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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,[7,12] resulting in more SE bilinguals in medical settings, and greater demand for bilingual SLPs.[4]
2. Only 7% of SLPs are bilingual. Of these, only 64% are SE.[3]
3. Latino growth rate in OR is greater (72%) than the rest of the U.S., collectively (50%).[10] There is a clear need for bilingual SLPs in OR.
4. Current bilingual assessments for SLP therapy are flawed (norming sample, context).[2]
5. Medical providers often underuse trained interpreters which impacts patient care.[13] If an untrained interpreter is used (family, friend, etc.), misinterpretation is more likely to occur.[8]
6. Trained interpreters can save money and decrease hospital readmission rates.[4]
7. To effectively assess SE bilinguals, we need to determine current practices in OR.

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. 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.

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)

Have OR Medical SLPs received training in assessment / treatment of CLD adults?
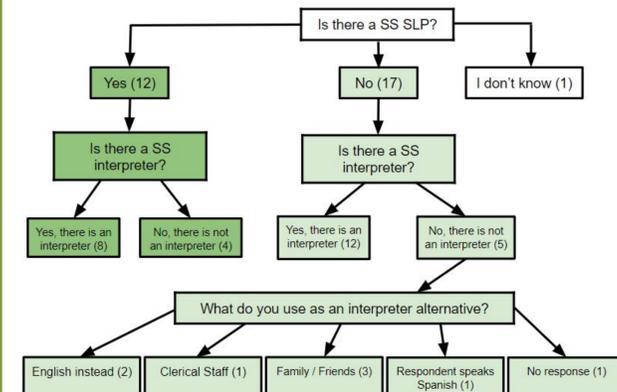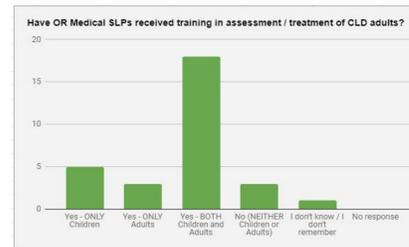
4. If available, what assessment tools do medical SLPs use most often with Spanish-speaking clients?

Most common:

- **Repeatable Battery for the Assessment of Neuropsychological Status - Spanish Version (RBANS)**

- **Montreal Cognitive Assessment - Spanish Version (MoCA - S)**

- **Cognitive-Linguistic Quick Test (CLQT)**

2. Do SLPs have a SS interpreter available for assessment and treatment? Are they aware of the resources available in their workplace?

- 2/3 have a SS interpreter and/or SS SLP
- SS SLPs are not as common as SS interpreters

3. If medical SLPs do not have a SS interpreter available for assessment and treatment, how do they address communication barriers?

- Those without SS SLP / interpreter mostly use family / friends
- More data needed

- 30% use assessments adapted from English (not ideal due to lack of norming sample & cultural adaptation)
- Adapted English assessments: Boston Diagnostic Aphasia Examination (BDAE), W Assessment of Language-Related Functional Activities (ALFA)
- Just over 16% (5/30) do not have any Spanish assessments and have not adapted a

Dialects spoken:

83% responded that their Spanish-speaking clients use a Central American dialect.

65% of clinicians listed multiple regional dialects being used in their facility.

Dialects of Spanish Spoken
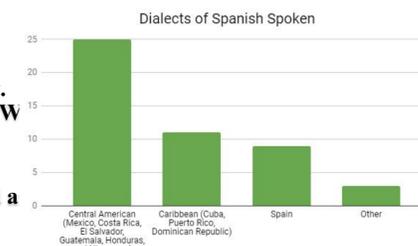
Discussion & Conclusion

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!
- 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

Limitations & Future Directions

Limitation	Future Direction
Lack of responses (potential "shame" behind reporting lack of resources?)	Dissemination in other states / nationwide Financial or other incentive
Incomplete responses	Altered wording of questions / responses, reminders for survey completion
Participation bias	Financial or other incentive
Lack of participant information	Add questions (place of education, provide definition of bilingual "training", facility type and size)
Reliability of information provided	Disseminate survey to facility directors instead of SLPs
Lack of certainty of full assessment battery used for population	Add question addressing components of assessment battery used by SLPs
Lack of information about SLPs' perception of importance / availability of CLD resources	Add questions addressing this

Acknowledgments

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