

BILINGUAL ASSESSMENT CONSIDERATIONS IN THE SCHOOLS: WHEN AN INTERPRETER IS NOT AVAILABLE

By: Raúl Prezas, PhD, CCC-SLP, Cultural and Linguistic Diversity (CLD) Committee Co-Chair

*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 Committee on Cultural and Linguistic Diversity. Members for the 2015-2016 year include **Brittney Goodman Pettis, MS, CCC-SLP (co-chair); Raúl 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; Raúl Rojas, PhD, CCC-SLP; Judy Martinez Villarreal, MS, CCC-SLP; and Ryann Akolkar, BA, (student representative).** Submit your questions to tshcld@gmail.com, and look for responses from the CLD Committee on TSHA's website and in the Communicologist.*

It can happen in any given moment. The assessment team and speech-language pathologist (SLP) are waiting to begin an evaluation. The room is ready, the necessary forms have been completed, and the checklist items are in order. The client and the family, who speak a language other than English, have been patiently waiting in the front office. Everything is going as planned until the unthinkable happens: The interpreter does not show up. The SLP panics for a moment and shudders to think how communication with the family will occur. A call is made to the interpreter-contracting agency. Apparently there was a “mix-up” or miscommunication and the wrong day was scheduled. An alternate interpreter is not available to come within the timeframe. Additionally, a staff member is not able to fill in, and the speech-language pathologist must communicate with the family through the office staff. What should the SLP do?

Situations like the one described above occur more often than we realize. Whether it is a case of a last-minute cancellation or a miscommunication (e.g., family arriving on the incorrect day), it becomes the evaluator’s responsibility to determine a solution. There are many factors to consider when determining how to proceed, which include availability of collaborators/coworkers, the schedule of family members, evaluation timeline, use of alternative resources, and urgency of need. Half of the challenge begins with knowing how to continue in the given situation. We must ask ourselves why an interpreter or bilingually trained SLP is not available and then consider our options.

Best Practice for Bilingual Evaluations

Given what we know related to assessment, public agencies are required to have trained and knowledgeable professionals conduct evaluations for all persons receiving a service (IDEA, 2006, Sections 300.304(c)(1)(v) and 614(b)(3)(A)(iv)). When bilingual assessment is necessary, both the native and second language (e.g., English) should be considered (Bedore & Pena, 2008). The Individuals with Disabilities Education Act (IDEA, 2006) and the American Speech-Language-Hearing Association (2010) provide guidelines for bilingual assessment practices. Assessments always should occur, for example, in

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the native language “unless it is clearly not feasible to so provide or administer” (IDEA, 2006, Sections 300.304(c)(1)(ii) and 614(b)(3)(A)(ii); Prezas & Rojas, 2011). Based on the resources, “best practice” for bilingual assessment would include either the use of a bilingually trained clinician or a trained interpreter (e.g., Johnson & Saad, 2014; Langdon, 2002). Feasibility, of course, implies effort on the part of the professional. Therefore, SLPs must make an attempt not only to obtain a bilingually trained SLP or interpreter but also to train an interpreter, if needed (ASHA, n.d.). Moreover, “feasible to provide or administer” suggests that sometimes what is considered “best practice” may not be tangible in a given moment.

Rescheduling/Postponing the Evaluation

The ideal solution when an interpreter or bilingually trained professional is not available is to reschedule the evaluation, whenever possible. Certain conditions must exist in order for this option to be feasible (e.g., within the Full Individual Evaluation timeline). There are multiple sources that provide guidelines on how to work with interpreters (e.g., ASHA, n.d.; Langdon & Cheng, 2002) as well as prior discussions that have appeared in the CLD Corner (i.e., Carver & Linguistic Diversity Task Force Members, 2012a & 2012b). Rescheduling the evaluation ensures that the case manager or evaluator considered the most appropriate solution (i.e., having a trained professional assist with the evaluation). Developing a relationship with a trained interpreter also is important for many reasons. Aside from the crucial element of language interpretation, there are additional benefits, such as having someone to identify and explain “social customs, religious beliefs, and/or gender roles” (Preto, 2012, pg. 41). However, some interpreters often lack appropriate training on best practice when working to interpret a speech and language evaluation (Langdon & Cheng, 2002). It is essential, therefore, to spend time prior to the evaluation discussing expectations as well as strategies to gain as much information as possible.

Locating an On-Site Colleague

If an interpreter or bilingually trained SLP is not available for the evaluation and the assessment cannot be rescheduled due to certain factors (e.g., evaluation timeline), a next possible alternative would be to have a colleague or other trained on-site professional who speaks the language assist with the evaluation. It would be important to have knowledge of this person’s language proficiency, use, and experience. Moreover, prior experience and comfort level in the given circumstance are worthy considerations. Given the fact that some languages are more commonly spoken than others, locating an on-site colleague who speaks the language/dialect of the family may be challenging in some cases. Texas ranks high along with California, New York, and Florida as having the most bilingual service providers (ASHA, 2015). The majority of these professionals have back-

For more information related to collaborating with interpreters, please visit the following website with ASHA resources:

<http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935334§ion=Resources>

grounds working with Spanish-speaking populations. Therefore, it is probable that a Spanish-speaking staff person may be available at a local school to assist with the evaluation. This would cover the majority of incoming bilingual assessments in most school districts in Texas. The same standards for training interpreters would apply for colleagues and school staff members (see resources for collaborating with interpreters; ASHA, n.d.). While some colleagues may be able to assist when other languages are needed, alternative solutions may be necessary when families speak a language other than Spanish.

Working with Family Members/Friends or Volunteers

In some situations, working with a family member, friend, or campus volunteer may be the only option in order to complete an evaluation in the family’s native language and/or to meet evaluation timelines. These individuals are known as ad hoc or “chance” interpreters (Karlinger, Jacobs, Chen, & Mutha, 2007). While this scenario is sometimes needed, best practice guidelines as well as research inform us that the use of a professional interpreter is preferred to an ad hoc interpreter, due to many factors such as fewer communication errors and increased client/family comprehension (Karlner et al., 2007). If an ad hoc interpreter is the only option, it is important to look first “outside the child’s family and circle of friends,” if possible (Vogl, 2013, pg. 1). When an interpreter outside of employed campus staff or a contract agency is involved in the assessment (e.g., relative, school volunteer), parent/caregiver consent is required. The family must agree to allow that person to serve as the interpreter, and Health Insurance Portability and Accountability Act (HIPAA) guidelines in relation to privacy apply (see ASHA, n.d.; U.S. Department of Health and Human Services, n.d.).

When choosing someone for the ad hoc interpreter role, consider that person’s level of English proficiency, age, and how much training he/she needs in order to interpret properly (it is better to assume that they need full training). This may require planning in advance to allow for a training session (or two) prior to the evaluation. During this time, it is critical to speak with the individual informally and determine if they are suitable for serving as an ad hoc interpreter. We often must assume that family members/friends speak the native language, especially if we are not familiar with the language ourselves. However, evaluators need to ask important questions about native language abilities and also determine if the English-speaking skills of that individual are adequate. If there are any concerns or questions in relation to language proficiency, a trained interpreter is needed. In that case, it would be important to locate an interpreter

and reschedule the assessment.

Age is another significant factor to consider, particularly when relying on a family member/friend to serve as the ad hoc interpreter. Family members only should interpret if they are over 18 years of age. If a family member under 18 accompanies their parent/caregiver to an assessment of a sibling, that family member cannot serve as the interpreter for the assessment. Young children especially should not serve as ad hoc interpreters, as it is unknown whether they have full proficiency of both languages and knowledge of important terminology (ECRI Institute, 2011). Moreover, children may be more likely to avoid certain topics or sensitive issues. Although the family member under 18 would not be able to fulfill the interpreter role, he/she should be allowed to interact with the examinee, especially if it is a play-based evaluation or informal observation.

If the only option is an ad hoc interpreter, use caution. Training prior to the evaluation is critical. Ask important questions to determine if this individual can serve the role of interpreter properly.

We must not assume that the family member/friend is able to fulfill the duties of interpreter without training. The same standards that apply to all interpreters should be followed. If you do not feel comfortable working with or training a family member to serve as an ad hoc interpreter, reschedule the evaluation with a trained professional.

Connecting with an Interpreter by Phone

Collaboration with a phone interpreter has become a growing practice in recent years. Phone interpretation services provide evaluators with the opportunity to directly communicate with speakers of languages other than English through an interpreter on the phone. This certainly is an option if an in-person or ad hoc interpreter is not available (e.g., languages that are less common). However, the use of phone interpretation services in the schools is better suited for meetings, such as an Admission, Review, and Dismissal (ARD)/Individualized Education Program (IEP) meeting or an informal meeting to discuss expectations, review evaluation results, and answer general questions. In some settings (e.g., hospital), there may be an immediate need for phone interpretation, such as a life-threatening condition. Lack of signed consent and/or misinformation has been cited as occurring in the hospital setting when an interpreter was not available (ECRI Institute, 2011). Speech-generating devices also are used in place of interpreters in the hospital setting, for practical

reasons (Hurtig, Czerniejewski, Bohnenkamp, & Na, 2013), but do not apply as well to a school-based speech-language assessment. Therefore, use of phone interpreters for bilingual evaluations in the schools should be a last resort.

Summary

Working with a trained interpreter or bilingually trained SLP always is the preferred option for completing bilingual assessments in the school setting. When a trained professional is not available to assist, alternatives do exist, have been discussed, and should be considered on a case-by-case basis. If an ad hoc interpreter is needed, SLPs must consider language proficiency, age, and overall ability of the individual to serve in the interpreter role. Additionally, HIPAA guidelines (privacy laws) should be followed when working with an ad hoc interpreter who is a family member, friend, or non-staff person (e.g., school volunteer). It is critical to train all interpreters when needed but especially the ad hoc interpreter in order to ensure an

accurate and appropriate evaluation. When in doubt, assume the interpreter needs full training. Langdon and Quintanar (2003) discuss additional suggestions for collaboration, which include reminders to establish rapport with a parent/family member, check for understanding,

If you are interested in more information about the use of a phone interpreter, it is important to first consult with your school district/company. Below are some examples of phone interpretation services available online:

Corporate Translation Services (CTS) Language Link:

www.ctslanguagelink.com

Linguistica International, Inc.: www.linguisticainternational.com

Voiance Language Services, LLC: www.voiance.com

and continue training as needed. Once a bilingual assessment request has been received, plan ahead and follow up with assessment members to ensure their presence at the assessment. Develop a network of colleagues and other professionals to assist with planning and assessment recommendations. Planning ahead, doing your homework, and following the recommended guidelines will ensure that best practices for bilingual assessments are being implemented and that the burning question of what is “feasible to so provide or administer” (IDEA, 2006) is being addressed. ★



Raul F. Prezas, PhD, CCC-SLP, is assistant professor of the Brooks Rehabilitation Department of Communication Sciences and Disorders at Jacksonville University in Jacksonville, Florida. Contact him by email at rprezas@ju.edu.

REFERENCES

- American Speech-Language-Hearing Association (n.d.). Collaborating with interpreters. Retrieved on October 5, 2015, from: http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935334§ion=Key_Issues.
- American Speech-Language-Hearing Association (2010). Roles and Responsibilities of speech-language pathologists in schools [Professional issues statement]. Retrieved on October 2, 2015, from: <http://www.asha.org/policy/PI2010-00317.htm>.
- American Speech-Language-Hearing Association (2015, April). Most populous states have the most bilingual providers – And Spanish reigns. *The ASHA Leader*, 20, 30. Doi:10.1044/leader.AAG.20042015.30.
- Bedore, L., & Pena, E. (2008). Assessment of bilingual children for identification of language impairment: Current findings and implications for practice. *International Journal of Bilingual Education and Bilingualism*, 11, 1-29.
- Carver, L., & Linguistic Diversity Task Force Member. (2012a, February). Using interpreters during assessment – Part 1. *Communicologist*, 39(1), 14-15.
- Carver, L., & Linguistic Diversity Task Force Member. (2012b, June). Using interpreters during assessment – Part 2. *Communicologist*, 39(1), 8-10.
- ECRI Institute. (2011, March). Managing patients with limited English proficiency. *Pennsylvania Patient Safety Advisory*, 8(1), 26-33.
- Hurtig, R., Czerniejewski, E., Bohnenkamp, L., & Na, J. (2013, June). Meeting the needs of limited English proficiency patients. *SIG 12 Perspectives on Augmentative and Alternative Communication*, 22, 91-101. Doi:10.1044/aac22.2.91
- IDEA (2006) Individuals with Disabilities Education Act of 2004, [Final Regulations]. Retrieved on October 2, 2015, from: <http://idea.ed.gov/explore/view/pl/root,regs>.
- Johnson, G. & Saad, C. (2014, November). What to do when your patient doesn't speak English: Patients are entitled to quality speech-language, swallowing and hearing services, no matter what languages they speak. Here's how to provide them. *The ASHA Leader*, 19, 28-29. Doi:10.1044/leader.OTP.19112014.28
- Karliner, L.S., Jacobs, E.A., Chen, A.H., & Mutha, S. (2007). Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. *Health Services Research*, 42(2), 727-754. Doi:10.1111/j.1475-6773.2006.00629.x
- Langdon, H.W. (2002, April). Language interpreters and translators: Bridging communication with clients and families. *The ASHA Leader*, 7, 14-15. Doi:10.1044/leader.FTR4.07062002
- Langdon, H.W., & Cheng, L.L. (2002). Collaborating with interpreters and translators: A guide for communication disorders professionals. Eau Claire, WI: Thinking Publications.
- Langdon, H.W., & Quintanar, R. (2003). The interpreter in a speech-language pathologist-parent or student interaction: Roles and responsibilities. *Seminars in Speech and Language*, 23, 235-244.
- Pretto, A. (2012, July). Integrating an Interpreter. *The ASHA Leader*, 17, 40-41. Doi: 10.1044/leader.sign.17092012.40
- Prezas, R. & Rojas, R. (2011). Translation to practice: Assessment of the speech of Spanish-English speaking children in the United States of America. In S. McLeod, & B. Goldstein (Eds.). *Multilingual aspects of speech sound disorders in children*. (pp. 161-164). Bristol, UK: Multilingual Matters.
- U.S. Department of Health and Human Services. (n.d.). A health care provider's guide to the HIPAA privacy rule: Communicating with a patient's family, friends, or others involved in the patient's care. Retrieved on October 5, 2015, from: http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/provider_ffg.pdf.
- Vogl, L. (2013, November). Tips for assessing bilingual children as a monolingual SLP. *The ASHA Leader Blog*. Retrieved on October 2, 2015, from: <http://blog.asha.org/2013/11/26/leisha-vogle-assessing-bilingual-children-as-a-monolingual-slp>.

