CSHA California Speech-Language Hearing Association
Caring for Communication
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Diverse Voices

The mission of the Diversity Issues Committee is to assist CSHA members in increasing knowledge and awareness of issues related to cultural and linguistic diversity in speech-language pathology and audiology

ISSUE 10 MARCH 2012 NEWSLETTER

Diverse Voices at ASHA San Diego

Meet Dr. Li-Rong Lilly Cheng

A Founding Member

Over the past ten years, the population of the Diversity Issues Committee has included many fervent proponents. While at the ASHA convention in San Diego, the current members found Dr. Cheng enjoying conversation with some international delegates in the lounge. She enthusiastically shared with us a review of the history of the committee and its goal as a group. Her passion was extremely contagious and recommitted the members towards its mission. So many past Diversity Committee members continue to contribute their time and efforts towards increasing awareness for cultural and linguistic diversity issues. Dr. Cheng explained her views of the scope of our cultural and linguistic diversity within the speech-language pathology California community. Above: left to right are Dr. Damian Huertas, Dr. Lilly Cheng, Dr. Pamela Norton, and Sandra Gaskell, CCC-SLP.D Candidate.

Committee Activities 2011-12

1. Continue to expand the multilingual glossary to other languages
2. Publish a web-based seminar on least biased assessment
3. Preparing a literature review paper exploring issues of underrepresentation of male professionals
4. Expanding communication and access via the Yahoo Group

Committee Activities 2012-13

1.100 Word Glossary complete two more languages
2. Contributions for a survey of male SLPs and recruiting participation
3. Standardized tests and a review of the norms for use with different populations
4. Continue to add contributions for the Yahoo Group links and articles
5. Coordinating the development of an advisory committee made from diversity committee alumni

Volunteers sought for a pilot study for acquiring cultural competence and language readiness

by Ying-Chiao Tsao, Ph.D., CCC-SLP.

How do you address the increasing diversity of languages in the populations we serve in California? We can't learn even a small percentage of all languages of the clients we serve fluently and at the same time we need diverse language and cultural information to serve our clients well.

Fortunately, one of our CSHA members and CSU-Fullerton faculty, Dr. Ying-Chiao Tsao, has designed an online, self-paced web course to help clinicians understand cultural competence and the fundamentals of acquiring functional communication in any language. **Promoting Cultural Competence and Language Readiness** is a new self-paced online tutorial developed by Dr. Tsao and supported through an ASHA Multicultural Grant. This new program is currently in the process of gaining ASHA CEU, with a peer-review by multicultural experts already completed and a pilot study in the works.

The six-hour online course is designed to help speech-language pathologists become "language ready," that is, to pick up functional communication in any language of the clients they serve.

The course is ideal for clinicians who have a highly diverse caseload and/or want to increase their rapport with the clients and families from diverse cultural and/or language backgrounds.

Dr. Lilly Cheng (UCSD) leads the introduction on the topic of cultural competence in a 90-minute video presentation, followed by 3 other learning modules, with step-by-step procedures and video demonstrations. The objectives of the course include: (1) knowledge of how to cultivate cultural competence; (2) knowledge of "language readiness" and how it is related to serving diversity; and (3) how to acquire functional communication in an unfamiliar language and apply it to clinical settings. The language protocols (including video resources) are available in Mandarin Chinese, Korean, Spanish, Urdu, and Vietnamese.

Dr. Tsao is now recruiting clinician volunteers for a pilot study. Email her at ytsao@fullerton.edu to participate – hurry, space is limited!

Announcement: Two positions for the Diversity Committee will be available for the 2012-14 term. If interested, please contact Damian Huertas at dochuertas@gmail.com

Are you looking for MORE RESOURCES, LINKS, AND ARTICLES??

WHY NOT JOIN YAHOO GROUP?!

csha_diversity_committee

http://groups.yahoo.com/group/_csha_diversity_committee/

The vision of this Yahoo Group site is to (a) establish and bolster a platform by which those interested in issues of diversity in the field of communicative and hearing disorders can collaborate and exchange resources and information, (b) foster and develop ongoing dialogues of conversation on diversity issues, and (c) align best practices that will enhance culturally and linguistically aware speech, language, and hearing services.

Male Speech Pathologists: An Interview with Dr. Fred DiCarlo, Ed.D. by Damian Huertas, Ed.D.

How and why did you become a speech-language pathologist (SLP)?

The field of SLP was a second career. Prior to entering the field, I was an undergraduate student in business administration. I was in the business world for about 10 years. However, I was not enjoying my career in business and so I decided to do something different. I left the corporate world and went to school to become a massage therapist. While in school as a message therapist, I had some time to reflect on my career and what I wanted to do for the long haul. I felt that being a massage therapist would provide me with a financial base temporarily; however, I wanted more. At first, I wanted to do something in education; possibly teaching. So, I explored the academic requirements needed to become a teacher and the salaries of teaching positions. Then I decided to research health care (i.e., PT, OT, and SLP). I started with observations of therapy sessions in schools and health care. Following my observation within the SLP profession, I realized that the profession of SLP included both a teaching and a health related perspective, theoretically and clinically.

At that point, I determined that becoming an SLP would afford me an opportunity to work in a profession that was diverse in educational and health care opportunities. It would be the best of both worlds for me.

I feel that my strength is the ability to communicate effectively with all individuals, therefore becoming an SLP sparked my interest even further and I knew I was going to be an SLP. So, the next step was to earn a master's degree in SLP. Fortunately, Nova Southeastern University (NSU) provided me with an opportunity to receive a master's degree in SLP, while working as a massage therapist for a chiropractor. Having that massage therapist license came in handy as I pursued my advanced degree. I proudly graduated in 1996 and eventually my passion as a clinician was to treat the adult and geriatric populations in the area of dysphagia.

As a male SLP, have you experienced or observed professional and/or social issues regarding gender?

Overall, as a man in the medical setting, professionally/socially I did not notice any significant differences. However, I can recall when I worked in the hospital and many of the patients would refer to me as a doctor and the professional females as nurses or clinicians, I found this mostly to be from the geriatric population, probably due to their traditional perceptions of male and female roles.

In terms of being a gay male, I was fortunate and felt that I was always treated equitably and respectfully. I feel that this is because I have always lived in an urban and diverse city or community that is accepting of diverse populations. I was and am open with all of my coworkers about my sexuality. The settings that I have worked in have always been affirming to my sexual orientation.

However, I do recall when working in a skilled nursing facility choosing not to be open with my geriatric patients or residents. I found that the geriatric patients had a need to know about my personal life, probably due to my time with them during extended treatment periods or the need for bonding with me because of the lack of family visits. I at times chose to be very discreet with these patients regarding my sexual orientation. For example when they would ask me, are you married or do you have a girlfriend or I want to fix … you up with my granddaughter? I felt awkward and wouldn't share. However, that was probably my own insecure perception of how the geriatric client would react to my disclosure.

Based on the percent of males within the profession, what are your opinions and thoughts about the needs for recruiting male Aud/SLPs, what are your thoughts on the perceived barriers and strategies for recruitment and retention issues?

We [the profession] need to take a realistic and assertive initiative. Are we going to go and represent ourselves as male SLPs and promote the profession? Are we going to go as professionals and speak about the different aspects of the field and to describe all of the work that we do and how rewarding this work can be for males? Will and should most of the recruiters be male? Does salary play a factor in recruiting more males? Is it possible to recruit more males? Yes, but it "takes a village", the SLP profession to take on this initiative.

During your time as a student clinician, can you recall any experiences that may have been attributed to being male?

I recall a time when I was an extern working in the hospital in the NICU. While in the NICU, it appeared to me that all of the female

(Cont. on page 3)

(Cont. from Page 2, Male SLP)

nurses were not as open or comfortable with a male SLP being in the NICU as compared to a female SLP. Perhaps though, this was my own perception because of lack of experience or just the fact that I was a male SLP providing treatment in a female dominated setting, where mostly mothers were present and breast feeding, which often was a basis for SLP treatment. My own comfort zone probably needed time to develop when treating in the NICU.

During your time as a professional clinician, can you recall any experiences that may have been attributed to being male?

During my time as a clinical supervisor, I pretty much had all female graduate students. One of my colleagues asked some questions, if I thought that being a male might be more challenging in working with mostly females. Or if it was too difficult for me because of how I was going to relate to them. I felt that my education and experience and ability to translate my skills were solid. Sometimes the male and female dynamic can be better. I have noticed that in the female to female dynamic: sensitivity can be an area of concern. Females might cry over X, Y and Z while males will rarely show their expressions. However, I had to stop and think if I would be sensitive enough for the females I am supervising? Perhaps as a gay male, I can be more sensitive? Gay men may be more empathetic. In any event, I thought that regardless of my gender my clinical skills would be my foundation of how I would share and interact in the professional setting.

Have you shared your experiences with other members within the profession?

I have often participated in discussions regarding the shortage of males entering the SLP profession in the academic setting in which I am employed and with colleagues in general. Specifically, I can recall many times during new student MS-SLP orientations at the university, that I am employed and thought, along with my colleagues "wow there are two males starting the program out of 35!" It comes up every time we have a new student orientation. It continues to make you wonder why we are not getting more males. I can also recall talking with the L'GASP group about the shortage of males in the profession.

(Cont. on page 5)

Speech-Language Pathologists Supporting Indigenous Language American Indian Credentialed Teachers

By Sandra Gaskell, CCC-SLP, SLP.D NSU Candidate
Registered Professional Archaeologist

Ask yourself, "How did my family come to live in California?" There are over 400,000 people living in California that did not come here from any other place. Across America there are about 565 home lands where Indian Education is incorporating indigenous language into everyday life. Out of these areas, some have been actively revitalizing their speech through language immersion programs. Indigenous languages are perceived as playing a major role in life on the reservation. Issues in the Speech-Language Pathology practice interface with issues regarding immigration, migration of dialects, and native languages.

Indigenous California Native speakers use ancient languages rooted in anthropological migration theories relevant today in communication recognized over the generations. Today's Speech-Language Pathologist's work in the geographic regions where the shadow of the original languages exist. In today's geo-political climate where Tribal political power can shape a region, there are first language reversals by youth in the California educational system. While local indigenous people speak indigenous languages during language revitalization efforts, some of the larger California Native American groups speak languages as their first language upon entering the California educational system.

According to the US Census 2010, American Indian and Alaska Native is defined as any person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. Many of the tribal land bases were enforcing strong participation in the 2010 census counts including the numbers of home language usage. In America as a whole, 1% of the population of 307,006,550, or 3,070,065 indigenous people on and off of reservations claim to be associated with a language group. In California the total numbers represented in the census was 1.2% of the total population of the state which would be about 443,539 people of American Indian descent. California was the last to feel the impacts of colonization across North America. It was only eight generations ago that people original to this state were free of outside languages on the inland and foothill regions.

The socioeconomic levels across Indian Country may be seen in the contrast between the Federally Recognized Tribes with Casino holdings and the reservation Native American Indian Californians without these enterprises. There is also a contrast between the Non-Federally Recognized families and those families with access to funding at the Federal level. Indigenous language programs that exist within these linguistic territories with access to funding are flourishing around the state. Speech professionals working in Indian Health Services are aware of the special challenges in servicing the denser concentrations of indigenous language groups.

The article in the Diverse Voices 2011 issue outlined the legislation and linguistic divisions recognized in 2010. The California legislature created the American Indian Language Credential that can be viewed on the State of California Commission On Teaching Credentialing website. Through the use of the Tribal language teaching credential signed into law by Governor Schwarzenegger in September of 2010, the indigenous languages may be analyzed by the Tribe. Language teachers holding a current teaching credential should be able to offer the indigenous language courses in the public education system (Coto, 2009; Janssen, 2010). President Obama made an announcement on December 16 of 2010 declaring the United States support of the United Nations affirming respect for the institutions and cultures of our indigenous people (VOA, 2010).

The field of linguistics had been historically charged with advocating language preservation, yet the linguists worked in the 19th century to record dying languages county-by-county (Dixon, 1903). Speech-Language Pathology professionals are advocates within any linguistic domain where assimilation over three generations has left language between two linguistic groups and a new dialect of their original language (Gutierrez-Clellen, 2007). Recognizing all American English dialects as rule-governed linguistic systems, the complexity of the indigenous language and adverse consequences of the dialects during culture contact created vowel shifts in phonological systems (ASHA, 2003). This expansion, or vowel shift, may have had consequences in the areas of lexical, phonetic, and grammatical functions of regional speech and language (Ritterman, 2001). *(Cont. on page 6: Indigenous Languages & SLP)*

THE 100-WORD Multilingual Glossary Project: An Update

By Betty Yu, CCC-SLP, Ph.D.

With the100-Word Multilingual Glossary project, the Diversity Issues Committee aimed to provide translations of one hundred frequently used words in the Communicative Disorders field. Drafts of the Spanish, Chinese, and Hungarian versions of the glossary were completed last year. To address regional variations, reviewers were recruited to provide feedback about the translation choices in these glossaries. The reviewers were asked to comment on whether they felt the translations were appropriate and to provide alternate translations for the items that they felt were inappropriate. The reviewers were all practicing speech-language pathologists or audiologists who were bilingual and biliterate. As much as possible, reviewers were invited who represented a variety of dialectal affiliations. As a next step, the Diversity Issues Committee plans to consider the reviewers' feedback, address any regional discrepancies, then finalize and distribute these three glossaries. The committee has also begun translations of the 100-Word Multilingual Glossary into German, and Portuguese. Thank you to all of the reviewers who have offered their help.

BEST PRACTICES QUESTION:

Question: What are best practices regarding the assessment of preschool children who come from households where English is not the primary language spoken in the home as it relates to special education eligibility in public schools?

The question being asked contains two parts: the first asking about best practices relating to least biased assessments for bilingual children, and the second asking about eligibility determination for preschool students in public schools.
Any assessment for a child whose native language is not English involves various factors (both from a legal standpoint and based in research).

First and foremost, the child's native language needs to be taken into account when assessing bilingual children. Federal and state mandates indicate that when assessing a child whose native language is not English, students are not eligible for services if their academic needs are primarily the result of environmental, cultural, or economic disadvantage. As such, evaluations and placement procedures must be nondiscriminatory and conducted in the child's native language, unless clearly not feasible to do so. This allows the IEP team to determine if such factors can be ruled out as a possible contributing factor for the academic needs.
The policies and standards for special education states that children whose primary language is not English must be assessed in their native language in order to assess their true capabilities. Regrettably, the use of traditional assessment tools has been relied upon heavily to identify children with special needs. When assessing bilingual children, the typical assessment tools have rarely, if ever, considered a child's background or native language

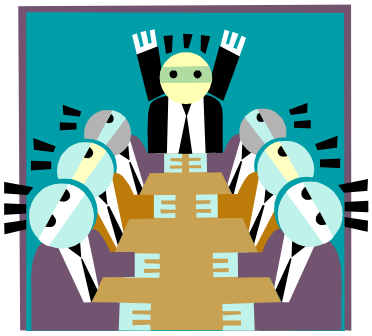
Additionally, within federal and state legal mandates, it is indicated that children are not eligible to receive special education services if "problems" are evidenced by limited experience in using English and not in their native language.

Researchers have defined a true language disability from a language difference when the language difficulties of a bilingual individual are evident in both languages. Clinicians should be aware of the different domains of second language acquisition (i.e., BICS vs. CALP) and how each can be displayed differently for each child for each of their respective languages. Determining the dominant language has been used as a false rationale towards assessment in one language versus another. The use of CELDT scores as a determination if a child will exclusively be assessed in one language must be approached with extreme caution. The IEP team should be made aware that CELDT scores do not accurately depict English language acquisition. Basing the rationale to exclusively test in one language because of expressive language preference will also yield inaccurate results. A clinician must also remember that the child possesses receptive and expressive language skills in each language at different levels and that they can be demonstrated with varying strengths.
Language dominance is contextually based upon the environment (i.e., at home, school or otherwise). A child may display a preference to verbally respond in English; however, this does not negate receptive language skills and comprehension for their native language. Both domains for each language should be assessed.
The use of standardized assessment tools when assessing bilingual children must be used with caution because the samples upon which the tests were normed may not have included bilingual individuals. The validity and the reliability of the results of any assessment tool used to evaluate a bilingual child which has not been normed on such individuals should be questioned. Therefore, any recommendations based upon said results need to be considered with extreme caution.
(Cont. on page 7 Best Practices Question)

DIVERSITY COMMITTEE REPRESENTATION AT THE CSHA BOARD MEETING JANUARY 2012

Diversity Committee Report

The Committee met in September and held a conference call in January. The March 2011 Diversity Newsletter will be placed inside the convention packet and will be available through the use of a QR reader. Issues currently being addressed by the committee include an online CE product focusing on assessing trilingual adolescents, providing networking opportunities for NSSHLA students, exploring strategies for addressing the shortage of male SLPs. The committee is also planning to develop an advisory board. Past members of the Diversity Committee have been contributing guidance to the acting committee. In attendance at the CSHA board meeting were past members of the Diversity committee and asked some important questions during the committee presentation.



(Cont. on page 6) [L'GASP-GLBT Caucus is a group of lesbian, gay, bisexual, and transgender professionals which provides a forum in which to meet other gay, lesbian, and bisexual professionals and discuss issues that concern the professional lives of SLPs and audiologists]. However, beyond this one discussion that I was a part of, I am not sure what is being done to recruit more males.

Do you feel that an inclusion message about diversity is being explored and promoted by the profession?
Yes. Within my academic setting at NSU it is constant. NSU's core values include diversity. Accreditation for various departments and schools within NSU, in addition to ASHA accreditation emphasize diversity for students and preparing them for the populations that they will be serving as a professional. I have taken an active role as a clinician, clinical supervisor, professor and administrator to make sure that diversity of my students and the diverse populations my students will serve is always considered.
Do you think that it has changed overtime? Yes, it has become more of a focus. I have seen a change. I have been in the profession since 1996 and it has changed and gotten better. However, I still feel that inclusion of sexual minorities in diversity education lags behind somewhat. Health care has done a lot work regarding discussions relating to sexual minorities. More than ever though it has improved: however, it is still lagging from the majority of research.

You conducted some research about sexual orientation and sensitivity in our profession. Can you summarize the research and its findings? Share some of your ideas about sensitivity regarding gender and sexual orientation for clinicians and clients.
Prior to applying to a doctoral program in SLP, in the late 1990s, I was working in a hospital setting and working with two SLP extern students from two different universities. We were working in the outpatient clinic at the time. One day, a male patient was referred to me by an ENT for a voice assessment and treatment. I was supervising the externs as they greeted their client in the lobby. The client was an entertainer, very effeminate, and very open about his life and his sexual orientation. It quickly became apparent to me that one of the students was very uncomfortable while taking the case history as compared to the other student. At this point, I asked myself two questions: why was one of the students so comfortable as compared to the other student and are graduate programs in SLP including sexual minorities in their diversity education? This one incident prompted me to eventually pursue a doctoral degree in SLP and to focus my applied dissertation on diversity education, specifically in the area of sexual minorities. *(Cont. on page 6)*

DEFINITION OF DIVERSITY?

Over the past ten years there have been many cultures, languages, aspects of the speech pathology and audiology professions, and diverse specialties within our scope of practice represented. We sometimes consider that culture and linguistics are the focus of the concepts behind the founding member's purpose for forming the group. In actuality, the diversity within our profession is a dynamic range of activities and ideals. Linguistic and cultural groups which have been represented in the population of the committee members has been from most of the large geographic regions of the world. In the past, committee members represented Eastern Europe, Asia, the aboriginal North American Continent, Hispanic, the African-American contexts and many others. Another group of diverse populations could be the medical arm or the educational branch. Many of the Special Interest Groups of our national organization have been translated into a more localized group of interested and diverse individuals. During a conversation with our CSHA Director the concept behind the development ten years ago of the Diversity Committee was to give a forum for professionals to collaborate. Join the conversation!

(Cont. from page 3) Indigenous Languages and the SLP

Diagnostic procedures for least-biased assessments of American Indian students are essentially dependent upon an understanding of indigenous language influences or dialect variation identification. Culturally sensitive pre-referral intervention should be a practice where indigenous family members are present in the public educational system (Silva, 2005). Today in California there are 28 regional American Indian Education centers. Many indigenous speakers in California and across America have assimilation stories and Indian Boarding School experiences (Reyhner, 2005). Resiliency has been seen in the community cohesion in recent years where generations have come to realize the value of their linguistic roots and transcend the boarding school experience (Anderson, 2001).

Contemporary clinicians are required to provide individuals with sufficient information on the historical background, origin, features, and social implications of both the first language and the target dialect to facilitate an informed decision in speech-language services provided to members of this community (ASHA,2003). An essential step toward making accurate assessments of communication disorders in Tribal education is to distinguish between those aspects of linguistic variation that represent regular patterns in the speaker's dialect and those that represent true disorders in speech and language. This study reviews the California Counties, the indigenous practitioners, and the list of the indigenous languages being taught in California in order to assess how the Special Education Code requirements for identifying and servicing students in their primary languages are being implemented. After compiling a list of California American Indian languages being taught by credentialed (AB 544 2009) Indigenous Language instructors there will be an attempt to locate fluent speech pathology professionals.

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"Why is it that only 4.2% of the ASHA member speech-language pathologists nation-wide are of the male gender? To offer your thoughts about why men represent such a small proportion of our practitioners, the implications of this trend, and what actions we can take to address this issue." From 2011 Diverse Voices

Please join the discussion at: http://groups.yahoo.com/group/csha_diversity_committee/

The Male Survey can be found on the above group site. Or you can access the survey by contacting any of the Diversity Issues Committee.

Picture Below:
(CSHA Diversity Committee members, past, present and future.)

(con't from page 5- Male SLP)

I entered a doctoral program in SLP at NSU in 2002 and pursued a dissertation in the area of diversity, specifically sexual minorities. The desired outcomes for my dissertation was to develop a diversity-training workshop on gays and lesbians, for preservice, master's-level graduate students and to assess the effects of the workshop on students' use of affirmative clinical practice with gay and lesbian clients and on their attitudes and sensitivity toward this minority culture. There were 2 groups (1 experimental – which received training, and 1 without training). There were pre and post surveys. Unfortunately, the results were not statistically significant. However, overall there was some improvement in student perceptions of the experimental group versus the control group. Obviously there were limitations to my study (e.g., the limited amount of time in which the study was conducted). Overall, I had to stop and question, "How can I expect that a 2 hour training/workshop will change people's attitudes and beliefs? Attitudes and beliefs of a minority group are complex and have various components that develop over time." *(Cont. on page 8)*

From Migrant Worker to Speech Pathologist

By Carla Hulfish, M.S. CCC-SLP, SLP.D NSU Candidate

I am a Hispanic-American and most of my life I have felt invisible. Although, I was born in America I always felt like there was something wrong with me. My parents were migrant workers with very little money which meant most of my clothes came from thrift stores and most of our food came from "white cans" that contained an odd assortment of food substances. I would like to be able to state that although we were poor, my parents provided a stable household where the children were the focus and education was important, but this was not the case in my circumstance. There was a lot of violence, alcohol, multiple episodes of child abuse, and neglect.

The first time I realized I was different than other kids in my school was when I was in middle school and a boy asked me what was wrong with my skin and when I asked what he meant he said that I was brown which made me look dirty all the time. After this episode I felt more alienated and out of place.

In high school, I made a White friend that lived down the street from us. I was always excited when I was invited over for dinner because her mom always made fried chicken, vegetables, and mashed potatoes which was a real ...(cont. page 8)

(Cont. from page 4)

BEST PRACTICES QUESTION:

Placement decisions supported by biased assessments will incorrectly place students into special education programs. Such students perform poorly on standardized English language tests because of cultural and linguistic differences on which the tests are normed (Roseberry-McKibbin, 1994). The challenges faced by bilingual children are viewed as true deficits rather than being explored as potential cultural differences (Damico & Damico, 1993). The clinicians need to realize that the use of tests which are normed to middle-class, monolingual, English-speaking children is not acceptable for the language assessment of bilingual children because this usage of testing may yield less than accurate results (Roseberry-McKibbin).

The incorrect placement of bilingual children into special education programs will negatively impact the children's feelings of self-worth (Cummins, 1980) for any of three reasons:

1. It may send the message, whether explicit or implied that English is the only language valued.
2. Being bilingual will create learning difficulties and emotional or behavioral problems.
3. It may denigrate the child's home language and culture (Kayser, 1998).

Therefore, an area that needs to be documented is the validity and adequacy of assessment tools and procedures. More specifically, the testing materials and procedures conducted in a child's native language will need to be documented. If the child's native language was not used, the examiner will need to document the rationale for which language was used. As with any assessment relating to eligibility, no single assessment tool can be used to determine special education services. The examiner will need to address the possible impact of socio-economic status, cultural differences, or lack of environmental opportunities. Students can only qualify if the discrepancy exists due to disorder and not a result of environmental, cultural, or economic disadvantage. In fact, because of the complexity and the nuances in assessing a bilingual child; a number of assessment tools are to be used and needed to document/justify the findings and their related impact towards accessing education. The lack of conducting an appropriate and least biased assessment will negatively influence the quality of professional services, such as (a) treatment, (b) counseling, and (c) family interaction.

Therapy applications which do not acknowledge a child's background and second-language acquisition will focus on topics which may not exist in the child's primary language. There are some phonemes which occur regularly in some languages, where in others, they are nonexistent. Specifically, in the case of the English phoneme 'sh,' an individual whose primary language is Spanish may substitute the phoneme 'ch.' This substitution may sound like an articulation error, but it is really a manifestation of a dialectical variation

Another example could be language forms, which are acceptable in one language and not in another. More specifically, in Spanish, double negatives are considered grammatically correct where in English they are not. Working on themes and topics that do not occur in the child's primary language will be ineffective. This will implicitly signal that English is the desired language of use. According to researchers, (Cummins, 1980; Kayser, 1998; Roseberry-McKibbin), if a child presents with a true language deficit, it would behoove the clinician to work on themes and topics common in both languages to support and increase language skills growth. As previously stated, if an assessment does not acknowledge the native language, any recommendations will have a long lasting negative impact for the child.

Additionally, when using translators, research has also indicated best practices towards the use of translators for assessments and conveying the results of the assessment to the family. Steps should be taken to ensure that parents understand the proceedings of IEP meetings, even if an interpreter is necessary.

It is stipulated in the American Speech-Language-Hearing Association ([ASHA], 2003) Code of Ethics that SLPs, and those in the process of becoming SLPs, are required to provide services, which are respectful of the community makeup. Those professionals who are providing less than adequate services for their diverse multicultural clients will be violating the professional code of ethics, as well as state and federal mandates requiring fair and equal provision of services for diverse multicultural students.

When examining and exploring the topic of educationally-based special education and related services under the Individuals with Disabilities Education Act (IDEA), a child must meet the diagnostic eligibility criteria of the suspected disability.

In order to meet the eligibility requirements for special education, specific criteria must be met for one or more of the 13 Federal qualifying disability classifications. In addition, the students' needs cannot be the result of environmental factors, cultural differences, economic disadvantage, limited school experience, visual, hearing, or motor handicaps, or poor school or poor school attendance. Finally, academic needs must be so severe that they cannot be met within general education.

Eligibility for special education can only be determined by a school-based IEP team. An IEP needs to be scheduled and further recommendations made in consultation with the team at the time of the IEP. The summary, conclusions and recommendations contained in any report presented at the IEP are those of the examiner and needs to be shared with the IEP team. Assessment results must be considered by individuals knowledgeable about the child, about assessment and about placement alternatives. Documentation that environmental, cultural, or economic disadvantage is not the reason for qualification will need to be reviewed based upon the data and reports presented. The IEP team in conjunction with additional assessment report(s) and information will need to review any report(s) presented to allow the IEP team to determine eligibility for special education criteria. *(Con't on page 8)*

(Cont. from page 7)

BEST PRACTICES QUESTION:

The information contained in any one report does not constitute a formal eligibility decision, rather a suggestion as to how the assessment information relates to the criteria. Ultimately, it would behoove the school district to conduct any follow up assessments should they feel that the information contained within the provided assessment(s) are not providing sufficient information to assist the team in determining eligibility and related services, if appropriate.

Overall, when assessing a student whose native language is not English, there are many factors that need to be considered in conducting a least biased assessment. More than just adding statements to a report to indicate reliability and validity of assessment results and how an assessment may have deviated from standard procedures, a more in depth investigation of the child's native language and use of other languages are done at school and within their home environment must also be included. The use of cookie cutter approaches towards assessment must not be heavily replied upon. Any assessment conducted is a snap shot of what a child's language skills are. To assist the IEP team in determining if a child is manifesting a true language delay versus a language difference (cultural differences); a team should collect as much information as possible to be confident in making such a determination. Information such as English language support the child receives, attendance, language(s) used at home, language proficiency of caregivers, and language skills compared to other speakers of the child's native language should all be considered and incorporated into the results and impressions of the child's language skills; thereby giving a more complete picture of the student's language skills. This will assist the team in observing how the student does or does not meet the eligibility requirements for special education.

(cont. from page 6)… treat because we ate beans and rice all the time. At the same time she was always excited at eating at my house because they never ate rice, beans, and homemade tortillas.

There are several experiences that helped me get an education and become a speech pathologist. But if I had to put my finger on what was it despite all the obstacles I faced that helped me become a successful SLP, I would have to say that it was the one thing I did that helped me dream of a better life. I was a voracious reader. I learned how to read as a young child and read everything I could get my hands on. In these stories I learned about other places and other people and slowly a small flame of desire for a better life for my children and I grew until I knew I had to do something.

It took me nine years to become a speech language pathologist and I faced many obstacles. But with each obstacle, each time someone said that Hispanics had high dropout rates (I was a high-school dropout), I would tell myself that I can make it. When you are a female Hispanic it is very difficult to get an education because often women are suppose to stay home, cook, clean, and take care of the children, not always but often this is the case. As a young Hispanic woman I felt as if I had two lives, one in the White world and one in the Hispanic world and I had to learn how to succeed in both.

(Con't. from page 6- Male SLP) In the end, a recommendation that I had was to do more workshops and more follow ups to see if training would have a more significant change in students' perceptions of gays and lesbians about.

I submitted for a presidential grant at the university, in hopes of getting funding and continuing the research I had started. Among other modifications to my original research design, I wanted to do 4 half day training sessions with students. Unfortunately, I lost some of my thunder, with no funding and decided to pursue other projects. However, in addition to earning my doctorate in SLP, the dissertation experience was very rewording and afforded me an opportunity to research a topic that I was passionate about.

What are some methods clinicians can use to facilitate more discussions about diversity in our field?

We need to start thinking about the global community and how it is affecting the domestic community. Some of us live in very diverse areas in the United States. There are parts of the United States that are very affirming and some that are not. I'm optimistic, and I think that overall, ASHA and its accredited programs are offering students the information needed to be understanding about the impact diversity will have in our profession and the services that we will offer.

Professionally, I am active in participating and using examples in my courses that include most minorities, inclusive of sexual minorities. I incorporate diverse cultures and minorities in problem-based scenarios that allow the students to "think outside the box" and begin to process, analyze, and use their skills when assessing and treating individuals that might be different from them.

We need to ask questions such as: Are future SLPs going to be more diverse in their overall thinking and application?, Are they going to have a better understanding of what diversity truly means, will the definition of diversity expand even further, will academic settings continue to provide current information on the diverse make up of our communities and settings? These questions are not easily answered and would generate significant dialogue among SLPs and other professionals. Perhaps someone wants to survey university programs to determine the scope, depth and impact diversity education is having on curriculum and students. My thought is that the most important aspect of diversity is to keep the dialogue flowing, so that as a profession, we all can continue to learn from each other's experiences.

The message I received was that if you want to belong to the Hispanic world then you must behave a certain way which for me was to not get a college education. The second message I received is that you will never belong in the White world, but because you are a minority and it looks good to have a minority in our program we will give you money and help you understand the world of higher education. I am not complaining, it is just the way it is. I also am very grateful to all the individuals that helped me become a speech pathologist because it allowed me to contribute to my community in a way that might have not been available to me if I had not become an SLP. My education also helped me help my kids by giving them opportunities to succeed and realize the "American Dream."

http://www.csha.org/diversity.cfm
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