
Reflections of Speech-Language Pathologists and Audiologists on Practices in a Multicultural, Multilingual Society

Réflexions d'orthophonistes et d'audiologistes sur les pratiques en société multiculturelle et multilingue

Theresa Young, MCIsc
Durham District School Board
Whitby, Ontario

Fern Westernoff, EdD, MHSc
Toronto District Schol Board
Scarborough, Ontario

ABSTRACT

In recognition of the challenges faced by audiologists and speech-language pathologists working with clients from culturally and linguistically diverse backgrounds, an interdisciplinary panel presentation was hosted at the Ontario Speech-Language Pathologists and Audiologists (OSLA) 1996 Conference. The session included a synopsis of demographic trends followed by a summary of national and provincial guidelines relevant to our practices. The audience then shared issues and challenges faced in their work settings. Promising practices were presented by panel members, followed by an opportunity for the audience to recommend actions to improve service delivery for clientele from culturally and linguistically diverse backgrounds. This article integrates the reflections and suggestions of the participating practitioners with relevant literature, through a discussion of the issues and recommendations impacting on professionals, employment settings, professional associations, universities, and government.

ABRÉGÉ

En reconnaissance des défis auxquels font face les orthophonistes et audiologistes œuvrant auprès de clients de diverses cultures et langues, on a tenu une présentation multidisciplinaire lors du congrès de 1996 de l'Ontario Association of Speech-Language Pathologists and Audiologists (OSLA). Cette séance a compris un synopsis des tendances démographiques, suivi d'un sommaire des lignes de conduite nationales et provinciales intéressant nos pratiques. Les membres de l'auditoire ont alors partagé les questions et les défis vécus dans leurs milieux professionnels. Les panélistes ont présenté quelques pratiques prometteuses, puis on a donné aux membres de l'auditoire l'occasion de recommander diverses façons d'améliorer la prestation des services à une clientèle culturellement et linguistiquement diverse. Cet article associe les réflexions et les suggestions des praticiens participants à la littérature pertinente par le biais d'une étude des questions et des recommandations ayant des incidences sur les professionnels, les milieux de travail, les associations professionnelles, les universités et les gouvernements.

KEY WORDS: culture • diversity • interdisciplinary • language

Growing numbers of audiologists and speech-language pathologists are professionally challenged to meet the needs of clients from an increasing variety of cultural and linguistic backgrounds. There are more than 10 million speakers of French in North America (Beaulieu, 1997). Immigrants comprise 16% of the Canadian population, and their numbers have increased over the last forty years (Statistics Canada, 1994). An average of 43% of all immigrants arriving in Canada in a given year between approximately 1977 to 1987, spoke neither English nor French (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988). There have also been changes in the mother tongue of immigrants over time, with Italian and Chinese replacing Ukrainian and German as the most frequently reported mother tongues (Statistics Canada, 1994). Increased cultural and linguistic diversity in North America is a trend predicted to continue (Cummins, 1994; Hawks & Muha, 1991; Johnson,

Pugach, & Devlin, 1990; Yates, 1994). The increase in diversity in the general population is reflected in the caseloads of speech-language pathologists (American Speech-Language-Hearing Association, 1984; Mattes & Omark, 1984; Shulman, 1988; Thayer, 1988; Westby & Erickson, 1992). It is estimated that one-third of the clients seen by Canadian and American speech-language pathologists and audiologists in schools alone will be children from Black, Hispanic, Asian, and Native North American cultures (Cole, 1989; Crago & Cole, 1991).

In recognition of the need for discussion and professional development in the area of cultural and linguistic diversity, an interdisciplinary panel of speakers presented at the Ontario Association of Speech-Language Pathologists and Audiologists (OSLA) 1996 Conference. The session opened with a synopsis of demographic trends and a summary of national and provincial guidelines relevant to our practices. It was followed by a presentation by panel members who represented the professions



of speech-language pathology and audiology in health, education, and social service employment settings. Each panel member discussed promising practices implemented to address diversity issues in service delivery. The audience identified challenges that impact on professionals, employment settings, professional associations, universities, and government. This article will discuss the challenges identified by the conference participants through a review of related literature. Each segment will include recommendations generated by participants, as well as those gleaned from the literature.

Professional Issues

Issues identified as affecting professionals were categorized into four areas, these being culture, language, training, and professional matters.

Culture

Cultural sensitivity, interpretation of language use and behaviours, handicapping conditions, and expected roles of the client, family, and professional were discussed as having particular clinical relevance.

Differences between the dominant group and various cultural groups can impact on delivery of assessment and intervention services in unexpected ways. Harry, Torguson, Katkavich, and Guerrero (1993) suggest that we are often not aware of how deeply our beliefs are conditioned by our own cultural experiences and tend to think that they have universal validity. Cultures can differ along many subtle dimensions. For example, Damico and Hamayan (1992) identify cultural factors for clinical consideration, including differences in concepts of time, perceptual style, movement, and space. Conference participants recommended experiences that enhance cultural awareness, including travel, exchange programs, and reading about the experiences of professionals working abroad. The need for greater cultural sensitivity is well documented (Eriks-Brophy, 1998; Pickering et al., 1998) and similar suggestions are found in the literature (e.g., Camara, 1993; Fain, 1990; Patterson & Pukonen, 1991). Different cultures may have varying interpretations of language use and behaviours (Miller, 1984a; Van Kleeck, 1994), a critical consideration in the identification of communication disorders. For example, Crago (1990a) described a talkative Inuit boy as having advanced language skills, as oracy is valued in North American culture. In contrast an Inuit teacher interpreted the same behaviour as indicating a possible learning problem, as children in the Inuit culture learn primarily through observation. Conference participants recognized the need to be cognizant of cultural differences regarding communication behaviours, including innuendo of gestures in social communication and suggested resources for consultation (e.g., Cheng, 1991, 1993; *Culturegrams*, 1996). However, clinicians need to be cautious of stereotyping based on the information provided in such resources.

Professionals in North America hold certain beliefs regarding disabilities and treatment. While handicapping conditions can be found across cultural groups (Battle, 1993; Miller, 1984b), what constitutes a disability in one culture may not in another, as disabilities are not identically viewed across cultures (Cheng, 1993). For example, some American Indian cultures purportedly do not have a word for stuttering in their languages (Cooper & Cooper, 1993). Culturally different views of disability may affect the value of the treatment process and related outcomes. The belief that a condition is outside of human control (Chan, 1986), or that it is a gift or blessing (Cheng, 1993) would likely impact on compliance with treatment procedures. Participants suggested that professionals acknowledge cultural differences, be explicit about North American interpretations of communicative behaviours, and advocate for a bicultural perspective.

Cultural definitions of the roles of the client, family, and professional can impact on treatment decisions. Parents may believe that the professional has the expertise to solve the child's problems and may therefore defer decisions to the professional (Correa, 1989). In addition, they may be unfamiliar with professionals' expectations of parental involvement and interpret invitations to collaborate as indication of the professional's limitations (Chan, 1986; Cheng, 1991). The influence of the age and gender of both the client and professional on decision making is also apparent. For example, families may prefer to receive treatment from male practitioners. Working collaboratively with a team that includes personnel from the culture of the client can support problem solving to bridge barriers to service delivery. Participants recommended resources that address cross-cultural issues in counselling and health care provision (e.g., Sue & Sue, 1990; Waxler-Morrison, Anderson, & Richardson, 1990).

Language

Challenges encountered when the professional and client do not speak the same language include accessibility of services, lack of bilingual, bicultural clinicians, and appropriate use of cultural and linguistic informants.

Due to linguistic differences, it is debatable whether or not clients with limited English proficiency would be aware of the availability of speech-language pathology and audiology services. Lack of awareness of such services would be a barrier to accessing equitable services, a concern identified by the Ontario Ministry of Health (1995). At the national level, the Canadian Human Rights Act (1996) describes the right to equal treatment and services without discrimination based on ancestry, race, ethnicity, citizenship, or country of birth. Accordingly, access to services, as well as equity of assessment and treatment practices employed with clients from diverse backgrounds, are rights protected by this legislation. Participants suggested that translating written materials and public service announcements



into frequently encountered languages may better serve to inform those with limited English skills of the availability of speech-language pathology and audiology services.

Despite the high level of cultural and linguistic diversity in Ontario, there is a lack of bilingual, bicultural speech-language pathologists. Examination of *The Ontario Association of Speech-Language Pathologists and Audiologists, Membership Directory* (1994-1995) revealed that most members spoke English only, and that 30 other languages were spoken by some members. Such numbers are logistically insufficient to meet the needs of a city like Toronto, for instance. Participants suggested that clinicians study the most frequently used language among clients in order to better discern the linguistic interference errors normally associated with learning a second language. It was further recognized that professionals were not likely to achieve cultural and linguistic proficiency for clinical use, but they could better understand the challenges faced by clients. Use of resources describing interference errors was also recommended by participants (e.g., Cheng, 1989; Swan & Smith, 1987).

The roles of speech-language pathologists and audiologists working with clients from diverse backgrounds were formally recognized in position papers developed by the American Speech-Language-Hearing Association (1985a) and the Canadian Association of Speech-Language Pathologists and Audiologists (Crago & Westernoff, 1997). That professionals can provide services in collaboration with cultural linguistic informants has been recognized (e.g., Crago, Annahatak, Doehring, & Allen, 1991; Fradd 1993; Scribner, 1993; The Hospital Cultural Interpreter Network Educational Forum, 1997). The assessment of bilingual children in collaboration with cultural and linguistic informants, has been presented as a promising practice (Westernoff, 1992, 1995). The audience reported barriers to accessing interpretive services, including lack of trained personnel, difficulty accessing such personnel due to logistical and financial constraints, and confusion regarding role definitions.

Training

Most North American speech-language pathologists do not possess sufficient knowledge and skills necessary to work with clients from diverse cultural and linguistic backgrounds (American Speech-Language-Hearing Association, 1985a, 1985b; Crago, 1990b; Damico & Nye, 1990; Roseberry-McKibbin & Eicholtz, 1990). Des Bois' 1989 survey of Montreal speech-language pathologists found that 40% of the respondents did not feel that they were competent to work with minority groups, 79% had not received pertinent training, and 100% felt that their knowledge of multicultural, multilingual matters was below average (Crago, 1993). A study at Howard University in the United States indicated that approximately 75% of the speech-language pathologists surveyed believed that they were not competent in working with bilingual or nonstandard-English speaking clients (Taylor, 1993). In recognition of the lack

of preservice training, participants indicated the need for continuing professional development in issues of diversity. Collaboration with second language educators, participation in related workshops, publication of current clinical practices, reviews of the literature, and participation in relevant professional groups (e.g., OSLA Professional Interest Group: Multicultural Multilingual Interest Group; ASHA Special Interest Division: Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations) were recommended.

Professional Matters

Professional matters affecting clinical practice include lack of, and inappropriate use of, standardized assessment measures, time constraints, and emotional reactions. There is a paucity of assessment and remediation materials in languages other than English and possibly Spanish (Langdon, 1983; Mattes & Omark, 1984). For example, assessment materials in French (Blais, 1992; Garcia & Desrochers, 1997; Picard 1997) and in Indian languages (Samuel, Shah, & Shukla, 1984) are lacking in both speech-language pathology and audiology. Standardized tests have been inappropriately employed in the assessment of culturally and linguistically diverse clients. The reliability and validity of the use of standardized tests with minority children have been questioned, and tests have been found to be culturally and/or linguistically biased (e.g., Adler, 1973, 1990; Evard & Sabers, 1979; Juarez, 1983; Kayser, 1989; Leonard & Weiss, 1983; Schloff & Martinez, 1982; Taylor & Payne, 1983). Participants advocated for clinicians to develop and publish culturally and linguistically appropriate materials, tests, and resources. Use of bilingual, bicultural public library resources such as books, dictionaries, and videos for assessment and treatment purposes were also suggested. One panel member presented examples of bilingual communication boards developed in collaboration with the client's family, to facilitate daily communication with health care providers (Loftus, 1995). The use of nonstandardized procedures has been presented as a viable alternative to the use of standardized tests (Bernstein, 1989; Crago et al., 1991; Harris, 1985; Leonard & Weiss, 1983). Crago et al. (1991) have even proposed that "nonstandardized procedures ought to become the standard procedures, particularly for minority language populations" (p.44).

The increased time required to serve clients speaking more than one language has become a clinical concern. Today's professionals are often expected to do more with fewer resources. As a result, professionals may experience feelings of helplessness in their efforts to meet the needs of this population. Emotional responses to providing services to clients from culturally and linguistically diverse backgrounds have been acknowledged as affecting clinicians and clinical practices (Westernoff, 1991, 1995). To this end, the audience suggested that colleagues support and empower each other professionally. Participants advocated for opportunities to network within and across facilities,



as well as through provincial, national, and international associations. A group of clinical educators representing six countries made similar recommendations to enhance opportunities for international exchanges of information through multiple avenues using print media (e.g., journals) and telecommunication technology (Pickering et. al, 1998).

Employment Settings

There are government documents addressing racism and ethnocultural equity in service access and delivery (e.g., Ontario Ministry of Education and Training, 1992, 1993; Ontario Ministry of Health, 1995). These documents affect policy development in specific work places and will impact on subsequent speech-language pathology and audiology practices in both educational and health care settings. For example, the *Antiracism and Ethnocultural Equity Draft Policy* of the Toronto District School Board (1998) advocates for professionals to ensure "that parents/guardians and students (as appropriate) make informed programming, placement and academic decisions" (p. 4.). In response, the audience recognized the need to translate information and brochures into the languages of their clients. It was further suggested that available resources be accessed (e.g., The Hospital Interpreter Project, 1997), inservices on communication disorders be provided for volunteer interpreters, staff be trained in high incidence languages, agencies be coordinated to share information, and hiring policies be designed to better reflect the changing demographics.

Professional Associations

There has been limited consideration of cultural and linguistic concerns from Canadian professional associations. The CASLPA Position paper on speech-language pathology and audiology in the multicultural, multilingual context (Crago & Westernoff, 1997) provides professional guidance. In Ontario, the OSLA Professional Interest Group: Multicultural Multilingual Issues provides networking and professional development opportunities. The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO), whose mandate is to protect the Ontario public, has not yet formally addressed the issue of service delivery in a pluralistic society. CASLPO has however, identified equitable access and cultural diversity as one of its three priorities (Peloso, 1997).

Participants indicated that they are looking to professional organizations for further support in issues of diversity. They suggested that a needs' assessment of clients from diverse linguistic and cultural backgrounds be conducted. The recommendation for associations to establish professional standards and accreditation for clinical competency is supported in the literature (Pickering et.al., 1998). Specifically, participants were encouraged to become involved in the development of CASLPO practices and guidelines through participation in the Quality Assurance and Patient Relations Committees. The audience rec-

ommended that associations sponsor professional development opportunities including forums for discussion with other professionals practising in long standing multilingual contexts (e.g., United Kingdom, Belgium, South Africa), a data bank of international programs (e.g., Doctors Without Borders), and professional exchange opportunities.

Despite the acute need for bilingual, bicultural clinicians, those trained in other countries face particular challenges when seeking positions in Canada. Participants described a lack of acceptance of different qualifications, the time required to establish proficiency in one of Canada's official languages, and lack of professional acceptance due to accented speech as barriers to practice. They suggested that professional organizations and colleges examine and modify standards for professionals from foreign countries, and consider the development and implementation of recruitment policies.

Universities

Canadian universities that train students as speech-language pathologists have historically placed limited emphasis on meeting the needs of the multilingual, multicultural population. Although this lack of training appears to be changing to some degree in some programs, there remains the need for increased training opportunities. Speech-language pathologists must become familiar with aspects of biculturalism, bilingualism and second language acquisition (American Speech-Language-Hearing Association, 1985a; Cheng, 1990; Cummins, 1984; Juarez, 1983; Mattes & Omark, 1984; Nicoladis & Genesee, 1997; Taylor & Payne, 1983; Wiener & Heller, 1985), develop ways of accessing the services of interpreters (Ortiz, 1990), and study the socialization patterns of cultures (Crago, 1992). Participants recommended using existing multimedia and telecommunication technology to create interdisciplinary networks with other university departments to pursue relevant course work. Examples included connecting with the Faculty of Education or Ontario Institute of Studies in Education at the University of Toronto regarding second language learning, consulting social work departments in reference to counselling multicultural families, and linking with linguistic departments for cross linguistic information. In addition, universities could offer experiences with different cultures and languages in preservice training through clinical placements and exchange programs. Recruiting applicants who speak different languages was also suggested. The need for Canadian-based research in the area of multicultural, multilingual issues was highlighted and is further supported in the literature (Nicoladis & Genesee, 1997).

Changing demographics have created the potential for new roles in communication sciences and disorders. The audience suggested that clinicians be involved in the training of professional interpreters. In addition a new professional role could be created by combining the expertise of communication disorders assistants and interpreters. Such personnel would be viable



partners for collaboration with speech-language pathologists and audiologists in pluralistic settings.

The Government

Canada's multicultural policy has resulted in numerous governmental programs and the need for their review (e.g., Corporate Review Branch, 1996). Government support in the provision of services in pluralistic settings is required at both the provincial and national levels. The audience recommended the development of a task force within the Ministries of Education and Health to address current professional issues pertaining to multiculturalism, and increased sharing of best practices among child treatment centres of the Ministry of Community and Social Services. Participants felt that cultural organizations should be recognized and their participation in decision making in health care and school board settings be encouraged.

Summary

The audience attending the OSLA interdisciplinary panel presentation was clearly aware of professional issues affecting clinical practices with clients from culturally and linguistically diverse backgrounds. Participants emphatically contributed recommendations to address identified issues at professional, employment, university, and government levels. Awareness of existing barriers and the development of recommendations are preliminary steps in facilitating our professions' ability to meet the needs of clients in a diverse society. Actions are urgently needed to support speech-language pathologists and audiologists in better serving clientele from culturally and linguistically diverse backgrounds. Further opportunities for professionals, along with consumers to proactively effect change are imperative as service demands and professional roles evolve towards the next millennium.

Acknowledgements

The authors wish to thank Margaret Loftus and Catherine Lowe, panel members of the OSLA 1996 Conference session Promising Practices in a Multicultural and Multilingual Society: Interdisciplinary Perspectives, for graciously sharing their knowledge and experience. In addition, the participation, candour, and concern of colleagues attending the presentation is gratefully acknowledged. This article could not have been written without their involvement. We hope we have accurately represented their professional interests.

Submitted: July, 1997

Accepted: February, 1999

Please address all correspondence to: Theresa Young, Durham District School Board, Speech, Language and Hearing Services, 400 Taunton Road East, Whitby, Ontario L1R 2K6.

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