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Bilingual Adults with TBI and ABI: Current State of Portland Metro SLP Assessment Resources

Sarah Shellard  
Portland State University

Sarah Key-DeLyria  
Portland State University

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1. The U.S. Spanish-English (SE) population is growing, resulting in more SE bilinguals in medical settings, and greater demand for bilingual SLPs. Only 7% of SLPs are bilingual. Of these, only 64% are SE. Latino growth rate in OR is greater (72%) than the rest of the U.S., collectively (50%). There is a clear need for bilingual SLPs in OR. Current bilingual assessments for SLP therapy are flawed (norming sample, context). Medical providers often underestimate the need for trained interpreters which impacts patient care. If an untrained interpreter is used (family, friend, etc.), misinterpretation is more likely to occur. Trained interpreters can save money and decrease hospital readmission rates. To effectively assess SE bilinguals, we need to determine current practices in OR.

2. Do Portland Metro SLPs have a Spanish-speaking (SS) interpreter available for assessment and treatment? Are they aware of the resources available in their workplace? 65% of clinicians listed multiple regional dialects being used in their facility. 40% serviced 6-20 bi/multilingual clients in the past 1-2 years, 20% have serviced 1-5, and 20% have serviced over 20. Remaining 20% no bi/multilingual clients, ALL survey responses collected to determine resources available for interpretation and assessment.

3. If Portland Metro medical SLPs do not have a SS interpreter available for assessment and treatment, how do they address communication barriers? 83% responded that their Spanish-speaking clients use a Central American dialect.

4. If available, what assessment tools do medical SLPs use most often with Spanish-speaking clients? Results can indicate direction of research or resource allocation within the field. Most common: Montreal Cognitive Assessment - Spanish Version (RBANS) - SS SLPs are not as common as SS interpreters - 2/3 have a SS interpreter and/or SS SLP - Just over 16% (5/30) do not have any Spanish assessments and have not adapted any English assessments to Spanish - 40% serviced 6-20 bi/multilingual clients in the past 1-2 years, 20% have serviced 1-5, and 20% have serviced over 20. Remaining 20% no bi/multilingual clients, ALL survey responses collected to determine resources available for interpretation and assessment.

5. If Portland Metro medical SLPs received training in assessment and treatment of CLD adults? Limitations: Definition of appropriate “training” differs between universities Potential participation bias (PSU CLD education, those interested are more likely to respond)

6. What training do Portland Metro medical SLPs receive most often with SS clients?

7. How can the results of this study be used in future research or resource allocation within the field? The results are promising, but there is still much work to be done! Increased access to trained interpreters Increased access to culturally and linguistically appropriate assessment tools Increased education about best practice for culturally and linguistically diverse populations

Acknowledgments
This study measured the state of use of bilingual assessment and interpreters by speech-language pathologists (SLPs) for bilingual adults with traumatic brain injury (TBI) and acquired brain injury (ABI). This study measured the state of use of bilingual assessment and interpreters by speech-language pathologists (SLPs) for bilingual adults with traumatic brain injury (TBI) and acquired brain injury (ABI). Results can indicate direction of research or resource allocation within the field.

References
2. De Lamo Qhite & Jin.
3. Karliner, Pérez-Stable, & Gregorich.
4. Lopez & Gonzalez-Barrera
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Overall, Portland Metro SLPs have a promising level of accommodations for SS adults with TBI and ABI. However, the ASHA states that SLPs cannot discriminate in service delivery based on language or dialect, and are obligated to provide linguistically and culturally appropriate services for all clients. Lack of resources for appropriate assessment and treatment violates this. The results are promising, but there is still much work to be done! Increased access to trained interpreters Increased access to culturally and linguistically appropriate assessment tools Increased education about best practice for culturally and linguistically diverse populations