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Assessing services with communicatively impaired bilingual adults in culturally and linguistically diverse neurorehabilitation programs

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ABSTRACT

The combined effect of the steady increase in cultural and linguistic diversity and epidemiological factors in minority populations is estimated to continue having an impact on adult neurorehabilitation programs in the country, particularly in the number of bilingual individuals receiving clinical services. No comprehensive assessment of the present professional and clinical realities in service delivery to communicatively impaired adults in culturally and linguistically diverse (CLD) neurorehabilitation contexts has been conducted. The current survey research was undertaken to examine current professional training, clinical practices, and challenges in the services rendered to the steadily increasing numbers of communicatively disordered adults in CLD neurorehabilitation programs with a special focus on bilingual persons. A 36-question, 6-section survey was administered to health care-based SLPs working with adults to examine multiple factors regarding work setting and caseload, professional training, clinical tools and procedures, service delivery issues, and suggestions to improve clinical work with bilingual adults in CLD neurorehabilitation environments. Results support that SLPs presently make sensible decisions to serve communicatively disordered bilingual adults with neuropathologies despite training gaps and scant clinical resources. Responses additionally highlight critical areas to improve professional preparation and available resources. Results are discussed in terms of strengths and weaknesses as well as their implications to professional education and target research areas in order to minimize present gaps in service delivery with bilingual speakers in CLD adult neurorehabilitation programs.

Learning outcomes: As a result of this activity, the reader will be able to: (1) Discuss the demographic and epidemiological factors that suggest a continued increase in the number of communicatively impaired bilingual adults in CLD neurorehabilitation programs. (2) Describe current strengths and weaknesses in the diagnostic and therapeutic practices employed by SLPs with bilingual clients in CLD adult neurorehabilitation programs. (3) Describe possible strategies to improve current limitations in professional training and clinical resources that would strengthen the current services given to bilingual adults in CLD neurorehabilitation programs.

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1. Introduction

Demographic counts coupled with epidemiological reports underscore the imperative examination of the extent of professional training that speech-language pathologists (SLPs) have and the clinical practices they use to serve communicatively impaired bilingual adults in culturally and linguistically diverse (CLD) neurorehabilitation programs. Ethnic/racial minorities[1] in the country, presently estimated to be 37% (116.2 million) of the total population (316.4 million), are projected to comprise 57% (241.3 million) of the population by 2060 (U.S. Census Bureau, 2012). Currently, Hispanic persons are the largest minority comprising 17% (53.8 million) of the total population, followed by individuals from non-Hispanic racial groups which include Blacks or African Americans 13.2% (41.8 million), Asians 5% (15.8 million), American Indians and Alaska Natives 1.2% (3.7 million), and Native Hawaiians and other Pacific Islanders 0.2% (0.6 million) (U.S. Census Bureau, 2014). The non-Hispanic White majority presently constitutes 63% (199.3 million) of the population (U.S. Census Bureau, 2014). These diversity trends are projected to continue as the population gets older. By year 2050, the U.S. population 65 years and older is estimated to consist of Hispanic individuals (20%) and members of non-Hispanic groups comprising Whites (58%), Blacks or African-Americans (12%), Asians (9%), and members of other racial groups (1%) (Federal Inter-agency Forum on Aging [FIFA], 2012). In linguistic terms, among the variety of communication profiles co-existing in CLD communities (i.e., dialectal users of English, monolingual and multilingual speakers of minority languages, and bilingual speakers of English and a minority language), bilingualism (communication ability in two languages) is very common, as suggested by current figures. Of the 21% (60 million) persons who reported to speak a language other than English at home, close to 78% (47 million) of these individuals consider themselves to speak English from well to very well (Ryan, 2013).

Given the preceding population estimates, the impact of increasing ethnic/racial diversity with its concomitant linguistic heterogeneity, especially in the number of bilingual persons, is estimated to intensify in adult neurorehabilitation programs as older individuals in diverse communities age and experience neurological complications (U.S. Department of Health and Human Services [USDHHS], 2012). Strokes, the third leading cause of death and the leading cause of long-term disability in the U.S., are quite prevalent in CLD communities. Older members of racial/ethnic minorities have more stroke risk factors (e.g., hypertension, obesity, smoking) and higher stroke mortality relative to their White counterparts (Cruz-Flores et al., 2011; National Institute of Neurological Disorders and Stroke [NINDS], 2013; Payne, 2014).

Despite such demographic and epidemiological trends, a comprehensive assessment of SLPs' extent of preparation to serve communicatively impaired adults in CLD neurorehabilitation, especially bilingual speakers, and the clinical practices employed with this population has not been conducted. Because SLPs primarily serve adults relative to children in health care facilities (ASHA, 2011b, 2013a), the limited evidence available highlights the crucial need of such professional assessment. Preliminary reports suggest that SLPs in health care settings do not count on the training or resources to serve adults in CLD communities realistically (ASHA, 2011a, ASHA, 2013d; Centeno, 2009; Wallace, 1997; Wiener, Obler, & Taylor-Sarno, 1995). Additionally, SLPs serving both bilingual children and adults are interested in increasing their knowledge on neurogenic communication impairments in bilingual individuals (Kohnert, Kennedy, Glaze, Kan, & Carney, 2003). Beyond their training repercussions, these findings warrant attention as limitations in professional preparation may translate into service disparities and, in turn, poor clinical outcomes. Indeed, members of minority groups presently confront disparities in health care quality relative to the general population resulting from the complex interaction among socioeconomic status, insurance, racism, segregation, culture, and training limitations among health care providers (Cruz-Flores et al., 2011; Institute of Medicine [IOM], 2013; NINDS, 2013; Pamies & Nsiah-Kumi, 2009).

Serving adults with neurogenic communication deficits is a complex process to accurately distinguish acquired post-morbid impairments from typical pre-morbid cognitive, communicative, and linguistic abilities (Harris, 2011; Payne, 2014). In the case of CLD adult populations, the clinical process requires the integration of linguistic, cultural, theoretical, and clinical competencies for the appropriate diagnostic differentiation between a genuine communication disorder (resulting from the neurological damage) and a cognitive-communicative-linguistic difference (resulting from life experiences, including monolingual, bilingual, and multilingual histories) to support realistic intervention (ASHA, 2013c; Harris & Fleming, 2009; Kohnert, 2013; Threats, 2005). Specifically, beyond knowing the linguistic features of the dialect of English and additional language(s) used by the clients, SLPs need to understand the effect of sociocultural dynamics and communication routines on language, cognition, and behavior, and the combined impact of these areas on service delivery, especially on the diagnostic disorder-vs.-difference interpretation of assessment results for the development of suitable intervention goals. Practitioners further need to have access to suitable assessment and intervention procedures to implement the most effective diagnostic and therapeutic services (Centeno & Ansaldo, 2013; Harris, 2011; Kiran & Roberts, 2012; Muñoz, 2012). Among the communication impairments encountered by SLPs in adult health care services (e.g.,

[1] The Census Bureau (Humes et al., 2011) describes racial and ethnic diversity in the country in terms of two ethnicity categories, Hispanic/Latino or not-Hispanic/Latino, and five race categories, White, Black or African American, Asian, American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander. Unlike Census population assessments, stroke and epidemiological studies often combine federal race and ethnicity labels into one classification system to assess perceived and self-reported race categories (Cruz-Flores et al., 2011; Liu & Kelsey, 2000; Sandefur, Campbell, & Eggerling-Boeck, 2004). Thus, race/ethnicity data from Census population reports are not directly comparable to results from stroke and epidemiology studies. Rather, stroke and epidemiological data must be viewed as approximations to the Census racial/ethnic population estimates. This study uses an approach in line with most stroke and epidemiology research which combines the federal race and ethnicity categories into one classification system to examine perceived and self-identified race.