

Culturally and Linguistically Diverse (CLD) Opportunities via Telepractice



By: Ana Garza, BS, and Maria Resendiz, PhD, CCC-SLP, CLD Committee Member

Background

My name is **Ana Garza**, and I am an undergraduate student at Texas State University in the communications disorders program. I will be graduating with a Bachelor of Science in communication disorders and a minor in honor studies. I recently presented a poster at the 2019 American Speech-Language-Hearing Association (ASHA) Convention titled, "Administering Bilingual Articulation and Phonology Assessment (BAPA) Via Telepractice For A Child with Autism Spectrum Disorder (ASD)." Currently, I am working on my honors thesis titled, "Measuring the Accuracy and Reliability of Client's Speech Production for Clients with Repaired Cleft Palate/Lip." I was introduced to research by my professor and mentor, **Dr. Maria Resendiz**. Together, we have worked on research for three years with the goal of providing effective speech-language therapy services to international clients.

Telepractice

In the country of Mexico, there are seven ASHA-certified speech-language pathologists (ASHA, 2017). With only seven speech-language pathologists, accessing speech-language therapy services is challenging. Previously, a program called Multicultural Intensive Speech-Language Therapy Intervention Clinic (MISTIC) was conducted at Texas State University (Resendiz, Gonzales, & Rodriguez, 2012). Families came to receive speech and language assessments and participate in a week of intensive intervention. Upon return to Mexico, families were given an assessment report that included goals and recommendations.

Telepractice was used as means of following up to ensure the families had access to professionals should questions arise. For example, when goals were met, the families could receive new goals from the graduate student clinicians and supervisors. When clients were having difficulty meeting their goals, the graduate student clinicians and supervisors could work with families to tweak the therapy approach.

Both synchronous (real-time) and asynchronous (store and forward) telepractice were utilized (ASHA, 2019). Synchronous telepractice worked best for the clients who were participating in MISTIC because of factors like the Health Insurance Portability and Accountability Act (HIPAA), confidentiality, and technology. The work with MISTIC families concluded in 2017. We were contacted in 2018 by one of the parents who had previously participated in MISTIC with her child, Manuel (pseudonym). Manuel's mother, Viviana (pseudonym), requested to participate in telepractice; the family had just returned to Mexico after living in Spain for two years.

CLD Opportunities

Manuel's background provided us the opportunity to explore several culturally and linguistically diverse (CLD) topics. Manuel has a bilingual background that includes the Mexican dialect of Spanish and Catalan. Manuel moved between Mexico and Spain throughout his childhood, allowing us to learn about services provided internationally. We then documented the speech-language therapy Manuel was provided to inform research about the potential use of telepractice for clients and their families who live in international locations where access to speech-language pathologists is limited.

We were glad that Viviana sought out our services upon her return to Mexico. From a research perspective, we were interested in why she chose to return to receiving speech-language therapy via

telepractice. Her wish to participate in a research study provided us with a unique opportunity to gain insight from the client's parent, one of the three important pieces of evidence-based practice (Dolloghan, 2007).

Bilingualism

The mother spoke the Mexican dialect of Spanish. The client's father spoke Catalan. Manuel mainly spoke the Mexican dialect of Spanish, with some influence from Catalan. Manuel attended school in Spain from the ages of 4 to 5 years old. We first met Manuel at the age of 5 years after he and his family moved back to Mexico from Spain. At school in Spain, Manuel was exposed to Catalan. He understood some words in Catalan but had difficulty understanding that there were multiple words that could be used for the same concept (e.g., *parar y levantar* for "stand up"). When Manuel participated in MISTIC, he presented with characteristics of ASD and a severe articulation disorder.

Manuel and his mother, Viviana, participated in speech-language therapy via telepractice for three years. The research in which Manuel and Viviana were participating concluded in 2017. Around this same time, Manuel and Viviana moved to Spain. In Spain, Manuel attended school regularly. He received regular education instruction in Catalan and speech-language therapy services in Spanish.

In Mexico, Manuel does not attend school because there are no support services, such as speech-language pathologists. He was in school when he was younger but had to withdraw from school because of behaviors associated with ASD.

After attending school in Spain and receiving regular education services in Catalan, Manuel presented with influences of Catalan in his Spanish. We conducted the Bilingual Assessment of Phonology and Articulation in one of the earlier sessions and noted that he continued to present with a severe articulation disorder. He was highly unintelligible. Despite the highly unintelligible productions, we observed influences of Catalan on his Spanish productions. While the influences did not explain the severe articulation disorder, it was important to note that even though he had ASD and a severe articulation disorder, he was learning vocabulary in Catalan when participating in a regular education setting in Spain.

International Services

We learned about the differences in available services in the countries of Spain and Mexico. There were observable differences in the social interactions and articulation skills of Manuel when he received speech therapy services.

While Manuel lived in Spain with his mother, he was receiving speech-language therapy at school. The education system in Spain provided therapy for kids with disabilities by having classes designed to address their goals; Manuel participated in inclusion and individual therapy. The mother at this point had no need for telepractice sessions because she was receiving help in Spain, and she saw improvement in her son's social interactions and communication with others.

The differences in Manuel's progress when he had regular access to a speech-language pathologist in a regular education setting were remarkable. Viviana was satisfied with the progress her son made on goals. Interestingly, many of the goals made by the speech therapy in Spain focused on social interactions and not on articulation skills.

Speech-language therapy that is provided via telepractice by student clinicians focused on articulation skills and language skills, oftentimes utilizing narratives. At their home, Viviana provided Manuel with many opportunities to work on the skills he was learning during his telepractice speech therapy sessions. Because Manuel is now 11 years old, he participates in the speech-language therapy telepractice sessions. His mom is always present during the speech-language therapy sessions and assists the student clinicians by encouraging and reinforcing Manuel's behavior during the speech-language therapy sessions.

Research

I became interested in research during my second year as an undergraduate student and

volunteered to collect data for various research projects. As I continued to work on the data, I became interested in telepractice sessions that were recorded in 2013 from a client living in Mexico. I analyzed and organized the data recorded from four years of sessions collected with this client. As I watched the videos, I wondered how we could accurately measure progress for international clients who are receiving speech-language therapy services via telepractice.

When we were contacted with the request to participate in a research project again, we were interested in what she liked from the therapy provided through telepractice. To objectively evaluate this question, we reviewed four years of recorded sessions to find the topics discussed and Viviana's comments and reactions to those topics. The majority of the telepractice sessions from 2013 to 2017 focused on addressing Manuel's behavior and speech sound disorder. Often behavior was discussed because Manuel's cooperation was required in order to have him focus on working on goals related to his speech sound disorder. While behavior was also a goal of the speech therapist in Spain, the goals related to the speech sound disorder were not something on which they focused.

In fall 2019, we conducted speech-language therapy via telepractice once a week for an hour. We administered the Bilingual Articulation Phonology Assessment (BAPA) once a month from September to November (Smarty Ears Apps, n.d.). The BAPA was administered to determine if it was a valid and reliable measure for documenting his progress via telepractice (Garza, Resendiz, Gonzales, & Rojas, 2019). Manuel's progress was slow and steady. In addition to identifying the percentage of correct responses, we also noted that in September he was making inconsistent errors, but by November, he was making consistent errors, a notable improvement for a child with a severe speech sound disorder.

We conducted this research to see if speech-language therapy provided via telepractice had the potential to provide services to international clients. We also became more aware of global services and how difference in language and international location can affect the progress of a client with ASD.

Student Perspective

Now, as I work on my honors thesis, I am more aware of the multicultural differences that speech-language therapy services through telepractice can have. By participating in research with telepractice, I gained firsthand experience with a bilingual client who did not speak English. I also learned about differences in available speech-language services in different countries. I learned about the impact that the languages one speaks and the country in which one lives can have on the speech-language therapy services that are available. This availability of services can thus have an effect on the potential progress of a client. All these factors are important to consider when completing an assessment for a child, developing goals, and documenting progress. Amazingly, I learned about all these CLD issues without physically leaving the research lab. I learned about these CLD topics firsthand by having the opportunity to interact with a client and his mother who lived in another country using technology available because of telepractice.

References

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*The CLD Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity (CLD). Questions are answered by members of the TSHA Committee on Cultural and Linguistic Diversity. Members for the 2019-2020 year include **Andrea Hughes**, MS, CCC-SLP (co-chair); **Irmgard R. Payne**, MS, CCC-SLP (co-chair); **Mary Bauman-Forkner**, MS, CCC-SLP; **Isabel Garcia-Fullana**, MA, CCC-SLP; **Daniel Ibarra**, MS, CCC-SLP; **Amy Leal Truong**, BS, (graduate student member); **Mirza J. Lugo-Neris**, PhD, CCC-SLP; **Maria Resendiz**, PhD, CCC-SLP; **Diana Vega Torres**, BS, (graduate student member); **Chaya Woolcock**, MS, CCC-SLP; and **Adanna Burrell**, MS, CCC-SLP. Please submit your questions to TSHA_CLD@gmail.com and look for responses from the CLD Committee on TSHA's website and in the Communicologist.*

EBP News from ASHA

By: Rebecca Bowen, MA, CCC-SLP, ASHA Clinical Research Associate

The National Center for Evidence-Based Practice strives to make implementing evidence-based practice (EBP) as easy as possible for busy practicing clinicians. Although we have all studied research methods and/or statistics in grad school, many of us have stored that knowledge away into the category of “things I used to know before I took the Praxis.” To help dust off this valuable information and give you a refresher, the American speech-Language-Hearing Association (ASHA) has developed a series of resources on topics related to:

- online evidence searches,
- research design,
- bias, appraisal tools, and levels of evidence, and
- statistics.

Additionally, ASHA has updated its web pages to help guide you through the entire EBP process from start to finish. Even though we know we need to implement EBP, many of us don't know where to start. Sometimes we turn to social media groups, Google searches, or even outdated notes from graduate school (guilty!). There is so much information that it makes it even harder to find recent, high-quality research that's applicable to your clients. It doesn't help that so many products and professional development courses use EBP as the “buzzword” for legitimacy. While some people use EBP as an adjective (“EBP approaches for language”), EBP is more nuanced than yes-or-no, in-or-out criteria.

In fact, EBP refers to the entire dynamic, ongoing process of defining a clinical question, gathering evidence, assessing that evidence, and incorporating it all into a clinical decision. With this process, you consider external scientific evidence, clinical expertise, client perspective, and the internal data you gather on a patient or client. You can use this process to make clinical decisions on any clinical question you come across and can feel confident you are truly implementing EBP to achieve the best outcomes for your patients/clients without wasting time on interventions that don't work.

Understand the process and give it a test run with your own clinical question at <https://www.asha.org/Research/EBP/>.
