



CASLPA-ACOA

**Position Paper on Speech-
Language Pathology and
Audiology in the Multicultural,
Multilingual Context**

By

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Process

The CASLPA ad hoc committee to create a position paper providing professional guidelines for the evaluation and treatment of clients from culturally and linguistically diverse populations was formed in 1991. This committee, under the leadership of Martha Crago, professor in Communication Sciences and Disorders and Canadian expert in multicultural dimensions of the acquisition of language and communicative competence, was comprised of speech-language pathologists and audiologists with special experience, interests, and expertise in issues of diversity (Sylvie Charette, Agnes Garneau, Wendy Hough, Anne Marie Hurteau, Connie Lisio, Chantal Pelletier, and Fern Westernoff), with support from leading experts in the area of bilingual issues (Jim Cummins and Jack Damico).

The development of such a position paper required an extensive review of the literature on issues of cultural and linguistic diversity in the field of communication disorders, much of which was developed in the United States and required adaptation to the Canadian context. Following several full committee meetings, numerous small group meetings, and significant individual efforts, a draft position paper was developed. This draft was reviewed by Jim Cummins, Carol Westby and her doctoral students in the Department of Communication Disorders at Wichita State University, and the Ontario Association for Speech-Language Pathologists and Audiologists Interest Group on Multicultural Multilingual Issues. The input from these knowledgeable professionals provided the basis for the revisions in the 1996 draft document, which was submitted for consideration of acceptance by the CASLPA Executive. The draft was accepted for widespread peer review in July 1996, and revised according to the feedback received. In May, 1997 the draft was submitted to the Executive and National Council for ratification. Recommended changes were incorporated into this final document.

The Canadian Context

This position paper recognises Canada's evolving and increasingly multicultural and multilingual context for practice and service delivery. The Canadian context includes: (a) two official languages, French and English, and their respective cultures; (b) a growing number of other languages and cultures; (c) significant populations of Aboriginal people, many of whom speak native languages; and, (d) members of the deaf culture who use gestural languages. Changes in the Canadian population will continue over time and will have an ongoing impact on the nature of service delivery by speech-language pathologists and audiologists.

Underlying Premises

This position paper is based on the following underlying premises:

1. Speech-language pathologists and audiologists need to develop certain competencies to operate effectively in the present diverse cultural and linguistic context. The development of such competencies will involve significant changes in knowledge base, current practices, professional roles, and service delivery.

2. Equitable and appropriate assessment and intervention in a culturally and linguistically diverse context will require critical reflection on the part of speech-language pathologists and audiologists to identify potential sources of bias and impediments to effective collaboration with culturally and linguistically diverse clients.

3. Persons from diverse cultures have a variety of concepts and definitions of communication disorders, of impairments, and of intervention, all of which will influence service delivery.

Professional Competency

Professional competency for service delivery in a multicultural, multilingual context may be achieved through: (a) bilingual-bicultural clinicians or (b) a group of collaborators who combine their complementary interactive competencies. Such a group would include a speech-language pathologist and/or audiologist, in addition to collaborators who are able to communicate in the relevant language/dialect with native or near native proficiency and who are from the same cultural background as the client. These collaborators might be other bilingual professionals (e.g., trained interpreters, teachers, psychologists, second-language teachers), as well as bilingual-bicultural paraprofessionals (e.g., family members, members of the client's community). Moreover, there is a need to develop trained liaison personnel who are competent in the client's culture and language and who have basic knowledge of communication disorders.

Issues Pertinent to the Provision of Service Delivery

Speech-Language Pathology Issues

Issues affecting current speech-language pathology practices are as follows:

1. Appropriate assessment implies that: (a) the identification of disorders is optimally made in the first language (L1), combined with assessment in the second language (L2); (b) the assessment is culturally and linguistically appropriate; (c) the assessment is ongoing; (d) the assessment process is naturalistic, holistic, and includes the use of nonstandardised approaches; (e) the assessment considers societal factors that may be impeding language proficiency (e.g., first language loss, biased educational practices, premorbid language mastery); and, (f) the reports of the assessment are descriptive.

2. In the identification of language disability, speech-language pathologists and their collaborators need to make a primary distinction between (a) clients who are not appropriately proficient in their L2 despite full language potential, and (b) clients who are not fully proficient in L1 and L2 resulting from a communication disorder. In the former condition, speech-language pathologists and their collaborators providing services to children should play a consultative role by providing information on programming strategies and environments which promote both the mastery of L2 as well as the retention of L1. This role may have preventative benefits. Premorbid language mastery should be considered in cases of acquired communication disorders. A language disability that requires the provision of clinical and consultative services would only be appropriate when a true communication disorder is identified.

3. Intervention services should be provided by the speech-language pathologist and collaborators in the client's L1 when appropriate. It is preferable for bilingual individuals and for children in bilingual educational settings, including immersion programs, to have bilingual/bicultural intervention.

4. Appropriate clinical management requires the use of culturally adapted intervention materials, strategies, procedures, and interpersonal contexts.

5. Dialectal variations of English/French and accented speech are not pathological and therefore should not be treated as such. However, speech-language pathologists may provide elective clinical services to nonstandard English/French speakers who seek the service because they find it advantageous to have access to the standard dialect.

Audiology Issues

Audiological diagnosis can be made, in part, using nonlinguistically based materials. Therefore, a monolingual audiologist can administer certain tests without affecting the validity of the results. These include impedance measures, oto-acoustic emissions, and auditory evoked responses.

Measures such as pure-tone testing, speech reception thresholds, and word intelligibility testing, and other linguistically based or mediated materials should ideally be given to clients in the language of their choice.

Other parts of the audiological evaluation (e.g., case history, explanation of results, counselling, instruction) and audiological habilitation/rehabilitation should follow recommendations in other sections of this paper, as appropriate.

Responsibilities

To develop an appropriate knowledge base, speech-language pathologists and audiologists must: (a) develop their own awareness of cultural and linguistic factors affecting the communication of persons from different cultures, (b) assume an advocacy role for the particular needs of their clients, and (c) foster research in areas of cultural and linguistic diversity and communication sciences and disorders. Moreover, universities must provide specific information and training. The professional associations and colleges, for their part, must address multicultural and multilingual issues by making them a part of their educational and accreditation process. Finally, the workplace should recognise and promote the multicultural and multilingual nature of professional work in speech-language pathology and audiology.

Continuous Development

Since population changes are ongoing and dynamic, and professional competencies in multicultural and multilingual contexts are expected to develop, professional practices must be updated regularly.

A position paper represents the direction CASLPA has taken on a particular topic or provides guidelines for particular areas of practice. These positions are time-bound, representing the thinking at a particular point in time.

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