May 7th, 11:00 AM - 1:00 PM

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

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Background Information

1. The U.S. Spanish-English (SE) population is growing, resulting in more SE bilinguals in medical settings, and greater demand for SE SLPs.
2. Only 7% of SLPs are bilingual. Of these, only 64% are SE.
3. Latino growth rate in OR is greater (72%) than the rest of the U.S., collectively (50%).
4. Current bilingual assessments for SLP therapy are flawed.
5. Medical providers often underuse trained interpreters which may result in more SE bilinguals in medical settings, and increased education about best practice for culturally and linguistically diverse populations.

Research Questions

This study measured the state of use of bilingual assessments 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.

1. Have Portland Metro medical SLPs received training in assessment and treatment of CLD adults?
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?
3. If Portland Metro medical SLPs do not have a SS interpreter available for assessment and treatment, how do they address communication barriers?
4. If available, what assessment tools do Portland Metro medical SLPs use most often with SS clients?

Methods

• 11-question survey sent to Portland Metro SLPs via Qualtrics (disseminated via Facebook, email, and OSHA) with multi-select, customizable, and single-select responses. Questions focused on SLP training, bilingualism, access to interpreter services, dialects, and formal and informal assessments used.
• 30 anonymous ASHA-certified Portland Metro medical SLPs responded. 10 bilingual/multilingual, 20 not. 50% with CCCs 11+ years.
• Repeatable Battery for the Assessment of Neuropsychological Status - Spanish Version (RBANS)
• Montreal Cognitive Assessment - Spanish Version (MoCA - S)
• Neuropsychological Status - Spanish Version (RBANS)
• Montreal Cognitive Assessment - Spanish Version (MoCA - S)

Results

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

2. Do Portland Metro SLPs have a SS interpreter available for assessment and treatment? Are they aware of the resources available in their workplace?
   - Most commonly: Clinical Staff (50%), Training (46%), In-house interpreter (13%), Family (12%), Friends (12%), No interpreter (12%)

3. If available, what assessment tools do medical SLPs use most often with Spanish-speaking clients?
   - 83% use assessments adapted from English (not ideal due to lack of norming sample & cultural adaptation)
   - Most common: Montreal Cognitive Assessment (MoCA - S), Repeatable Battery for the Assessment of Neuropsychological Status - Spanish Version (RBANS)
   - Limited options available for assessment in their clinic/facility

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Limitations & Future Directions

- More data needed
- Potential participation bias (PSU CLD education, those interested are more likely to respond)
- Lack of resources for appropriate assessment and treatment violates this.
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- 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

Discussion & Conclusion

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!

Acknowledgments

Thanks to the Neurolinguistics Lab in the Speech and Hearing Sciences Department for their help with editing and proofreading. Thank you Dr. Sarah Key-DeLyria for her enormous contributions to the planning, organization, and modification of this project. I’d also like to thank co-advisor Dr. Christina Gildersleeve-Neumann for her help with the final stages of the project.

References

5. ASHA. (2010). “Cultural and linguistic diversity in professional practice.”
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Limitations:

- Lack of responses (potential “surveyor” behind reporting lack of resources?)
- Incomplete responses (missing wording of questions / responses, reasons for survey completion)
- Participation bias (Financial or other incentive)
- Lack of participant information (Add questions about education level, provide definition of “bilingual” “training”, facility type, and size)
- Lack of availability of interpreters or interpreters available for assessment and treatment (Add questions addressing components of availability of CLD resources)

- Increased access to trained interpreters
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