

A DAY IN THE LIFE OF A BILINGUAL SLP: REFLECTIONS, CHALLENGES, AND SCOPE FROM PROFESSIONALS

By: TSHA CLD Committee

If you are interested in sharing your experience or have a question, please send us an email at tshacl@gmail.com.

*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 (CLD). Members for the 2014-2015 year include **Raúl Prezas**, PhD, CCC-SLP (co-chair); **Brittney Goodman**, MS, 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 tshacl@gmail.com, and look for responses from the CLD Committee on TSHA's website and in the Communicologist.*

Over the past several years, there has been rapid growth in the number of people in the United States who use two languages to communicate at home and in school. Considering the shortage of bilingual speech-language pathologists (SLPs), a challenge exists to support home and school languages (Tabors, 1997). The National Clearinghouse for English Language Acquisition (NCELA) reported that at the turn of the last decade, 5.3 million students who enrolled in preK-12 in U.S. public schools were English-language learners (ELLs) (Short and Boyson, 2012). The vast majority of ELLs in schools speak Spanish; however, there are myriad languages representing this diverse, growing population. The increased numbers of culturally and linguistically diverse (CLD) students and patients across all settings from schools to medical facilities and clinical settings have contributed to the manner in which we carry out our roles and responsibilities as speech-language pathologists (ASHA, n.d.).

According to a survey report provided by the American Speech-Language-Hearing Association (ASHA, 2014), there are 6,491 SLPs (5%) who self-reported that they met the criteria as a bilingual SLP. This percentage represents a shortage when it comes to serving our bilingual children, especially given the fact that many school districts in Texas have higher percentages of students who speak more than one language. We acknowledge that serving our CLD populations is a collective responsibility for monolingual and bilingual speech-language pathologists. Finally, we strive to help those beginning their careers to help maintain the scope and vision of their own professional development. We are hopeful this information will support clinicians in their endeavors to serve their clientele with greater scope, cultural competence, and meaningful perspective.

This article is intended to provide insight and perspective into the lives of bilingual and monolingual SLPs across different settings—the “warrior” clinicians who are at the forefront of serving our culturally and linguistically diverse children, clients, and families.



**Julie Gruszynske, MA,
CCC-SLP**
Public school speech-
language pathologist for the
Austin Independent School
District

Introduction

I received my bachelor of arts in communication disorders and Spanish from the University of

Wisconsin-Eau Claire, where I had the opportunity, as an undergrad, to work closely with graduate student clinicians delivering speech therapy to children and adults. In my senior year, I worked with my own clients, which prepared me well to pursue my master of arts in communication sciences and disorders at the University of Texas at Austin with a bilingual emphasis. During my graduate school career, I interned in the Austin Independent School District and fell in love with school-based speech-language pathology. It turns out kids are adorable and teachers are amazing people to work with! The public schools serve all children; every child residing in this country is guaranteed a free and appropriate public education. That means I get to work with students from widely varied home situations with every type of communication disorder imaginable.

There’s always a challenge, and it gives me ample opportunity to exercise my problem-solving skills. Because our district is so large (more than 80 SLPs), we’ve broken our staff down into smaller teams for support, and I’m a team leader for my part of the city. I also supervise two SLP interns completing their clinical fellowships (CFs). I love the opportunities I get to collaborate with other SLPs and support professionals new to the field. Another unique part of my particular job is assisting with bilingual evaluations across the district. A typical work day for me consists of therapy and collaboration with teachers on my home campus or driving all over Austin assisting other campus-based SLPs to complete evaluations of Spanish-English bilingual students.

My Typical Day

7:15-7:50: Arrive at school, check email, prepare therapy materials for the day

7:50: Make any necessary copies, check my physical mailbox, and pick up students

8-11:30: Therapy with students ages 5;0-9;7 addressing language impairments and articulation impairments as well as treating children with severe cognitive and physical impairments.

11:30-12:30: Eat a quick lunch while I check email, respond to questions from interns and teammates, and try to work on evaluation reports if time permits

12:30-2:30: More therapy in the afternoon with kids as young as 3;0

2:30-4: More emails, answering questions, billing Medicaid, reviewing evaluation reports for interns and peers, writing evaluation reports, preparing Admission, Review, and Dismissal (ARD) paper-

work. I often meet with teachers after school to assist with Response to Intervention (RTI) being conducted in classrooms and problem-solve for students who are having a hard time communicating in the classroom.

Why I Love My Job

The best part of my job is definitely working with students. They’re fascinating and fun; getting to see them make progress, even those who progress very slowly, is wonderful. There are a lot of fringe benefits to working in the schools as well; having time off for holidays and in the summer allows me to visit my family out of state, and the school schedule allows me to be home in the evenings or work a second job (which I do twice a week in the evenings, seeing clients for a pediatric home health agency).

What Keeps Me Up at Night?

As with any job, there are challenges too. I worry about my ability to balance all of the non-therapy responsibilities of my job (paperwork) with providing the best support to my students and teachers. I worry sometimes that, as a second-language learner myself, maybe I’m not giving my students the optimal instruction in their native language because it’s my second language. I worry about the inconsistencies in bilingual education across our city, state, and country. I worry that we’re not doing enough to prepare our students for life in an increasingly globalized culture and economy because, by and large, bilingual programs in Central Texas don’t maintain the home language but have the goal of transitioning all students to English. I worry about my bilingual students who become English dominant and can no longer effectively communicate with their immediate families. I worry about those kids who are really struggling to learn in the classroom but who don’t fit into any of the identified special education eligibility categories. I worry we teach too much dependence on one-on-one paraprofessionals and not enough independence for our kids with disabilities. I worry about burnout for speech-language pathologists and teachers; it’s those professionals who go above and beyond for our students who end up leaving public education early. Even with the worries and challenges, there’s no place I’d rather practice speech-language pathology and no career I’d rather have. I love my job, and of all the settings I’ve worked in, the public school system is where my heart resides.



**Amanda J. Ahmed, MA,
EdM, CCC-SLP**
Worked as a speech-
language pathologist for
Plano ISD; owner and
speech-language patholo-
gist
of Summit Speech
Therapy

Introduction

I recently had the honor of supervising a bilingual clinician in her

CF year for the school district where we both worked. We worked in the same school, shared a very nice and large office, and saw each other almost daily. I have another qualification in the ESL field as well as my CCCs, and my specialty is working with populations from diverse cultural and linguistic backgrounds, so my CF supervisee and I were well-matched. Before work started, I took her out for lunch to get to know her better and to talk a little bit about what to expect on the job. She was highly qualified and had the usual reservations about taking on a new full-time job and, of course, working toward her CCCs.

School started out fabulously well. Two weeks before school started, we had a few supervisor meetings, met our special education team, received our caseload assignments, divided them up accordingly, and even started to prepare a schedule. But things changed quite sharply when our area experienced a large population boom. People moved into our school boundary over the summer, and suddenly we had an unexpected influx of bilingual children, requiring a complete overhaul of the initial schedule we created. The parents brought their children to our school on the first day, not understanding the registration process fully. Once it was all said and done, we had 18 additional students requiring speech therapy who were also bilingual.

My Typical Day

7:30-8: Go to the office, open emails, oversee plan for the day

8-11: Therapy for my coworker and me (we shared a very large office and would often conduct therapy at the same time)

11-11:30: CFY Time (once a week)

11:30-1: Therapy, report-writing, emails, perhaps lunch

1-2:45: Therapy, notes, evaluation time, or observe my CF (twice a week)

2:45-4: Evaluation-writing, report-writing, IEP meetings, meeting with teachers

Navigating the Politics

All jobs come with some politics, and you might believe that since we lead social skills groups, we'd be stellar at navigating workplace politics. Yes and no. Here are a few examples that my bilingual CF experienced and how we worked through them together.

The special education team appointed case managers to each child with special needs, and my coworker and I found ourselves being manager to children who didn't receive speech therapy. There was still the issue of the newly registered children and how to serve them.

My CF suddenly had to attend meetings every Monday to help identify children who might need an evaluation in addition to her regular caseload. This was an issue as I was the point-person who handled all of the weekly RTI meetings. Since the bilingual students were new to the school district and often my CF supervisee also served as an interpreter, we had to balance the meetings and move an hour of her caseload to other times, and she often took work home. When it was time to write progress notes, she was completing them remotely during her personal time or coming in early because it took her on average 30 percent longer than it took me. This is because she had to maneuver the system twice and translate her notes from Eng-

lish to Spanish. The computer system we used was a bit cumbersome, and she had to exit and enter separate screens for each specific goal and each specific box for English and then Spanish. When we timed it, she was doing almost 1.5 times the work as I was updating goals one time for each student. We knew we needed another solution.

Together, we met with our principal and speech department heads to explain that she needed more time, and it was decided that extra help would be sent out to our school to help with evaluations (bilingual and monolingual) to allow her more time to write goals and conduct therapy. We had the data to back us up; she was keeping track of her time spent and that proved invaluable for finding a solution.

Yes, I Speak English Too!

Time and again, well-meaning teachers and administrators referred to me for the English-only cases and looked shocked when they found out my coworker, who was bilingual Spanish-English, was the one managing a monolingual case and seeing them for speech therapy. Bilingual means two languages, and sometimes people forget that! One comment came from a bilingual person in administration insisting that my bilingual coworker should only see Spanish-speaking students. The CF felt very strongly that this was a disservice to all of the students she served because she provided treatment equally to all of them. This is also addressed in the ASHA Code of Ethics (ASHA, 2010r).

Bilingual Means Two Languages, Not All Languages

One day, we were having a CF meeting and a child came into the room, looked at us, and said nothing. The ESL teacher quickly rushed in after him. She explained that he was from China and couldn't communicate in his class as he was new to the United States. There was no translator for him, and they asked my (Spanish-speaking) coworker to "see if he needs speech" (therapy) since she was bilingual. Working together, we connected the ESL teacher to the right department to find a translator for him who would also help us to administer the curriculum screener our district uses. Although we were qualified to help the student and team, we also needed to know when to seek translation services.



**Sofia A. Tilton, MS,
CCC-SLP**

Worked as a bilingual speech-language pathologist for TIRR Memorial Hermann Rehabilitation Hospital in Houston; founder of Words of Wisdom speech therapy clinic

Introduction

Each morning at an inpatient rehabilitation hospital begins in full

swing—preparing charts, checking your schedule, responding to emails, and reading medical history reports on new patients. As a full-time bilingual speech-language pathologist, it was not uncommon for me to carry a caseload of up to five to six patients (many of them Spanish-speakers), which, in an inpatient rehabilitation setting, meant they received an hour of speech therapy every day. Often, their treatment was divided into two 30-minute sessions. Working within the heart of the Texas Medical Center in Houston, I felt a sense of deep pride working side-by-side with brilliant colleagues. People came from all over the world to seek specialized treatment in Houston. As a result, my caseload was exceptionally diverse. My Spanish-speaking patients came from all throughout Central and South America, including Guatemala, Mexico, El Salvador, and Colombia, just to name a few. I also worked with interpreters to treat patients from a multitude of other diverse backgrounds, including patients who spoke Mandarin, Vietnamese, Arabic, and Urdu.

My Typical Day

My daily schedule included up to 10 30-minute sessions treating patients with aphasia, dysarthria, dysphagia, apraxia, cognitive-linguistic deficits as well as disorders of consciousness. When a non-English-speaking patient was admitted to the hospital, the social worker would typically schedule an interpreter to assist during scheduled therapies. However, at times, an interpreter may have been unavailable or otherwise not present during team rounds, training, or therapy. Since team rounds were meticulously scheduled in 15-minute slots throughout the day, if an interpreter was not present, a team member would assist in interpreting in order to proceed with rounds as scheduled. The alternative was to use a language line that assisted in translation over the telephone; however, pertinent information was often lost in translation when using this method.

Dual Role as Interpreter and SLP

In providing Spanish interpreting and translation services during rounds in person, I experienced firsthand the appreciation that a patient's family members expressed. They felt more comfortable asking questions about their loved one's care and progress when the information provided came in the form of their familiar, native language. When I first began working at the hospital, I often felt a sense of intimidation when asked to interpret for Spanish-speaking patients regarding care that was outside the scope of my speech therapy training. However, as I continued to interpret during team rounds, I found myself becoming immersed in learning about all aspects of care for my patients, which greatly assisted in my treatment goals. For example, a nurse may ask for my assistance in interpreting education about percutaneous endoscopic gastronomy (PEG) tube feedings to a patient and family member, which is outside my typical scope of practice. However, I would take that opportunity to also discuss oral care and swallowing goals to the patient. Therefore, not only would I be assisting a member of the treatment team, I would also be actively providing my expertise and experience in treating the patient.

Connecting Through Language

When you see your patients every day for weeks or months at a

time, you quickly build a strong relationship. My Spanish-speaking patients would confide in me that they often felt isolated or detached as a result of the language barrier. Due to the trust they had in me, some of which was based on my ability to communicate in their native language, they would often ask me to relay messages to their treatment team. I found that effective communication with their team was always a key to their successful transition home.

Providing therapy in Spanish is always rewarding as a bilingual speech-language pathologist. The patient typically feels more comfortable speaking and listening in their native language. Although there was often a lack of Spanish treatment materials, I regularly created my own therapy supplies and education materials related to speech treatment goals. Creating my own materials took added time, but the reward was using materials that were functional and unique for the patient.

My experience working at an inpatient rehabilitation hospital taught me the different ways I can effectively serve the CLD population. A speech-language pathologist is an important member of a rehabilitation team. When exposed to the different disciplines involved and learning to collaborate on goals, the patient and family members truly benefit. Since then, I have worked in various settings such as a post-acute facility, home health, and outpatient rehabilitation. I am currently the owner of my own private practice. Even in this setting, I find that my experience in working within an inpatient rehabilitation hospital has significantly improved my practice.

Conclusion

When we reflect on the schedules and narratives above, there are many topics addressed, both challenging and rewarding, by bilingual SLPs that require them to raise the bar in their profession on a daily basis. No matter what setting a clinician practices in, the best way to develop a successful practice delivery model must start and end with communication from the SLP to their patients, coworkers, and families. Moreover, a typical day for all SLPs, regardless of whether they are monolingual or bilingual, involves planning, flexibility for managing “surprises,” and handling the “extras” in addition to the regularly-administered evaluation and treatment sessions. This is especially true for those from a CLD background. Bilingual SLPs are given (or build) caseloads and create schedules just as any other SLP. Bilingual SLPs have added dimensions as well, including serving as advocate and supporter for their patients and helping administrators, patients, and parents understand and navigate through the second-language acquisition process (by describing normal, expected differences for bilinguals and identifying atypical responses that are indicative of a treatable disorder). This is why it is crucial to document your time and how it was spent as frequently as possible to maintain control of your schedule as well as your career.

The daily schedules and simultaneously-occurring situations presented by the contributors above serve as an example that we need to have strong lines of communication open as well as take an active role in establishing standardized practice procedures in all practice settings.

It is the hope of the TSHA CLD Committee that the perspectives presented above will provide additional insight regarding daily routine, career challenges, and making a difference in the way you serve bilingual clients. We would like to thank Julie Gruszynske, Amanda Ahmed, and Sofia Tilton for participating and providing their knowl-

edge and experiences.

Finally, we would love to hear how clinicians across Texas make a difference for individuals of culturally or linguistically diverse backgrounds in their settings. If you are interested in sharing your experience or have a question, please send us an email at tshacl@gmail.com. ★

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TEXAS SPEECH-LANGUAGE-HEARING FOUNDATION: ADVANCING THE PROFESSIONS

BY: SHERRY SANCIBRIAN, MS, CCC-SLP, BCS-CL, TSHF PRESIDENT



Perhaps you know that the Texas Speech-Language-Hearing Foundation (TSHF) provides scholarships to university students every year. But did you know that TSHF also supports research by doctoral students and new university faculty? This year, the TSHF Research Grants Committee, which is chaired by **Dr. Ellen Kester**, reviewed a number of grant proposals and selected the following recipients:

Elisabeth Wiig Doctoral Student Research Fund

Megann McGill
Alisa Baron

Sandy Friel-Patti Research in Language International Travel Award

Megann McGill

Lear Ashmore Research Endowment

Jing-Jing Guan

Presidents' Research Endowment

Zoi Gkalitsiou

Tina E. Bangs Research Endowment

Boji Pak Wink, Lam

This year's research grants will support studies investigating a wide range of topics: grammatical morpheme processing in bilingual English-Spanish speakers; phonological working memory in people who stutter; word preparation and articulation in adults who stutter; vowel identification with formant enhancement for speakers with hearing impairment; and verbal fluency and time perception in college students with language impairment.

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June 18-20
Executive Board & Budget Meeting
Dallas, Texas

September 17-19
Executive Board & Executive Council Meeting
Dallas, Texas