009). For this study, I used a reflective journal to track my thoughts, feelings, and ideas during data analysis. Details that may identify participants' identities remained confidential. I maintain security for physical and digital materials by using password

protection or locked cabinets in my private home office. After 5 years, I will destroy the secured data and related study materials.

Summary

In Section 2, I described my plan to use semistructured interviews for data collection to answer the research question in alignment with EST. I outlined my recruitment strategies with specific inclusion criteria, methods for contact, and informed consent. Participants completed semistructured interviews discussing perspectives regarding system challenges faced as bilingual clinical social workers engaging populations of LEP in forensic settings. Pertinent to ethical concerns, I described an approach for data collection, plan for transcription, and data analysis of content as shared by bilingual clinical social workers engaging populations of LEP in the forensic setting. After IRB approval, I conducted the study. I will present findings and discuss the application to professional practice and implications for social change in Sections 3 and 4, respectively.

Section 3: Presentation of the Findings

The purpose of this qualitative action research study was to identify challenges experienced by bilingual clinical social workers in South Carolina who deliver services to individuals with LEP in forensic settings. The research question I sought to address in this study was, In South Carolina, what system challenges affect the delivery of bilingual clinical social work to people with LEP in forensic settings? I collected data to answer the research question from semistructured interviews I conducted with bilingual clinical social workers in the state of South Carolina. Participants categorized gaps affecting service delivery at the microsystem, mesosystem, macrosystem, and chronosystem interactions within a forensic setting.

Data Analysis Techniques

The study received approval from Walden University's IRB on August 2, 2018. Recruitment efforts resulted in 45 initial responses, eight consents, and six screened individuals who engaged in the interview process. After transcribing these six interviews, I began analyzing the data.

Data Analysis Process

I used NVivo, a qualitative data analysis computer program, to assist with the organization and analysis of data. Using thematic analysis, I reviewed all transcripts thoroughly and coded them line-by-line within each stratum (microsystem, mesosystem, macrosystem, and chronosystem), looking for salient passages that shed light on the research topic and question, as suggested by Nowell et al. (2017). After I generated the codes from all interviews, I organized them based on similarity, labeling these grouped

codes with a title describing the contents of those groupings. Data analysis at the microsystem level yielded 19 codes, which I placed into three categories based on similarity: financial constraints, community outreach, and fear and anxiety when accessing services. Data analysis at the mesosystem level yielded 28 codes, which I placed into the following preliminary groups: low priority, community support, community outreach, fear and anxiety, linguistic challenges, and suggestions for improvement. I identified 19 codes during macrosystem-level analysis, which I placed into the groups service access; cross-agency collaboration; and laws, policies, and initiatives. Finally, data analysis at the chronosystem level yielded 11 codes, which I placed into these groups: continuing careers and suggestions for improvement.

After generating these initial themes, I began reviewing all groupings and codes, and compared them between strata. The results of this review yielded one theme at the microsystem level, Financial Constraints; two themes at the mesosystem level, Individuals With LEP are Low Priority and Community Support; three themes at the macrosystem level, Service Access, Cross-Agency Collaborations, and Laws, Policies, and Initiatives; and one theme at the chronosystem level, Continuing Careers as Bilingual Social Workers. Then, I examined all groups across all systems for the cross-system analysis, placing similar groups from all levels into overarching themes. The cross-system analysis yielded four themes: Community Outreach, Fear and Anxiety, Linguistic Challenges, and Suggestions for Improvement. Table 1 shows the identified themes and subthemes for the various systems.

Table 2

System Levels, Themes, and Subthemes

System	Theme	Subtheme
Micro	Financial Constraints	Prevents Access
Meso	LEP are Low Priority Community Support	No discernible subtheme Limited Community Support
Macro	Service Access Cross-Agency Collaborations Laws, Policies, and Initiatives	No discernible subtheme Collaboration and Cooperation Confusion about Inclusive Policies
Chrono	Continuing Careers as Bilingual Social Workers	Would Not Leave Field Moving Away from Social Work
Cross Systems	Community Outreach Fear and Anxiety Linguistic Challenges Suggestions for Improvement	Microsystem Mesosystem Microsystem Mesosystem Macrosystem Microsystem Mesosystem Mesosystem Macrosystem Chronosystem

Validation Procedures

Validation procedures began at the population selection stage. This study required participation from bilingual clinical social workers in South Carolina with experience in the delivery of services to individuals with LEP in forensic settings. I gave potential participants a letter of introduction and an informed consent document to introduce the study and to fully apprise them of the scope of the project. I administered a screening questionnaire to individuals who expressed interest in potential participation. Screened

consenting participants completed the interview questionnaire, which explored domains at the microsystem, mesosystem, macrosystem, and chronosystem. Interviewees were able to request clarification if necessary to process questions at any time. All 6 participants concluded interviews by expressing their satisfaction with the process. I immediately provided a \$20 Amazon gift certificate to each participant after the interviews.

I used a reflective journal to keep track of my observations and reactions at the end of each data collection event. Employing the reflective journal allowed me to reinforce researcher neutrality in the data collection process. The accounts provided by the participants showed similarities to my experiences as a bilingual clinical social worker. The use of a reflective journal allowed me to keep track of my thoughts and feelings, which constantly reinforced the need to maintain an unbiased tone for each interview. To assure the quality of the transcribed data, I shared individual transcripts with participants for their review. Out of six participants, one requested a correction for an organization named while the rest agreed with content accuracy.

I achieved saturation by following the data saturation model wherein the researcher identifies redundancy in collected data (Saunders et al., 2018). An exhaustive search for study candidates yielded six participants out of eight who provided consent. I achieved saturation after identifying data redundancy as collected from participants scattered throughout the state of South Carolina during a period of 2 months. Saturation occurred when interviewing more participants failed to generate new ideas and participants answered interview questions in similar ways.

Limitations

Bilingual clinical social workers providing services to individuals with LEP in forensic settings were difficult to identify. I kept a journal to note remarkable points during the study. At the recruitment phase, refusal to introductory letters included statements ranging from “I am not Hispanic” and “I am not bilingual” to “I am not a forensic social worker.” Additionally, inclement weather, such as a hurricane and related events, occurred during the data collection phase of the project. These factors compounded the difficulty of gathering a larger sample population for this project.

Although I clearly sought bilingual social workers, a few bilingual individuals interpreted the meaning as a search for Hispanic social workers only. Another challenge in the recruitment process presented when contacting potential participants. Some identified themselves as bilingual professionals in advertisements. Additionally, these individuals justified their presentation as bilingual by their use of secondary or tertiary mediums, such as ancillary staff or interpreting services, in their work. However, the social workers themselves were not bilingual.

An additional challenge during the recruitment process was that many individuals who presented as meeting the selection criteria turned down the opportunity to participate because they did not believe they had experience in forensic settings. Some stated “I am not sure that I work in a forensic setting” despite evidence to the contrary which brought to light the presence of uncertainty in their professional identity. In terms of timeframe, Hurricane Florence affected the area under study, which halted the recruitment process for a few weeks. Last, the successful obtainment of participants who provided sufficient

data to reach saturation took time and flexibility because of their workloads, responsibilities, and personal demands.

Findings

Those who participated in this study possessed bilingual proficiency in either Spanish or American Sign Language. Due to the limited regional sampling pool of bilingual clinical social workers and to protect participants' identities, specific locations are not disclosed in this project. However, participants represented central and cardinal regions of South Carolina. I interviewed five women and one man for this study. One participant had more than 20 years of experience in the field, two participants had 10–20 years of experience as social workers, and three participants had worked in the field for 3–10 years. Two participants worked in children and family services, one worked in private practice, and the other three worked in court-mandated services, adult protective services, and judicial services. Individual accounts from social workers separated by location were consistent with each other, lending credibility and saturation.

Findings are organized for presentation based on these levels: microsystem, mesosystem, macrosystem, and chronosystem. I generated one microsystem level theme: Financial Constraints. There were two mesosystem themes: individuals with LEP are Low Priority and Community Support. Three themes comprised the macrosystem: Service Access; Cross-Agency Collaborations; and Laws, Policies, and Initiatives. One theme supported the chronosystem: Continuing Careers as Bilingual Social Workers. Analysis across all systems levels revealed four themes: Community Outreach, Fear and Anxiety, Linguistic Challenges, and Suggestions for Improvement.

Microsystem Theme: Financial Constraints

The theme, financial constraints, addressed the microsystem challenges to the delivery of services to the LEP community. This theme contained one subtheme: prevents access. Here, microsystem-level challenges came in the form of financial constraints that made it difficult for people with LEP to request, seek, and access services when in need. Participant 2 shared, “a lot of our LEP clients have financial constraints” and attributed this to factors like lack of education, lack of or improper documentation, and not knowing how to get proper documentation.

Subtheme: Prevents access. Participants recognized that for many individuals with LEP, income and socioeconomic status were limiting factors to accessing services. Participant 3 believed, “financial limitations definitely play a role in everything.” This participant recognized that for anyone to access services, including people with LEP, that person needs to be able to take time off from work, which poses a challenge. Participant 3 stated, “Since there’s not enough money, then sometimes everybody has to work very long hours, so they wouldn’t even have the time to go to the services, even if they need them.” This participant attributed the inability to seek services to financial restraints that cause those with LEP to “have to work more.” According to Participant 6, financial constraints created challenges to seeking and accessing services because for many individuals with LEP, simply paying bills or sending money home means few financial resources left for services. This participant said, “[most of my LEP clients] are constantly frustrated regarding just having enough money to get wherever they need to go.”

Mesosystem Theme 1: Individuals With LEP are Low Priority

At the mesosystem level, participants discussed challenges of providing services to people with LEP through agencies and the community. Participants shared their concerns that the LEP community was considered a low priority, even within the agencies where participants worked. Although no discernible subthemes developed within this theme, participants worried about the care and provision of services to individuals with LEP in their communities.

Participant 2 felt that “it’s just easier to slip through the cracks” for LEP clients. The same participant attributed this occurrence to monolingual social workers’ reluctance to reach out to LEP clients who do not speak the same language. Participant 2 added that monolingual social workers “don’t feel comfortable” because they must use an interpreter, which is a resource they do not always know how to find. Participant 3 stated, “It doesn’t really seem like a priority to deal with people with Limited English Proficiency.” This participant’s agency does not directly address the needs of forensic LEP clients.

Mesosystem Theme 2: Community Support

Providing services to forensic individuals with LEP was challenging because of the limited community support available for this population. One subtheme supported the creation of this theme, limited community support. Although participants identified limited community support and the challenges presented, participants also shared the attempts by LEP communities to band together and provide support.

Subtheme: Limited community support. Participant 1 has not lived in his or her community for more than a couple of years, but this participant's perception of the community was that it was not welcoming of people with LEP. Participant 1 shared,

I hate to speak for the community, I've only lived here for a few years and I don't want to be critical, but I don't think that the community necessarily understands or even always welcomes people from all cultures, which creates a lot of challenges when it comes to encouraging various community agencies to provide services. There's not a lot of awareness, I guess, it's a challenge of not only LEP service users but what their needs might be, or that they might have different needs than other folks.

Participant 3 acknowledged that interpreters are sometimes available, but this participant did not feel other community supports existed. Participant 6 shared this belief. According to Participant 6, these social workers are called on to provide such interpreting services when schools lack funding to support individuals with LEP. Participant 6 said:

I find myself being asked to help communicate [information] to schools. So even in the community, . . . they don't have Spanish services readily available for them, so if there's a problem in school with a child, they leave it up to the child to tell the parent what they're doing in school.

In the absence of community-level support, local LEP populations have come together to create their own support systems. Participant 2 noticed this and said, "people kind of create their own small support systems and support groups within their communities." Participant 3 also stated that through his or her church, "we do some of

that,” referring to community support. Participant 6 observed people with LEP in the community rely on each other for support: “They really don’t seem to have a lot of support other than themselves, like individuals in the community.”

Macrosystem Theme 1: Service Access

Participants recognized the challenges that people with LEP faced at the institutional level when accessing services. Although no discernible subthemes occurred within this theme, participants spoke of several challenges to services. These challenges were three-fold, according to Participant 3. First, when support systems for individuals with LEP do exist, they are often limited in funding, which then hinders available services. Second, people with LEP may not be aware of how to express their need for an interpreter. Participant 3 conveyed that it is hard to find interpreters who speak Spanish and even more challenging to find ones for other languages. Third, those with LEP have increased difficulties accessing services because they may be unaware of available services or may not have the time to explore other options.

Participant 6 discussed that a lot of preparation goes into the provision of services for those individuals with LEP. This participant stated, “They will ask us Spanish-speaking clinicians to have everything ready like paperwork and having scheduled [additional] time for the first appointment.” Participant 6 expressed that policies in her or his workplace require the presence of a bilingual social worker when facilitating services to individuals with LEP.

This participant also shared that “extra time is necessary” to explain documents, answer questions, and reassure clients about information that is not available in their

language. According to Participant 6, when scheduling difficulties occur, it poses further challenges for the LEP community. During emergencies, persons with LEP are not always able to see a bilingual social worker. In the case of non-emergencies and for other services, individuals with LEP may not receive necessary assistance as quickly if a bilingual social worker is not available.

Macrosystem Theme 2: Cross-Agency Collaborations

Despite some degree of informal collaborations existing across agencies for provisioning services to the LEP community, participants described an overall lack of cooperation with law enforcement and immigration courts. Participants met resistance when reaching out for collaboration. One subtheme supported the creation of the collaboration and cooperation theme. Participants described the need for stronger community agency partnerships. They also detailed the stress that this lack of cooperation creates for their LEP clients and those social workers assisting them.

Subtheme: Collaboration and cooperation. Participants discussed if and how they, or their parent organizations and agencies, collaborated with other organizations. Participant 2 was unaware of any collaborations between agencies in the community to provide services for people with LEP. This participant stated, “I think kind of on a grassroots level, we collaborate with anyone else we know who’s trying to help those clients, but I don’t know of any formalized collaborations.” Participant 2 acknowledged the possibility of existing partnerships, but he or she does not have that information available. This participant believed that these collaborations were “what is missing” from

service provisioning and felt that “it would be helpful to have an actual collaboration with other LEP service providers in the area.”

Participant 1 felt that much of the burden fell on him or her to find additional agency support for individuals with LEP, and this caused delays in service provision. Participant 1 said, “As a clinician in the private sector, I feel like I am constantly asking the questions.” As a result, finding the right resources for a client might take extra time. Instead, this participant would like to see more cross-agency conversations about the services that they provide, which may mutually benefit the LEP community and streamline these processes.

Participant 1 shared the stress that occurs when an LEP client is in crisis which takes extra time to determine what services are needed from whom. Participant 1 stated, “We all need to sit down and get together. We can see the driving change force that we could be an example for others to follow . . . we just gotta start talking.”

Participant 3 felt that cross-agency collaborations are “already hard” and that these become even more difficult when assisting individuals with LEP. This participant suggested that a reward system be in place for companies and agencies working together. Participant 3 thought this might provide a necessary incentive to motivate agencies to come together and help the LEP community.

According to Participant 5, there is no agency cooperation in his or her community. Participant 5 stated,

I can tell you that there's zero cooperation between the local law enforcement and immigration officers and definitely there's zero cooperation in immigration identifying where these individuals are being taken.

This situation creates undue stress for clients and family members trying to find their loved ones in the immigration detention system.

Macrosystem Theme 3: Laws, Policies, and Initiatives

Participants expressed confusion regarding the laws, policies, and initiatives in place to assist forensic individuals with LEP in South Carolina. Though participants could point to some policies that may cover people with LEP in some cases, they were unaware of any that pertained to or protected the LEP community specifically, such as the Civil Rights Act of 1964 or Executive Order No. 13166. One subtheme, confusion about inclusive policies, supported its creation.

Subtheme: Confusion about inclusive policies. Participants found it difficult to point to laws, policies, and initiatives designed to assist individuals with LEP in forensic settings. Several of these participants spoke of such laws, policies, and initiatives regarding the political climate in South Carolina. Further, they imparted a lack of compassion and understanding toward individuals with LEP without proper citizenship documentation. Participant 1 spoke of this in the following way,

It's so tough. I think there's so much concentration on 'is this a documented or undocumented person'. I understand that's a sign of our times, but how about, "What can we do for this person who's a person?" before we're thinking about what do we have to do? How can we protect this person? We can't let the higher

authorities know that they're undocumented. Maybe they're not coming because they're undocumented. We've gotta get past that, because regardless, at the moment, at present, they're here and they need something, and we need to be able to provide it.

Participant 1 said that she or he is “more and more surprised” at what has been happening to undocumented people with LEP every day. Additionally, this participant explained that because authorities prioritize documentation status, undocumented individuals with LEP face challenges to accessing services.

Participant 2 was unaware of specific laws to protect the LEP community in South Carolina but attributed this lack of familiarity to coming from a different state. This participant knew of some federal policies mandating interpreters and translated materials for people with LEP but acknowledged confusion between what was considered best practice versus what was legally mandated. Participant 3 expressed similar confusion. Participant 3 thought a law was in place allowing for LEP victims of abuse or violence to gain a special visa status but was not sure about this. This participant felt that policymakers did not prioritize making policy to help individuals with LEP in forensic settings. He or she stated, “it seems like an issue that policymakers just kind of aren't interested in.” Participant 5 felt that any policies that existed were discriminatory and said, “I don't think they have inclusive policies.”

Participant 4 described working at the policy level on law changes and “trying to get recognition within the law” for individuals with LEP. This participant added,

One of the challenges that we face, specifically around forensic patients, is that the law does not allow for persons who are linguistically-incompetent because that is a very rare circumstance in the monolingual population. But we work with many individuals, who because of education deprivation and neglect, don't have the language to understand the criminal justice system. They're not mentally ill. They're not developmentally disabled. The law has no mechanism there to recognize that and then also to provide a mechanism in place to rehabilitate somebody sometimes to the point of competence.

Such situations denote an oversight to PIE dynamics that affect both clients and bilingual clinical social workers (Azzopardi & McNeill, 2016; Garran & Werkmeister Rozas, 2013; NASW, 2015).

Chronosystem Theme 1: Continuing Careers as Bilingual Social Workers

Given the challenges bilingual social workers face when assisting forensic individuals with LEP, participants reported mixed feelings about continuing in this line of work. Although some participants spoke of the commitment to remain in the field of social work to help individuals with LEP, other participants expressed the desire to leave. Two subthemes developed: would not leave field and moving away from social work.

Subtheme: Would not leave field. Participant 1 shared a story of his or her family life growing up with a grandmother who could not read English and seeing others like her who needed assistance. Participant 1 said, "it's hard, I am one person." She or he felt driven to pursue a career that would help individuals with LEP. However, this participant recognized early in life that there were not enough people to help the LEP

community and now she or he describes her or himself as “a bulldog” when working for this population.

Participant 2 stays in the field because she or he believes that there is no one else available to do this vital work. This participant stated, “It doesn’t feel like there’s enough service providers, and I want for those clients to get at least some kind of service provision.” This account motivates Participant 2 to continue working with forensic individuals with LEP.

Participant 4 described his or her personal connection to the community and a sense of personal commitment. This participant stated, “It’s not like even if I moved away that the community wouldn’t move with me.” Participant 4 did not want to leave the community. Participant 4 also felt that the challenges of providing services to individuals with LEP did not make a good enough reason to quit doing this work. She or he described this as throwing in the towel and saying, “Yep, the bad guys won,” which this participant was not ready to do.

Participants 5 and 6 believed they were making a difference, no matter how small. Participant 5 shared, “Little by little I may have a better chance of impacting some changes that can just improve . . . how that population is provided services.” Though this participant did not think she or he was there yet, she or he believed, “I’m chipping away little by little.” Participant 6 “wants to save the world.” Participant 6 was motivated to continue this challenging work because she or he “really love what I do” and will continue to help as much as possible.

Subtheme: Moving away from social work. Other participants were keen to move away from positions as bilingual social workers. Participant 2 shared a reluctance to move away from the field because there were few bilingual social workers to pick up the slack. However, she or he expressed ambivalence about continuing this career. Participant 2 stated, “I think sometimes I’m frustrated because I feel like there’s not enough service providers.” This participant also added, “It’s just frustrating because I feel like I have to work with clients for longer and provide them with services that don’t even fit the mission of our agency if I’m going to help them.” This participant does not mention bilingual experience during hiring interviews because of heavier workload concerns. Participant 2 expressed hesitation about how interviewers would respond to the bilingual skill set, given the lack of support for Spanish-speakers in the community. She or he wanted “for my skills to be seen as larger than [his or her ability to work with Spanish-speaking clients].”

Participant 3 said that she or he had “considered moving away from that and teaching instead.” This participant stated,

Well, I don’t find a lot of positions for bilingual social workers. And there’s not an extra incentive. It also doesn’t seem to even be an asset. I thought that as a bilingual social worker it would be very useful, and I just imagine my skill set being so needed everywhere. But it just really doesn’t seem like bilingual social workers are even perceived as being needed, because I think there’s just so much general disinterest in helping people with Limited English Proficiency.

Cross-System Theme 1: Community Outreach

At the microsystem and mesosystem levels, participants identified challenges in providing services to individuals with LEP related to community outreach. Within both levels, participants shared that social workers must be proactive in engaging the community to provide support for people with LEP. They shared the support offerings that were available but also highlighted that many people were unaware of services available to them.

Microsystem community outreach. Participant 2 believed that educating the community about services available was essential. Education facilitates a clear message to individuals with LEP on how they could access those services. Participant 5 also felt that educating persons with LEP in the community about available services would be helpful. Participant 3 stated, “Well, the social worker can’t provide services if the client doesn’t have a way to get to services.” This participant also suggested that community outreach could help individuals with LEP in that agencies could be open past working hours, like 8 am to 5 pm. Extended hours of operation would help those with LEP who work during the day access services without missing work. Participant 6 felt that:

Through community outreach, bilingual clinical social workers could make it clear to persons with LEP that regardless of their immigration status, they did not need to fear talking to a mental health professional because, it’s not like we’re going to call immigration on an individual.

Mesosystem community outreach. Participants shared examples of how they made themselves available to immigrant individuals with LEP through community

outreach. Participant 1 assists the local school district and helps families who came to South Carolina in the wake of Hurricane Maria. She or he believed that bilingual clinical social workers who made themselves more visible in the community would help individuals with LEP see the services available to them and feel comfortable accessing those services.

Participant 2 spoke of a community advocate in the area for Spanish-speaking individuals with LEP who goes into the community to spread awareness of services. This participant also felt that funding toward community education would help English-speaking citizens become more aware of the different cultures in the community.

Participant 3 saw that some community churches were providing outreach to individuals with LEP, and she or he has tried to become involved with the community to connect people with LEP with different agencies and services. Participant 4 said, “We have community meetings.” In Participant 4’s community, there are bilingual peer support people who assist persons with LEP with advocacy and directing them to available services.

Participant 5 spoke of the added challenge of working in a rural area with the LEP community. She or he attended community meetings in the area but acknowledged that services were more challenging to find outside of the city. Participant 5 stated, “We don’t have a certain area where [individuals with LEP] are assembled,” making it challenging to reach those with LEP.

Cross-System Theme 2: Fear and Anxiety

Across the microsystem, mesosystem, and macrosystem levels participants spoke of the challenges of providing services to people with LEP because of fear and anxiety. The LEP population often experience fear because of immigration concerns, discrimination, or racism. Participants felt that individuals with LEP would avoid seeking needed services because of the possibility of an immigration status report to authorities from service providers. The participants expressed concern that people with LEP in their communities face a hostile political climate, which prevents them from accessing help.

Microsystem fear and anxiety. Participant 1 shared his or her concern that individuals with LEP mandated to therapy are more suspecting of social workers, especially regarding immigration status concerns. She or he said,

But, obviously, once we have larger agencies, like say a DSS case comes through mandated to come into therapy or just someone who might've been affected by a referral through the police or of the Department of Immigration, they're gonna be suspect to coming in and meeting with me. Because it doesn't matter that I'm in a private space, they've already been jaded by one agency or another that may or may not have addressed their cultural needs. They just know they're in trouble for something or other.

After this initial encounter, Participant 1 believed that people with LEP mandated for services were more comfortable and their anxiety decreased "because we are able to communicate in a way that they understand, and I understand their needs."

Participant 2 often advocates for LEP victims of abuse or domestic violence. This participant said, “a lot of times what we find is that perpetrators [of abuse] will hold their documents or their immigration status kind of over their heads as a piece of the abuse.” His or her clients are often scared of being deported and are hesitant to report crimes. Participant 2 said, “They’re scared that anywhere they go they might be deported, or they might be convicted of a crime, or misunderstood, or all three.” This lack of understanding or knowledge of what their abuser can do makes it, so they do not reach out and access services.

According to Participant 3, individuals with LEP do not apply for services “because of fear of not fitting in, fear of prejudice, fear of racism, fear of being made fun of, or fear being deported.” This participant said that often his or her agency did not have many LEP clients because the systems and agencies do not interact with those with LEP. Service organizations assume these individuals do not need help because they are not reaching out, when it is fear that prevents individuals with LEP from accessing services (Cleaveland & Ihara, 2012; Menjivar & Abrego, 2012).

Participants 5 and 6 also highlighted the role that immigration status plays in the decision for individuals with LEP to access services. “Definitely the fear,” said Participant 5, “because in the Latin countries or Spanish-speaking countries, there’s a fear of law enforcement.” This fear makes it so people with LEP view Participant 5 and other social workers as part of a system working against them. Participant 6 said that individuals with LEP are fearful not only of coming into a clinic for services but also of having a social worker come to their home. Even with mandated services, Participant 6

shared that people with LEP “struggle to want to even come forward and engage in mandated services because of their immigration status.”

Mesosystem fear and anxiety. Two participants described how fear and anxiety affect their LEP clients at the mesosystem level. Participant 1 stated,

Most times you’ll find that families will not seek services that they desperately need so as not to shine a light on their household or their immigration status, and it creates lack of resolution to any of the difficulties that they might be dealing with. It goes anywhere from having therapy services to doctor services to school-based services.

Participant 3 referenced this fear as well, and how this fear limits service provisioning for individuals with LEP. Participant 3 shared, “any kind of involvement with the court, or law enforcement in the community . . . is limited, because of people’s fear.” In cases of violence, Participant 3 continued, “people are unwilling to report it, because they don’t want to get in trouble with the law, or they’re afraid of law enforcement.” This participant added, “They are afraid to seek help because of a lot of racist attitudes.”

Macrosystem fear and anxiety. At the macrosystem level, participants also identified fears that individuals with LEP hold toward accessing services. Participant 2 said, “clients are scared to come in . . . they’re scared to seek services.” Participant 6 noticed that people with LEP are “hesitant to divulge fully” because of immigration status concerns. Participant 6 said, “When they come here, and they ask, ‘Well am I going to be in jeopardy?’ I always have to direct them, per DSF . . . to go to court.”

Thus, this participant must follow ethical transparency. This predicament affects the working relationship between Participant 6 and clients served because of complexities arising from statutes that demand filings of mandated reports to authorities.

Cross-System Theme 3: Linguistic Challenges

According to participants, linguistic barriers present challenges for individuals with LEP accessing services. These challenges occurred at the microsystem and mesosystem levels and affected access and care. Participants noted that in some medical situations, the impact of such health care disparities was death because of inadequate communication:

They had indicated to us they didn't understand their medication, and then we later learned that they died because they hadn't taken their medication properly. I had a patient who died, and he didn't know why he was sick. He didn't know what was wrong. He said, "I'm getting worse and worse." I said, "You went to the doctor?" He said yes. "What did the doctor say was wrong?" He said, "I don't know. I didn't understand what he said."

Microsystem linguistic challenges. All participants discussed the effect of having documents translated into appropriate languages for their LEP clients. However, some participants explained that simply providing these documents does not go far enough toward truly helping their clients. Participant 1 asked, "What if mom never got past the first grade?" Although the participants felt that these translated materials were a good step, more is required because many LEP individuals may not have the ability to read or write in their language. One participant added that LEP is present in ASL as many

individuals who are deaf or hard of hearing have partial to no acquaintance with the English language.

In Participant 2's area, there is an under-served community advocate to help people with LEP. This advocate is not a social worker, but assists with translating when needed, despite the lack of funding for this position and for translating materials. Participant 2 recognized that providing translated materials was helpful but stated, "then the client fills it out in Spanish, so then nobody else in the office can read what the client's filled out." This situation places an extra burden on this participant or someone else in the agency who may be able to translate.

Participant 3 shared his or her concern that documents may not be translated correctly, if translated at all. Participant 4 shared that, in addition to incorrect translations, one challenge was that words associated with health or mental health does not translate directly between English and Spanish. Participant 4 added, "that's very frustrating, I think, for clients." Participants also stated that mental health terms sometimes do not translate between English and Spanish, a situation that arises in other languages including ASL. Participant 5 has put booklets together for his or her LEP clients to help them navigate documents, recognizing that linguistic fluency is not the same as being "fluent in the terminology."

Participants also recognized that more bilingual staff are necessary to help LEP clients. Participant 3 noted, "the frontline staff don't speak the other language, and they do not seem very welcoming to people who don't speak English at all." Participant 5 also found it challenging because office personnel and "individuals in other agencies" are

unable to speak Spanish. This participant reported hiring two Spanish-proficient individuals; however, more are needed, especially bilingual clinical social workers and translators, according to Participants 3 and 6. In addition, Participant 1 stated,

For the client, there is a little bit of frustration on their end . . . in an emergent situation they cannot be seen . . . because I have to operate on an every two-week basis, for anyone that I see, because I see so many kids and see so many families, and I'm just one person.

This participant wanted to see more recruitment efforts for Spanish-speaking licensed clinicians. Participants believed these recruitment efforts may not work because salaries for these jobs are not competitive and bilingual social workers may not feel they receive appropriate compensation for the work they do.

Mesosystem linguistic challenges. All participants also spoke of the linguistic challenges that occurred at the mesosystem level when providing services to individuals with LEP. These participants were particularly concerned with how these challenges led to access and care disparities. Participant 1 described it in this way,

You have two children, one's Spanish-speaking, one's English-speaking. Both are diagnosed with ADHD. Both are significantly symptomatic. You have a family who can never speak with a psychiatrist in Spanish because of the lack of Spanish-speaking psychiatrists for child services here in South Carolina. Whereas the child who has English ability can not only get their doctor visits and clinical visits taken care of, but they can go to the pharmacy and pick up their medication without issue or questions about ID.

Participant 4 stated that situations would be relatively easy to handle for traditional English-speaking clients but are more challenging for people with LEP. This participant reported seeing two patients die because there was no physician “who would agree to provide care to them” due to the language barrier. Participant 6 suggested this was an ongoing problem in terms of “working out how to give our Spanish-speaking clients the same care we give others.”

Participants 3 and 6 recognized the challenges of navigating the system for the LEP community. Participant 3 said, “Being able to navigate any system is very hard, even for an English speaker.” For those LEP clients who may lack education, this process becomes even more complicated. Participant 6 provided insight into this process for individuals with LEP with legally-mandated services. This participant stated, “A person who speaks the language, they can get more, because there’s always a ton of questions when it comes to anything legal or mandated.” Participant 6 added, “They can go and ask questions . . . whereas a Spanish-speaking individual who doesn’t even understand anything in English . . . [must] wait until they find someone to help.”

Cross-System Theme 4: Suggestions for Improvement

At the mesosystem, macrosystem, and chronosystem levels, participants had suggestions for improving care to LEP individuals in forensic settings. These ideas ranged from resource availability to community outreach. Participants also felt that recruiting more bilingual clinical social workers would benefit the LEP community while bringing awareness to the situation.

Mesosystem suggestions for improvement. Participants 3, 5, and 6 shared ideas about how to improve care for people with LEP within the mesosystem. Participant 3 wanted to see increased accountability on the part of service and mental health care providers for individuals with LEP. Participant 5 suggested employing one or two people who speak Spanish. This participant also recommended that not only should these individuals be bilingual, but also knowledgeable in medical terminology to better translate and interpret medical issues and concepts to LEP clients. Participant 6 felt that more information for the LEP community should be publicly available.

Macrosystem suggestions for improvement. Five participants shared their ideas for improving service provision to LEP clients within the macrosystem. In institutions like schools, Participant 1 observed that more services are in place for Spanish-speaking children but acknowledged this was not enough “to help that monolingual Spanish-speaking child master the language enough to feel secure.” Participant 3 wanted to see more tolerance in the community so people “see that everybody is the same.” This participant thought that training organizational leaders in Spanish would facilitate a “trickle-down effect” that would inspire others to learn different languages and support individuals with LEP in the community. Participants 4, 5, and 6 wanted to see more people in the community trained in Spanish to meet the needs of people with LEP. Participant 4 said, “it works well when there are [bilingual] workers who are dedicated to the population.”

Finally, Participants 3 and 5 stated they did not receive training or education on providing services to individuals with LEP or even studied cultural competency in detail.

Participant 3 did not believe providing social work to individuals in languages other than English was emphasized enough in the state. Participant 3 said, “There’s a lot of ignorance in terms of limited English speakers among social workers at the master's level. A surprising amount of people just lack knowledge and understanding.” Participant 5 did not recall taking any courses at the master’s level related to cultural competency or working with non-native English speakers. Participant 3 said, “even in the education for social workers, I don’t think that’s really emphasized,” referring to how cultural dynamics are taught.

Chronosystem suggestions for improvement. Participants described issues faced at the chronosystem level and their ideas for how to mitigate challenges. Participant 1 acknowledged that despite being a Spanish speaker, she or he lacked familiarity with other Spanish dialects. This participant tried to go out of his or her way to learn at least some words and phrases in other Spanish dialects. Participant 2 was frustrated with the lack of service providers. Provider scarcity creates challenges because this participant must spend more time working with LEP clients, whereas more providers who talk and collaborate would solve this challenge.

One of the reasons behind the shortage of service providers, according to Participant 3, is the lack of incentive. Being a bilingual clinical social worker is not regarded as a necessary asset for employers, and salaries do not reflect the extra time and work necessary to assist LEP clients. All participants agreed that there must be a change in compensation to attract bilingual clinical social workers with this unique skillset to the

field. However, the intricacies and challenges associated with bilingual engagements, including advocacy towards adequate compensation, are not part of academic training.

Summary

Through thematic analysis, I identified numerous system-level challenges that bilingual clinical social workers in forensic settings who provide services to individuals with LEP in South Carolina must navigate. At the microsystem level, financial challenges impede people with LEP from accessing services, making it difficult for bilingual clinical social workers to help them. At the mesosystem level, inadequate community support for individuals with LEP creates challenges for this population because these individuals are often unaware of services available to them.

According to the participants, the general population is often unsupportive of the LEP community and do not communicate with LEP individuals who need help. At the macrosystem level, participants cited challenges to accessing services and the difficulties that occur when different agencies try to collaborate. These difficulties create challenges for bilingual clinical social workers who aim to assist people with LEP requiring services. Finally, at the chronosystem level, participants spoke of their desire to stay in their careers while others considered leaving the field for a new career altogether.

Cross-theme analysis revealed that participants believed more community outreach was needed at the microsystem and mesosystem levels to assist the LEP population. The participants discussed areas for improvement in service delivery to the LEP population. They also shared that a climate of fear and anxiety exists preventing those with LEP from accessing services. Section 3 included the data analysis and

findings of this doctoral project. In section 4, I will discuss the application of findings to professional practice and implications for social change.

Section 4: Application to Professional Practice and Implications for Social Change

An 80% growth of LEP populations in the United States occurred from 1990 to 2015 (U.S. Census Bureau, 2017), and, as a result, disparities associated with language barriers in accessing services have increased (Arriaza, 2015). According to the NASW (2017) *Code of Ethics*, social work service delivery requires cultural awareness.

Unaddressed language barriers are inconsistent with the idea of cultural awareness because they limit providers' abilities to understand their clients and appreciate their cultural differences (Brissett et al., 2014). The purpose of this qualitative action research study was to identify challenges experienced by bilingual clinical social workers in South Carolina who deliver services to individuals with LEP in forensic settings. Participants identified gaps affecting service delivery at the microsystem, mesosystem, macrosystem, and chronosystem interactions. Thematic analysis of qualitative data resulted in several themes (see Figure 1).

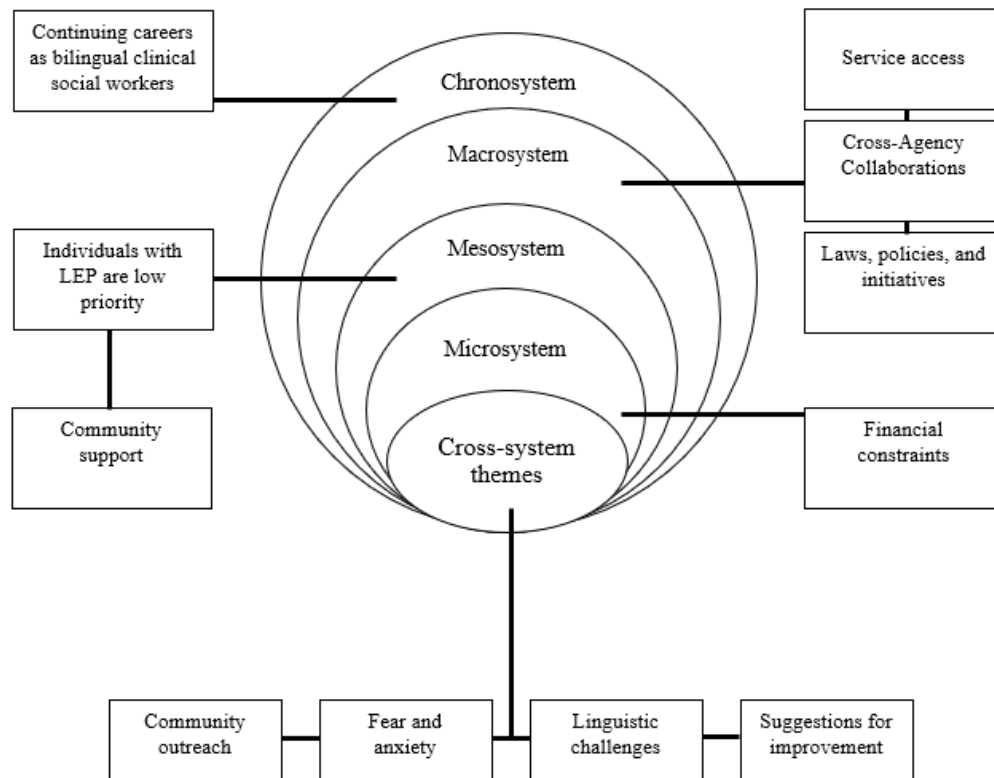


Figure 1. Themes and subthemes, classified according to Bronfenbrenner's (1977, 1986) systems.

These findings inform social work practice because the therapeutic relationship facilitated by bilingual clinical social workers intertwines with PIE challenges experienced by clients with LEP. Although social work researchers have created initiatives to assist with language barriers, they have not adequately examined challenges affecting the delivery of bilingual clinical social work to individuals with LEP in forensic settings, according to my review of the literature. I designed this study to address this gap in knowledge. Findings contribute to the discipline of social work, which is tasked with advocating for vulnerable clients and promoting social and cultural justice (CSWE, 2015; NASW, 2015, 2017; NOFSW, 2011). Through this research endeavor, bilingual clinical

social workers in South Carolina provided direct insight into the challenges they face in forensic settings when engaging people with LEP. Their accounts provide information about matters affecting service, social justice, dignity and worth of a person, the importance of human relationships, and competence. Other practitioners might use this information to improve cultural awareness and understanding to become better advocates for these vulnerable LEP clients in forensic settings.

In Section 4 I provide an additional discussion of the contribution of the findings to the discipline and practice of social work. First, I discuss ethical applications of the study for social work practices. Then, I present recommendations for the field stemming from the results. After doing so, I consider implications for social change rooted in the present findings. The concluding summary includes more context about the study and its potential contributions to social work practice.

Application for Professional Ethics in Social Work Practice

This study aligned with core values in the *NASW Code of Ethics*:

- Service: Social workers' primary goal is to help people in need and to address social problems (NASW, 2017, pp. 5-6).
- Dignity and worth of the person: Social workers respect the inherent dignity and worth of the person (NASW, 2017, pp. 5-6).
- Importance of Human Relationships: Social workers recognize the central importance of human relationships (NASW, 2017, pp. 5-6).
- Integrity: Social workers behave in a trustworthy manner (NASW, 2017, pp. 5-6).

- Competence: Social workers practice within their areas of competence and develop and enhance their professional expertise. (NASW, 2017, pp. 5-6)

Findings from the present study reflect that clients with LEP experience financial constraints, lack of access to services, linguistic challenges, and low priority treatment. Additionally, limited community support, near absent cross-agency collaborations, and lax observance of policies and legislation aggravate fear and anxiety experienced by LEP clients who attempt to navigate the ecological system. These findings contradict the value of respecting the dignity and worth of the person (NASW, 2017); clients' receipt of inequitable care based on their language proficiency is inherently contradictory to this core value.

Meanwhile, bilingual clinical social workers continue to experience lack of support, limited supervision, minimal collaboration, insufficient academic preparedness in bilingual matters, and inadequate salaries. These barriers have previously been noted in the literature (Arriaza et al., 2015; Bitar et al., 2014; Canales et al., 2017; Diaconescu, 2015; Engstrom et al., 2009; Furman et al., 2013). Additionally, the U. S. Census Bureau (2017) predicts an increase of LEP in the next 20 years, which means further strain on a fragile system that lacks readily available bilingual clinical social workers.

Therefore, the application of NASW *Code of Ethics* (2017) to the practice of bilingual clinical social work regarding service, integrity, and competence demands attention at the academic and professional levels. Findings indicate that university programs for social workers do not provide sufficient education specific to LEP engagements. An implication is that social workers are not adequately prepared to face

LEP challenges and forensic complexities. For example, one participant indicated that LEP clients were an assumed part of social work practice but said, “I don’t remember taking any of those classes or having those classes available or any kind of training in that respect.” Although some bilingual clinical social workers can find a rare opportunity to work in a supportive environment, others are left to fend for themselves without proper supervision, support, or collaboration.

Core values of the social work profession emphasize the importance of human relationships and the dignity and worth of a person (NASW, 2017). In this study, the accounts of participants (bilingual clinical social workers) reflected that their worth as trained professionals who also have bilingual competencies were not adequately compensated or recognized. Social workers are typically trained to advocate for their clients, but I believe they are also individuals who deserve attention and consideration regarding these matters. Study findings indicate the urgent need to advocate for and support bilingual clinical social workers whose worth and expertise are in demand by the LEP community.

To repeat this point, practitioners of bilingual clinical social work require additional support to achieve the core values and standards of the profession for the benefit of the discipline and the LEP community. Aside from the observance of core values, both the NASW and the NOFSW codes of ethics serve as guides to bilingual clinical social workers who provide services in forensic settings. Respectively, both codes of ethics promote active engagement in research and training to translate knowledge into advocacy towards social justice for clients and practitioners alike

(NASW, 2015, 2017; NOFSW, 2011). Forensic matters based on systemic issues inherent in the social work system exacerbate social and communication challenges (Arriaza, 2015; Brisset et al., 2014; Engstrom & Min, 2004; Engstrom et al., 2009; Kung, 2016; Lanesskog et al., 2015).

Moreover, relevant studies specific to the practice of bilingual clinical social work previously identified disparities in both the skill set recognition of bilingual clinical social workers and the disenfranchisement of the LEP community (Brisset et al., 2014; Engstrom & Min, 2004; Engstrom et al., 2009; Kung, 2016; Lanesskog et al., 2015). However, system challenges continue to affect not only individuals with LEP but also bilingual clinical social workers more than a decade later (Engstrom & Min, 2004; Engstrom et al., 2009). The lack of attention to the complexity of LEP matters in South Carolina compounded by limited worth given to scarce bilingual clinical social workers represents a critical conflict in the application of ethical principles.

Social work students are not academically prepared to engage the complex needs of the LEP community that is affected by system challenges, as revealed in this study. Because of this lack of preparedness, education is necessary to mitigate LEP matters experienced by new clinical social workers. Furthermore, bilingual clinical social workers in South Carolina lack support, supervision, guidance, and formalized continued training. The LEP community is then subjected to inadequate care. Clear conflicts are visible in this area of practice as ethical standards in the NASW (2017) *Code of Ethics* specific to:

(1) social workers' ethical responsibilities to clients, (2) social workers' ethical responsibilities to colleagues, (3) social workers' ethical responsibilities in practice settings, (4) social workers' ethical responsibilities as professionals, (5) social workers' ethical responsibilities to the social work profession, and (6) social workers' ethical responsibilities to the broader society. (NASW, 2017, p. 7)

Therefore, the knowledge gained from this study calls for attention towards bilingual clinical social work and the ethical struggle to serve clients in the LEP community.

Recommendations for Social Work Practice

Recommendations for Individual Practitioners

Individual practitioners can effect social change. Based on the findings of this study, I recommend that bilingual clinical social workers continue to share their experiences about the provision of services to people with LEP in forensic settings with leaders in the field of social work and policymakers. Specifically, bilingual clinical social workers in forensic settings may use these findings to advocate for better practices, share methods to improve service delivery, strive for social justice, and promote necessary academic and continued training. Sharing this information with leaders in the field and policymakers may prompt further review of current practices and align agency policies with state and national legislation to facilitate meaningful access to services for the LEP community. Alignment with legislation, policy, training, and practice facilitate a better understanding about the rights of LEP clients, the value of bilingual clinical social work, funding initiatives, and the provision of meaningful access to services in the LEP

community. Through advocacy, practitioners can align with NASW (2017) *Code of Ethics* Section 5.01b.

Therefore, the findings of the present study may encourage social workers to engage actively with employers to improve services, policies, and prevent discrimination for clients whose first language is not English. However, direct engagement with employers may not satisfy improvement initiatives (Wasserman et al., 2014). Bilingual clinical social workers may promote improvements by presenting and participating in cross-agency training and engaging in state or national conferences to discuss LEP issues. This finding would help individual practitioners meet standards outlined in Sections 5.01c and 5.01d of the NASW (2017) *Code of Ethics*.

As a scholar-practitioner, the findings of this research are relevant to me because I am an insider to the subject matter studied while also an outsider as a researcher in this process. As an advanced practitioner, the direct effect of the findings in this study translates into a desire to (a) continue advocacy for bilingual social work through engagement in clinical practice, (b) continue research in both bilingual services and LEP matters, and (c) fulfill a role as an educator. Specifically, I intend to engage in local and state presentations to bring awareness to bilingual social work, LEP, and forensic matters related to this area practice. In addition, I will be able to share insight into both policy and education by contributing my time as an educator and advocate of bilingual social work.

Recommendations for Broader Field of Social Work

First, no recommendation will be meaningful in South Carolina without education at its core to address the importance of research and the role of academic progress in matters related to LEP and bilingual social work at all levels. Therefore, I recommend that academic institutions continue to promote learning opportunities for cultural awareness by incorporating bilingual social work in curricula, internships, and courses related to bilingual supervision. Participants in this study acknowledged that their academic experiences consisted of minor or basic cultural training; however, I did not address the intricacies of bilingual service delivery.

Hence, participants felt unprepared when moving to the practice setting. It is important to remember that academic preparation, professional experience, and continued training run in tandem. With a refreshed academic initiative, new social workers will be positioned to understand the complexities experienced by practitioners and clients while being prepared to support or perform with or as bilingual clinical social workers. Such an initiative will underscore the importance of bilingual social work in the state.

Findings from the present study also indicate the need for increased collaboration among agencies. An initial recommendation for cross-agency collaboration that resonated throughout the accounts of study participants is the need for improved communication across agencies to provide resources for LEP clients. Professionals can take an initial step by creating roundtable discussions with bilingual clinical social workers, stakeholders, collaborating agencies, and education providers.

To further supplement access to a limited pool of bilingual clinical social workers, professional and community ties in South Carolina need to be improved. Currently, no available database exists listing bilingual clinical social workers in this state. To alleviate a sometimes-futile attempt when seeking and identifying area services deliverable in a client's language, I recommend the creation of an online database of practicing bilingual clinical social workers. With this method, clients, social workers, and relevant agencies will be able to drastically shorten the gap between the need and access to services.

Community outreach presents a challenging process as reported fear and anxiety prevents many in the LEP community from seeking services. Traditional methods of community outreach, such as contacting and working with local agencies, volunteers, organizations, policymakers, and stakeholders should be part of this process. However, attention should be invested in nontraditional outreach, such as the creation of online community spaces for LEP populations.

In the current digital age, many organizations and individuals, including those with LEP, have access to the Internet. An aggressive look into implementing telehealth services in South Carolina to connect scarcely available bilingual clinical social workers to the LEP community is recommended. Telehealth has proven successful in bridging service and communication gaps for a participant who holds a private practice. The potential to bridge a gap in face-to-face supervision from and to bilingual clinical social workers is also available through telecommunication services. Although the provision of digital services is outside the scope of this study, emerging researchers have explored the benefits, usefulness, and limitations of this approach for providers and LEP clients with

reported success (Lee & Harathi, 2016; Rodriguez & Pérez-Stable, 2017; Victorson et al., 2014).

Employers and those in the social work discipline should find it alarming that social work practitioners are moving away from the bilingual field. Bilingual clinical social workers reported that much is required of them in terms of academic and professional preparation to fulfill needed clinical roles, but wages do not reflect their professional and linguistic skillset. Participants reported employers' expectancies to perform roles outside the job description increase, including bridging gaps in clerical processes, billing matters, case management, and customer services traditionally handled by other staff.

When bilingual clinical social workers are asked to intervene outside of the clinical role, there may be a conflict of interest. As noted, the NASW (2017) *Code of Ethics* under Section 1.06 Conflict of Interest paragraphs B and C, social workers should avoid dual relationships and conflicts of interest while establishing clear boundaries. This standard presents a challenge for bilingual clinical social workers asked to interpret or translate medical, legal, or personal information for or on behalf of LEP clients because of limited resources, as reported by participants in this study. The lack of academic training on bilingual matters and scarce resource of bilingual supervision requires new and seasoned social workers to navigate complex communicational, therapeutic, and cultural matters without adequate specialized supervision regarding bilingual service to the LEP community. Future researchers should conduct additional investigations on what

is required of bilingual clinical social workers, especially when considering how to retain staff.

Limitations and Transferability

Because of limited available literature, this study prompts a much-needed dialogue about the practice of bilingual social work, clinical services, and forensic matters affecting both clients and providers in South Carolina. Participants in this study represented a range spanning the minimum requirement of 2 years of experience to more than 10. Additionally, their geographical location of practice was scattered throughout the state. Of notable interest to the transferability of this study are the participants' accounts and their experiences as bilingual clinical social workers. Participants providing services to individuals with LEP in forensic settings described similar and identical challenges regardless of their location in South Carolina, level of experience, language used, and practice setting. Their accounts represent an opportunity to continue research on this subject both in South Carolina and other states with similar demographic composition. However, findings of this study may be limited to similar regions that share a demographical and ethnocultural composition with South Carolina. Decisions about transferability are in the hands of the reader.

Some limitations were present during this study. Because of the limited sampling pool in a large geographical area, it was not possible to collect data in a group setting. Because of the many responsibilities of the participants, including complications from the devastation caused by Hurricane Florence, participants could not arrange a time and

location to meet as a group. Additionally, the scope of this study focused on matters related to bilingual clinical social work to LEP individuals in forensic settings.

The scope of this study also focused on system challenges for bilingual clinical social workers in forensic settings as researched in the South Carolina area. As previously noted, South Carolina is not a bilingual-prominent state in terms of personnel and service provision to the LEP community. A factor that presented as a limitation to this study was the perception of terminology I used to recruit potential participants. Individuals who presented with professional experience matching the scope of the study were turned away by the forensic term used in the recruitment process, despite available definitions. Even though they facilitated clinical services to LEP individuals, which aligned with the provided definition, they turned down participation with statements such as “I am not a forensic social worker” or “I do not practice forensic social work.”

In addition to limitations related to recruitment, I sought bilingual clinical social workers. Some individuals equated the word *bilingual* with Hispanic and declined participation. Other challenges in the recruitment process related to the provision of bilingual clinical social work via the use of secondary or tertiary interpreting services. In this situation, some clinical social workers were not bilingual, but presented themselves as such because they used interpreters or interpreting agencies.

All participants shared that they were occupied with personal and professional matters. Some who met criteria were not able to continue because of responsibilities related to work commitments. Such dynamics should be considered in future research endeavors when sampling a scarcely available pool of participants. Lastly, languages

represented by social workers in this study consisted of Spanish and American Sign Language.

As the scope of this action research study was to explore an area that is currently underrepresented in the literature, more research is necessary. Matters related to bilingual social work, LEP, forensic settings, cultural dynamics, and how communicational challenges affect service delivery in the ecosystem and to individuals require further research. Similarly, focused attention to individual systems not limited to communities, social structures, medical organizations, legal settings, or religious organizations may benefit from additional research related to social work and bilingual services for people with LEP. The focus of this study pertained to the discipline of social work and involved individuals who possess bilingual and clinical skill sets. I recommend future researchers explore additional clinical disciplines that may be affected by the same challenges found in this study.

Recommendations for Disseminating Information From the Study

Educators and the NASW (2017) *Code of Ethics* encourage scholar-practitioners to contribute to the knowledge base. Through this study, I sought to explore an area of social work practice that is not adequately represented in the literature. Because of the cyclical nature of the look, think, act tenets of action research, it is important to disseminate findings. Sharing results in this study not only raises awareness and establishes a discussion, but also promotes further initiatives to explore salient matters affecting the discipline of social work in the pursuit of social justice.

As a first step, I will compose a brief executive summary that I will share with those who participated in this study to inform them of their contribution and outcomes identified. Subsequently, I will develop a manuscript to meet publishing standards as required by various professional journals providing such dissemination opportunities. In the interim, I will share findings in roundtable discussions with local organizations that have expressed interest in the outcomes of this study. In a continuous effort, I will promulgate information produced by this action research study through local, state, and national conferences. Dissemination of findings will provide a medium not only to unite bilingual clinical social workers and stakeholders in the exploration of challenges but also to provide insight into further initiatives to enact social and professional change.

Implications for Social Change

This study holds implications for positive social change at multiple levels. At the microsystem level, findings provided credence because of accounts from bilingual clinical social workers throughout South Carolina. The findings in this study revealed that both bilingual clinical social workers and the LEP community are deprived of services that otherwise are available to English speaking patients or clients when addressing system challenges. Employers should consider investing further attention and action into the complex challenges bilingual clinical social workers face in the delivery of services to individuals with LEP in forensic settings. Appropriate service delivery requires that bilingual clinical social workers forge an adequate clinical relationship with their clients as guided by basic tenets of the *NASW Code of Ethics*.

The working or therapeutic relationship with LEP clients should be free from nonessential agency tasks that potentially introduce dual-relationship implications while respecting clients' self-efficacy. Additional support for bilingual clinical social workers in the form of adequate education, supervision, and continued training is paramount to those who provide essential services to individuals with LEP. I hope that this study will create a much-needed dialogue among educators, stakeholders, practitioners, policy makers, and researchers to improve the provision of bilingual social work to vulnerable populations.

At a broader level, the study also has implications for the field of social work. At the mesosystem level, this study brought attention to the urgent need for collaboration between agencies in the ecosystem but also called for the development of grass-root community efforts to address the needs of people with LEP. Bilingual clinical social workers in South Carolina are well-positioned as agents of change to the discipline and for the LEP community. Bilingual clinical social workers can educate the public and stakeholders in issues affecting the practice and the LEP community that require the implementation of community resources and support.

Within the macrosystem, the findings of the present study revealed that more initiatives are necessary to continuously educate and support stakeholders, social workers, and bilingual practitioners. As previously noted, legal statutes are in place to assist LEP individuals; however, they are not well known or practiced in the professional setting. The development of academic, professional, and continued education needs to support social workers. Those entering the field as new graduates or as seasoned

professionals should be prepared to navigate complex matters about LEP engagements and forensic settings. Regardless of monolingual or bilingual expertise, social workers need training to understand deeper dynamics that affect the practice and the delivery of services to the LEP community.

Although some bilingual clinical social workers are committed to remain in bilingual clinical practice, others have chosen to move away from this field because of the lack of attention, support, and compensation as noted in the chronosystem level. This report is alarming because there are not many bilingual individuals possessing clinical credentials and who are prepared to provide preferred culturally appropriate services to people with LEP. Social change can be enacted by reflecting on the findings of this study that show the LEP community is currently underserved because of the lack of bilingual clinical social workers who are not commensurately compensated or supported in their efforts. Adequate compensation may help retain effective social work practitioners.

Summary

Through this action research study, I explored system challenges affecting bilingual clinical social work in forensic settings as experienced in South Carolina. Several challenges identified include lack of support, supervision, and compensation for bilingual clinical social workers; lack of system-wide communications; inadequate access to services for people with LEP; lax observance of policies and statues; minimal community support; and experienced fear and anxiety by the LEP community. The study also revealed that although some participants are committed to remain in the practice of bilingual clinical social work, others are moving away because of the lack of support and

compensation in this area of practice. As evidenced by the participants in this study, bilingual clinical social workers are willing to contribute ideas toward the improvement of bilingual services. However, the strain imposed on these professionals and lack of system-wide communication partly subsidizes inadequate services to the LEP community. More research is necessary to continue bridging gaps related to the provision of bilingual clinical social work and the needs of people with LEP.

The social work profession promotes action to address matters that instill social and cultural disparities. This study sheds light on the PIE perspective of and from bilingual clinical social workers who provided further insight into the challenges experienced when delivering services to the LEP community. I hope that this study will facilitate increased dialogue to consider, discuss, and practice social and cultural attunement at the various levels of the ecological system that intertwine the profession of bilingual clinical social work and LEP clients. By addressing perceived challenges in the provision of meaningful care within ecological systems, the field of social work can become more equitable, inclusive, and just for its clients and practitioners in its pursuit of social change.

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Appendix A: Participant Screening Questionnaire

1. Are you a social worker providing clinical services under either:
 - a- A practice specific certificate under a Master of Social Work degree
 - b- A master or independent social work license in South Carolina
2. Aside from English, what language of native proficiency do you use to engage clients or patients?
3. Have you engaged in bilingual social work practice for at least one year?
4. Do you provide bilingual clinical services to forensic populations? If so, in which setting?

For this study, a definition of forensic social work includes therapy prompted by legal requirements not limited to anger management, substance use, family counseling, or parenting psycho-rehabilitative services (Maschi & Killian, 2011). Forensic social work focuses on care of individuals or families somehow involved within civil and/or criminal litigation, family issues related to custody or social service needs, adult services as in cases of abuse or neglect, and court mandated treatments (NOFSW, 2012).

5. Are you able to secure a private environment free of distractions while participating in this interview? Please note that it is your responsibility to avoid settings where others may inadvertently overhear or interrupt the private interview.
6. Is your computer capable of entering a GoToMeeting video conference? If not, are you able to participate via telephone?
7. Are you medically and physically able to participate in a one- to two-hour meeting? Please note that additional sessions may be necessary to cover the remaining contents from a 20-question interview. This may be due but not limited to technical difficulties, emergencies, unintended absence, time limitations, et cetera.
8. Do you have a limitation that may prevent you from participating in this meeting whether from your age, mental state, or current pregnancy?
9. Do you require special accommodations to successfully engage in this event?

Appendix B: Semistructured Interview Protocol

Microsystem:

1. Please describe one-on-one challenges specific to Limited English Proficiency (LEP) forensic engagement.
 - 1b. How do these challenges affect you and the client?
2. What challenges to microsystem services are present (e.g., materials, evidence-based interventions, personnel, etc.)?
 - 2b. How do they affect the bilingual clinical social worker and client interaction?
3. Please describe whether the LEP client's education, financial constraints, or fear affect service delivery.
 - 3b. If so, what can be done to bridge identified challenges?

Mesosystem:

1. What community challenges complicate service delivery to forensic LEP clients?
2. What community supports are available to LEP clients?
 - 2b. If none, what can be done?
3. What case management disparities are evident when compared to those of traditional, monolingual clientele?
4. How do you address a lack of community services for forensic LEP clients?
 - 4b. If you have not, what do you suggest?
5. How does your agency promote outreach, community involvement, and prevention services to address forensic LEP issues?
 - 5b. What can be done to enact or improve initiatives?

Macrosystem:

1. What macrosystem initiatives (e.g., policy, programs, education, etc.) are in place to address the needs of forensic LEP clients?
2. What legal statutes are in place to assist LEP clients?
3. Please describe systematic service collaborations or initiatives to help the forensic LEP population.
 - 3b. If none, what can be done?
4. How is treatment delivery affected by systematic gaps or disparities to forensic LEP clients?
5. How is the client affected by systematic gaps or disparities?
6. What can be done to improve systematic access and continuum of care for the forensic LEP population?

Chronosystem:

1. In view of described challenges, have you considered moving away from your role as a bilingual clinical social worker?
 - 1b. Why or why not?
2. What are your suggestions to improve upon system challenges in South Carolina affecting the delivery of bilingual clinical social work to LEP individuals in forensic settings?