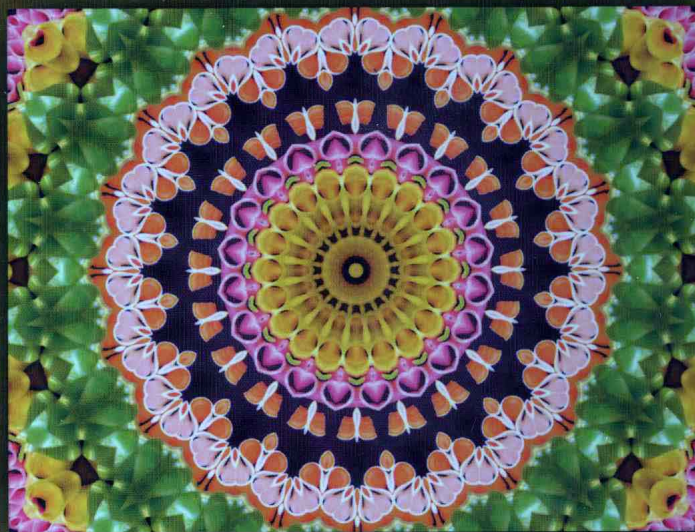
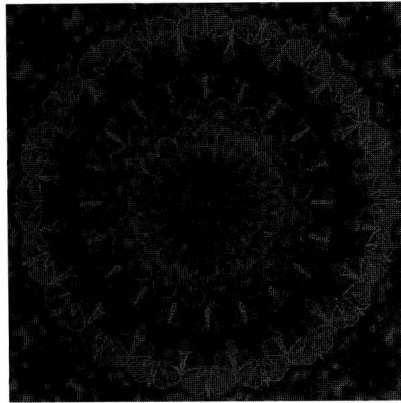


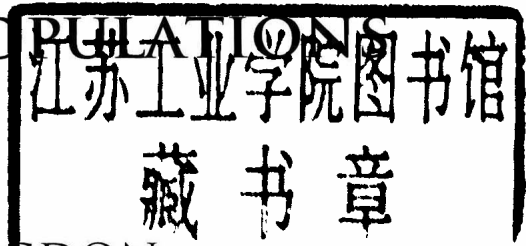
Assessment & Intervention *for Communication Disorders* in Culturally & Linguistically Diverse Populations



Henriette W. Langdon



ASSESSMENT & INTERVENTION FOR COMMUNICATION DISORDERS IN CULTURALLY & LINGUISTICALLY DIVERSE POPULATIONS



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**Assessment & Intervention for Communication Disorders in
Culturally & Linguistically Diverse Populations**
by Henriette W. Langdon, Ed.D., F-CCC-SLP

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PREFACE

The requirements for competency in the field of speech and language pathology are complex. Today, speech-language pathologists (SLPs) provide services to clients of all ages whose proficiency in English and their native language is highly variable. This variability is due to factors such as the clients' length of residency in the United States; opportunity to interact with native speakers of English; level of formal education; and cognitive abilities, personality, and experiences. This variability is also common in the other parts of the world where the field of speech-language pathology is recognized as a profession.

When SLPs cannot communicate directly with their clients, they need to collaborate with trained interpreters and translators. Working with the assistance of an interpreter adds one additional layer of complexity to the SLPs' multiple responsibilities. In any interaction with a monolingual or bilingual client, SLPs must monitor and adjust their own communication skills to convey clear messages, and this is also true when the SLP is working with clients who are in a similar age group, or who have disabilities. Assessing and working with a preschool-age child who has articulation disorders requires different skills and discourse strategies than those necessary for assessing and working with a school-age child or adolescent who has similar difficulties or language-learning disabilities. When communicating with a client who has suffered from a stroke or is a victim of a traumatic brain injury, SLPs need to make other types of modifications in order to be able to assess these patients and offer them strategies that will allow them to compensate for their various communication deficits.

Additionally, the process of interviewing and reporting findings may vary depending on certain factors—such as the reason for administering any given test item, or the particular client/family involved. Some clients and families respond differently to the very same question or comments, because responses depend on an individual's interpretation of the question—as well as on his or her personality, knowledge base, and experiences. Some families need to have more details about a given assessment or intervention procedure than other families do. Decisions about intervention may vary depending on a family's personal beliefs,

culture, and background, and there may be differences among members of a single family. These complexities are multiplied when clients come from diverse linguistic and cultural backgrounds.

Even though many SLPs are bilingual, they may not be able to provide services to bilingual clients because the language they know does not match that of their client. The ranking of the 10 languages most frequently spoken by CLD families does not consistently match the ranking of languages that are taught in higher education. This is illustrated in Table P-1. Perhaps society at large has not taken sufficient time to consider that there is a demand for learning languages other than Spanish. As can be seen from the data presented in the table, there is a critical need for serving individuals who speak Asian languages other than Japanese and Chinese—languages such as Tagalog, Vietnamese, and Korean. Therefore, although the SLP's being bilingual may be advantageous in situations where there is a match between the SLP's and the client's language, when there is no match, being bilingual may present the same kinds of challenges as those encountered by a monolingual clinician. It is evident that there are many barriers that prevent today's monolingual or bilingual SLPs from feeling confident in conducting assessments and interventions for communication disorders in CLD populations.

TABLE P-1 Rank Order of Languages Spoken by Immigrants versus Rank Order of Language Instruction in Higher Education

Immigrants' Language		Taught in Higher Education	
Language	Rank order	Language	Rank order
Spanish	1	Spanish	1
French	2	French	2
Chinese	3	German	3
German	4	Italian	4
Tagalog	5	Sign language	5
Vietnamese and Italian	6	Japanese	6
Korean	7	Chinese	7
Russian	8	Latin	8
Polish	9	Russian	9
Arabic	10	Greek	10

Source: Adapted from the National Virtual Translation Center, 2006, and Welles, 2004.

PURPOSE OF THE TEXT

Assessment and Intervention for Communication Disorders in Culturally and Linguistically Diverse Populations is written for both undergraduate and graduate students who are taking a course in this subject. It is also written for the practicing SLP who wishes to review any of the specific issues relating to these populations. A book of this nature cannot answer all questions concerning the multitude of linguistic and cultural groups currently living in the United States. Therefore, additional resources are given within the various chapters.

In working with CLD populations, it is necessary to integrate knowledge from various disciplines that include linguistics, cognition, sociology, and education. Even though information on the various aspects of bilingualism and biculturalism that are related to these disciplines may be available, the information is far from complete. As Bialystok (2001) states, “[P]artly, the research is difficult to conduct because it requires interdisciplinary perspectives that are not common in most developmental studies. Meaningful studies of bilingual children often require intersecting skills in cognition, linguistics, sociology, and education, a combination not usually enlisted by most researchers” (p. 248). De Bot and Makoni (2005) make similar remarks regarding older populations: “The intersection between multilingualism and aging, particularly in situations of decline, is an important area of study because the population of the aging is growing and living longer. The aging population also happens to be multilingual. Although there is a growing elderly population that is bilingual, there are relatively few studies that have focused on multilingual aging” (p. 136). Therefore, the focus of this book is to offer the student and practicing clinician information and strategies that can be used when planning and carrying out assessments of, and drafting treatment plans for, any client considered to be culturally and/or linguistically diverse.

ORGANIZATION OF TEXT

Language development and learning are part of the life of an individual and result from the interaction of various factors: rearing practices; amount and type of contact with the native and second languages; age of acquisition of each language; general experiences; number of years and consistency of formal schooling; and personal characteristics such as sociability, motivation, and attitude toward each language and its culture. The assessment of a CLD individual is quite complex and cannot be successfully completed by only administering tests—even if they exist in

the individual's primary language and normative data are available. The process requires first a careful consideration and analysis of the individual's background that will shape the direction in which the assessment will take place. The steps to be taken mirror those of an investigation. Selecting the necessary pieces for the construction of the puzzle is very important.

When the SLP speaks the same language as the client, it is much easier to provide services without having to collaborate with an interpreter. However, the process of initiating and carrying out an assessment—as well as the process of evaluating and interpreting the findings—is challenging regardless of the SLP's knowledge of another language. First of all, the SLP must keep in mind general information about bilingualism and about the factors that affect bilingualism. Second, the SLP should not only be aware of the process of bilingual language acquisition and development, but be aware of the issues that apply to specific bilingual language combinations, as well. The language acquisition and development process of a French-Spanish speaker will, for example, necessarily be different than that of a French-Arabic speaker. Accordingly, the SLP should be aware of the phenomena that occur as a consequence of the interaction of two languages—and understand the resulting implications for language processing and cognitive development.

As can be noted from the following outline of this book, a great deal of material in the text focuses on providing information that will assist the SLP in planning the assessment. My philosophy is that assessment preparation is at the core of a successful diagnosis of, and intervention plan for, any client. Preparation is especially important when working with those clients for whom English is the second language. The strategies and information presented in this text apply to any client who may be living in an environment where a new second language is prevalent. To assist the student, practicing SLP, and interested reader of this topic, the cases of five individuals (three children and two adults) will be followed throughout the book and will illustrate the various concepts developed in each of the eight chapters. These cases are designated "Our Clients."

Chapter 1, "Culturally and Linguistically Diverse (CLD) Populations: Facts and Figures," discusses data related to CLD children and adults, including those who have been identified as having various speech, language, and communication impairments. The discussion centers on the larger identified language and cultural minority groups that include Hispanics, African-Americans, Asian-Americans and Pacific Islanders, and Native Americans and Alaskan Natives.

Chapter 2, "Second-Language Development and Dual Language Processes," discusses issues related to dual language development, including the use of and interaction between two languages. Issues

such as language proficiency, dominance, interference, and loss are discussed. In addition, the text explores the implications for cognitive development and language processing that relate to bilingualism.

Chapter 3, “Optimal Second-Language Learning for CLD Populations,” discusses the various facets of language learning in a classroom environment. Following a review of the history of bilingual education in the United States, selected models of bilingual instruction, and research findings that support the efficacy of specific programs, are described. In addition, the best strategies for second-language teaching are outlined.

Chapter 4, “CLD Populations’ Connections to Schools, Health Care, and Other Agencies in the Community,” provides general guidelines for understanding cross-cultural differences in the attitudes and experiences of the various populations with regard to schools, health care, and other agencies in the community. The chapter describes childrearing, communication patterns occurring within families, and children’s experiences in attaining literacy and accessing formal education. A variety of supportive health care and community agencies are referenced. The chapter also discusses CLD families’ attitudes toward various educational and medical disabilities.

Chapter 5, “Assessment Procedures for CLD Children: Infancy through Adolescence,” discusses topics such as the process of conducting an assessment in two languages, and how to decide whether to use one or two languages when carrying out an assessment. Another section of the chapter outlines procedures for obtaining a language sample and for analyzing all aspects of language (form, content, use) when there are tests available in the child’s language. Procedures are also outlined for those situations in which tests are not available in the child’s language, and the discussion includes some strategies for collaborating with an interpreter in those instances. The chapter ends with a suggested protocol for reporting test results and assessment findings.

Chapter 6, “Arriving at a Final Diagnosis for Language Problems in CLD Populations: Infancy through Adolescence,” includes a discussion about the connections between oral and written language and explores that relationship with regard to both monolingual and bilingual students. The chapter offers a definition of the concept “language disorder” as it might relate to CLD students whose bilingual backgrounds are quite diverse—and offers suggestions for how to describe the nature of such a disorder. A protocol for what to include in an assessment report is included at the end of the chapter, together with a complete assessment report for each of the three youngest clients we have been following throughout the book.

Chapter 7, “Intervention Issues for CLD Children: Infancy through Adolescence,” suggests specific strategies for effectively meeting the

needs of CLD children who have a variety of language-learning disabilities (LLD). Examples of interventions for students at different grade levels are presented. The process of choosing the language of intervention is discussed in two sections: the first one pertains to the school setting and the second to the home setting. Suggestions for parents whose proficiency in English may be quite variable are included. Preferred service delivery models for this population are also described. The end of the chapter offers specific intervention strategies for each of the three young clients whose reports appeared in Chapter 6.

Chapter 8, "CLD/Adult Populations: Assessment and Intervention Issues," discusses the unique challenges facing this population. Topics include an assessment protocol, a review of the available research concerning bilingual patients' recovery from stroke, and a discussion of the best intervention practices for clients with various acquired neurological disorders. Detailed assessment reports and intervention strategies for the two adult clients whose cases we have been following are presented at the end of the chapter.

ABOUT THE AUTHOR

Henriette W. Langdon, Ed.D., F-CCC-SLP, is a professor in the Communicative Disorders and Sciences Department at San José State University in San José, California. For the past 33 years, Dr. Langdon's work has centered on researching and designing assessment strategies and intervention programs for English-language learners who are also experiencing language and learning difficulties. She has written other books on this subject as well as several articles, and she has lectured locally, nationally, and internationally on these topics. Dr. Langdon is fluent in English, French, Polish, and Spanish. She is a Fellow of the American Speech-Language-Hearing Association (ASHA) and a recipient of the Certificate of Recognition for Special Contributions in the area of Multicultural Affairs. In 2006 she was awarded the Honors of the California Speech-Language-Hearing Association.

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Writing a book is an undertaking that requires a great deal of dedication as well as encouragement. I could not have taken the time to accomplish such a task without the award of a sabbatical from my full-time job as Professor of Communicative Disorders and Sciences at San José State University. Therefore, I would like to thank the committee from the College of Education who selected my project as a worthwhile task to complete during a sabbatical. In addition to supplemental time for working, the author of a book needs support from family, colleagues, and friends in order to carry out the project. Unfortunately, while writing this book I experienced something we all need to expect: the death of one's parents. Indeed, shortly after I began writing the book, the project was interrupted as both of my parents passed on within only six weeks of each other. I am very saddened because both my parents were supportive of my work, and my father particularly was very interested in the progress of this project. However, because I had the support of my husband, daughter, brother, friends and colleagues, and Juliet Steiner, Senior Product Manager at Thomson Delmar Learning, I was able to "collect myself" and complete the project within expected deadlines.

This work is a revision of a book that I edited 15 years ago (1992) entitled *Hispanic Children and Adults with Communication Disorders: Assessment and Intervention*, originally published by Aspen Publishers under the editorship of Dr. Katharine Butler. The original book was an edited version, and I want to thank the authors who contributed to that version, because in writing the chapters of this book I relied on the information they provided in the 1992 text and often reiterated what they wrote. My gratitude goes to Gustavo Arámbula, Carol Beaumont, Lilly Cheng, and Barbara Merino. In addition, Lilly Cheng's assistance and support at the time that I was working on the 1992 text was invaluable and is still greatly appreciated.

"It takes a village to raise a child" is a very appropriate phrase to use to describe my process of writing this revised version of the 1992 book. There are many people who were and are in that village, and without their help, support, and encouragement, I could not have completed this work. My heartfelt thanks go out to:

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Thank you, all my friends and supporters, for your encouragement!

With great appreciation,
Henriette W. Langdon
April, 2007

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