

Texas SLPs and Cultural/Linguistic Diversity: Good to go?

By: CLD Task Force

The Cultural and Linguistic Diversity 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 task force on Cultural and Linguistic Diversity. Members for the 2009-2010 year include **Ellen Stubbe Kester**, PhD, CCC-SLP (co-chair); **Lynette Austin**, PhD, CCC-SLP; **Gina Glover**, MS, CCC-SLP (co-chair); **Katsura Aoyama**, PhD; **Nelcy L. Cardenas**, MS, CCC-SLP; **M. Ruth Fernandez**, PhD, CCC-SLP; **Barbara Fernandes**, MS, CCC-SLP; **Benigno Valles**, MS, CCC-SLP; and **Jacqueline Lopez** (student member). Submit your questions to gina.glover@fwisd.org. Look for responses from the CLD Task Force on TSHA's website and the *Communicologist*.

The Cultural and Linguistically Diverse (CLD) Task Force is now offering half and full day trainings for school districts, Education Service Centers, university programs and other agencies on Assessment and Intervention with CLD Populations. For information, contact Gina Glover at gina.glover@fwisd.org.

If Texas were to run one standing advertisement in the American Speech-Language-Hearing Association (ASHA) *Leader, Advance*, or in any other publication reaching speech-language pathologists seeking employment, that ad should state: **Seeking SLPs -- Bilingual and Monolingual -- who are prepared to serve culturally and linguistically diverse populations.**

Certainly Texas is not alone in feeling pressed to meet this need. The nationwide impact of cultural and linguistic diversity on the profession of communication sciences and disorders has been well documented (ASHA, 2004). As a result, ASHA has emphasized that professionals in fields of Communication Sciences and Disorders must be competent to provide services that are responsive to all types of diversity (ASHA, 2004).

How great is the need really? A few statistics: the U.S. Bureau of Census estimates that by 2015 the national percentage of racial/ethnic minorities will increase to over 30% of the total population, with children of immigrants comprising 22% of the school-age population. (US Department of Commerce, 2000). In terms of linguistic diversity, Texas has already surpassed the national average; according to the 2000 Census, in Texas the percentage of homes where a language other than English is spoken (by individuals over the age of 5) was 31.2%, compared to 17.9% of homes for the country as a whole). The 2010 Census results, once known, will no doubt present a picture of even greater linguistic diversity

in the state. The Modern Language Association, in 2005, estimated the number and percentage of speakers in Texas (over the age of 5) of languages other than English to be 6,858,870 persons, or 33.64%.

How do service providers and employers meet such diverse needs? Generally speaking, the most efficient method of delivering services to an individual speaking a language other than English is to employ a speech-language pathologist who is proficient in that other language. In Texas, such a need most frequently occurs with individuals who speak Spanish as their primary language, or who are bilingual Spanish-English speakers. ASHA (2002) has estimated that less than 6% of the membership of the association identifies itself as speaking more than one language. Unsurprisingly, the great majority of bilingual SLPs identify themselves as Spanish-English speakers; however, there are many other language groups (especially in Texas) potentially needing services for communication disorders.

The following statistics describing numbers of speakers of different languages in the state were taken from the Modern Language Association Language Map (2005): Spanish--5,932,609; Vietnamese--139,534; Chinese--83,641; German--61,316; French--57,992; Tagalog--56,752; Korean--45,272; Urdu--43,202; Arabic--39,570; Hindi--32,074. The sheer numbers and variety of languages spoken indicate that there will not be a bilingual SLP available to meet every communication need within our multilingual/multicultural population.

Clearly, then, SLPs (both bilingual and monolingual) need to know how to effectively address assessment and treatment of communication disorders in languages and cultures other than their own. The "knowing how to" assess and treat in other languages (likely through an interpreter) and cultures is really the key to this equation, as even bilingual SLPs will likely be called on to treat in languages they do not speak.

Based on the needs identified within the state and the acknowledged emphasis of ASHA on equipping all SLPs to provide services to individuals of all backgrounds, the TSHA CLD Task Force (in cooperation with the Department of Communication Sciences and Disorders at Abilene Christian University) determined to gather information regarding service delivery in Texas to CLD populations. The study investigated a number of questions regarding the availability and training of bilingual SLPs. Also of interest in the study were the confidence levels of bilingual and

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monolingual SLPs for treating diverse populations in the state of Texas, specifically for those working in school settings. A survey was conducted from Sept. 2009 – Jan. 2010 using an online survey provider, designed to address the following questions: (Austin, Klein & Palmer, 2010)

- 1) What types of credentials and preparation do currently licensed school-based bilingual SLPs have in the area of service delivery to bilingual/CLD populations?
- 2) In both monolingual and bilingual groups, how confident do school-based Texas SLPs feel about service delivery to these populations?
- 3) What percentage of SLPs who are bilingual would be interested in participating in additional training in order to have a credential in this area?
- 4) What percentage of SLPs surveyed would be interested in participating in additional training in order to have a credential in the area of service delivery to CLD populations?

All school-based, licensed SLP members of TSHA were invited to participate in the survey. According to the TSHA membership directory, accessed April 27, 2009, there were 2497 licensed, school-based SLP members (TSHA, 2009); of that group, approximately 320 (13%) of these individuals self-identified as bilingual school-based SLPs. A total of 455 school-based SLPs completed the survey. Of those surveyed, 159 (35%) identified themselves as bilingual.

In answering question one, regarding what types of credentials and preparation currently licensed school-based bilingual SLPs have, prior consideration was given to ASHA's conception of a bilingual speech-language pathologist. This term is defined in the document *Bilingual Speech-Language Pathologists and Audiologists: Definition* (1989), as one who is "able to speak their primary language and to speak (or sign) at least one other language with native or near-native proficiency. . . during clinical management." The knowledge base of a bilingual SLP is also described by ASHA; the bilingual SLP should possess the ability to describe speech acquisition in the client's first language (L1) and second language (L2), assess (both formally and informally) and distinguish between communication differences and disorders, provide treatment in the client's dominant language, and be sensitive to cultural factors that may affect the outcome of treatment (ASHA, 1989; 1998; 2004).

The survey revealed that bilingual SLPs in the state of Texas have a wide range of additional qualifications (in addition

to the master's degree) to assist them in their practice. By far the most cited credential was actual experience working with bilingual/CLD populations. The table below lists the additional credentials and qualifications Bilingual SLPs identified. A total of 120 respondents answered this question. (Totals add up to >100% as respondents could provide more than one response)

Credential	Percentage of Respondents	Number of respondents
Experience working w/CLD populations	75.8%	91
Native speaker of language other than English	55.3%	64
Other**	35%	42
Diploma from University program with bilingual track	16.7%	20
Passing score on TOPT	16.7%	20
Bilingual teacher certification	10%	12
TESL training	3.3%	4

**Other qualifications and credentials that bilingual SLPs reported included: CEU training, degrees in related fields, independent learning and research, college coursework in related fields, and working or living in a foreign country. Five of the respondents listed no additional qualification and credentials. Degrees in related fields included: Bachelor's degree in Spanish, Master's degree in Spanish, Bachelor's double major in Communication Disorders and Spanish, Doctorate in Bilingual Special Education, and Master's degree in Teachers of English to Speakers of Other Languages (TESOL).

It was interesting to note in observing the listed credentials that the "other" category, containing a variety of possible credentials, was named by 35% of respondents. Outside of actual experience, there is currently little uniformity in preparation of bilingual SLPs. There is no system currently in place in the state of Texas for ensuring that bilingual SLPs have the knowledge and skills outlined by ASHA (1989). Furthermore, there is no set method for ascertaining the language skills of bilingual SLPs.

In addressing question two, regarding confidence in

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service delivery to CLD populations, 81% of bilingual SLPs considered themselves to be very confident or comfortable, whereas 19.6% of bilingual SLPs rated themselves as neutral/moderately uncomfortable/very uncomfortable in providing services. Monolingual SLPs differed from bilingual SLPs in terms of their confidence in providing services to these students; 25.8% ranked themselves as very confident or comfortable while 74.2% rated themselves as neutral/moderately uncomfortable/very uncomfortable. According to this survey, then, bilingual SLPs were significantly more likely to rate themselves as confident in service delivery to CLD populations than monolingual SLPs.

Analysis of the data indicated that the type of school district tended to play a role in reports of all respondents of confidence levels among the SLPs surveyed. Monolingual SLPs working in rural or suburban school districts were significantly more likely than those working in urban school districts to categorize themselves as neutral/moderately uncomfortable/very uncomfortable in service delivery to bilingual/CLD populations (as opposed to comfortable or very confident). One possible reason for this result may be the limited availability of training programs for service delivery to CLD populations for SLPs living and working outside urban centers.

In regard to the final questions about the percentage of respondents who would be interested in participating in additional training in order to obtain a credential in CLD service delivery, a large percentage of all respondents (72.3%) expressed interest in such a program, whether bilingual or monolingual.

To summarize, it is likely that most CLD clients in the state are receiving services from monolingual service providers; however, these SLPs may not feel confident of the services they are providing. Among those who consider themselves trained and confident in providing such services (typically bilingual service providers), there is a wide variety of training experiences and at present no one measuring stick or credential to ascertain an adequate knowledge base or second language proficiency. Desire for consistency in preparation in these areas may eventually lead the membership of TSHA to consider a specialty recognition program. Those surveyed indicate strong interest in such a program.

Clearly, it is important that all service providers feel confident about the services they are providing. Monolingual and bilingual speech-language pathologists are encouraged to

seek out or even request trainings in CLD service provision via school district inservices, education service centers, and universities. So, are Texas SLPs good to go in the area of CLD service delivery? Perhaps not yet, but we are on our way!

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