

CLD CORNER: Monolingual English-Speaking Audiologists and the Spanish-Speaking Population

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Language and cultural differences can impact many aspects of audiological services. From taking case histories and providing appropriate test instructions to counseling patients and families, monolingual English-speaking audiologists are faced with the challenges of providing appropriate services to their patients from other cultures who may not speak English. According to a 2014 report from the American Speech-Language-Hearing Association (ASHA, 2014), only five percent of ASHA-certified speech-language pathologists and audiologists described themselves as being bilingual. Specifically, 580 certified audiologists reported being bilingual, with 58 of these serving in the state of Texas. Of these 58 bilingual audiologists, only 34 certified audiologists indicated they provide services to Spanish-speaking individuals. This is a small percentage of the more than 1,200 licensed audiologists in the state of Texas (State Board of Examiners in Speech-Language Pathology and Audiology, 2015).

The lack of bilingual Spanish-speaking audiologists is of particular concern in the state of Texas, given the high population of Spanish-speaking individuals. According to the U.S. Census Bureau, 38.6 percent of the population in Texas reported being of Hispanic or Latino descent, as compared to 17.4 percent reported in the U.S. population (U.S. Census Bureau, 2014). Approximately 73 percent of Hispanics in the U.S. speak Spanish in the home (U.S. Department of Commerce, 2014), and for some of these individuals, Spanish is the primary language. With the high percentage of Spanish speakers and the low numbers of bilingual Spanish-English-speaking audiologists, hearing and balance services are often provided by monolingual audiologists. How does a monolingual audiologist provide appropriate services to the Spanish-speaking population?

One consideration for providing appropriate services is understanding and respecting cultural differences. Another aspect that can impact audiological services is the language barrier. How does the monolingual English-speaking audiologist provide services to patients and families who speak Spanish as their primary language? As in many health-related fields, audiologists may use interpreters, friends or family members of the patients, or bilingual staff members to assist during the appointment. However, one could question whether use of friends/family members of patients and bilingual staff members would lead to potentially inaccurate translations of technical information (Bezuidenhout & Borry, 2011).

With the increasing number of Spanish speakers, one might assume that translations would be available for common audiological test procedures. However, only two published translations were previously available in national publications. One provided basic audiological test instructions in Spanish but did not provide the English versions of the instructions (Northrup & Jameson, as cited in Roeser, 1996). This would be a disadvantage to the monolingual English-speaking audiologist, as the audiologist would potentially not know the exact instructions he/she was giving to the patient. The other reference provided balance instructions (Newman-Ryan, Northrup, & Villarreal-Emerly, 1995). While these electronystagmography (ENG) instructions were detailed and English translations were provided, other variations of balance testing (e.g., videonystagmography [VNG]) were not included.

With the lack of Spanish translations and the need for cultural training, two audiologists and two audiology graduate students from Texas Tech University Health Sciences Center began work on a cultural training module related to the Hispanic population and Spanish translations of audiological test descriptions and instructions (i.e., hearing and balance). This work was funded by a 2011 grant

from the American Speech-Language-Hearing Association Office of Multicultural Affairs and was published in 2015 in the *American Journal of Audiology* (Reel, Hicks, Ortiz, & Rodriguez, 2015).

As described more fully in Reel et al. (2015), the authors began with audiological test descriptions (meant to be sent to patients prior to the appointment to familiarize them with procedures) and test instructions (for the audiologist to use clinically) in English, which were reviewed by other English-speaking audiologists. These test descriptions and instructions were then translated by one of the authors (a bilingual audiology graduate student at the time). The translated descriptions and instructions were sent to bilingual audiologists, monolingual Spanish-speaking non-audiologists, and bilingual non-audiologists for review. These initial test descriptions and instructions were rated as having appropriate Spanish translations and as being easy to understand. Using the feedback provided by reviewers, final versions of the translations were developed. This final version underwent a review by a bilingual/biliterate assistant professor at the University of Texas at Dallas who has translated professionally within the field.

The translations were developed with English and Spanish versions side-by-side to allow audiologists to know what was in the Spanish versions and to allow them to modify as needed. The authors also developed videos of all of the Spanish versions of the translations. These videos would be helpful to the monolingual audiologist in terms of knowing how to pronounce words provided in the written translations (Reel et al., 2015). The authors also developed a cultural training module on the Hispanic culture, which was modified based on monolingual English-speaking and bilingual Spanish-English-speaking audiologists' reviews.

The test descriptions, test instructions, and videos include translations of the following hearing tests: otoscopy, tympanometry, acoustic reflex/decay, otoacoustic emissions, pure-tone testing, play audiometry, visual reinforcement audiometry, behavioral observation audiometry, speech recognition threshold (verbal, picture-pointing, body part identification), speech awareness threshold, word recognition (verbal response and picture-pointing), and auditory brainstem response test. The balance test descriptions, test instructions, and videos include: pre-test instructions, modified clinical test of sensory integration on balance, Romberg/Tandem Romberg, computerized dynamic posturography, cervical vestibular evoked myogenic potentials, Dix-Hallpike, positionals, tracking/saccades/optokinetic, gaze, calorics, rotary chair, Fukuda Stepping Test, computerized dynamic visual acuity test, hyperventilation nystagmus test, headshake nystagmus test, and orthostatic hypotension screening.

Perhaps most importantly to monolingual English-speaking audiologists, these test descriptions, test instructions, videos, and the cultural training module are all provided as supplemental material in the *American Journal of Audiology* publication (Reel et al., 2015). In addition, the ASHA Multicultural Grant also provided materials to allow the authors to send a USB drive with the information to the first 75 individuals who contact the primary author—and you can be one of those to receive this valuable information. Contact **Dr. Leigh Ann Reel** for information regarding the process for obtaining the translations and cultural training module at leigh.reel@ttuhsc.edu.

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