IDENTIFYING THE BENEFITS AND BARRIERS OF PROVIDING FEEDBACK ON PSYCHOLOGICAL ASSESSMENT RESULTS/CONCEPTS USING THE CLIENTS'/CAREGIVERS' PRIMARY LANGUAGE OF COMMUNICATION: THE CLINICIANS PERSPECTIVE

By

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DECLARATION

I *Philile Francisca Makhaye* declares that the research report entitled: *Identifying the benefits and barriers of providing feedback on psychological assessment results/concepts using the clients/caregivers primary language of communication: The Clinicians Perspective* in this thesis, except where it has been indicated, is my original work. This thesis has not been submitted for any degree or examination at any other university.

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ABSTRACT

Aim: This study aimed at identifying the benefits and barriers of providing feedback on psychological assessment results/concepts using the clients/caregivers primary language of communication from the clinicians' perspective, how these affect the feedback process and the strategies used by clinicians to achieve positive feedback outcome.

Methodology: In this qualitative study purposive sampling was used in selecting the sample, data was collected through the use of semi-structure interviews with a group of 8 Clinical/Counseling Masters students from the University of Kwa-Zulu Natal. The data was analysed using thematic analysis.

Conclusion: The findings showed that clinicians experience a number of language obstacles when communicating assessment results using the clients' primary language. Obstacles reported were related to the lack of terms and concepts to appropriately explain psychological information to the client/caregiver. Concerns were raised about translating tests and content that was not standardized for IsiZulu speakers. Clinicians expressed concern with regards to their ability to efficiently communicate with clients and caregivers in their mother tongue. There were a number of perceived benefits for the client and the clinician. Clinicians were of the view that communicating with clients in their language facilitated the collection of history, establishment or rapport, while the perceived benefits for the client included ease of communication; the elimination of anxiety; possible improvement in test performance and the adequacy of presenting emotional states. In dealing with the effects of obstacles clinicians employed various strategies such as the use of counseling micro-skills, adopting a collaborative approach, beforehand preparation, going for supervision and consulting with other experienced clinicians.

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CHAPTER ONE

INTRODUCTION

1.1.Background to the study

Psychological assessment forms a large and essential component in the practice of psychology in South Africa. Assessment measures are used for various purposes. Most commonly measures are used to assess mental, cognitive, or behavioral processes and functioning; intellectual or cognitive abilities; aptitude; interest; emotion; personality; psycho-physiological functioning and psychopathology (Foxcroft, Roodt, & Abrahams, 2007,p 108). The use of psychological assessments in South Africa has largely been fraught with a number of challenges with language and culture being the prominent factors within cross-cultural research and testing. The distribution of mental health services across all racial and cultural groups over the decades has given rise to language barriers for both mental health care providers and users. South Africa is a multicultural society with 11 official languages, amongst these languages only English and Afrikaans have been the dominant languages used particularly in psychological assessment and testing. Consequently, there are limited tests available in Indigenous African languages, leaving the Indigenous language speaking psychologist with a challenge when faced with clients who lack proficiency in English or Afrikaans. This growing utilisation of psychological services by the previously disadvantaged groups in South Africa calls for the development of psychological assessment tests that are normed, standardised, and administered in indigenous languages. Research on test development and cross cultural testing highlights a number of challenges associated with the development of tests relevant to the South African population. These include the challenge in the development of norms for tests common to all cultural groups; lack of terminology for psychological concepts in a number of languages; factors associated with validity and equivalence in adapted and translated tests.

1.2.Problem statement

In the psychological assessment literature there is general literature on communicating psychological assessment result (Finn & Tonsager, 1997; Ward, 2008). Within this literature there are clear guidelines on how one should go about giving both negative and positive results to clients/caregiver. Furthermore, several texts outline techniques for conducting interviews and writing reports. On the other hand, the interpersonal exercise of providing feedback does not receive the same attention in the literature (Baron, 2004; Groth-Marnat, 2003). However there is limited literature on how to deal with situations where one is required to use the clients/caregivers mother-tongue other than English. This topic is relevant within the South African context especially in light of the fact that there are 11 official languages that are accepted in our constitution. Thus accounting for explanations of results and outcomes of psychometric tests to be relevant and understood by people of different dialects. Given the above, language diversity has not featured much in the training of Psychologists in the country (Drennan, 1999). This poses challenges for Psychologists when they have to engage with clients who are not fluent in English. Following the assessment process the assessor has to provide feedback to the client or caregiver in cases where the client is a minor. Research stresses that the feedback process should be done collaboratively with the client (Allyn, 2012). Language plays a major role in disseminating results to the client/caregiver. According to Groth-Marnat (2003) feedback should be given to the client through clear, everyday language and the assessor should always be mindful of the words and concepts used (Tharinger et al, (2008). More importantly using the client's culture specific language may facilitate greater understanding (Tharinger, et al, 2008).

1.3.Significance of the study

This research will attempt to highlight some of the significant effects of concept usage in a client's mother tongue such as IsiZulu by trainee psychologists when giving feedback on psychometric assessment results. Other studies have identified some of the obstacles that arise when translating psychological jargon to other languages (Grieve & Van Eeden, 2010; Kilian, Swartz & Joska, 2010). These include the lack of equivalent words; the use of substitute words; and words that made no grammatical sense when translated directly into African languages such as IsiZulu and IsiXhosa (Koch, 2009). Therefore, there is a need to identify benefits and

obstacles faced by assessors when giving feedback using the clients' mother-tongue. This will allow the development of guidelines and way of overcoming the obstacles and maximising the benefits. This study seeks to understand the challenges and benefits of providing psychological assessment feedback to clients using their primary language. Findings from this study can further assist in identifying factors to consider in test development, translation and adaptation. Findings can also assist in the training of Psychologists who work in multicultural contexts by creating awareness of factors to consider when assessing clients in mother tongue.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

South Africa is one of the countries where access to mental health services is limited due to a number of barriers that have been identified. These include economic, environmental and social factors. Within the factors that have been identified language is one of the dominant barriers that limit people's access to mental health or psychological services (Drennan, 1996; Crawford, 1999; Bischoff et al, 2003; Levin, 2006). Furthermore, those who utilise these services often complain of not receiving satisfactory service due to language barriers between service providers and receivers (Levin, 2005). Various attempts have been made to increase easy access to mental health and psychological services by the majority of the population (Swartz & Drennan, 2000), particularly for the previously disadvantaged groups. These include the use of interpreters; the requirement for students training in nursing, psychiatry and psychology to learn at least one additional language other than English; and more importantly the increase in training of people who speak indigenous languages (Drennan & Swartz, 2002). The increase in access to mental health services calls for the translation of medical, psychiatric and psychological concepts into everyday language and indigenous languages that clients and patients use, to allow for effective communication.

Different studies (Drennan & Swartz, 2002; Brisset, Leanza & Laforest, 2011; Kilian et al, 2010; Magnusdottir, 2005; and Levin,2006) have been conducted on barriers and obstacles in communication between patients, clients and mental health providers such as psychologists, psychiatrists, and doctors who do not share the same language and patients who are not fluent in English. Other studies (Drennan, 1996; Crawford, 1999; Farooq & Fear, 2003; and Van Eeden & Mantsha, 2007) have focused on problems related to interpretation and translation of psychological concepts into indigenous languages. However, little or no literature exists on the benefits or challenges associated with interactions where both the client/patient and service provider share the same language. Therefore, it is imperative to explore the benefits and obstacles that trainee psychologists experience when interacting with clients using the client's

primary language (which in this study pertains to IsiZulu first language) with specific focus to psychological assessment feedback. Due to limited literature on language use in Psychology between clients and clinicians who share a common language, literature for this study will be drawn from the field of nursing, medicine and psychiatry. The aim of this chapter is to review some of the literature on the use of language as a communication tool in psychological services in general. Furthermore, literature on the use of interpreters, the translation of medical and psychological concepts into indigenous languages and related obstacles will be discussed.

2.2. Psychology in South Africa

In order to understand the issues of language in psychological services it is imperative that one highlights the history of psychology in South Africa. According to Foxcroft and Roodt (2005) psychology was introduced as a way of eliciting power and control over groups that were considered as minority, resulting in it being viewed negatively by the majority of the population. In addition, access to mental health care has largely been kept from the majority of the population due to socio-economic factors. This is largely resulting from the commercialisation of psychology where very few people can afford to consult private practitioners for these services (Volgelman, Perkel, & Strebel; 1992). Furthermore, this has enabled psychology to exclude the daily life experiences of the black majority (Volgelman et al, 1992), hence, resulting in the lack of developing psychological tools across indigenous language**s.** Psychology in general is of Western origin and the methods, techniques and tests that are used are mostly western and relevant to this context. Given the above, psychological services whether in the form of counseling and psychotherapy or assessment are conducted through English as the medium of communication.

2.3.The use of psychological tests

The use of psychological tests in South Africa has largely followed international trends, psychological testing in South Africa focused mainly on white test takers (Van De Vijver & Rothman, 2004). Furthermore, psychological tests were initially developed separately for Afrikaans and English speaking groups, but excluded the speakers of African languages, who comprise the largest population group (Van De Vijver & Rothman, 2004). This resulted in the lack of tests that are normed and culturally relevant to these groups. With the rise of

Westernisation most people are inclined to use English as the medium of communication however, this does not mean that everyone is fluent in English and able to communicate effectively. In situations where the client/caregiver is not fluent in English the assessor is required to use their mother tongue in conducting the assessment and communicating the results. Tests such as the Zulu South African Intelligence Scale (ZSAIS) allow the users to communicate in IsiZulu; however the psychometric results are generated in English which then requires the assessor to translate these results to the client in the language that they will understand and be able to relate to their context. This may however, result in potential problems with regards to the reliability of conveying results in the way it was intended to be presented. It further represents the possibility of 'test contamination' due to the assessors' subjective appraisal of concepts that need to be translated and back translated, which may diminish the psychometric properties of the test by way of standardisation of administration and reporting of the results. It may also interfere with the reliability and validity of the assessment protocol.

2.4.Test classification

There are about 258 tests classified as being psychological tests listed by the Health Professions Council of South Africa (HPCSA, 2010). These tests range from tests assessing intellectual/cognitive abilities, aptitude, interest, personality to neurological measures and measures that assist in diagnosing psychopathology. Among these some are still under evaluation for use. The list includes tests from other countries, adapted tests and tests developed for the South African population. It is not easy to establish the number of tests available in indigenous African languages as the list does not indicate whether a test has been translated and validated in another language other than those available in Afrikaans. However, a test such as the Senior South African Intelligence Scale (SSAIS-R) is available in IsiZulu as the ZSAIS and a Sesotho version. Other tests that have been involved in research and translation into indigenous languages include the 16PF Questionnaire, the Beck Depression Inventory (Steele & Edwards, 2008; Van Eeden & Mantsha, 2007)), yet there is no indication of whether these tests are used with clients of indigenous languages.

Enquiries made to Jopie van Rooyen Psychometrics regarding tests that they offer as one of the major suppliers of assessments tools in South Africa revealed that they do not distribute IQ assessments in other languages other than English and Afrikaans, because it is extremely difficult and costly to translate the assessments and standardise the assessment for South Africa, rather they offer non-verbal cognitive ability assessments which has South African norms that can be used with non-English speakers such as the Colored Progressive Matrices test (Pilkington-Williams, JVR, 2013).

2.5.Language in the helping profession

In mental health or psychological services communication is essential. Clients express their distress and concerns through language. This does not only require basic understanding of a particular language but requires understanding the context of a client, their world view and every detail of their explanation or expression (Moreno, Oreto-Sabogal & Neuman, 2007). This is assumed to be possessed by people who share the same language with the client and when such interaction occurs the client is considered to have been understood. On the other hand, the mental health worker i.e. the psychologist is left with the task of translating what the client is communicating to psychological concepts, terms or explanation. Moreover, he or she has to interpret this information through the language of psychology and translate this back to simple and easy to understand language and present it to the client. According to Moreno et al (2007) 'providers' ability to communicate effectively is crucial to the delivery of high-quality health care to patients, especially culturally and ethnically diverse patient populations.

2.5.1 A communication tool

Given the above, language has been identified as one of the major barriers in mental health services and other health services in general (Crawford, 1999; Drennan & Swartz, 2002; Levin, 2006; Sentell ,Shumway & Snowden , 2001). According to Farooq & Fear (2003) language is the main investigative and therapeutic tool in psychiatry. Furthermore, anything that hinders the ability to communicate impairs the ability to assess a patient comprehensively (Farooq & Fear, 2003; 1). Foster (1992) defined bilingual people for whom English is their second language as those '*who function with varying levels of proficiency in the English-speaking work a day world,*

but who may dream, express, surprise, count their change, make love or soothe a child in their mother tongue' (cited in Farooq & Fear, 2003). Working with people who are bilingual or who use their second language using all psychotherapies has been perceived as less effective as opposed to using their first language. Language has been found to have significant influence on presenting symptoms, and when people express themselves in their second language misunderstandings, briefer answers and higher occurrences of speech disturbance may occur (Farooq & Fear, 2003). Moreover, this may essentially lead to misinterpretation potentially 'pathologising' people in relation to their response style.

2.6. Language obstacles

In a qualitative study aimed at identifying barriers to optimal care among isiXhosa speaking parents, Levin (2006) found that language and cultural barriers were referred to more by parents as major barriers to health care. It was evident that parents did not have access to the same language practitioners and some required the use of interpreters during their medical interviews. Moreover, parents experienced difficulties with understanding doctors (64%), making themselves understood (54%) and asking questions (38%) (Levin, 2006). It was concluded that language was a major barrier to attaining good quality health care for their children. Bomoyi (2011) conducted a study on the incorporation of counseling and traditional healers in the servicing of students in the University of Kwa-Zulu Natal. This study revealed that students feel excluded from counseling services when they cannot fully express themselves in English. Communicating about highly emotional states in a foreign or second language is not easy and conceptualising ones experience through a different worldview may be difficult (Bomoyi, 2011). Similarly, participants in a study by Mkhize (2013) it was reported that clients need to express themselves as comfortably , authentically and honestly as they can which is easy to achieve through ones mother tongue. In cases where clients can communicate well in English they often prefer to speak their home language and often shift from English to their language when they express their emotions associated with experiences (Mkhize, 2013).

Sebate (2010) conducted a study to explore the obstacles faced by trainee assessors when giving psychological assessment feedback on intellectual assessments among a group of Masters clinical/counseling psychology students at the University of Kwa-Zulu Natal. Assessors reported confidence problems related to a particular language used to communicate feedback in this case IsiZulu. Assessors felt that they sounded unsure of what they were saying when they had to translate English to IsiZulu while giving feedback. Furthermore, the participants felt that translating concepts made the delivery of feedback difficult. Concerns that were raised include translating concepts without losing their original meaning and ensuring that the client understands. Trainees found it challenging to find suitable isiZulu words to convey the feedback. Analogous concerns were raised in a study by Leith (2012) on the obstacles faced by assessors when giving feedback to parents of children referred for scholastic problems at the Center for Applied Sciences. Assessors in this study found that their clients had difficulty understanding psychological concepts if it was not communicated to them in their first language in instances where they had to translate concepts from English to Afrikaans or isiZulu (Leith, 2012). This was also coupled with anxiety over translating psychological jargon into another language.

Not only does language affect patient and clients only but service providers are also affected to some extent. Very few studies have documented how service providers feel when they do not understand the language of their patients. In a study of foreign nurses experience Magnusdohirh (2005) identified language barrier and communication as one of the major factors that affect nurses. Nurses felt that they were not doing their jobs effectively, they perceived themselves as inadequate and restricted because they did not understand patients. They first had to learn the general spoken language of the people. According to Ndimande-Hlongwa, Balfour, Mkhize & Engelbrencht (2010) in the training of psychologists in South Africa, very little attention has been paid to the question of language. Almost all trainee psychologists of non-African descent presenting at major training hospitals in Kwa-Zulu Natal lack basic fluency in isiZulu. Mkhize (2007) has argued that the failure to train psychologists who are equipped to work in various languages institutions of higher learning could consequently reproduce practices of the apartheid era, whereby students are trained to work with their own population group (Ndimande-Hlongwa et al, (2010). To avoid such divide Mkhize & Kometsi (2008) recommended that the Health

Profession Council of South Africa (HPCSA) should stress the ability to speak at least one indigenous language as a requirement for all mental health professionals and that research is conducted in the development of mental health vocabulary in indigenous languages.

In a study assessing the Cuban health programme in the Gauteng province with the aim of identifying the limitations and constrains as well as examples of good practice of Cuban doctors programme, Baez (2004) conducted qualitative interviews with a group of doctors in the region. One of the highlighted criteria in the selection of doctors coming to South Africa was that doctors were able to communicate in English. In this study the results revealed that doctors experienced communication difficulties due to language and cultural differences when they interacted with patients from rural areas who spoke indigenous languages. Nevertheless, these doctors only experienced such difficulties when they were introduced to these communities and they soon learnt the local dominant language(s) such as Xhosa, Zulu and Tswana. Although, some doctors communicated that it becomes difficult to learn local languages in areas such as Soweto where a number of languages are spoken by locals**.** Similar concerns were raised in Mkhize's study among English speaking psychologists where the counselor was fluent in IsiZulu but encountered difficulties in understanding clients from rural areas who spoke 'high Zulu' that was different from that spoken in urban areas (Mkhize, 2013).

When clients/patients interact and receive services through their mother-tongue or indigenous languages they may feel understood and often comfortable to express themselves. This understanding is mainly rooted in the assumption that sharing the same language, means sharing some aspects of culture, beliefs and understanding the context of another that you share a language with**.** Language accords one's identity and the inability to express oneself in one's language results in a sense on non-belonging and a loss of self-worth and identity. Thus, the lack of a shared language between Psychologists and clients causes difficulty in expression for people who speak English as a second language (Bomoyi, 2011). On the other hand, Ruane (2010) argues that sharing a common language may not be enough in cases where Black Africans from rural areas are less Westernised than those living in urban settings. This requires the urban Psychologist to be more culturally sensitive when interacting with such clients (Ruane, 2010). Furthermore, training in cultural sensitivity is equally important for both Black and White

Psychologists who work from a western approach (Ruane, 2010). Given the commonalities that one may have through language the subject in question is foreign to both language and culture or context, suggesting that there may be obstacles or challenges for the persons interacting. The literature available does not include explanations on the dynamics that may arise in such interactions.

2.7.Language and Culture

Language plays an essential role in cognitive development (Ji, Zhang, & Nisbett, 2004). People use language to disseminate knowledge and the way that people think is shaped and influenced by their beliefs and cultural practices (Ji et al, 2004). According to Whorf (1956) '*linguistic patterns in different languages have impact on people's habitual thinking, certain properties of a given language affect the way people perceive and remember*' (as cited in Jun Ji, 2004. In an attempt to examine the role culture and language play in cross-cultural research and the relation of culture and basic cognition, Ji et al (2004) conducted a study examining whether language and culture have relatively independent effects on reasoning by testing bilingual participants in English and Chinese. It was found that culture had substantial effects on the way participants grouped objects regardless of the language of testing (Ji et al, 2004). Their results further suggested that people from different cultures tend to focus on different things when thinking about objects and that cultural difference in object grouping cannot be accounted for by differences in the language of testing (Ji et al, 2004).

2.8.Language, Culture and Identity

Culture through language influences how clients explain their distress, illness and symptoms. Kleinman, Eisenberg & Good (2006) assert that illness is shaped by culture in the sense that how we perceive, experience and deal with disease is based on our explanations about being sick. Moreover, Kleinman et al (2006) argue that 'illness behavior is a normative experience governed by cultural rules and we learn 'approved' ways of being ill'. Within African cosmology people are perceived to exist as part of a multifaceted system which includes relationships with elements of nature, social networks and the supernatural realm; and one views illness by focusing on these systems as a whole (Eagle, 2004; 5). The self is seen as existing in relationship to what is 'other', the natural and the social environment (Eagle, 2004; p5). Furthermore, the mind and body functioning is perceived as connected in a sense that what affects the body has equal effects to

the mind. Hence, using one's language to communicate maintains one's sense of identity intertwined with culture and their way of being. To some extent a client's indigenous language enables the client or patient to express their illness through various explanatory models rather than focusing only on disease as understood in the western context.

2.9. Indigenising Psychology

Indigenising refers *'to the process of deriving theories, concepts, tools and assessment techniques from a local Eco culture'* (Nsamenang, 2007). Developments in indigenous psychologies have been taking place in many forms. Some authors point to the aspects of the indigenisation of psychology. This includes: 1) *theoretical and conceptual indigenisation* - the development of indigenous concepts and theoretical frameworks; 2) *methodological indigenisation* - development of instruments and methods that that are socio-cultural sensitive; 3) topical indigenisation - the extent to which the topics under study are relevant to the concerns of the society and people; 4*) institutional indigenisation* - the extent to which institutions and organisational structures and processes support the creation and dissemination of indigenous psychological knowledge (Nsamenang, 2007). The development of these will help generate a local psychology within a specific cultural context of shared meanings and values (Muthukrishna & Lackand Sam, 2011). In Ghana a study was conducted in attempts to adapt and standardise the Goodenough Harrison Draw A Person Test for the African population. Alike, Kathuria and Serpell (1999) developed the Panga Muntu Test (Make-A-Person) that is a language reduced test appropriate for use with children in rural Africa (Nsamenang, 2007).

2.10. Closing the language gap

2.10.1 The training of Psychologists

Within the history of psychology in South Africa it has been stressed that the African perspective should be incorporated in the training of psychologists in order to close the gap related to access to mental health (Drennan & Swartz, 2002). Despite the above argument, language diversity has not featured much in the training of Psychologists in the country (Drennan, 1999). Furthermore, authors have stressed the neglect of African indigenous languages in training of psychologists (Sue & Sue, 1999; Banks, 2001). Similarly, in the medical field literature on problems of language use has highlighted that the majority of doctors in health services do not speak the

language of the majority of their patients (Crawford, 1999). Outside of nursing, there are precious few doctors, social workers, psychologists, occupational therapists and pharmacists who speak an indigenous language other than Afrikaans (Drennan & Swartz, 1999). This is largely, due to the history of the country that limited access to education for African language speakers and the period required for training requires funds that the majority of the population does not afford.

2.10.2. Recent developments in training

In contrast to the above, when taking a closer look into the training of psychologists in the past decade it is imperative to highlight that in some of the training institutions proficiency in an Indigenous language has become a requirement for admission into the programme. For instance, the University of Cape Town strongly advises candidates to develop basic proficiency in any indigenous language (other than Afrikaans) used predominantly in the geographical area in which they hope to work, by either enrolling in undergraduate language courses or attend extramural conversation courses. Likewise, the University of Kwa-Zulu Natal's faculty of Health Sciences offers Basic IsiZulu and academic writing in IsiZulu for both non-IsiZulu speaking and IsiZulu speaking students studying towards a Health Science degree. The University of Kwa-Zulu Natal has recently approved a language policy that allows students to be taught courses in IsiZulu and recognising IsiZulu as a language of learning, instruction and administration (Ndimande-Hlongwa, 2010). The development of such policies will ensure that students in Psychology and health sciences gain proficiency in IsiZulu enabling better communication with clients and may lead to the development of concepts and tools relevant to indigenous language speakers.

2.11. Language equivalence

One of the strategies that have been implemented in bridging the language gap and allowing all access to mental health services is translating psychological material into other languages. This has been done both locally and internationally. A test like the ZSAIS mentioned above is the product of such attempts. While this allows effective communication between service providers and receivers it has a number of shortfalls. Firstly, a number of authors have argued that in a number of languages there are problems with word equivalence, in that some psychological concepts have no direct words that have the same meaning in the language translated to and they

often lose meaning or require substitution (Levin, 2006; Van Eeden & Mantsha, 2007; Grieve & Van Eeden, 2010). In a study examining the competency of interpreters in South Africa Killian, Swartz and Joska (2010) identified problems in language equivalence which forced interpreters to use additional or alternative words. Often there were a number of isiXhosa words that had no equivalent English word. For example, there were difficulties translating psychiatric terms such as depression or anxiety. Also, some of the diagnostic terms listed in the Diagnostic Statistical Manual of Mental Disorders (DSM IV) either have no equivalent terms or have a different meaning within African languages. Psychological concepts are complex and as such, they do not necessarily retain the same meaning in different cultural contexts (Chitindingu, 2012). Prah (2004) has argued strongly for the need to develop scientific vocabulary and terminology in indigenous African languages. Prah (2004) further stresses that African languages should be developed in such a way that they can be utilised.

2.12. Working with interpreters

Another strategy that has been used to bridge the language gap in health or mental health services is the use of interpreters. As language is sometimes seen as a portion of the cultural gap between doctors and patients, interpreters are often expected to fulfil the role of 'culture broker' for both parties. Interpreters also play the role of 'patient or client advocate'. There are different types of interpreters that have been identified within the literature. These are ad hoc, dual role staff and professional interpreters. Ad hoc interpreters are those people who find themselves in situations where they are the only people who can speak at least two languages one of those being English. These people include nursing staff, security, family members of patients and other patients as well Drennan & Swartz (2002). The people are not trained interpreters but due to the limited availability of professional interpreters they often play the role in assisting doctors or health professionals communicate with their patients. On the other hand dual role staff members are those that have a particular qualification within the health services but do not have any interpreter training apart from their ability to speak a second language.

According to Brisset et al (2011) working with professional interpreters is viewed as more desirable in that it can improve the quality of care for patients with limited English proficiency because it results in fewer errors in translation, greater satisfaction among patients and or decrease in utilisation disparities and an increase in positive clinical outcome. Similarly, in their

study to determine language barriers when working with asylum seekers Bischoff et al (2003) found that the presence of trained interpreters was associated with high levels of symptom reporting. Furthermore, lower levels of both types of symptoms were associated with the absence of an interpreter. Professional interpreters are associated with decrease in communication errors, increased patient comprehension, equalise health care utilisation, improve clinical outcome and increase satisfaction with communication and clinical service (Karlin, Jacobs, Chen & Mutho, 2007).

In contrast to professional interpreters working with ad hoc and dual role staff interpreters has its share of pitfalls. Using a linguistic competency assessment that assessed comprehension, completeness and vocabulary Moreno Otero-Sabagal and Neuman (2007) revealed that about 1 in 5 dual role staff interpreters at a large health care organisation had insufficient bilingual skills to serve as interpreters in a medical encounter. Additionally, basic interpreters lacked a full grasp of medical terminology and were unable to interpret certain medical terms i.e. “grain”, “bladder”, “stroke” (Moreno, 2007). It was also noted that basic vocabulary in the second language was limited. Echoing this in their study, Drennan & Swartz (2002) highlighted that if the person acting as an interpreter does not have training in the subject (i.e. psychiatry inferences) distortions in the processing of information often occurs. In contrast to basic interpreters medical interpreters were able to maintain effective communication with the tester at the college level and responded correctly to the majority of key phrases. On the other hand, the presence of ad hoc interpreters was associated with a higher reporting of physical symptoms but significantly lower percentage of psychological symptoms.

The use of interpreters has raised concerns with regards to doctor patient/client privilege as well as confidentiality. In addition, within psychology and psychiatry issues of trust and therapeutic relationship arise between clinicians and their clients when there is a third person present. Brisset, Lanza & Laforest (2011) identified relational issues involved in working with interpreters in health care settings. Their study focused on the interpreter’s role, the difficulties in relation to trust, control and power that arise between interpreters, patients and practitioners. Issues that were identified varied from what the interpreter chooses to say or omit from the patients narrative to who dominates the conversation and relationship between parties, such as establishing trust with an interpreter instead of the practitioner. Echoing this is Tribe & Keefe

(2009) arguing that as useful as they are for assessment, diagnostic and evaluative purposes interpreter services are not so viable for on-going psychotherapy. He further argues that in therapy interpreters are under enormous pressure as they are caught between the client and the therapist and run the risk of experiencing various forms of trauma and experiences presented by clients. Furthermore, psychological concepts hold the added burden of implying psychopathology rather than just a description of a state. For instance, depression or feeling depressed is not always a sign of Clinical Depression and such a difference can only be understood by a Mental Health Care Worker. Therefore, the language of eliciting psychological information may not be appropriate even with professional interpreters.

An unpublished study (Mkhize, 2013) on the dynamics of culture and language when interacting with isiZulu speaking clients amongst English speaking psychologists in Kwa-Zulu Natal found that interpreters played a dual role of being the interpreter and culture mediator by trying to intervene on behalf of the clients in order to provide culturally nuanced information. This role was believed to help the psychologists gain a better understanding of the cultural context and meaning of the patients' narrative.

In a study to assess the association of Limited English proficiency (LEP) and physician language concordance with patient reports of clinical interaction Schenker et al (2010) found that patients with LEP reported decreased satisfaction with communication with healthcare providers, and were less likely to understand medical situations; less likely to receive suitable diagnosis and be scheduled for follow ups or be informed before consenting in encounters. This study explored language use based on three interconnected components of clinician-patient interaction. These were communication, trust and perceived discrimination. Of the 522 Latino/Hispanic patients with limited English proficiency 210 had a language concordant physician and 153 did not have a language concordant physician (Schenker et al, 2010). Patients with LEP were significantly more likely than English proficient patients to report suboptimal clinician-patient interactions on 6 out of 10 outcomes. LEP discordant patients were more likely than English proficient patients to report suboptimal interactions on 8 out of 10 outcomes, including communication outcomes, physician not explaining, patient not involved in decisions and physician not understanding. LEP was independently associated with reports of suboptimal clinician-patient interactions among patient with diabetes receiving uniform access to care at health facilities offering several forms

of interpreter services. LEP discordant patients reported additional problems with physicians' not explaining, lack of confidence or trust in their personal physicians, physicians not putting their medical needs above other considerations and physicians not showing respect. It was concluded that language concordant physicians appear to improve interpersonal care for patients with LEP to a level comparable to that of patients with English proficiency (Schenker et al, 2010). Studies suggest that language concordant clinician-patient interactions may be more patient centred than interactions requiring the use of an interpreter.

2.13. Factors associated with the translation of psychological measures

2.13.1. Processes of translation

The translation of psychological instruments involves more than rewriting the text in another language (Van de Vijver & Tanzer, 1997). An appropriate translation requires a balanced treatment of psychological linguistic and cultural consideration. Translation is commonly done in two processes. Firstly, text is back translated, this involves translating a text from a source language into a target language and another interpreter translates the text back into the source language (Van de Vijver & Tanzer, 1997). According to Ji et al (2004) 'there are two major reasons for the ubiquitous practice of back-translation. One is that researchers assume that the testing materials, even though in different languages are the same. Additionally researchers believe that culture and language are interrelated and it is virtually impossible to isolate the two. Nevertheless, back-translation does not guarantee equivalence across two languages, since words in one language may mean totally different things in another language (Jun Ji et al, 2004; 5). For example pride is translatable to two words in Chinese that is 'Jiao' or 'tlo' which usually has negative connotations depending on the context in which it was used (Ji et al, 2004).

The second process known as the committee approach involves a group of people with different expertise that engage in translation. How this process is carried out depends on whether the translation is for simultaneous development or successive development. Successive development can be carried out in a number of ways. A literal translation can be carried out in which it is translated directly into a target language, assuming that the underlying construct is appropriate in each cultural/language group. Or adaptation can be carried out where some items that are

translated may require recording to ensure the expression of cultural idiosyncrasies and in some cases a new item may be developed altogether.

2.13.2. Test construction

There are different theoretical orientations that inform methodological approaches to test construction. The 'etic' approach assumes that universals can be identified in intelligence or other psychological constructs and one specific standard can be applied cross-culturally. On the other hand the 'emic' approach opposes this view. It states that culture specific measurements need to be developed, preferably by indigenous psychologists based on that culture's meaning and values of the psychological characteristics. When applying instruments on tests in various linguistic and cultural groups, psychological characteristics or at least the roots of these characteristics are assumed to be universal for all groups. Poortinga & Van der Flier (1988) asserts that to be able to use tests in different cultural populations you have to assume that:

1. *The behavior domain (ability or trait) as sampled by the items has at least approximately the same meaning.*
2. *The ability or trait measured approximately plays the same role in the organization of behavior of members of the new culture as in the original culture.*
3. *The score has the same meaning for test takers (in a quantitative sense) independent of their cultural background.*

2.13.3. Cross-cultural testing and adaptation

When a psychometric measure is used in different cultural setting for people from different cultural backgrounds we refer to this as cross-cultural testing (Van De Vijver & Tanzer, 2004). Whereas, cross-cultural adaptation encompasses processes that look at both language and cultural adaptation issues in the process of preparing a questionnaire for use in another setting (Beaton, Bombardier, Guillemin, & Ferraz , 2000). Obstacles in cross-cultural translation assessment include language and translation, content, method and item bias, degree of test-wiseness and a lack of appropriate local normative data. The multicultural nature of South Africa presents unique challenges to the test users. The major challenge in these processes is to ensure

the equivalence of the translated document to the original language version. Five types of equivalence are often a challenge (Steele, 2008):

1. Vocabulary equivalence (linguistic equivalence) - refers to the equivalence of the words used.
2. Idiomatic equivalence – refers to idiomatic expressions that are used by people in everyday language and in various contexts.
3. Grammatical-Syntactical equivalence – experienced when the original language differs in its grammatical and syntactical rules, such as differences in African and European rules.
4. Experiential equivalence – is required when there is a marked cultural distance between the attitudes, beliefs and experiential worlds of the original and the targeted language.
5. Concept equivalence – refers to concepts that are widely used in one language but may not exist in another language or appear in fragmented of non-equivalent form stereotype.

2.14. Issues and challenges: South Africa

Problems in translation exists both nationally and internationally in non-English speaking communities and those not fluent in English. In South Africa the diversity of languages adds complexity to the translation of tests. According to Pillay & Siyothula (2006) African languages are the first language for about 80% of the population (Statistics South Africa, 2004) and English and Afrikaans are the first languages for about 90% of the country's clinical psychologists. This suggests that the majority of people are not receiving services in their first language. Practical problems for translation in the South African context include the large number of 11 official languages and the availability of test administrators who speak these languages (Bedell, van Eeden & Van Staden, 1999). Within African languages there are different dialects and a lack of language standardisation. Furthermore these languages often lack the concepts and expressions required for equivalence in translation. When there is a difference between home languages of instruction, testing in either language puts the testee at a disadvantage. In a study in which the 16 PF was translated into Venda and administered to a group of psychology students Van Eeden & Mantsha (2007) found that there were problematic items on questions that dealt with variation in

moods, emotional needs, and the ability to cope. Also, a translation error was noted and in some cases translation might have changed the meaning. Examples of excluded items that were difficult to translate were: 'I don't let myself get depressed over little things' and 'when something upsets me, I usually get over it quite soon'. There is no Tshivenda expression for 'depressed' and 'upset' therefore related words were used resulting in confusion for the respondents. The findings of the present study show that a literal translation does not provide an adequate solution to the level and understanding of the context and interrelationships of words, the understanding of phrases, idiomatic expressions, and double meanings.

In a study on translating a test of cognitive academic language proficiency from English to IsiXhosa Koch (2009) identified a number of linguistic and psychological processes necessary for equivalence when the test is translated. A number of words that lack equivalent IsiXhosa words, the use of loan words, words that made no grammatical sense when translated directly into IsiXhosa which required translators to use a different way of phrasing. This raised questions as to whether this made the item easier or difficult for assesses. Further, this also affects standardisation, reliability, and validity of the translated measure. It therefore changes the psychometric properties of the instrument. In other subtests the translators were required to use completely new words. On the other hand, translating tests from English to Afrikaans is less problematic than translating to African languages. In translating intelligence tests from English to Afrikaans and administering this test to Afrikaans speaking individuals Grieve & Van Eeden (2010) found that some of the words in English have various meanings when translated to Afrikaans. For example the word 'report' has one general meaning but in Afrikaans it could mean to recover from an illness as well as to repair or restore (Grieve & Van Eeden, 2010). This resulted in the scoring that allowed for both interpretations. They assert that most of the differences such as a lack of appropriate concepts for equivalence in the target language and difficulty in translating idiomatic expressions often found in African languages, these issues are less relevant in English-Afrikaans translations.

In an article outlining the translation process of the Beck Depression Inventory, the Beck Hopelessness Scale and the Beck Anxiety Inventory into Xhosa using back-translation and the committee approach Steele & Edwards (2008) outlined challenges in the identification of critical words and phrases where translation appeared to have variation in spoken language depending

on who the informer was. There were also difficulties in the identification of critical words and phrases for example the word 'sad' had six words in isiXhosa that are used. Further, a range in language use was noted based on locality and sub-cultural settings (Steele & Edwards, 2008). Through inquiries with informants and locals, discussions with the committee these challenges were overcome. It was concluded that researchers cannot rely on the methods used in attempts to resolve the translation inconsistencies that were noted (Steele & Edwards, 2008).

2.15. Issues and challenges: Internationally

Aydin (2009) conducted a study reporting the processes involved in the adaptation of the State Metacognitive Inventory from English to the Turkish language developed by O'Neil and Abedi. This instrument was intended to be an indicator for educational goals emphasising work habits and metacognitive strategies (Aydin, 2009). The translated version of the test was administered to a group of 70 learners from different grades. Aydin (2009) found that there were difficulties in translating words in English to the Turkish language; examples included words which did not allow word to word translation but could only be translated in their meaning form. Similarly, in a study involving the translation and adaptation of the Stanford Health Assessment Questionnaire from English to Turkish (HSAQ) Kucukdevei et al (2004) found that during the translation process there were a number of items that could not be directly translated from English to the Turkish language, these items instead were modified and some words did not have equivalent words for example the word 'do chores' does not have an equivalent in the Turkish language. The authors argued that often when such change arise the reliability and validity of this is not often reported. Echoing this is Bonicatto, Dew & Soria (1998) who argues that differences in the conceptualisation and expression of symptoms such as depressive symptoms may exist and may have important but often undisclosed effects on the instruments psychometric properties.

So far this review has focused on the literature on obstacles and issues associated with the use of language within the provision of health and mental health services. In closing the language gap that seems to exist particularly in South Africa the use of interpreters, translation of tools from English to indigenous languages, as well as attempts in training professional who speak indigenous languages as mother tongue have been implemented. Some of these have been found to improve communication between service providers and clients however, there have been a number of shortfalls such as problems in translating tool and finding appropriate equivalent

words and concepts in indigenous languages furthermore research on such topics is limited. In psychological assessments language is the key to communication between the clinician and the client and during the feedback process the results should be communicated effectively to the client. Literature on psychological assessment feedback will be presented below with particular focus on language used between the clinician or assessor and the client.

2.16. What is assessment feedback?

Ward (2008) argues that this term can mean a variety of things depending on the approach that is used by the assessor/clinician. According to Ward (2008) traditionally viewed as an information gathering tool feedback was seen as the final stage of assessment when the clinician shared the results with the client. On the other hand, in the therapeutic tradition feedback does not occur solely at the end of assessment but is an important aspect throughout, with the assessor sharing the findings and encouraging the clients to provide the assessor feedback and try and implement new behaviors (Ward, 2008). Emphasis has been made on the value of a collaborative partnership between the assessee and assessor as they both try together during the assessment, with the aim of developing new perspectives and solutions to the problems presented (Ward, 2008). Several authors have argued on whether giving psychological assessment feedback is to the benefit of the client. However, the most important concern should be whether the assessor communicates the results to the client in a manner that is beneficial to the client. Hanson, Claiborn & Kerr (1997) suggested that encouraging collaborative feedback enables the results to be experienced in a personal level by clients as a result increasing client motivation to process and accept results. According to Neuman & Greenway (1997) psychological assessment aids the developmental of a new perspective that may enable the person to perceive their difficulties in a different sense and be able to name them.

2.17. Importance of feedback

Until recently psychological assessment feedback has been viewed as an important aspect in assessment. Feedback was often withheld or minimized with adults and adolescents and was rarely given to children (Tharinger, Finn, Hersh, Wilkinson, Christopher et al; 2008). According to Ward (2008) feedback in psychological assessment has been a complicated issue where people hold different views. Historically, feedback was seen as only applicable to the referring clinician or psychiatrist and was hardly given to the client. However, a shift has occurred in which

feedback to clients of psychological assessment has become an important element of the assessment process (Ward, 2008).

Ward (2008) conducted a study exploring assesse and assessor experiences of significant events in psychological assessments feedback using an analysis of accounts of 6 assessments clients and 6 assessment clinicians regarding key events in their experience of feedback. He found that the participant's significant moments included feeling uniquely understood by the assessor; difficulty that they had in processing results; and moving from a position of self-blame regarding their problems towards a more nuanced appreciation of their struggle and moving towards the ability of wanting to change (Ward, 2008). In contrast assessors experience included: fears that certain results might be experienced as unpleasant by the assessee and that the assessee might feel neglected after the conclusion of the assessment; secondly, it was the challenge in providing feedback on emotional functioning as compared to cognitive functioning of the assessee; lastly, success was indicated by the factors that assessors addressed during the feedback (Ward, 2008).

Assessors have been advised to select most significant information to share and then develop a number of areas around which to structure and distribute feedback (Tharinger et al, 2008). Assessors are often made aware not to withhold negative results due to their anxieties (Tharinger et al, 2008). Most authors have emphasised that assessors should aim at balancing any challenging results by placing emphasis on the clients' strengths (Tharinger et al, 2008). The final stage of assessment feedback centres on providing a summary of the main findings and giving recommendations in partnership with the client, as well as attending questions that the parent or assessee may have at the end of the assessment process (Tharinger et al, 2008).

Language plays an important role in how one understands information. Tharinger et al (2008) cautions assessors that words and concepts have different nuances in different languages. Furthermore, *'using the clients' culture specific language may facilitate greater understanding'* (Tharinger et al, 2008). It is important to use language that is easily understandable and common to parents and clients. Emphasis has been placed on the importance of avoiding psychological jargon, using the language that the client uses and using descriptions that are well-known to clients in relation to their background (Tharinger et al, 2008).

In a study conducted by Foxcroft et al (2004) about a third of the practitioners indicated that the home language of clients that they see is Xhosa or Zulu however, only 3.8% of the practitioners converse with their clients in Xhosa and 4.7% in IsiZulu. The main medium of communication between service providers and clients is either English or Afrikaans, and English appears to be the foremost used language. In cases where a client is a child who present to therapy for an assessment, the child who is the client may be proficient in English with a parent that is illiterate. This suggests or may require that the therapist uses the caregiver's language when giving feedback especially when they share the same language.

2.18. Communicating assessment results

According to Groth-Marnat (2003) feedback should be given to clients using clear, everyday language. The above statement suggests that each client should be given feedback in the language that they understand and will be able to comprehend. If results are communicated in a language that the client does not understands they will not be communicated effectively, and the purpose of the assessment may not be achieved. This involves understanding the needs and the language spoken by the client and other persons such as parents or teachers who may be affected by the test results (Groth-Marnat, 2003). Communicating psychological results is somehow a challenging process even to experienced assessors because it requires that one transfers psychological concepts to everyday language that the assessee or client can understands without losing the meaning of the results. Communicating results is important in that the client or assessee receives information about their difficulties, behavior or personality that allows them to find ways to address them if necessary. Therefore, it is important that such information is communicated clearly to the client/assessee.

Experts in psychological assessments have offered guidance for feedback sessions that occur at the end of an assessment i.e. guidelines for feedback to parent, child or adult client (Tharinger et al, 2008). General stages of the feedback process include: the introductory stage where the purpose of the assessment is reviewed, general impressions are shared, and the assessor gauges the parents' level of understanding and openness to feedback. The second stage involves the assessor communicating and discussing specific assessment findings (Groth-Marnat, 2003). Within this stage the assessor should ensure that they do not omit any important information whether it is positive or negative and should also try and emphasise the client's strengths. There

have been additional guidelines for providing child-directed feedback. These include the purpose of the assessment, and the children's important role in the process. Furthermore, children should have the opportunity to talk about how the assessment was for them and to receive empathy for what they liked and did not like about the assessment process (Tharinger et al, 2008). Within this feedback process the assessor is viewed as the expert and the parent and child being the knowledge recipients.

Literature places emphasis on the guidelines and procedures to follow when communicating psychological assessment feedback, for example focusing on strengths rather than weaknesses of the client. There is agreement in the literature that feedback, whether it is spoken or in the form of a report, should be in plain, daily language. Similarly recommendations need to be concise, feasible and communicated clearly (Groth-Marnat, 2003). Moreover, assessment results must be interpreted in the client's preferred language. The assessor's challenge is to balance between what the parent has to know and what is relevant or what can benefit them in addressing the problem (Tharinger et al, 2008). According to Allyn (2012) spoken interaction in assessments requires clarity, precision, accuracy, and compassion.

There is no fixed format or language that can be used with everyone when giving assessment feedback, even if the findings of the assessment are highly similar. It has been suggested that this process is basically one of the assessors asking themselves, on the basis of the assessment findings on the best way to present and communicate the results. It is noted that when one is communicating assessment results to parents of the child should vary according to the educational level, cultural background and structure of the family, i.e. if mother cannot read.

Within the existing literature on assessment feedback there are concerns about factors such as educational levels and culture. However, there is not much on what obstacles/benefits/what makes the process successful when the assessor uses the client's/parents mother tongue in cases where the mother cannot communicate efficiently through the medium of instruction. In addition, there is a lack of tests available in indigenous languages in a country where 80% of the population speaks English as a second or third language. Assessors are left with the challenge of ensuring that clients receive appropriate assessment services in a fair manner and language that they understand. Additionally, in cases where translated tests are used the indigenous language

speaking clinician has to ensure that feedback is disseminated to the client in the way that it was intended regardless of the language that it has been translated to.

2.19. Conclusion

This chapter has presented an overview of the literature on psychological testing and assessment within the South African context in relation to factors associated with communicating psychological assessment results in languages other than English. Attempts in closing the language gap and allow access to mental health care services to all groups has been highlighted. From the literature presented it is evident that challenges in language use and translation in psychological assessment exists and due to the growing utilisation of psychological services by Indigenous language speakers, language obstacles have become more visible and demand attention. Research on benefits and obstacles of communicating with clients in their mother tongue is scarce. Identifying such factors will help improve training of psychologists and the development of psychological language in Indigenous South African languages.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter comprises of the research design used in the study. An overview of the aims and objectives is outlined. Sampling and data collection procedures are discussed. It further, presents the data analysis process and discusses reliability and validity considerations as well as the ethical issues related to the study.

3.2 Aims/Objectives

The objectives of this study are:

1. To identify the benefits of using mother tongue in psychological assessment feedback.
2. To identify barriers of using mother tongue in psychological assessment feedback.
3. To identify techniques that mediate positive outcome in the feedback process.
4. To identify the various processes (i.e. preparation, translation, considerations) that assessors engage in to arrive at the feedback process.

3.3. Research Questions:

1. What are the benefits of using the clients/caregivers mother tongue?
2. What are the barriers of using the clients/caregivers mother tongue?
3. What are the factors that mediate positive outcome in the feedback process?
4. What processes does the assessor engages in while preparing for feedback?

3.4. Research Methods

As an exploratory study a qualitative design was used to answer the research questions. According to Colton & Covert (2007) qualitative methods involve open-ended explorations of people's words, thoughts, actions and intentions as means of obtaining information. Qualitative research aims to capture comprehensive accounts of people's experiences and produces rich and descriptive accounts (Colton & Covert, 2007). Furthermore, qualitative approaches are most suitable when trying to understand human behavior and social relationships in the environment

where they occur. In addition, this method was chosen for this study because it will allow the researcher to gather in-depth information while answering the posed research questions.

3.4 .1. Validity, Reliability and Rigor

According to Colton & Covert (2007) qualitative approaches are evaluative and validity is ensured by reviewing literature about the topic of interest, which allows the researcher to define the topic themes, its content and evidence that the instrument is assessing these constructs and not something else. Validity describes the extent to which an instrument measures what it purports to measure. In the process of creating the interview schedule for the proposed study the researcher engaged in the review of previous literature relevant to the topic as an attempt to achieve validity. Furthermore, semi-structured interviews were used to provide some structure across interviews but also allow the respondents to have the flexibility to offer additional explanations (Heppner, Wampold & Kivlighan, 2008; p287).

In qualitative research authors refer to the use of concepts such as credibility, dependability and transferability to describe various aspects of reliability or trustworthiness (Lincoln & Guba, 1985). Credibility deals with the focus of the research, how well the data and process of analysis addresses the focus of the study (Graneheim & Lundman, 2004). To ensure this the researcher will select participants from various age groups, gender and context while making sure that the amount of data collected is sufficient to answer the research questions. Dependability refers '*to the degree to which data changes over time and alterations made in the researcher's decisions during the analysis process'* (Graneheim & Lundman, 2004). As a way of ensuring dependability the researcher avoided extending the period of data collection to allow consistency of the results. Lastly, transferability which focuses on the extent to which the results of the study can be transferred to another context (Graneheim & Lundman, 2004), was achieved by a detailed explanation of the study sample such as context, age group, background and how the participants were selected.

3.4.2. Theoretical Framework: Rationale for the study

Due to the limited literature available on the subject under study there is a lack of applicable theoretical explanations specific to the area of the proposed study, the proposed study was

exploratory in nature. By virtue of being exploratory this study will enable the researcher in establishing an understanding of potential barriers and benefits of communicating psychological assessment results while identifying how linguistic semantics are altered or adjusted to suit the feedback process. Therefore, the researcher analysed the data thematically. Data generated from this study will help inform future research into this area with the purpose of developing a theoretical framework to understand the dynamics revealed by the data**.** Hence, this study was data driven rather than theory driven.

3.5. Sample description and study site

The participants were selected using following criteria: 1) they must be involved in the administration, scoring, interpretation, and giving feedback on psychological assessment to clients/clients caregivers during the period of the study, 2) must have given assessment feedback to a client or caregiver using IsiZulu or have administered the ZSAIS 3) must be fluent in IsiZulu as a mother-tongue and English as a first additional language. The participants were selected regardless of their gender, age, race and theoretical orientation.

The sample for the study was purposefully selected from a group of psychology clinical/counseling masters students. Due to a limited number of students enrolled in the program participants were selected from two groups. Four participants were selected from the 2012 Master's program and four participants were selected from the 2013 Master's program making a total of 8 participants. The sample comprised of 3 black African males between the ages of 22-28 and 6 Black African females between the ages of 22-28.

The purpose of purposeful sampling is to select information rich cases whose study will aid in answering the research questions that the study aims to answer (Patton, 2002, 46). As participants are in their first year of study they were able to give accounts of their first hand experiences, as they are introduced in the process of assessments. Therefore, they were able to provide vital information relevant in answering the research questions set out in the study.

The sample for the study was accessed at the University of Kwa-Zulu Natal, Howard College Campus Durban.

3.6. Data collection

As an instrument for data collection this study utilised semi-structured interviews. Interviews were guided by an interview schedule with open-ended questions and probes (see appendix 2). Semi-structured interviews consist of a number of key questions that help to define the areas to be investigated in the study, but also allow the interviewer or interviewee to explore ideas in great detail (Gill, Stewart, Treasure & Chadwick, 2008; 291). The interview schedule was constructed after consulting relevant literature sources. In addition experts in qualitative research methodology were consulted. Furthermore, similar studies of this nature were reviewed as well as experts in translation were consulted.

3.7. Procedure

After obtaining approval to conduct the study, participants were contacted and invited to take part in the study on the basis of their willingness to participate. Participants were not readily available for interviews; therefore arrangements were made with each of the 8 participants based on their availability and convenience. Informed consent forms were sent to each participant briefly explaining the nature and objectives of the study, and who the researcher is. Upon meeting for the interviews participants were verbally reminded of the objectives of the study objectives and the purpose of the study. Confidentiality and the freedom to withdraw from the study without prejudice from the researcher was reiterated. Participants were also reminded that if they wish to access the results they may contact the researcher for arrangements to be made. Each participant was requested not to write their names on the informed consent form to ensure anonymity. Verbal consent and permission to record the interview was given by each participant before the interview began and the research made a tick in the consent form as an indication of agreement. The interview lasted for about 50 minutes with each participant. The interviews were then transcribed verbatim.

3.8. Data analysis

The data was analysed using thematic analysis. According to Braun and Clarke (2006) thematic analysis is a method for identifying, analysing and reporting patterns or themes within the data. This method employs themes and codes in analysing data. It focuses on identifiable themes about behavior (Aronson, 1994). Themes are defined as units derived from patterns such as "conversation topics, vocabulary, recurring activities, meaning, and feelings (Taylor & Bogdan,

1989: 131). Further, a theme refers to a specific pattern found in the data in which one is interested. It is searching across a data set to find repeated patterns of meaning. Thematic analysis is an appropriate method for first time researchers who are not familiar with the analysis process since it allows the researcher to organise the material to how she/he thinks it connects (Marks & Yardely, 2004). Furthermore, it is a highly reflexive method for data analysis. Braun & Clarke (2006) proposed a 6 phase guide that can be used when doing thematic analysis. These include:

1. Familiarising oneself with the data- through the process of transcribing, reading and re-reading the data which allows the identification of initial themes that exist.

2. Generating initial codes or themes- grouping different aspects of the data into codes in the fashion that they relate to one another, by going systematically through each item in the data.

3. Searching for themes- this involves sorting the different codes into potential themes and collating all the relevant coded data extracts within the identified themes.

4. Reviewing themes- combine and document related patterns into sub-themes; looking for coherent and themes that need to be discarded or revised.

5. Defining and naming themes-build a valid argument for choosing the themes by defining what each theme mean, captures and identify what is interesting about them.

6. Writing up the report- this involves the final analysis of the results and making an argument in relation to your research questions and informing theory.

3.9. Ethical considerations

Approval for conducting this study was sought from the University of Kwa-Zulu Natal Ethics Committee. Permission was further sought from the Center for Applied Psychology. Informed consent was obtained from each participant before conducting the interviews. The aims of the study were verbally explained, in detail, to the participants. In ensuring autonomy and protection of the participants each participant was informed of their right to privacy, anonymity and confidentiality. Lastly, participants were informed of their freedom to withdraw from the study at any time if they wish to do so.

3.10. Costs

The total cost for the study was around R600. This included making copies of the informed consent forms, proposal, and the printing of the final research report. The researcher had access to a recorder and no costs were involved for the actual interviews.

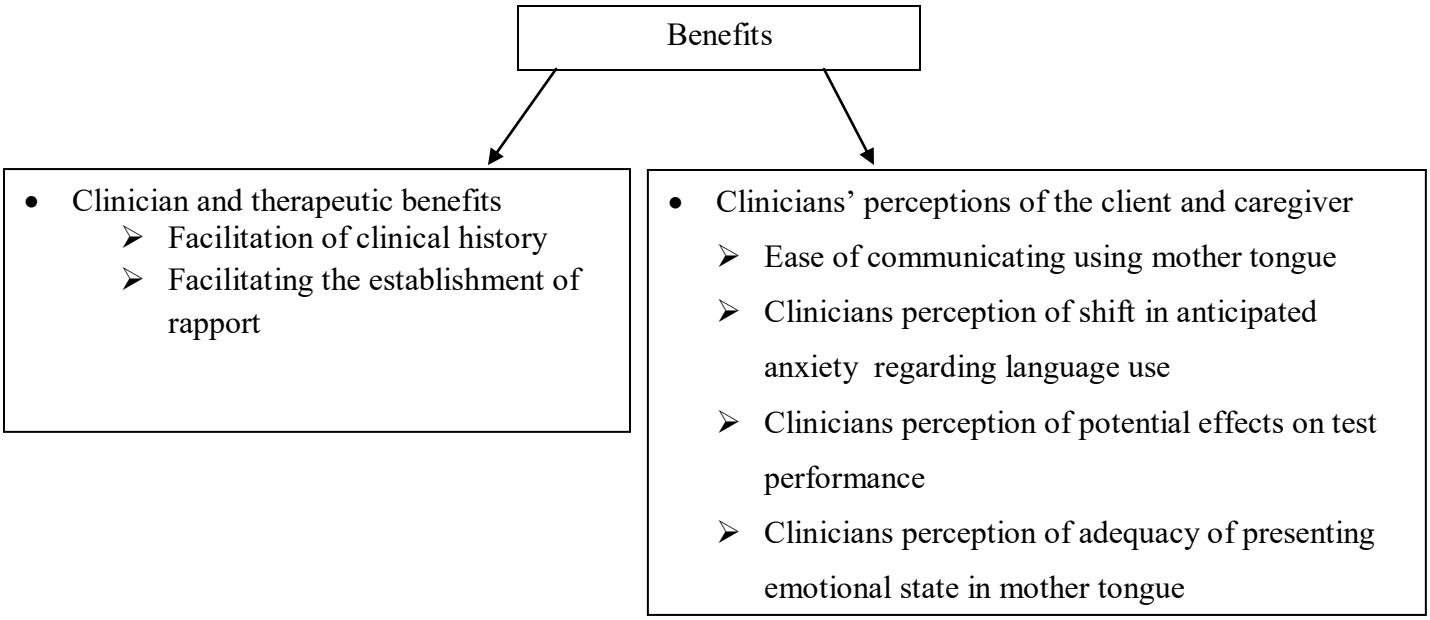
CHAPTER 4

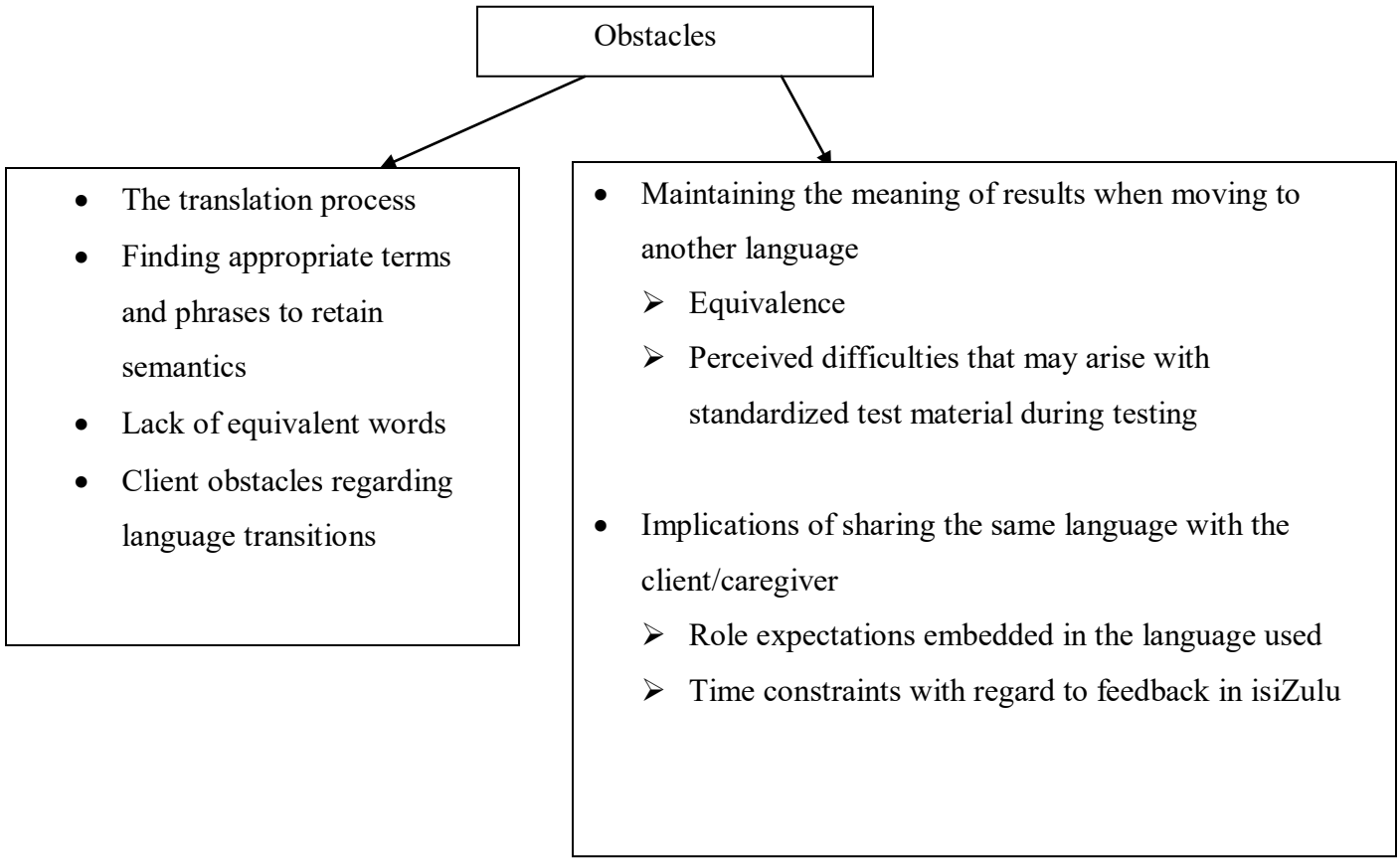
RESEARCH FINDINGS

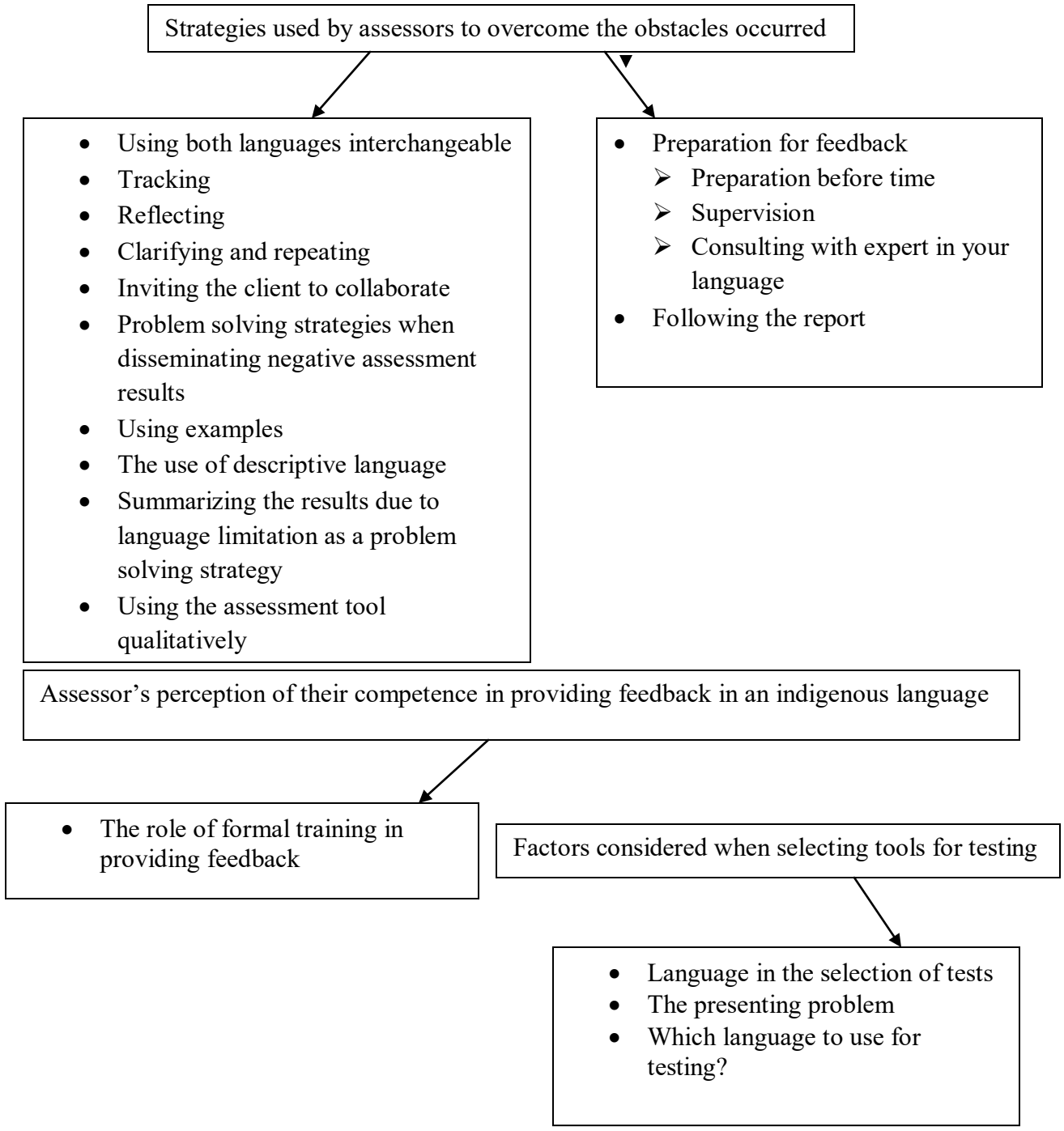
4.1. Introduction

The following chapter outlines the overall results of the study. Results are presented according to clinicians subjective experiences of providing feedback using clients/caregivers mother tongue. All the clinicians that were interviewed interacted with clients/caregivers who speak IsiZulu as their mother tongue; therefore, the language referred to here as mother tongue is IsiZulu. The aim of this study was to understand the benefits and obstacles experienced by clinicians when giving feedback to clients and caregivers using the clients' mother tongue. Transcribed interview were analysed using thematic analysis; various themes and sub-themes that emerged are presented below.

4.1.1. Diagram of themes






Strategies used by assessors to overcome the obstacles occurred
Using both languages interchangeable
Tracking
Reflecting
Clarifying and repeating
Inviting the client to collaborate
Problem solving strategies when disseminating negative assessment results
Using examples
The use of descriptive language
Summarizing the results due to language limitation as a problem solving strategy
Using the assessment tool qualitatively
Preparation for feedback
Preparation before time
Supervision
Consulting with expert in your language
Following the report
Assessor's perception of their competence in providing feedback in an indigenous language
The role of formal training in providing feedback
Factors considered when selecting tools for testing
Language in the selection of tests
The presenting problem
Which language to use for testing?

4.2. BENEFITS OF COMMUNICATING WITH CLIENTS/CAREGIVERS IN THEIR PRIMARY LANGUAGE

4.2.1. Clinician and therapeutic benefits

4.2.1.1 Facilitation of clinical history

Using mother tongue with clients enabled the participants to get more information and history regarding the presenting problem. Since clients and caregivers did not have to worry about the language gap they were able to give more details. This is what some participants said:

> '*The benefits is that you going to get more information, if you use English there are things that they won't be able to express and they feel like they are being understood they can refer, they can look at you as a person that they can refer to and relate. It becomes easier for them sort of takes away the burden sort of take away the hierarchy'.*

> *'That you share the same language therefore you had an idea of where they are coming from. It was easier for some to tell you more about the problem, made the client comfortable because they did not have to struggle explaining things'.*

Another participant reported that it opens room for the client to share their explanatory model of their problem and may invite you to explore it with them.

> *Some clients are able to share their own explanations of the presenting problems and invite you to explore other options with them'.*

4.2.1.2. Facilitating the establishment of rapport

Four participants reported that using the client's language helps them in establishing rapport with the client/caregiver'.

> *'It helps you to establish rapport especially in working in multi-disciplinary team where the patient has seen a white OT specialist, an Indian psychiatrist and then they get to you after all the process they have not gotten all the information along the way and they come to you and you speak their own language and you give them comforting details'.*

'*I think from the intake, 'parents' (most clients I work with are children) are more at ease and trusting since I can speak the same language as them'.*

One participant found that the language aided him in establishing rapport easily with his clients when in a multidisciplinary team where other professionals do not speak the language. He quoted:

'It easier for the patient and easier for you to it helps you to establish rapport especially in working in multidisciplinary team where the patient has seen a white OT specialist an Indian psychiatrist and then they get to you after all the process they have not gotten all the info along the way and they come to you and you speak their own language and you give them comforting details'.

One assessor felt that sharing a common language with her client/caregiver lowers her levels of anxiety and makes it easier for her to relate to her clients. She quoted:

'Sometimes as the therapists that lowers your levels of anxiety'.

4.2.2. Clinicians perceptions of the client and caregiver

4.2.2.1. Ease of communicating using mother tongue

For the client participants observed that it becomes easier for the client/caregiver to relate and identify with them when they share the same language. It makes the process easier for both the assessor and the client/caregiver. They quoted:

'They feel like they are being understood they can refer, they can look at you as a person that they can refer to and relate. It became easier for them sort of take away the burden sort of take away the hierarchy'.

'That you share the same language therefore you had an idea of where they are coming from. It was easier for some to tell you more about the problem, made the client comfortable because they did not have to struggle explaining things'.

4.2.2.2. Clinicians perception of shift in anticipated anxiety regarding language of communication

Speaking the same language with the assessor lowers anxiety that might be experienced by the client. Participants reported that it made the clients comfortable as they did not have to struggle with explaining things in English. The following extracts support this:

> *'I feel patients relax and feel more understood. Patients become comfortable and they express themselves easier than they do when they have to speak in their second language'.*

> *'I believe that when people are assessed in a language that they are fluent in (assuming that would be their mother tongue), eliminates anxiety'.*

4.2.2.3. Clinicians perception of potential effects on test performance

One participant reported that assessing clients in their mother tongue, given that they are fluent in it improves their understanding of instructions and leads to better performance. See the following extract:

> *'I believe that when people are assessed in a language that they are fluent in (assuming that would be their mother tongue), eliminates anxiety, improves their understanding of instructions and therefore their performance'.*

4.2.2.4. Clinicians perception of adequacy of presenting emotional state in mother tongue

One participant reported that speaking the same language as your client makes it easier for them to express their emotional distress in their language, as people are more likely to speak in their mother tongue whether they are fluent in English or not. He quoted:

> *'The benefits are for both the therapist and the patients when you both can speak the language it facilitates the process it makes it easier, when people are emotional or psych distress they go back to the more primitive ways of functioning in that sense it makes it easier, well not easier, but they automatically revert to thinking in their own language.*

So to say you often find with client who are articulate in English when they are under distress or face or when they have post traumatic symptoms they will only say certain things in isiZulu'.

4.3. LANGUAGE OBSTACLES

Most of the language obstacles that were reported by the participants were related to the limited vocabulary available for psychological jargon and concepts in IsiZulu. They include translation, phrasing of words, finding the right idioms and terms, equivalent words. These resulted in some of the participants leaving out details or limiting the amount of information given to the client/caregiver.

4.3.1. The translation process

Participants reported difficulties in translating content from English to IsiZulu. Extracts below illustrate this:

'Yes, translating psychological jargon (terminology) into understandable Zulu descriptions that retain the original meaning of the terminology, yet appropriate for the caregivers'.

'The main difficulty was translating psychological jargon (terminology) into understandable Zulu descriptions that retain the original meanings of the terminology, yet appropriate for the caregivers'.

'Translating concepts from English to isiZulu is tricky for me especially because all these years I learnt psychology in English and having to go back and think about how a person who is not familiar with psychology is going to understand what I am saying is a challenge'.

4.3.2. Finding appropriate terms and phrases to retain semantics

Some participants struggled to find terms that they thought were appropriate and closely related to the original English word in their definitions of terms that they used during feedback. The quotes below demonstrate this:

> *'In feedback obstacles, well it would be not having terms for different kinds of concepts or even disorders like if you doing the MCMI I think half the scales on the MCMI don't have or I don't know the Zulu terms for the different number of scales ranging from something simple as your depression, anxiety to well those there are actually terms that are close enough but something like compulsive scale, schizoid or antisocial its quit difficult to try grasp the terminology when you giving the feedback to the actual person regarding those scales in their language so you end up using descriptive language to say what each scale generally tries to measures instead of giving the accurate or the verbatim diagnosis'.*

> *'I would just draw from one of my experiences that I had, there was a child and a mother and unfortunately the mother was illiterate she never went to school and never when the child was sent to the psychologist. Yes I did give feedback that the child was mentally retarded and I didn't have an idiom to say in IsiZulu that the child is retarded the only word that I had was to say that the child is 'Isidomu' and I couldn't say that because of how the child is going to be 'pathologised'.*

And

> *'The challenge was the terms themselves. "Perceptual reasoning". "Organising and sorting visual information". How do you translate these precisely? Though you try, the psychological terms can be tricky when you turn them into isiZulu'.*

Participants reported difficulties in phrasing words in a straightforward way and simple IsiZulu language. They further reported struggling to speak fluently in IsiZulu without using English. Quoted in the following extracts:

> *'I would say that it is a bit challenging because the terms that are used in psych are not expressible in IsiZulu (uhm!), for instance, if I were to give an assessment case or an assessment feedback to someone it would be very difficult to phrase or make things be understandable to that person even for therapy its difficult because when I give feedback of what I think it is for whatever the person is presenting it becomes difficult because of how one would phrase things'.*

> *'Uhhm! I think it's more around the jargon and the wording especially in assessments there are words you just do not know how to say so you end up saying them in English, you try to make them clear but it just that they are not clear enough for the parents they will say they understand that's the problem'.*

The lack of appropriate phrases was associated with participants experiencing anxiety related to the fear of saying insensitive things and explaining in a way that may have sounded harsh and offending to the client/caregiver. Assessors reported that being objective to the client may come across as harsh to the client/caregiver when communicated in IsiZulu. One participant was quoted below:

> *'It depends on the kind of client I have and the results, for example if I am doing an IQ assessment and I find that the child performed poor or they are below average and I have to give feedback to the parent it is always hard to find an appropriate way to give them the results without offending them or being harsh'.*

> *'It becomes difficult because of how one would phrase things and how one would try and make things not feel as if you are offending the person because that is one of the challenges and try to be sensitive in terms of culture'.*

4.3.3. Lack of equivalent words

Participants raised concerns regarding using words that may not retain their meaning or what they have been intended to mean. This may be due to the emphasis made in assessment results feedback that results should retain their meaning so that the results do not lose their validity and reliability.

> *'The main difficulty was translating psychological jargon (terminology) into understandable Zulu descriptions that retain the original meanings of the terminology, yet appropriate for the caregivers'.*

And

> *'Explaining in simple language, as well as finding words in IsiZulu that correspond with what the English words of Psychology mean. Specifically trying to be simple and finding words that are precise. Those were the difficulties with regards to language issues'.*

The lack of equivalent words limited the amount of information given. Participants raised concerns regarding how much of the results were they able to share with the client/caregiver. Illustrated in the extracts below:

> *'It alters your formulation of the case it also alters the information that you have because of the limited language resources that you can use so you try and reconstruct whatever you thought of the case so that the person can be accommodated, so in a way it does alter your information, but in a way you try by all means not to give the wrong information'.*

> *'One effect could be leaving out some information but I do not think that affects the results because as the therapist you don't just focus on the results you also consider the interview which helps you select the result to explain'.*

4.3.4. Client obstacles regarding language transitions

One assessor struggled with sticking to isiZulu and had to use English which created confusion for the caregiver and she had to explain in more detail. She quoted:

'I had to use the Connors amongst the tests to assess the child and the mother did not understand any of the questions and I was very frustrated because I had to read the questions for her while translating in isiZulu and whenever I added an English word she was confused and during feedback I had to summarize the results only to what she had to know and could not explain the results because some of it was not easy in translating to isiZulu'.

This was further related to the clients/caregivers level of education as participants reported that the clients/caregivers level of education plays a major role on the process of feedback and can either eliminate or cause various challenges. They quoted:

'It's easy to give feedback but there are just some terms that you fail to explain to make it clear to the parent so if they do not have any form of schooling it becomes a challenge to explain that to them'.

'For instance with some it was easy if the mother mostly has a higher level of education you understand that you are on par because she has a background that this is what may be going on with my child I have done some reading on it , so to communicate with that parent is easy'.

4.3.5. Maintaining the meaning of results when moving to another language

Participants reported concerns regarding the extent that the results retain their original meaning when they have been translated or communicated in another language that seems to have limited vocabulary when it comes to communicating psychological information.

4.3.5.1. Equivalence

One participant reported that it is hard for him to make sure that the results maintain their original meaning. He tries his best but often there are no direct translation and if there is, sometimes it is offending or confusing for someone to understand. For him during the process

the most important thing is to make sure that the client understands the results and recommendations given to address any difficulties that may come with the results. He quoted:

> '*It is difficult, it's a big challenge. It is not possible eehm! You try by all means it is not possible there is no direct translation unless you do a direct translation of which sometimes the direct trans will be bad, it is even more bad and hard to maintain the meaning. The most important thing for me is to make sure that the person understands the intervention they understand that'.*

Another female participant felt that the results do not really remain as they were when they were in English as she tries to relate them as simple as she can to the client for them to understand the implication of the results.

> '*It's not easy in your mother tongue cause you try and move around trying to find words to fit in for the terms that you need to use. They are no longer going to be as the results are written in English it would be you try and relate them in the most simplest way for the parent to understands that this is what is going on and what is going to happen after that'.*

For another participant equivalence was seen as not practical during the actual feedback with the client. He further stated that to be efficient he had to be graphic to explain the concepts he did not know equivalent words to. He aimed at reaching understanding rather than equivalence. He quoted:

> '*Similarly, you consider it but it is not practical I mentioned earlier that we are trained in psychology not in language yah so the language we try to be efficient in it but it is not always practical like right now I do not know what is the equivalence term for visual motor integration but you can use description to explain to the patient say that if you have difficulties with your visual motor integration it means you have difficulties with your eyes as well as your hands in what you were drawing at the time so that's what the explanation is there but it is not equivalent I do not think it is perfect equivalence'.*

A female participant reported that it is not easy for her to ensure the results maintained their meaning because she is mostly concerned about the client's or caregivers understanding. She regards equivalence as important during testing.

> *'As I mentioned above it is not easy to measure that and when you giving feedback you don't worry a lot about that you worry about the whether the client gets what you are saying and I think equivalence is more important during the testing because results can be explained in many different ways'.*

One participant found asking the client what was said during feedback and their thought about recommendations made as a way for him to track if he gave the results the way he intended to and that they are in line with what he wrote on the report. He quoted:

> *'By questioning the patient on what do they think the results mean what do they think about the recommendations that you made and then you assess if they understand'*

4.3.5.2. Perceived difficulties that may arise with standardized test material during testing

For one participant the difficulties that other participant reported during feedback in his case were mainly observed during testing. He argued that if the test used during testing is in English difficulties will arise when this information is translated to another language. He quoted:

'I don't think that the explanation of results poses the problem I think it is mainly the difficulties during the testing as something that needs to be looked at not the actual results in essence'. What you put in the results is mainly the conclusion as well as the recommendations of the assessment that you have already done. it's not that difficult to convert that information but if it you are using say assessments that are in English and you trying to convert those into another language then that becomes difficult'.

In relation to the above two participants reported that translating information to another language during testing and feedback results in them questioning the fairness of the tests they use and the information given to clients and caregivers.

One participant questioned fairness in relation to the client who is assessed and the language used for that assessment. She quoted:

'It could be the assessment was done in either his home language or English if its home language assessments in home language there are some words that are complicated for me and even worse for the child and you move to English there will be words that will be difficult for him as a 7 year old compared to someone whose mother tongue is English, so it goes back to are we really being fair to the child? Yes the tests are standardised and all that but within the two languages, you can use English or isiZulu but there is just that limit around that'.

One participant raised concerns with regards to the cultural fairness of the test when used in another language. This makes him question the tests validity when used with people who do not speak English as a mother tongue language and whether the people tested are familiar with the test items used. He quoted:

'With the VABS test which you give to the caregiver the whole test is in English there is no Zulu version as far as I know but also the thing is first the test culturally is not fair in terms of the questions that it asks it requires people to have microwaves and everything else and they get marked down for all of those factors'.

4.3.6. Implications of sharing the same language with the client/caregiver

4.3.6.1. Role expectations embedded in the language used

Two of the participants reported that speaking the same language with the client/caregiver created certain expectations which they were not sure how to manage. The following quote illustrate this:

'I was overly cautious about not appearing to my client as someone who is not connected to her, and who 'speaks above her head'. By not being connected to her I mean I didn't want her to feel like "Hhey abantu abamnyama uma sebefundile ababe besakwazi nje ukuxhumana nathi ngedlela efanele, ngendlela esikhuluma ngayo" (black people when they educated they become unable to communicate with us in an appropriate way that we communicate in or with'.

One of the participants reported mixed feelings regarding sharing the same language with the client/caregiver. For her sometimes it created an added burden where a client/caregiver thought that she had all the answers and will be able to solve their problems. On the other hand she observed that clients/caregivers might leave out vital information assuming that she is familiar with their background. This is illustrated in the following quote:

> *'But sometimes the client feels like you have all the answers and you know them and may result in them leaving useful details out because they assume you know. Some clients are able to share their own explanations of the presenting problems and invite you to explore other options with them.'*

4.3.7. Time constrains with regard to feedback in isiZulu

Participants regarded the process of feedback using the client's mother tongue as time consuming. They relate this to the fact that the report is written in English and they have to translate concepts and prepare how to phrase certain things when they give feedback. The feedback often takes longer when conducted in IsiZulu. As exemplified in extracts below:

> *'The one effect would be time, generally you then spend more time giving feedback because you have to do a lot more work with translation of the different concepts in your own head while you giving feedback so that would be the main thing it would be time'.*

> *'It took me longer to prepare what I was going to say and how I had to say it. I had to be creative to make sure I convey the message clearly and accurately in the isiZulu language'.*

> *'It is time consuming having to consult with other Zulu speakers regarding certain words I would like to use during feedback to avoid constructing a sentence wrong and ending up giving a completely different meaning to what I want to say'.*

4.4. STRATEGIES USED BY ASSESSORS TO OVERCOME THE OBSTACLES OCCURRED DURING FEEDBACK

4.4.1. Using both languages interchangeable

When participants found that the client did not understand or they were stuck they would say things in English and then explain what they were saying in IsiZulu only after using English. Participants reported to be doing this when the client/caregiver had some level of education or fluent in English. Extracts below support this:

> *'What I have done is yes sometimes I would find myself speaking in English and then I would reassure that the person did understand what I said even if I speak in isiZulu I would ask the person if they understand and if they explain or say they don't understand I would ask them which part and I would have to explain to a point that they understand what I said'.*

> *'Uhhm! I think it's more around the jargon and the wording especially in assessments there are words you just do not know how to say so you end up saying them in English, you try to make them clear but it just that they are not clear enough for the parents they will say they understand that's the problem'*

> *'I had to add some English, or say the word in English and then explain it in isiZulu. I think I should have used more examples, and I feel I omitted other areas.'*

Participants felt that the ability to be fluent and comfortable in both English and IsiZulu makes the feedback process proceed with ease for both the clinician and the client/caregiver. When one is comfortable in both languages it becomes easier for them to communicate the results in either of language and hence has the ability to move between the languages. They quoted:

> *'Besides professional training, my ability to speak more than one African language puts me at a better position to communicate psychological assessment results in a manner that is understandable to most people who belong to the Nguni tribe'.*

'I think first thing is being comfortable in both languages so can't say just because they speak Zulu at home then you are comfortable so you have to be comfortable in one language to be able to translate to the other language'.

4.4.2. Tracking

Going back to previous points and checking with the client/caregiver if they understood what they were saying was used by participants to ensure that the client/caregiver received the correct information and understood it the way that they intended them to understand it. They quoted:

'I *always ask the client if they understood before moving to a new point'.*

'I would reassure that the person did understand what I said even if I speak in isiZulu I would ask the person if they understand and if they explain or say they don't understand I would ask them which part and I would have to explain to a point that they understand what I said'.

'I tell the people I am giving feedback to, to stop me and ask questions whenever they feel confused. After the feedback process again, I ask them to give me feedback about the feedback I've been giving them. Sometimes to the extent that I ask them to give me a summary of what I was telling them to ensure that the information was received in a way that I intended to communicate it'.

4.4.3. Reflecting

Often participants reported asking the caregiver/client to explain what they were saying back to them in their own understanding to check whether they understand the information given to them.

'Asking them to explain to you what you just said how are they going to say it to the other parent so that you see if they really understand what you have been saying'.

4.4.4. Clarifying and repeating

When participants observed through nonverbal cues of the client/caregiver that they did not understand they clarified what they were saying and often repeated to reiterate their points. Illustrated by the following quote:

> *'Patience for those parents who really want to understand what is going on so, me not minding not to say what I was saying and repeat again countless so that they really understand so they know what you are saying but not really understand because of the mixture of English and isiZulu and then they ask the same thing and you know that they are asking the same thing and you explain it over and over'.*

4.4.5. Inviting client to collaborate

One participant regarded creating a platform for the client/caregiver to question and criticise the results as useful in dealing with obstacles and preventing confusion. He felt that this facilitated transparency and a good relationship with the client/caregiver and it made the process easier.

> *'Being transparent with my clients, and giving them the platform to challenge, query, or criticise how I handle their cases or inviting them to let me know whenever they feel confused has always been helpful'.*

One participant found it useful to illustrate some points that she was struggling to explain in English by referring to the information that was given by the caregiver during the intake interview. Another participant reported that referring to the client's history helps him in getting the caregiver to understand when giving feedback. The following quote illustrate this:

> *'Sometimes if I struggled to explain a concept I would go back to something they told me during the interview and say that like this and that you said the client did or do is explained by this and I would try explaining that via example'.*

4.4.6. Problem solving strategies when disseminating negative assessment results

There were two reported ways that participants used in dealing with negative results**.** They reported that when giving negative results to the client/caregiver they quickly suggest solutions

on how they can be managed. This helped eliminate negative feelings and frustration for both the assessor and the client/caregiver. This is what one participant said:

> *'Also when I explained something negative I would also talk about how the client can address that'.*

Secondly, participants highlighted that focusing and emphasising the client's strengths as oppose to weaknesses helped them deal with obstacles and avoid negative feelings but this was also associated with having to explain more. As stated in the extracts below:

> *'Focusing more on the positive side or strengths of the client, always asking the client if they understood before moving to a new point as one of the ways she dealt with obstacles'.*

> '*You try to find a more considerate way to say it, looking at strengths and weaknesses*'

> *'But at times it is a problem. I do not think the effects are negative it mainly depends on the nature of the results the more negative they are the more you have to explain and worry about the client'.*

4.4.7. Using examples

Four participants employed the use of examples to illustrate what the results meant and how they can be applied to the clients' context or behavior. Examples created further understanding and they were regarded as something that the client/caregiver could relate to and observe. The extracts below serves as examples:

> *'It's making examples and relating what you want to say in a way you ensure that they understand or they get a picture of what you say even though you no longer saying it as it is in English so making up examples by this I mean that a child could be having this and then you put that in isiZulu so that they can understand'.*

> *'Yes you use examples and you elaborate on what each concept mean so if for example you say compulsive you will use what people who are compulsive are likely to act like instead of saying or trying to get the Zulu term of what compulsive is'.*

4.4.8. The use of descriptive language

To get around the language limitations most participants reported the use of descriptive language as way of explaining the results making it easier for the client/caregiver to understand. The following extracts support this:

> *'Right now I do not know what is the equivalence term for visual motor integration but you can use descriptive to explain to the patient say that if you have difficulties with your visual motor integration it means you have difficulties with your eyes as well as your hands in what you were drawing at the time so that's what the explanation is there'.*

> *'During the feedback process itself it is not easy to explain psychological concepts as they are to clients without using examples or descriptive which sometime I feel neutralises them'.*

This was also evident in the examples that were made by participants of how they explained different concepts. The following concepts were used as examples:

> *'Visual motor coordination -Used examples to explain the concept like (ukusebenzisa izitho zomzimba uma enza izinto kuyahambisana or akuhambisani noma kusemuva nabantu alingana nabo) the functioning of his/her body parts when he/she does things is in line or not in line or behind people in his/her age group.'*

> *'Intelligence- It is not easy cause you say 'ukuhlakanipha' but 'ukuhlakanipha' is clever so it is not intelligence so that is the closest.'*

> '*The opposite of intelligence when you get there you start explaining that you start using examples and figures so you go back to the history coz now you try to justify so that you do not use the isiZulu word of your child is not intelligent you start using ranges like if your child is within this range this is what h/she can do and if they under this is what they can and cannot do.'*

4.4.9. Summarising the results due to language limitation as a problem solving strategy

In relation to the amount of information given participants explained that by limiting the amount of information made it easier for them to avoid misunderstandings between them and the

client/caregiver. Misunderstandings occurred when assessors mixed English with IsiZulu especially during feedback with caregivers that were not fluent in IsiZulu. Therefore, because of the difficulties in finding appropriate terms and equivalent words to adequately communicate the results to clients/caregivers participants resorted to summarising and being selective on the information they give. They quoted:

> *'And to avoid confusing myself and the patient I summarise the results if possible and according to my own understanding and ask them to stop me and ask questions if there is something they do not understand'.*

> *'Sometimes feedback is summarised to avoid misunderstandings and I think it's for the best as I will end up confusing myself and the patient. And to avoid confusing myself and the patient I summarise the results if possible and according to my own understanding and ask them to stop me and ask questions if there is something they do not understand'.*

Not giving enough information resulted in some assessors feeling that they should have done more and given more examples to the client/caregiver to create better understanding.

> *'Not easy to say because you do what you can at the time but after you wonder if you could have explained more or did not say things in a certain way .regardless of how I perceive each of the feedbacks I have done I always feel like I could have done more or said more.'*

> *'I must say that on my first isiZulu feedback. I think I should have used more examples, and I feel I omitted other areas.'*

4.4.10. Using the assessment tool qualitatively

Another method that the participants used or recommended to deal with language difficulties is the use of tests as a qualitative measure. One participant reported that using the test qualitatively rather than objectively may eliminate a number of concerns. He quoted:

> *' There is a component in the test (VABS) about language so some of the stuff you cannot translate back into isiZulu from the English if it is asking people if they can use pronouns or adjectives or something like that it becomes extremely difficult to translate that back*

into isiZulu without losing the meaning of the test in the process so it is the stuff like that the one way of dealing with it is to use the assessment qualitatively in the sense that you get the results but you don't treat them as an objective measure use them as part of your clinical judgments.'

Additionally, participants felt that where a desired assessment tool is available in IsiZulu one should use it to eliminate translation issues. While this is useful one participant a raised concern that the available isiZulu tests are not updated to current spoken language. Illustrated by the following quotes:

'But generally other stuff is related to assessments if possible get assessments that are in that language like I know for certain assessments for even stuff like Neuro assessments at some hospitals they have two versions of the same sub test'.

' If I could find those words, so assessments would be made in the Zulu that we use now not in the Zulu that was used back then because they are just become too complicated even if you are an isiZulu speaker'

4.4.11. Preparation for feedback

4.4.11.1. Preparation before time

Participants reported that preparation before time helps him deal with obstacles that he observed in previous feedback session. This includes getting a Zulu-English dictionary to find different words and their meaning. Using a dictionary was also highlighted as useful in enhancing dual language abilities. As illustrated in the quotes below:

'It's just preparation so preparing before giving the results to the person and giving yourself the time to, even getting yourself a Zulu dictionary to try and see what the different words actually mean in formal isiZulu language'.

'I had to prepare in advanced on the main areas I wanted to do feedback on. Probably you do not say each and everything, so I tried to ensure that I do not miss the important issues to talk about. So I prepared myself on how to say those in a simpler language way'.

On the other hand, some of the participants reported that preparation depended on the type of test they were giving the results for i.e. IQ assessments are familiar than Neurological assessments: One of the participants quoted:

> *'Sometimes yes sometimes no very rarely do I engage in it before though coz with the passing of time some of the things have become more automated for instance giving feedback for a person you have assessed and find out that they have MR and they need to go to a special school that has become more automated so you do not have to prepare beforehand unlike a Neuro assessment I probably need to prepare beforehand'.*

> *'If it was something like a Neuro assessment it would be trying to give mmh! trying to explain to the person what you have found out if in terms that they would understand so translating things like executive functioning or attention and concentration into their own language'.*

4.4.11.2. Supervision

Going for supervision before feedback to help contextualise the results was useful for one participant in preparing for feedback. This also aided in how he presented the recommended intervention to the client and caregiver. He quoted:

> *'Since I'm in supervision I would go for supervision and say this is the case and how should I put this. Should I try and explain or should I dwell more on the intervention coz sometimes you would explain the scores or the ranges and all those things and where does that client fall according to the population'.*

4.4.11.3. Consulting with expert in your language

Consulting people or someone who is experienced in giving feedback in mother tongue and consulting with colleagues who speak the same language was considered a useful when they are faced with concepts or terms that are difficult for them to translate or communicate easily to clients/caregivers. The following extracts support this:

> *'Is to ask other therapists who speak the language on how they do it, how they define certain concepts, and how they give feedback in general in the isiZulu language'.*

'Before feedback I would consult with my Zulu speaking colleagues but most of the time I explain results by using examples or finding corresponding words'.

'Another skill I could have used is to ask other therapists who speak the language on how they do it, how they define certain concepts, and how they give feedback in general in the isiZulu language'.

4.4.12. Following the report

Participants found it helpful to follow the structure of the report as way of ensuring that they do not move away from what the results say and to present them the way they were intended to as they possibly can. They quoted:

" Following the report of what you have done or your results but have a few changes there and there where you really cannot explain it the way it is to the parent, but you don't move away from what your results say, there is no guarantee or maintaining the results as they were'.

'We go through the MSE that was used for that assessment and then we go thru what each assessment measures or what the battery of assessment did measure what the results or would be looking at the report for guidance and translating that into isiZulu while I read and give feedback'.

In addition compiling the report was used as a preparation method by some of the participants and they only considered how to actually present, simplify and look for examples where they were necessary.

'Well I did most work when writing the report by the time I got to the feedback process I just had to know what to say first and how to say it and examples to use where necessary'.

'But in cases where the client only spoke mother tongue I had to rehearse how to say things and convert them in my mind and look for examples to make to illustrate certain point before seeing the client for feedback using the report'.

4.5. ASSESSORS PERCEPTION OF THEIR COMPETENCE IN PROVIDING FEEDBACK IN AN INDIGENOUS LANGUAGE

The participants perceived their level of competence in providing feedback as adequate, given the challenges that they have experienced. They quoted:

> *'Adequate, in a scale of 100 I would say 60% I won't say 70% because of the challenges I have just said errh! again having to explain that the test was not standardised in SA would make the person start questioning if it is valid or not so all those things the other 40 I give to those things but in terms of me presenting and me giving feedback I'm confident and I would give myself a 60.'*

> *'With just the feedback I think it would be higher coz by the time you get to feedback you have done the hard work as I have said but with the assessment I think on a scale of say (is there a scale that I am rating myself on? Me: you can!) let's say from 0 to 100 probably will be 75%.'*

By rating their level of competence as adequate participants felt that the use of tests in English and the translation process accounts for errors they make and any misunderstanding that may occur during feedback. Some participants said:

> '*Let's say from 0 to 100 probably will be 75% with the difficulty being in those instances where the test is in English for example the Vineland behavior scale and you are trying to use that assessment to establish the child's IQ and you are asking the parent but trying to translate the different questions and some of that is not directly translatable.'*

Two participants reported that they so far they perceive their competence as fair and believe that it improves with experience and they become better as they grow into the profession as new clinicians. They quoted:

> *'Based on my past experience of doing this task I would say it's "fair". This means that I am satisfied with the manner in which I communicate psychological assessment results to caregivers/clients as well as how the concerned parties tend to receive the information*

that is being conveyed. I say its "fair" because I do not want to either under-estimate or over-estimate my skills, particularly because I am still a new therapist.'

'I would say it improves as you interact more with clients in your mother tongue, but for me I would say I am average maybe 60% going up because at the end the client feels understood and is able to say what they got from what I was saying and know some of it as they observe their child'.

For one participant experiencing obstacles was perceive as an opportunity to help him master the skill of understanding psychological content in mother tongue leading to competence. He quoted:

' I think the benefit from my side is that it gets me to really think about what the concepts mean...and to develop that skill of communicating and thinking concepts in my language including concepts in my mother tongue'.

4.5.1. The role of formal training in providing feedback

One participant believed that his training adequately equipped him for the feedback process and his ability to speak African languages adds an added advantage for him. He quoted:

'Of cause. Besides professional training, my ability to speak more than one African language puts me at a better position to communicate psychological assessment results in a manner that is understandable to most people who belong to the Nguni tribe'.

The same participant reported being satisfied with how he facilitated the feedback process at the time. He quoted**:**

'I am satisfied with the manner in which I communicated the results to the caregivers and how the results were received.'

On the other hand, three participants reported that their training did not adequately prepare them for feedback with clients/caregivers who do not speak English. They reported being aware of

cross-cultural issues that they may encounter but nothing was specific to language. The other participant felt that there was not enough exposure to the feedback process during training: the following extracts support this:

> *'My training did not really prepare me as I said I have learnt psych in English and we are always told about cross-cultural issues but not exactly how to deal with clients in cases where you have to use only your mother tongue while integrating the western concepts of psychology'.*

> *'Training has not given me enough exposure on how feedback process is done and how to answer follow up questions after providing feedback. Nevertheless the little that I was taught regarding feedback process was also done in English not in my 1st language or any other vernacular. I at the same time feel there is no better way to prepare a student for feedback because patients are different and they have different concerns, so its certain questions that they asked that may put you on the spot'.*

In addition the same participants above reported experiencing anxiety during the process. They felt that they had not much experience in giving feedback and the fact that they had to use IsiZulu added further anxiety. This is illustrated by these extracts:

> *'It is frustrating at times and nerve wrecking when I know that the patient I am about to give feedback to does not understand basic English and I have to explain things in isiZulu throughout'.*

> *'Well I think for me it has been an anxiety provoking experience and at times uncomfortable process, and during my first year I only interacted in assessment with my language speakers, even though some of the caregivers were able to speak English I had to explain most of the things in IsiZulu'.*

Two participants highlighted that they were given the general skills required when giving feedback but not on language basis. They further stated that in such cases it is an individual's responsibility to manage such situations. As evident in the extracts below:

'No! Yes we were trained to give feedback but it was not on language basis now if you have somebody else with your language. So you have the general guidelines of how to give feedback but now once there is language you really have to find yourself'.

'Yes but only in the English medium. My aim is to ensure that psychological interventions are available to people who are also not of the English speaking culture and I feel that my training has not adequately equipped me for that. Rather I feel it is up to me to ensure that my skills reach that far.'

4.6. FACTORS CONSIDERED WHEN SELECTING TESTS FOR ASSESSMENT

4.6.1. Language in the selection of tests

The majority of the assessors reported that they do not often take the clients first language into consideration when they select assessment tools to use with client. They tend to focus more on the presenting problem and associated factors listed below. Two participants quoted:

'It is unfortunate that we don't have neurological tests in IsiZulu so they were appropriate for me at that time looking at the client situation so if the client was having I suspected neurological difficulties then I used the tool then if I suspected a personality disorder or personality adjustment issues then I had to use a part tool without considering the language difficulties that may come along'.

'I did not really think about the language barrier because most clients were taught in English at school but their caregiver were not that fluent in English and others there were just no tests available in isiZulu'.

'We try but sometimes it is not practical so with like the VABS there is no other alternative of doing it so there is no other alternative test and you always put that into consideration, for example I am seeing a 60 year old man who has a Standard 6 education can speak English but in terms of vocabulary perhaps Zulu would be'.

4.6.2. The presenting problem

The presenting problem was the first determinant on how to proceed and what assessment tools to use during assessment. Some of the participants quoted:

'They were selected based on the presenting problem and the age of the client, I did not really think about the language barrier because most clients were taught in English at school'.

'Errm! Firstly it was based on the referral, age of the child, the first language but then in some yes the first language is IsiZulu but they do not know isiZulu they know English'.

Age of the client was taken into account by some of the participants as illustrated in the quotes below:

'They were selected based on the presenting problem and the age of the client, I did not really think about the language barrier because most clients were taught in English at school but their caregiver were not that fluent in English'.

'Errm! Firstly it was based on the referral, age of the child, the first language but then in some yes the first language is IsiZulu but they do not know isiZulu'.

The above accounts highlights the issue of the lack of assessment tools in other language which results in burden for the assessor who has to select tests and decide on what and what not to use with clients who are first language speakers of IsiZulu.

4.6.3. Which language to use for testing?

Assessors reported that at time it is difficult to decide which language to use for testing as some clients speak both languages but not fluent in one of the languages. As illustrated in the following extract:

'The first language is IsiZulu but they do not know isiZulu they know English it's like it is their first language so it becomes difficult to know which language to use especially the isiZulu language'.

'*For example I am seeing a 60 year old man who has a Standard 6 education can speak English but in terms of vocabulary perhaps Zulu would be better and then in that instance if you doing for a Neuro battery you will try to get the Zulu version of the*

different test but in certain instances when you need norms and the norms are only for a test in English'.

CHAPTER FIVE

DISCUSSION OF RESULTS

5.1. Introduction

The current chapter presents the possible explanations of the findings. The interviews aimed at assessing participants views of the benefits and obstacles of providing feedback on psychological assessment results and concepts using the clients or caregivers primary language of communication. The different themes that were identified regarding the process of feedback; language benefits and obstacles; and strategies used by assessors during feedback will be discussed with reference to the literature available.

The growing utilisation of psychological services by previously disadvantaged groups calls forth the availability of psychologists who speak indigenous African languages and the development of tests for all language and cultural groups. Within the training of psychologists emphasis has been placed on proficiency in at least one official language apart from English and Afrikaans as well as the increase in the training of people who speak indigenous languages. With this in place, the developments of tests for such groups have been relatively slow. Psychologists still struggle to conduct necessary testing for people who are uneducated and lack proficiency in English. It is therefore, imperative to explore the various challenges that trainee psychologists face when they work with clients using their primary language and to understand any significance in communicating with clients and caregivers in their everyday language.

5.2. Identified barriers of communicating with clients/caregivers in their mother tongue

5.2.1. Barriers in relation to content issues

Literature on language and testing indicates that translating psychological jargon and concepts from English to indigenous African languages is fraught with various challenges. These include the lack of concepts and expressions required for equivalent translation substitution (Levin, 2006; Van Eeden & Mantsha, 2007; Grieve & Van Eeden, 2010). Likewise, in the current study participants found it difficult to translate content from English to IsiZulu due to limited vocabulary available for psychological jargon and concepts in IsiZulu. A number of participants struggled to find terms that they considered appropriate and close to the English word they were

translating. Killian et al (2010) in their study examining interpreter competency identified problems in language equivalence which forced interpreters to use additional or alternative words. The lack of words resulted in participants' difficulties to phrase words in a simple and understandable manner. Because participants are aware of how the psychological results should be communicated to clients they become more critical and particular of how and what they say to clients and caregivers during feedback. Furthermore, participants in this study are trained in psychology and psychological assessment feedback in English and have no training whatsoever in translation. That alone creates a demand on how they use their language effectively to communicate psychological results.

In his study Koch (2009) found a number of words that lacked equivalent words; the use of loan words and words that made no sense when directly translated or required a different way of phrasing when translated from English to IsiXhosa. Alike, participants in the current study were concerned about using words that were not equivalent to the original English word and concerned about losing the meaning of the concept. Consequently, participants questioned the validity and psychometric properties of the tests they used and the results that they had to communicate in another language. Kucukdevei et al (2004) argue that when concepts are modified during translation reliability and validity of such changes are often not reported whilst these may impact the instruments psychometric properties. The findings of this study suggest that clinicians should be cautious about how they translate terms and concepts from tests without compromising the psychometric properties of what the test was measuring and eventually describing the results during the feedback process in a way that changes the construct being measured.

Literature on psychological testing stresses that assessors should use tests that are standardised for that particular group during testing. In addition, testing should preferably be done in the client's first language to rule out any factors that may interfere with performance during testing. Participants raised concerns regarding using tests in English and having to translate the results generated to IsiZulu. This occurred when assessors had to give feedback to a caregiver; when non-verbal tests were used and when tests in IsiZulu produced results in English (i.e. ZSAIS). Participants were sceptical about using tests that items that were not familiar to the participants and perceived them as not being fair to the client. For instance if an item was asking regarding

something that the client had no access to i.e. microwave the assessor felt that this underscored the client as they were not sure on how to award scores on such instances. Participants in the study reported that they attempted to make sure that the client understood all that was communicated; suggesting that they may at times have ignored the standardised methods of administering the test as some stated that they were mainly concerned with maintaining the relationship with the client by ensuring that the client understood and did not consider the accuracy or equivalence of what they were communicating.

In relation to the content of the results Tharinger et al (2008) posits that assessors should keep in mind that words and concepts have different nuances when used in different languages and should be considered when giving feedback. Further, it is argued that using the client's context relevant language may facilitate better understanding (Tharinger et al, 2008). On the contrary to this participant's found that some of the concepts in the clients language had some level of insensitivity and lacked appropriateness when taken directly from English to IsiZulu. For instance, one assessor reported that he struggled to find an appropriate way to tell the caregiver that the child had an a IQ that was below the mental retardation threshold as this term directly translated to the word *'Isidomu'* which has negative connotations in IsiZulu and often result in labelling the person referred to. In IsiZulu certain words are not normally used as they appear derogatory and negative. This sheds light to why the participants experienced anxiety and discomfort when they had to communicate negative results. In addition, avoiding sensitive words subjected assessors to experiencing empathy towards the client as they are aware of the implications of such results. Participants accounted that communicating negative results felt burdening to the client with difficulties. It would have been beneficial for the participants to share their feelings with the client and hear their view of the process and their perception of the results rather than keeping to themselves. In addition, for some participants obstacles depended on the content of the results given. When the results were negative participants became inclined to explain more probably trying to minimise the results or ensuring that the client receives the results in a positive manner. Participants in this study felt the need to explain further until the results are accepted by the client/caregivers. Research has shown that trainees often struggle to balance negative and positive results and often experience some level of anxiety when presenting negative results to clients and caregivers (Ward, 2008).

5.2.2. Barriers in relation to process issues

While the process was perceived as straightforward for the client/caregiver participants accounts suggest that this was more challenging from their part. Most participants were not confident of their expressive capacity to communicate results in their mother tongue. This was evident in the participant's inability to communicate fluently with clients and caregivers in IsiZulu without including English concepts or words. It can be hypothesised that for at least six years participants have been trained in psychology using English as a medium of communication and have had no experience prior to conducting feedback in their mother tongue. Furthermore, the lack of semantics in IsiZulu to explain psychological information can account for this. On the other hand, it can be argued that through acculturation an individual may lose certain aspects of their culture and language resulting in the lack of mastery of either their first or second language. Bakker, Eskell-Blokland & Ruane (2010) speak of academic acculturation resulting from the dominant use of western paradigm textbooks in the training of psychologists. When this occurs it is likely that participant's may process psychological information in English and consequently struggle to translate it to their mother tongue when communicating with clients/caregivers. This in turn placed strain on the therapeutic alliance developed as participants perceived this as disconnecting them from the client or caregiver. This was highlighted by one participant by referring to the assumption that when one is educated they tend to reject their language and culture and adopt English and in turn lose the ability to effectively communicate with others who share their language. As a result participants then struggled to maintain their professional role while trying to move into the same level of communication with their client/caregiver.

Participants considered the process of feedback in another language other than English as time consuming as they have to prepare for feedback in advance; be particular of how to explain things and the process often takes longer when communicating in IsiZulu. In a study comparing physician time spent with non-English speaking and English speaking patients in an American hospital (Tocher & Larson, 1999) found that a significant number of physicians believed that they spent more time during a visit with non-English speaking patients compared to patients fluent in English.

5.3. Processes engaged in to overcome the barriers experienced

To overcome some of the obstacles during feedback participants employed number strategies. The use of both English and IsiZulu alternatively was seen as useful when they were stuck or wanted to clarify certain aspects to the client or caregiver. This technique was most useful when the caregiver or the client had some grasp of English. Speaking in English might have been used by the participants to remain in control and to maintain their professional role as the knowledge bearer during the feedback process. Often when assessors experience obstacles during feedback they fear appearing stuck or unsure. Although this was useful in maintaining the relationship with clients participants found themselves repeating the same information through both languages. The participants found the use of micro counseling skills as helpful in dealing with obstacles. Checking back and forth to see if the client or caregiver understood all the information seemed useful for the participants during feedback. In addition, asking the client to reflect back to the assessor the results that were explained was used to ensure that the information was understood. Participants also found the use of repetition and clarifying useful when misunderstandings occurred. The use of these skills facilitated collaboration with the client or caregiver and enabled them to ask questions. Furthermore, this helped maintain a good relationship with the assessor and in turn resulting in feedback being straightforward. Authors have emphasised the importance of balancing the clients' negative results with their strengths (Braaten, 2007). In a similar manner participants in the current study highlighted that emphasising the clients' strengths as opposed to weaknesses helped them deal with any negative feelings. It is imperative that as assessors emphasise the clients strengths negative results should receive the same attention and followed by useful recommendations rather than downplaying weaknesses to avoid negative feelings. The use of examples and drawing from the client's history enabled assessors to give results via content that was familiar to the client and caregiver.

Tharinger et al (2008) proposed that using descriptions that are familiar to clients according to their context may aid better understanding during feedback. Participants had different views on the use of examples when giving feedback. Some participants felt that examples may interfere with the results or minimise the seriousness of the challenges a client may be presenting with. However, other participants found that as a useful way to familiarise the client or caregiver with

the results. Coupled with examples was the use of descriptive language to avoid using psychological jargon. An important concern was raised by participants as they felt that using descriptive was necessary at the time however, it may have changed the meaning of the results. Due to concerns regarding the validity and psychometric properties participants suggested that to avoid language difficulties one can use the assessment qualitatively as part of one's clinical judgment as this may be useful rather than using the test objectively while one is aware of the possible factors that may contaminate the results or the testing process. While the use of descriptive language was useful in avoiding jargon they found themselves relying on the original English psychological terms when they were experiencing anxiety. Further, it is possible that explaining concepts in English as they are familiar with it in psychology enabled them to be sure of what they were saying, while making sense to the client or caregiver. In a similar sense when participants noticed that the client or caregiver was not understanding what was said they quickly reverted to IsiZulu by describing via examples what they were saying until they reached mutual understanding.

Another method used by participants to deal with language obstacles and avoid confusing the client/caregiver was summarising and selecting only the relevant information that the client/caregiver had to know. Groth-Marnat (2003) stated that assessors should select the most relevant information to share with clients during feedback. Participants in this study had different views regarding summarising the results. Some participants were of the view that using IsiZulu was limiting the amount of information given to the client and caregiver. They associate this to the difficulties in finding appropriate terms and equivalent words to adequately communicate the results. Despite this view most participants relied on summarising. In essence, the feedback session focuses on reporting on significant results and having a report with more detailed information. When probed about this, participants highlighted that the report they give to clients/caregiver is always written in English therefore they must ensure that when the client or caregiver leaves the consultation room they understand everything in the report in cases where they have to offer explanations to other family members or the school. Consequently, participants perceived summarising the results as limiting and not enough. It is possible that participant were able to communicate significant information to clients/caregivers but felt that they had to say more to ensure that the receiver understands.

Participants in the current study employed various methods in preparing for the feedback session. As trainee Psychologists participants found supervision as an aid in planning how to structure the report and disseminate the results. Compiling the report was considered the main tool of preparation. In addition to general feedback preparation participants reported that they took into consideration factors related to the recipient of the results. These included the clients/caregivers intellectual capacity, age, culture and spoken language. This was used to determine how to tailor the results. When this was determined participants focused mainly on how to simplify the results; preparing appropriate examples; and how to translate and deliver certain concepts in appropriate semantics. On the other hand, some of the participants highlighted that their preparation for feedback was dependent on the type of assessment they used. They accounted that with experience they become more and more familiar with certain tests, such as IQ assessments, whereas when conducting on tests of Neurological assessment for instance preparation beforehand is considered necessary. For participants in this study the more they engaged in feedback the easier it became for them to manage other feedback processes. Likewise, preparation before feedback was further considered by participants as a technique in overcoming obstacles during feedback. Participants highlighted that by observing obstacles in previous session they were able to deal with obstacles before they occurred. Such preparation involved the use of a dictionary for semantics. In addition participants consulted with experts in their language this was seen as useful as one is able to discover words that make sense and assure that the concepts do not lose their meaning when they are translated. Moreover, assessors stressed that in cases where it is possible one should try to use assessments in IsiZulu to avoid a number of language obstacles experienced with tests standardised in English.

5.4. Identified benefits of communicating in the client's primary language

5.4.1. Issues related to the process: Therapeutic relationship and clinical assessment

Forming a relationship with a client is essential for both parties whether in therapy or assessment. In a study by Mkhize (2013) it was found that English speaking Psychologists struggled to establish rapport and form a trusting relationship with clients as they struggled to communicate in the client's first language. In contrast, participants in this study reported that the common language between them and their clients was useful in establishing rapport. This was also beneficial for participants who worked in a multidisciplinary team where the participants

noticed that when clients had to interact with them they gave more information that was not given to those who did not speak IsiZulu. This illustrates that clients may feel comfortable and relaxed with someone who speaks their language. Clients may view someone who shares their language as understanding, empathetic and grant them credibility because they are likely to show appropriate respect and behavior.

Participants further highlighted that when a client is tested in their primary language any anxiety that might be experienced in a second language is eliminated. Language is a significant moderator variable of test performance and when one is tested in a language that they are not proficient in they may perform poorly (Foxcroft, 2004). As noted in this study participants reported that assessing clients in their mother tongue appeared to improve understanding of instructions and may result in better performance. Echoing this Tharinger et al (2008) states that using the clients culture specific language may facilitate greater understanding.

5.4.2. Content Issues: Information gathering and communication

Literature suggests that language has significant influence on how clients present symptoms. Farooq and Fear (2003) argued that anything that hinders the ability to communicate with clients effectively impairs the ability to effectively assess a patient. In the current study communicating with clients and caregivers in their primary language allowed the assessor to gather extensive clinical history. It further allowed the participants to understand the presenting problem from the clients or caregivers explanatory model. Gathering more history improves the clinician's formulation of the case and may improve the intervention recommended to the client. In a study on language barriers with asylum seekers Bischoff et al (2003) found similar results. It was noted that when clients were presented with interpreters who shared the same language with them levels of symptom reporting increased as a result improved their clinical outcome Bischoff et al (2003). Giving detailed information to assessors could be associates with the fact that the client/caregiver was not limited by a second language or concerns that the assessor might not understand their narrative.

In addition, participants observed that when they communicated with clients or caregivers in their language they could easily relate to them. Sharing a common language suggests sharing a similar worldview; aspects of culture; beliefs and to some extent sharing certain identity aspects.

Therefore, clients may easily relate and identify with the assessor due to the language congruence. This then may eliminate any anxiety that the client or caregiver may have been experiencing during their interaction with the assessor. Further, participants felt clients were able to effectively express their emotional distress with ease through their mother tongue. This was evident when clients who were fluent in English used IsiZulu when referring to emotional aspects of their problems. Mkhize (2013) found similar results where participants in the study highlighted that it is important that patients communicate in their first language when expressing emotional distress as it allows better expression of emotions associated with experiences. Moreover, the sharing of language eliminated the burden that clients/caregivers may experience when trying to explain their problems in a second or third language and hence they feel comfortable knowing that the person they are communicating with understands. Findings by Saha et al (2000) found that language was a motivation that minority patients sought physicians of their own race. Moreover, literature implies that ethnic matching between patients and provider has been associated with higher levels of utilisation and satisfaction with services offered (Bowen, 2001).

5.5. Assessor's perception of their competence in providing feedback in mother tongue

Most participants perceived their level of competence as adequate in providing feedback using the client's primary language. Participants were very clear regarding their general assessment feedback skills as they highlighted that the use of tests that are mainly in English and the translation processes they have to engage in accounts for the errors and misunderstandings that may occur during feedback. Other participants regarded their skills as fair and related this to the fact that they are trainees and they improve with each experience of feedback. Furthermore, while some of the participants were content with how they handled the feedback process as well as how the results were received by the client and caregiver some reported experiencing certain levels of anxiety that were associated with the lack of experience in communicating results in IsiZulu. Being satisfied with one's performance was related to the clinician's experience with communicating with clients in their primary language as a result the assessor was aware of the possible obstacles and was able to manage them to reach a successful feedback process. Research on competence studies hypothesises that graduate may overestimate their competence or rate themselves higher however other studies show that trainees are often in self-doubt about

their competence (Draper & Louw, 2008; Bennett-Levy & Beedie, 2007). The former may have been the case for participants in this study.

A significant response that was raised by participants was that when considering which test to use for an assessment language is not often the first thing considered. They reported to focus more on the presenting problem and related factors such as the client's age and level of education. Of concern by some of the participants was that considering language becomes a futile exercise at times as there are limited tests available in other languages and if there is a translated version sometimes there are no norms for a particular test. In addition to that participants reported that in cases where a test in IsiZulu is available it becomes difficult for them to decide on the language to use for the assessment in cases where clients speak both language but have no mastery of either languages. In such cases testing in one or the other raises concerns related to fairness and test performance for the assessor. Similar results were found by Foxcroft et al (2004) in a study of needs analysis where practitioners acknowledged that it was not always easy to decide which would be the best language to assess a client who was taught in English but not his home language. According to the international guidelines for test use in bilingual contexts practitioners are need to establish the language in which the client is fluent in before they assess using a particular language (Foxcroft, Paterson, Le Roux & Herbst, 2004) . If this is not established the assessment results may not be the true reflection of the client's capabilities and functioning (Foxcroft et al, 2004).

5.6. Conclusion

The findings of this study suggest that while communicating psychological assessment in mother tongue may be beneficial for the client or caregiver, the challenges experienced by the clinician's exceeded the benefits of such communication. It seems that the clinician is left with the task of finding the most representative constructs that the client is able to relate to during the process of feedback. Moreover, as trainees' assessors have the extended responsibility to worry about using the appropriate, acceptable yet understandable language to the client/caregiver. In addition the lack of tests in indigenous languages is limiting the assessors. Given the above clinicians in this study appear to have managed the feedback process by applying the various strategies as discussed and were able to reach positive feedback outcome with their clients.

CHAPTER SIX

CONCLUSIONS, RECCOMENDATIONS AND STUDY LIMITATIONS

This research aimed at identifying the benefits and obstacles of conducting psychological assessment feedback using the clients or caregivers primary language of communication from a clinician's perspective. It further aimed at identifying techniques that mediated positive results. The researcher conducted semi-structured interviews to explore clinicians' perspectives of communicating with clients and caregivers in their primary language among trainee psychologists at the University of Kwa-Zulu Natal.

6.1. Conclusions regarding the research questions

The results showed that there are a number of benefits in communicating assessment results with clients/caregivers in their mother tongue. However, the obstacles experienced exceeded the observed benefits for the assessing clinician. Participants reported difficulties related to translation; finding appropriate terms and phrases to retain semantics; the lack of equivalent words that resulted in clinician summarising the results due to language limitations. Further clinicians were concerned about using testing material standardised in another language, which may have interfered with the psychometric properties of the tool and consequently changing the meaning of the results.

In dealing with obstacles, experienced clinicians relied on using examples through descriptive language, referring to the client's history to ensure that the client and the caregiver understood the results. Other strategies that were employed involved using counselling micro-skills, relying on the report and adopting a collaborative approach that allowed the client to comment on the results and probe the clinician. Clinicians considered the use of IsiZulu in the communication of the psychological results as burdening on their part due to the language limitations they experience. Despite the challenges, clinicians felt that sharing the same language with the client is beneficial to some extent but poses different expectations and sometimes challenges their roles as professionals. The availability of tests in IsiZulu was considered as necessary and would help eliminate a number of challenges posed by tests and results generated in English. It could be concluded that communicating in one's first language in an assessment context required extra

precautions for the clinician to ensure that the goals of assessment are achieved without any violation to the psychometric properties of assessment tools and the nature of psychological assessments.

6.2. Implications for theory and practice

This study highlights that psychological assessment in South Africa requires development of psychological tools relevant to the majority of the population particularly for indigenous language speakers. Proficiency in other languages should be incorporated in the training of psychologists not just as factors to consider when conducting cross-cultural assessments or research but incorporated through the development of psychological semantic in indigenous languages that allow practice in therapy and assessment. This further calls for the standardisation of translated material in indigenous languages and be relevant to the current South African context.

6.3. Implications for research

For future research it would be beneficial to investigate how assessment feedback is experienced by clinicians communicating in other languages. Further, research into the implications of translating 'unstandardised' material in a language that the test was not standardised for and presenting these for testing and feedback will shed light on how such can be avoided or managed, possibly through the development of guidelines for clinicians' interacting with clients in their primary language. Moreover, research on the advantages/disadvantages of sharing the same language with the health professional from a client's perspective would be beneficial for health care professionals.

6.4.Study limitations

The participants in the current study were trainee psychologists and some of them had only conducted one assessment case where they had to use the clients' primary language and their accounts were not in depth due to that and they could not draw from various experience. A limitation that was not at first foreseen was the availability of participants as they had limited time and busy schedules between their studies and own research projects. The nature of the research topic involved the process of translation where participants employed their subjective interpretations that are not standardised and this posed challenges as these interpretations were

not subjected to required standardisation procedures that are recognised in psychological assessment. The sample for this study was a purposive sample selected from trainees from one institution therefore the results cannot be generalised to a larger population. However, the accounts shared by the participants have useful aspects that can be considered for future research.

6.5.Conclusions for the study

This study aimed at identifying the benefits and barriers of providing feedback on psychological assessment results/concepts using the clients'/caregivers' primary language of communication from the clinicians' perspective, how these affect the feedback process and the strategies used by clinicians to achieve positive feedback outcome. The findings showed that clinicians experience a number of language obstacles when communicating assessment results using the clients' primary language. Obstacles reported were related to the lack of terms and concepts to appropriately explain psychological information to the client/caregiver. Concerns were raised about translating tests and content that was not standardised for IsiZulu speakers. Clinicians expressed concern with regards to their ability to efficiently communicate with clients and caregivers in their mother tongue. There were a number of perceived benefits for the client and the clinician. Clinicians were of the view that communicating with clients in their language facilitated the collection of history, establishment or rapport, while the perceived benefits for the client included ease of communication; the elimination of anxiety; possible improvement in test performance and the adequacy of presenting emotional states. In dealing with the effects of obstacles clinicians employed various strategies such as the use of micro skills, adopting a collaborative approach, beforehand preparation, going for supervision and consulting with other experienced clinicians. It can be concluded that whilst it may seem more beneficial for the client to communicate in their mother tongue the same does not apply to the clinician who is tasked with finding the appropriate language tools to present the results effectively and accurate to the client. The process would be improved if appropriate vocabulary and tests relevant to the speakers of Indigenous African languages and research be conducted in such areas.

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APPENDIX 1: Informed consent form

Dear participant,

My name is Philile Makhaye. I am a student in the School of Psychology, University of Kwa-Zulu Natal, currently registered for a Master's degree in counseling Psychology. As part of the degree requirements I am conducting research on the benefits and barriers of using clients/caregivers mother tongue in psychological assessment feedback among trainee psychologists. I hereby request your participation.

Your participation in this study is strictly voluntary and you have the right not to participate if you do not want to. Please note that you will not be at any disadvantage if you choose not to participate in the study. All your responses will be kept confidential and anonymous. Further, the information will not be linked to you in anyway. The information collected will be stored in a secure location as arranged with my supervisor. Information will be used for research purposes alone and raw data will be destroyed as soon as the study is completely over. Also, we will not use your actual name or designation in reporting the findings of the study but will use disguised names to make sure that no one links the information you have given us to you.

You will not be given any monetary payments for participating in the study. You may also withdraw from the study at any time.

For further information please contact me on 0835590739 or my supervisor Mr. Sachet Valjee on 031 260 76113.

Thank you for taking the time to participate in this very important study.

Philile Makhaye

If you wish to obtain information on your rights as a participant, please contact Ms Phumelele Ximba, Research Office, UKZN, on 031 260 3587.

DECLARATION FORM

I_____ have read the information about this study and understand the explanations of it that have been given to me. I have had my questions concerning the study answered and understand what will be required of me if I take part in this study.

Signature_____ Date_____

(Or mark)

APPENDIX 2: Interview schedule

Semi-Structured interview

Section 1: the feedback process

1. **How would you describe your experience of providing feedback to caregivers/clients using your mother-tongue language?**

   Probes: *What are some of your thoughts regarding how the results were explained to the client/ caregiver?*

   Were there any difficulties you experienced? If so, describe them.

   Describe any subjective feelings you experienced during the feedback process?

2. **What were some of the language obstacles you experienced during the feedback process?**

   Probes: *Were you able to communicate psychological concepts with ease to the client?*

   How did you ensure that the results maintained their meaning when translated?

   How do you think the client/caregiver interpreted the results?

3. **What effects did these have on the feedback process?**

4. **How would you rate your level of competence in communicating psychometric concepts in an indigenous mother-tongue language?**

   Probes: *Do you think that your training has adequately equipped you for the feedback process?*

   What were some of the things you had to consider while preparing for the feedback process?

5. **What are some of the benefits of communicating with clients in your mother-tongue?**

   Probes*: Do you think that the client felt understood?*

6. **What were some of the strategies you employed to overcome the obstacles you experienced?**

Probes*: What do you think you would have done differently?*

What were some of the skills that you found most useful? And

What other skills that you think are required to facilitate this process?

Section 2: test use and explanation of concepts

1. **Please mention some of the tests that you have used with your first language speakers**
   Probes: ZSAIS, SAISS, Bender, CPM, JSAIS

2. **How were these tests selected for use?**
   Probes: easy to explain, interpret, appropriate for client

3. **What were some of the processes you engaged in when you were preparing for feedback? (i.e. structuring the results)**
   Probes: translation, simplifying concepts, examples

4. **How did you ensure that the results maintained their meaning while making sense to the receiver? (equivalence)**
   Probes: finding equivalent words, used examples,

Other probes: (N.B*. these probes will be related to tests that the assessor has administered and exploring specific concepts unique to the test*)

-How do you explain the following: (ZAIS & SSAIS sub-tests concepts?)

- Visual motor coordination
- Logical reasoning
- Intelligence

END

APPENDIX 3: Ethical clearance letter

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

21 October 2013

Ms Phillie Makhaye (207526013)
School of Applied Human Sciences – Psychology
Howard College Campus

Protocol reference number: HSS/1020/013M
Project title: Identifying the benefits and barriers of providing feedback on psychological assessment results / concepts using the clients / caregivers primary language of communication: The clinicians perspective

Dear Ms Makhaye,

Expedited Approval

I wish to inform you that your application has been granted Full Approval.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shenuka Singh (Acting Chair)

/ms

cc Supervisor: Mr Sachet Valjee
cc Academic Leader Research: Professor D McCracken
cc School Administrator: Ms Ausie Lochiall

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