Perspectives on Fluency in Culturally And Linguistically Diverse Populations

By: TSHA Cultural and Linguistic Diversity (CLD) Committee

"There are multiple factors to consider when working with culturally and linguistically diverse clients who stutter and their families."

The CLD Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity. Questions are answered by members of the TSHA Cultural and Linguistic Diversity (CLD) Committee. Members for the 2014-2015 year include **Brittney Goodman**, *MS, CCC-SLP (co-chair);* **Raul Prezas**, *PhD, CCC-SLP (co-chair);* **Amanda Ahmed**, *MA, CCC-SLP;* **Mary Bauman**, *MS, CCC-SLP;* **Phuong Lien Palafox**, *MS, CCC-SLP;* **Alisa Baron**, *MA, CCC-SLP; and student representative* **Ryann Akolkar**. *Submit your questions to bgoodman.speech@gmail.com and look for responses from the CLD Committee on TSHA's website and in the* Communicologist.

As the nation's population continues to transform, speech-language pathologists (SLPs) face challenges and important decisions regarding the assessment and treatment of diverse individuals. The pattern of an increasing number and proportion of minorities in Texas and across the United States (Oswald, Coutinho, and Best, 1999; United States Census Bureau, 2014) is also leading to changes in practitioners' caseloads (LeBlanc, Whites, Vandenberghe, and Primus, 2012). As a result, SLPs are being called upon to provide services to a more culturally diverse population. Although culturally appropriate services are needed in all areas, fluency disorders occur across all cultures and languages (Van, Maes, and Foulon, 2001) and require the consideration of multiple factors, including family dynamics, personal relationships, listener attitudes, quality of life, and personal motivation (Swartz, Gabel, Hughes, Irani, 2009). Differences in culture and language exist as well as differences in cultural beliefs regarding stuttering. Many practitioners are faced with challenges regarding how to best identify, assess, and treat fluency-related concerns when multicultural and second-language acquisition variables are present. This article explores perspectives from three professionals who specialize in the area of fluency disorders. Interview questions were presented to Dr. Antonio L. Ellis, Dr. Kia Johnson, and Tricia Krauss-Lehrman targeting areas related to assessment, cultural beliefs, developmental versus disordered stuttering, and other areas. It is our hopes that these interview questions and responses will provide additional insight into the perspectives of SLPs in regards to serving culturally and linguistically diverse populations in the area of fluency.

Dr. Antonio L. Ellis
College of Charleston School of Education, Health, and Human Performance

1. How do you utilize interviews/questionnaires to receive insight into cultural beliefs about stuttering that affect the client?

As an educator and a researcher who has conducted several qualitative studies, I believe that the best way to utilize interviews and questionnaires to receive insight into cultural beliefs is to ask semi-structural open-ended questions. In addition, the questions should always be non-biased, including inclusive language. These interviews and questionnaires should be used as assessment tools to assist the speech and language therapists in aiding the client. The data

collected from using these instruments should not be used to classify or marginalize the client in any way.

2. Please provide a brief example of how cultural factors impact the beliefs and emotions for clients receiving fluency therapy.

Each client brings their cultural experiences and beliefs with them to fluency therapy. Understanding the cultural factors of clients can be a key component to improving fluency. For example, in some cultures, people believe that stuttering is symbolic of dishonestly, nervousness, or shyness, while other cultures believe that stuttering is a sign of a mental disability. Therefore, if the client believes that these societal opinions about stuttering are true, it can directly impact their self-esteem, causing them to constantly have feelings of shame and discomfort. Unfortunately, this is only one aspect of shame. If the client has other feelings of insecurity based on negative perceptions of their socioeconomic status, weight, sexual orientation, race, height, etc., this will also have an effect on the individual in fluency therapy. To this extent, it is vital that speech and language therapists develop a close-knit professional relationship with clients. Most people who are speech-impaired experience discomfort with talking on the phone. However, clients should feel as if talking to their therapists on the phone is a judgment-free zone. Speech-language pathologists should feel a sense of obligation and duty to be cultural myth-busters regarding the widespread public assumptions about speech and language impediments.

3. How do you utilize generalization with bilingual clients in fluency therapy?

There are many suggestions for promoting generalization maintenance with bilingual clients; however, little evidence shows that these suggestions actually make a difference. Even with a number of treatment studies with bilingual children in the past decade, none have been designed to actually test specific transfer and maintenance strategies. I will continue to research the utilization of generalizations and its relationship to bilingual clients in fluency therapy.

Kia Noelle Johnson, PhD, CCC-SLP
Associate Professor, Department of Communication Sciences and Disorders
University of Houston

1. What is the best approach when the clinician observes significant differences in the disfluency frequencies in the two languages?

When a clinician observes a significant difference in the amount and type of disfluencies presented by a bilingual individual in two languages (L1 and L2), it is imperative to answer the question of whether or not the difference observed is a secondary effect to second language acquisition or contributable to developmental stuttering (or another fluency disorder). Typically with developmental stuttering in bilingual individuals, a significant number of disfluencies are present in both languages. However, a significant difference in disfluencies between the two languages could be attributable to second language acquisition. The best approach to answering this question is to conduct a comprehensive assessment of all aspects of speech and language, including fluency. Specifically—in addition to fluency—the clinician should examine (formally and/or informally) vocabulary, language, articulation, and academic performance (for school-age children) in both languages.

It is important to keep in mind that a noticeable imbalance between proficient use of L1 versus L2 can cause an increase in disfluencies, particularly as an individual attempts to plan and produce speech and language in L2 and/or switch between the two languages. Thus, assessing all areas of speech and language should provide evidence for the clinician to determine if language acquisition is the foundation of the disfluent speech.

In addition to formal and informal assessment of speech and language, the clinician should ensure that a speech sample is obtained in both L1 and L2 in a similar manner. Compare the frequency and type of disfluencies from a conversational speech sample in both languages; compare a narrative speech sample in both languages. For example, the clinician wants to be sure that the differences in the amount of disfluencies presented are not the result of comparing a conversational sample in L1 to a narrative sample in L2.

2. How do you utilize interviews/questionnaires to receive insight into cultural beliefs about stuttering that affect the client?

It is safe to assume that those individuals we see for concerns with developmental stuttering will arrive with thoughts about what causes their stuttering. Often this is influenced by one's own cultural beliefs, but that is not always the case. To gather information, I prefer to simply include the following question on the intake form and in the interview: "What do you think causes your stuttering?" If there are any cultural beliefs, this question allows the individual to provide you with that information.

3. Please provide a brief example of how cultural factors impact the beliefs and emotions for clients receiving fluency therapy.

There are individuals from some cultures who believe that communication disorders result from their behavior in a previous life and the disorder is a consequence of fate. Thus, therapy to alter or eliminate the disorder would be frowned upon. For another brief example, some cultures believe that communication disorders result from a curse being placed on them by another individual. Thus, the individual may feel as though treatment should come from a spiritual leader and not a speech-language pathologist.

4. How do you utilize generalization with bilingual clients in fluency therapy?

For bilingual clients, I suggest beginning therapy in their primary

language when possible. This allows them to focus on their fluency disorder in the language in which they are most comfortable. This will assist with generalization to L2.

5. What are key features of true stuttering to distinguish children with fluency disorders from children with developmental stuttering in the CLD population?

When attempting to distinguish a child with a fluency disorder from a child presenting with disfluencies resulting from second language acquisition, key features to look for would be how their frequency and type of disfluencies compare across languages as well as how proficient they are in other areas of speech and language. As stated in my response to the first question, if the child is actually presenting with [true] stuttering you should expect to see consistently high amounts of stuttering-like disfluencies across samples regardless of language. One would also not expect to see significant differences in other areas of speech and language across L1 and L2. Alternatively, if one sees a significant difference in the frequency and type of disfluencies presented across languages as well as significant differences in language proficiency across L1 and L2, this would suggest a greater concern with second language acquisition rather than fluency.

Tricia Krauss-Lehrman, MMS, CCC-SLP, BCS-F
Certified/Licensed Speech-Language Pathologist
Board-Certified Specialist-Fluency

1. What should an SLP consider when doing an assessment on someone who they suspect has a stuttering problem and who is also bilingual?

If evaluating a child, it is important to get an idea of language skills in the native language as well as in English in order to really understand the relationship between the individual's fluency level and their language proficiency. In addition, it is important to observe or inquire about how fluency in the two languages compares. This is much easier to achieve when evaluating older children, adolescents, and adults because they are usually good reporters of how much they stutter in the different languages they speak. Again, understanding how proficient the individual is in each of the languages would be important. Also, exploring whether the disfluency being reported is in fact stuttering rather than normal or linguistic nonfluency is crucial in making an accurate diagnosis and in determining treatment recommendations.

2. How do you determine when a client is using code-switching to avoid stuttering versus code-switching due to language?

I am not aware of a way to determine this except to ask the individual or the parents in the case of a young child. There are questionnaires that explore internal behaviors such as expectancy and avoidance behaviors, which might be useful with older children, adolescents, and adults in helping to tease this out.

3. Please provide a brief example of how cultural factors impact the beliefs and emotions of clients receiving fluency therapy.

My experience has been that individuals and families from different cultural backgrounds may hold beliefs that impact their attitude about therapy and the prognosis for making significant changes. In a number of cultures I have encountered, stuttering is seen as a flaw and is considered a sign of weakness and imperfection. This often leads to individuals going to great lengths to hide their stuttering from others. Individuals from cultures with these beliefs are often resistant to any discussion of stuttering modification techniques or being more open about stuttering, which makes it much harder to address and reduce the fear they have of stuttering. In the case of children, parents may be more likely to want a "cure" and not hear me when I talk about the potential outcome of therapy being an ability to manage the stuttering.

4. What conditions may indicate a fluency problem associated with limited English proficiency rather than chronic stuttering?

When an individual exhibits primarily normal disfluencies, such as word and phrase repetitions, interjections, and revisions, it is suggestive of difficulties managing the demands of English rather than a true motor/speech-based fluency disorder like stuttering. When these are the types of disfluencies noted rather than sound and syllable repetitions, prolongations, and blocks, limited English proficiency is more likely the issue rather than chronic stuttering.

5. What are key features of true stuttering to distinguish children with fluency disorders of the CLD population?

In addition to analyzing the types of disfluencies present, it would be important to observe any secondary behaviors, struggle, and avoidance behaviors that are often key features of true stuttering. It would also be helpful to use some of the questionnaires that have been developed for use with children to explore some of the internal behaviors often associated with stuttering that are not necessarily characteristic of fluency disorders related to limited English proficiency.

Summary

As highlighted in the responses to the interviews above, there are clearly multiple factors to consider when working with culturally and linguistically diverse clients who stutter and their families. Building and developing relationships between the client, the family, and the professional from the beginning cannot be overstated. Understanding a family's cultural beliefs regarding stuttering is critical and may best be acquired through open-ended questions that reduce cultural bias and allow clients to describe the situation using their own words. It is also important to educate our families and dispel common misconceptions or myths that may exist (e.g., that a "cure" exists

for stuttering). Many clients who stutter may try to hide disfluent behaviors due to other factors, including cultural beliefs/attitudes. For our bilingual populations, it is critical to assess in both languages and compare data across languages to differentiate factors of second-language acquisition, normal disfluencies, and disorder.

Every experience we have is interpreted through our own cultural lens that shapes our personal perspectives and beliefs. These beliefs impact our attitudes and the decisions we make. It is the hope of the Texas Speech-Language-Hearing Association Cultural and Linguistic Diversity Committee that the perspectives presented above will provide additional insight regarding cultural variables and culturally based strategies specific to fluency. We would like to thank Dr. Antonio L. Ellis, Dr. Kia Johnson, and Tricia Krauss-Lehrman for participating and providing their knowledge and expertise. In addition, we would love to hear your perspectives on fluency in culturally and linguistically diverse populations. If you are interested, please send us an email at bgoodman.speech@gmail.com. ★

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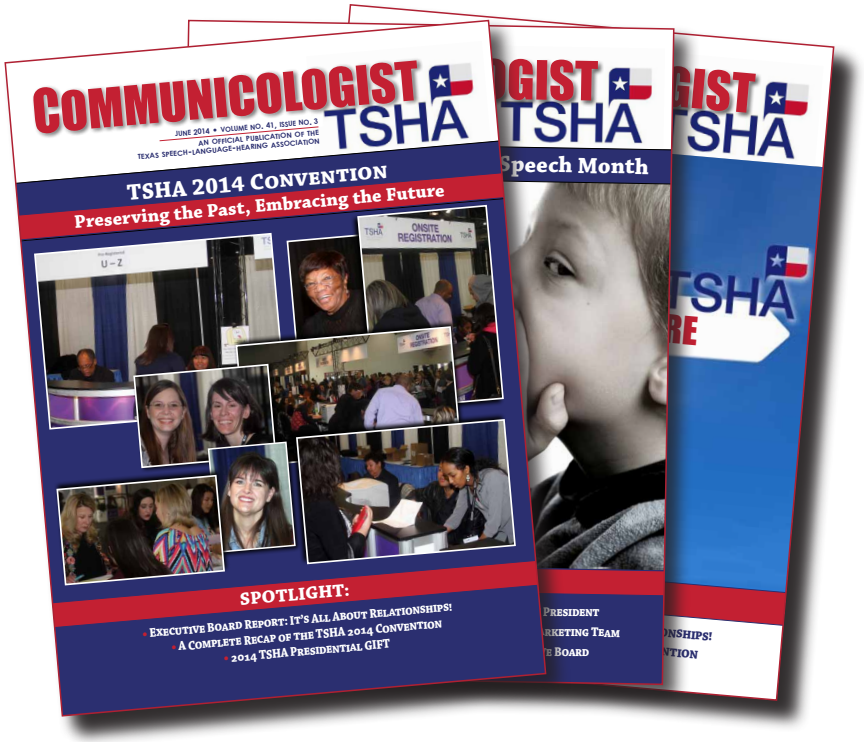

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