

and ethnic distribution differs from region to region, the changing demographics have implications for schools especially in terms of education for preschoolers and learners of English as a second language (Center for Public Education, 2007). These implications are not isolated to educators only. This increasing ethnic and racial diversity also means that other school personnel such as school based speech language pathologists (SLPs) will have increasingly diverse caseloads (Hammer, 2011).

Prevalence of Speech Language Disorders (SLD) in Schools

According to the American Speech-Language-Hearing Association (ASHA, 2010), SLPs work with school children who have communication disorders that impact academic performance and literacy achievement of the children. Communication disorders have been noted to be among the most common disabilities in the U.S. (Castrogiovanni, 2008). Whitmire, Spinello, and Clausen (2002) also noted that speech and language intervention was the most common service provided for school children with disabilities with caseloads including a wide range of disorders such as learning disabilities, autism, attention deficit hyperactivity disorders, stuttering, hearing loss, traumatic brain injury, specific language impairment, and cerebral palsy.

SLD and Associated Difficulties

Previous studies indicate that there are concurrent difficulties associated with SLD, some of which have lasting impact on the lives of children with SLD. Most of these studies focused on the effects of SLD in various aspects of children's lives including academic, social, and behavioral performance. Several studies have found that communication disorders have adverse effects on the educational performance of students

(Aram, Ekelman, & Nation, 1984; Bashir & Scavuzzo, 1992; Bennett & Runyan, 1982; Catts, Fey, Tomblin, & Zang, 2002; Dockrell, Lindsay, & Palikara, 2011; Hooper, Roberts, Zeisel, & Poe, 2003; Ritzman & Sanger, 2007; Young, Beitchman, Johnson, Douglas, Atkinson, Escobar et al. 2002).

Other studies have indicated that there is significant evidence that school children with SLD are at risk for social and behavioral difficulties including withdrawn behavior, aggressive behavior, low self-control, and difficulty relating with others (Botting & Conti-Ramsden, 2000; Brinton & Fujiki, 2010; Carson, Klee, Perry, Muskina, & Donaghy, 1998; Coster, Goorhuis-Brouwer, Nakken, & Spelberg, 1999; Fujiki, Brinton, Isaacson, & Summers, 2001; Fujiki, Brinton, Morgan, & Hart, 1999; Fujiki, Brinton, & Todd, 1996; Fujiki, Spackman, Brinton, & Hall, 2004; Gertner, Rice, & Hadley, 1994; McCabe and Meller, 2004; Paul & Kellogg, 1997; Redmond & Rice, 1998; Rice, Sell, & Hadley, 1991).

Children with SLD have also been found to be at risk for being regular targets of victimization or bullying compared to typically developing peers (Conti-Ramsden & Botting, 2004), being involved in crime (Bryan, 2004), having a high rate of diagnosable psychiatric disorders (Prizant, Audet, Burke, & Hummel, 1990), emotional disorders (Armstrong, 2011; Prizant, et al. 1990), and being involved in violence (Sanger, Moore-Brown, Montgomery & Hellerich, 2004; Ritzman & Sanger, 2007).

Roles of the SLPs Serving Children with SLD

With their language expertise, SLPs address the linguistic and metalinguistic foundations of the curriculum learning for children with disabilities and those who are at risk for failing at school (ASHA, 2010). Other services provided by the SLPs include:

identification and diagnosis of children with speech or language impairments, referring children for medical or other professional attention necessary for the habilitation of speech or language impairments, providing individual therapy for the children, consulting with the children's teachers about the most effective ways to facilitate the children's communication in the class setting, and working closely with the family to develop goals and techniques for effective therapy in class and at home (National Dissemination Center for Children with Disabilities, 2011). Furthermore, with increasing culturally and linguistically diverse (CLD) caseloads, the SLPs are expected to provide quality and culturally competent services to children with speech and language disorders from CLD backgrounds (ASHA, 2010).

CLD Children with SLD

Children from CLD backgrounds, like all other children, may not always develop speech and language as expected. They may experience difficulties with any or all aspects of speech and language – receptive and expressive that are a result of their diversity (Badon & Bourque, 1996) or may not be related to their use of a foreign language or dialect (Spinelli, 2008). It is estimated that communication disorders, including speech, language, and hearing disorders affect one of every ten people in the U.S. (National Dissemination Center for Children with Disabilities, 2004). According to ASHA (2008), however, there is little data concerning the prevalence of communication disorders in the CLD population. For this reason, prevalence estimates are based on the general population, in which case approximately 6.2 million people from CLD backgrounds have a communication disorder (ASHA, 2008).

Children from CLD backgrounds have been found to be disproportionately represented in certain special education categories including communication disorders (Chu & Flores, 2011). A study by Glennen and Masters (2002) showed that as more children were brought to the U.S. through adoption, there was a subsequent increase in referrals for speech and language services. For this reason, the demand for qualified SLPs has been increasing over the years. According to the Bureau of Labor statistics, U. S. Department of Labor (2007), the demand for SLPs in the U.S. was high, so that speech-language pathology had become one of the fastest growing occupations with an expected growth of 11% from 2006 to 2016. Despite the growth and the growth projection of speech language pathology profession, Whitmire and Eger (2003) noted that though the U.S. was becoming increasingly demographically diverse, diversity was not being reflected among the practitioners, graduate students, and program faculty, hence there remains a disparity between the ethnic backgrounds of the SLPs and the children they serve.

SLPs from CLD Backgrounds

Ethnic and racial minorities in the U.S. are considered to be underrepresented in most professions, and the speech language pathology profession is no exception (ASHA, 2003). According to ASHA (2003), the effect of underrepresentation of CLD population in speech and language pathology profession begins with underrepresentation of this population at the college level. In fact, Whitmire and Eger (2003) reported that 89% of SLP students at the master's level were White. According to ASHA (2003), the underrepresentation of minority SLPs was expected to grow due to the high cost of education, especially higher education, lack of awareness of various career options

available, not meeting the strict requirements for admission to higher education, especially the requirements based on standardized tests results, culturally insensitive faculty, unwelcoming environment in the institutions of learning, and most of all, feelings of isolation.

Previous research has shown that SLPs from CLD population are a minority. The number of certified SLPs ASHA members increased from 120,744 to 126,219 from the end of year 2009 to the end of year 2010 (ASHA, 2010), and the total number of SLPs was 128,949 including non-member certificate holders. During the same period of time, the ethnic composition of certified ASHA members and certified non-members as reported by ASHA (2010) included: 3,801 Hispanic or Latino, 94,112 Non-Hispanic or Non-Latino; and 31,036 that did not specify their ethnicity. These figures did not include SLPs who had dual certification or those who were in the process of obtaining certification. Narrowing down to the racial composition of certified SLPs, American Indian/Alaska Native only were 290, Asian only were 1,672, Black or African American only were 2,898, Native Hawaiian or Other Pacific Islander only were 133, White only were 81,489, Multiracial SLPs were 1,134, and SLPs who did not specify their race were 41,333.

Referencing the above statistics, all SLPs from ethnic/racial minorities combined were considerably fewer compared to the White SLPs. ASHA, however, has made ongoing efforts to address cultural and linguistic issues related to professionals and people with communication disorders by providing resources in its multicultural affairs website (<http://www.asha.org/practice/multicultural/>) that help SLPs to develop cultural competence (ASHA, n.d.). ASHA has also provided resources on how to work with

bilingual clients. A previous effort by ASHA to address cultural and linguistic issues involved providing resources and technical assistance to programs in communication science and disorders, an effort that has so far helped in the recruitment and retention of students from minority groups (ASHA, 2003). Though ASHA has made efforts in the recruitment and retention of qualified SLPs from ethnically and racially minority groups, there has not been enough effort in recruiting and retaining qualified SLPs from the majority group either. This can be drawn from ASHA's report indicating that 71.9% of respondents to a national school survey reported that there were more speech and language pathology openings than there were applicants.

Statement of the Problem

Previous research, as aforementioned, focused on the effects of SLD in various aspects of children's lives such as academic, social, and behavioral performance. In some studies, educators' perspectives on the effects of speech and language intervention on the academic performance of children with SLD have been reported (Bennet & Runyan, 1982; Ritzman & Sanger, (2007). Ritzman and Sanger (2007) surveyed 423 principals regarding the role of SLPs in service delivery to students with communication disorders who had been involved in violence. The principals agreed that SLPs' services had a positive impact on the social adjustment, academic, and behavioral performance of the students involved in violence. The importance of the services of SLPs in the academic performance of children with SLD was earlier done by Bennett and Runyan (1982). They found out that 77% of the 282 educators they investigated believed that speech therapy resulted in improved academic performance for children with SLD. However, there seems to be no direct research on the perspectives of SLPs on the effect

of speech and language intervention on the academic, social, and behavioral performance of children with SLD from CLD backgrounds.

Like other personnel in the school setting, SLPs bring with them their values, customs, beliefs, and assumptions in situations involving services to children with SLD from CLD backgrounds. Therefore, there is likelihood for cultural bias in the process of identifying and rehabilitating children with SLD from CLD backgrounds (Carter, Lees, Muriral, Gona, Neville, & Newton, 2005). It is not only SLPs who bring with them their values, customs, and beliefs in the situations involving service delivery to children from CLD backgrounds; children also bring with them their culture, language, customs, beliefs, and attitudes in every situation. There is, however, limited research that has examined the SLPs' perspectives on how they view the children from CLD backgrounds in their caseloads, how they view the children's culture, beliefs, customs, and languages; in other words, there is limited research that has investigated the information that SLPs consider that relates to culture, beliefs, and language of the children when assessing and treating children with SLD from CLD backgrounds. With respect to lack of research on SLPs' perceptions of children from CLD backgrounds and their culture, beliefs, and languages, it will be crucial to also investigate the SLPs' professional preparedness in dealing with children from CLD backgrounds.

Previous research (Roseberry-McKibbin, Brice, & O'Hanlon, 2005; Roseberry-McKibbin & Eicholtz, 1994; Kritikos, 2003) has reported on the challenges that SLPs encounter in providing services to children with SLD from CLD backgrounds. However, a literature review indicates that there is limited current research on challenges that the SLPs are experiencing serving children with SLD from CLD backgrounds. There are

several changes that have occurred in the past few years that warranted another look at the challenges that SLPs experience in providing services to children with SLD from CLD backgrounds. First, ASHA mandated SLPs to learn the knowledge and skills necessary for appropriate service delivery to clients from all cultural and linguistic backgrounds (ASHA, 2004). It is important to mention that the study by Roseberry-McKibbin et al. (2005) was a replication of a previous study by Roseberry-McKibbin and Eicholtz (1994). The replicated study was made two years after the original study was conducted in 1991. Another change is that previous research showed that speech and language pathology programs are providing student SLPs with knowledge, training, and clinical experience to serve children with SLD from CLD backgrounds (Hammond, Mitchell, & Johnson, 2009; Horton-Ikard & Munõz (2010). Also, according to the Bureau of Labor statistics, U. S. Department of Labor (2009), employment of speech-language pathologists is expected to grow by 19 percent from 2008 to 2018, which will be faster than the average for all occupations. The main concern, however, is whether the efforts by ASHA and speech language pathology programs have alleviated the challenges that have previously been reported in studies, and whether the projections of the Bureau of Labor statistics are being realized in as far as the shortage of SLPs is concerned. In addition, other areas of challenges that relates to the social and behavioral problems of the children with SLD from CLD backgrounds served, and use of standardized exams in assessment were considered hence extending previous research in these areas.

The purpose of the current study, therefore, will be to examine SLPs' perceptions of services to children with SLD from CLD backgrounds focusing on: (a) SLPs' perceived competence in providing services to children with SLD from CLD

backgrounds; (b) SLPs' perceptions on the effect of speech and language intervention on the academic, social, and behavioral performance of children with SLD from CLD backgrounds; (c) information that SLPs consider during the assessment and treatment of children with SLD from CLD backgrounds; and (d) the challenges the SLPs encounter in providing services to children with SLD from CLD backgrounds.

The present study will contribute significantly to the existing literature in the sense that no previous study has sought the perspectives of SLPs on the effect of speech and language intervention on the academic, social, and behavioral performance of children with SLD from CLD backgrounds. In addition, no previous study has investigated the information that the SLPs consider during the assessment and treatment of the children with SLD they serve from CLD backgrounds. The present study will also add into the already existing research information about the professional preparedness of SLPs in service delivery to children with SLD from CLD backgrounds, as well as the challenges the SLPs encounter in providing services to these children. ASHA has, for a long time, recognized the importance of diversity, and since the 1980s, discussions on services to people from culturally diverse backgrounds have been ongoing (Hammer, 2011). "Given that over one third of the individuals currently served by speech language pathologists are likely to come from a diverse background, we need to maximize efforts in this area" (Hammer 2011:1) because there is still a lot more to learn.

This research will be important because SLPs are significant and valued members of educational teams. School administrators and teachers recognize that without speech and language intervention for children with SLD, many children would not be literate and would not meet the achievement standards of the general education curriculum (Ehren,

2002; Ehren & Whitmire, 2009). Understanding SLPs' perspectives on service delivery to children with SLD from CLD backgrounds will result in forging a better intervention philosophy between the SLPs, administrators, and teachers for providing services to these children.

The current study will, therefore, answer the following questions:

1. What is the perceived level of SLPs' competence in dealing with children with SLD from CLD backgrounds?
2. What are the SLPs' views on the effect of intervention on the academic, social, and behavioral lives of the children with SLD from CLD?
3. What information do SLPs consider during the assessment and treatment of children with SLD from CLD backgrounds?
4. What challenges do the SLPs encounter in providing services to children with SLD from CLD backgrounds?

Definition of Terms

- *Speech Language Pathologist.* A speech language pathologist is a professional who is educated to assess, diagnose, treat, and help to prevent disorders related to speech, language, cognitive-communication, voice, swallowing, and fluency (Bureau of Labor Statistics, U.S Department of Labor, 2007).
- *Speech.* Speech is the verbal means of communicating. Speech consists of the following three components: articulation, voice, and fluency (ASHA, n.d.).
- *Language.* Language is a complex and dynamic system of conventional symbols that is used in various modes for thought and communication. As rule governed behavior, language is described by at least five parameters—phonologic, morphologic, syntactic, semantic, and pragmatic (ASHA, 1982).
- *Speech disorder.* A speech disorder is “an impairment of the articulation of fluency, speech sounds, and/or voice” (Castrogiovanni, 2008)
- *Language disorder.* A language disorder is “the impaired comprehension and/or use of spoken, written, and/or other symbol systems. The disorder may involve the form, content, and/or function of language in communication” (Giovanni, 2008)

- *Culture*. Culture can be viewed broadly as the socially constructed and learned ways of believing and behaving that identify groups of people (Stockman, Boulton, & Robinson, 2004).
- *Culturally diverse*. An individual or a group of people are said to be culturally diverse when they are exposed to, and/or immersed in more than one set of cultural beliefs, values, and attitudes. These beliefs, values, and attitudes may be influenced by race/ethnicity, sexual orientation, religious or political beliefs, or gender identification (ASHA, 2004).
- *Linguistically diverse*. An individual or a group of people are said to be linguistically diverse when they have had significant exposure to more than one language or dialect (ASHA, 2004).
- *Minorities*. Minorities are categorized as people of “any race other than non-Hispanic, single-race whites” (Cable News Network, 2008).
- *Curricular infusion*. Curricular infusion is an approach that “embeds multicultural content in one or more existing courses within the curriculum. The courses targeted for infusion of multicultural content typically focus on typical and atypical speech, language and hearing characteristics that are relevant to clinical assessment and intervention services. Existing courses may embed multicultural content within one or more lectures as appropriate to a topic, and/or they may devote a separate lecture or unit to such content” (ASHA, n.d).

CHAPTER TWO

A Review of Literature

There has been limited current research on SLPs' perception, beliefs, and practices with regard to service delivery to children with SLD from CLD backgrounds. Therefore, this chapter will begin by focusing on research related to speech and language intervention, cultural and linguistic issues in relation to communication disorders, as well as perceptions, beliefs, and practices of students and teachers with regard to children with SLD. Next, this chapter will review literature on the role of SLP in the classroom, and SLP as a special educator. Subsequently, literature relating to communication disorders and academic, social, and behavioral performance of children with SLD from CLD backgrounds will be reviewed. Professional training of SLPs to serve children with SLD from CLD backgrounds is an important factor in the current study; hence, literature regarding this issue will be reviewed as well. Finally, literature on the challenges experienced by SLPs in providing services to children with SLD from CLD backgrounds will be analyzed.

The key words and phrases used in searching for previous studies relevant to the current study included: speech language pathologists, speech, language, speech disorder, language disorder, culture, culturally diverse, linguistically diverse, minorities, effects of speech and language intervention, and speech language pathologists' perceptions. The procedure for literature review search for the current study began with an electronic database search of EBSCO using relevant databases such as PsychINFO,

PsycARTICLES, MEDLINE, SAGE journals online, and the Education Resources Information Center (ERIC).

Articles were included if they reported on research related to cultural and linguistic issues, and perceptions, beliefs and practices of various people including students and teachers on communication disorders. Articles were also included if they reported on the effects of speech and language intervention on the academic, social, and behavior performance of children with SLD. Another inclusion criteria was that the studies investigated the perspectives of SLPs on the services they provided to the children they served. Studies that reported on the educational training of SLPs to serve children from CLD backgrounds and the challenges they encountered were also included.

Once the relevant articles were retrieved, a search of the references from the retrieved articles was conducted. Through this reference chasing, several more relevant articles were identified. Another method used in locating articles for literature review was through the internet via Google search, whereby key words and phrases were used to search articles. A search was also done through the search box of the American Speech-Language, and Hearing Association (ASHA) website, and some articles were obtained from this search. The ASHA website contained information that was relevant to the focus of the current study. A few authors were found to appear repeatedly in some of the retrieved articles hence an author-driven search focusing on Ehren, Fujiki, Roseberry-McKibbin, and Whitmire was also done yielding more articles in which the selected authors were first, second or third authors. Most of the articles were published in four main journals: *Language, Speech, and Hearing Services in Schools*, *American Journal of*

Speech-Language Pathology, Journal of Speech, Language, and Hearing Research, and Journal of Communication Disorders.

Speech and Language Intervention and Special Education

Children are referred for speech and language intervention mainly by their teachers (Overby, Carrell, & Bernthal, 2007). It is also important to mention that speech and language services may be viewed as either special education or related services (Giangreco, Prelock, & Turnbull, 2010). But when does a child with SLD qualify for special education? According to Power-de Fur (2011), an educational effect as a result of the SLD has to be found by the special education eligibility team based on assessment of data from various sources. Assessment of children for special education should be administered by trained and knowledgeable personnel (Schon, Shaftel, & Markham, 2008). However, children from CLD backgrounds have been found to be disproportionately represented in the special education programs (Cartledge, 2011).

School psychologists are among the personnel trained to make assessment for eligibility of children for special education. However, not all school psychologists are proficient in assessing children from CLD backgrounds. Ochoa, Rivera and Ford (1997) surveyed school psychologists in eight states in the U.S. that had high Hispanic populations to examine the extent to which school psychology programs provided training in bilingual psycho-educational assessment. They found that 70% of the school psychologists were less than adequately trained with respect to knowledge of cross-cultural issues involving bilingual psycho-educational assessment. Eighty percent reported that their level of training was less than adequate on knowledge of second

language acquisition, methods to conduct bilingual psycho-educational assessment, and ability to interpret the assessment results of bilingual children.

If school psychologists on bilingual psycho-educational assessment are inadequately trained, overrepresentation of the ethnic minority groups in special education may occur. As mentioned earlier, children from CLD backgrounds have been found to be disproportionately represented in certain special education categories including communication disorders (Cartledge, 2011; Chu & Flores, 2011). Cartledge (2011) says that in special education, the disorder is considered to be within the learner, but with the overrepresentation of children from CLD backgrounds in special education, researchers are also putting emphasis on such factors as insufficient teaching and lowered expectations.

Not only are expectations low for children from CLD backgrounds, expectations are also low for people with SLD in general. Williams and Dietrich (1996) investigated raters' perceptions on the effects of speech and language disorders. They found out that descriptions portraying a language disorder were rated significantly lower in ambition compared to other speech and language related disorders. In a different study, Allard and Williams (2008) assessed attitudes toward a wide range of speech and language disorders including articulation, voice, fluency, and language disorders. A total of 445 students from Florida Atlantic University were asked to rate five audio-taped speech samples one without a disorder and four depicting communication disorders. Language disorder was rated significant lower in reference to intelligence, self-esteem, decisiveness, reliability, stability, social adjustment, employability, and rated higher in stress level. Von Tiling (2011) also described the perceptions of 73 students and 42 non students of people who

stutter, have hesitant speech, mix both stuttering and hesitant speech, and those with prolonged speech. Von Tiling concluded that speakers producing hesitant speech were viewed as less pleasant and with less emotional competence. The hesitant speakers were also judged negatively in most aspects including intelligence.

The results of the above mentioned studies reflected the negative stereotype directed toward people with speech and language disorders. Children with SLD from CLD backgrounds, therefore, would be viewed with low expectations because of their cultural and linguistic backgrounds as well as negatively stereotyped because of having a speech or a language disorder.

SLPs as Special Educators

Under *Individuals with Disability Education Act (IDEA)*, speech language pathology services may be viewed as either special education or related services (Giangreco et al., 2010). However, many SLPs and administrators are not familiar with the dual-role for the SLPs. The dual-role is, nevertheless, recognized by 47 states and the District of Columbia. Giangreco et al. claim that both ASHA and IDEA have not stipulated clear guidelines on when SLPs function as special educators or related service providers. For this reason, the roles of the SLPs have been construed in ways that do not appropriately meet the needs of the students. The educational needs of the child with a disability determine if special education will be provided by an SLP or another special educator (Giangreco et al. 2010). If the disability is related to SLD, then the SLP will be the primary special educator.

From a different perspective, Nippold (2010) says that it is the job of both the SLP and classroom teachers to work collaboratively in order to help children with SLD

achieve their academic potential. Nippold notes that the teachers may not have ample time to meet the learning needs of children with SLD. The teachers may also not have the specialized knowledge as do SLPs regarding language disorders in order to identify and treat them. With regard to the analysis of Giangreco et al. (2010) and the views of Nippold (2010), it can be concluded that SLPs are important in the field of education as are educators.

Effect of SLD on the Academic, Social, and Behavioral Performance of Children with SLD

There is a strong relationship between communication and academic achievement (Brice, 2001). According to Brice, children with communication disorders are not able to communicate effectively with other people. Brice further says that the ability to communicate is important to a child's development, and it is also a requirement to academic learning. Whitmire et al. (2002) also pointed out that communication skills form the base of academic and social performance. Difficulties resulting from language problems include expressing ideas articulately, learning new terminology, following directions, recalling information, reading satisfactorily, and understanding spoken or read materials (Brice, 2001). Other difficulties associated with speech or language development are learning to listen, speak, read, or write, and as a result, children with communication disorders may demonstrate poor academic performance (Whitmire et al., 2002). Brinton and Fujiki (2010) also noted that social difficulties could hinder a learning process and obstruct a child's access to instruction and knowledge. Consequently, it is essential for SLPs to put into consideration the child's social profile

and how the profile affects the child's social functioning and learning (Brinton & Fujiki, 2010).

Previous studies have found that the impact of communication disorders on educational performance has had important implications for the provision of special education services to children with SLD. For instance, Bashir and Scavuzzo (1992) noted that children with language disorders presented specific and distinctive problems for educators because the children demonstrated a continuous academic vulnerability during the school years. For this reason, Bashir and Scavuzzo (1992) concluded that administrators and faculty needed to have an understanding of the educational goals and expectations of children with SLD in order to appropriately plan for the children's education. The school curriculum, however, has been blamed for the poor academic and social performance of children with SLD. Bashir, Conte, and Heerde (1998) stated that the school curriculum was based on the assumption that the children using it had enough linguistic ability to survive and thrive in academic settings.

Not only do communication disorders affect the academic performance of children, they also do affect the behavioral and the social performance of the children. In previous studies, children with SLD were found to be at risk for social and behavioral difficulties (Redmond & Rice, 1998). Especially studies by Brinton and Fujiki (2010), Coster et al. (1999), Fujiki et al. (2001), Fujiki et al. (1999), Fujiki et al. (1996), Fujiki et al. (2004), Gertner et al. (1994), McCabe and Meller (2004), Paul and Kellogg (1997), and Rice et al. (1991) found that children with SLD reflected poor social and peer interaction styles. In addition, Rice et al. (1991) found that children who were learning English as a second language were less likely to initiate interactions with peers or adults

compared to children with normally developing English and those with speech and language impairments. They were also likely to be avoided in peer interaction compared to the other two groups. Children with SLD were also found to have poor peer interaction. Behavioral problems were also found among children with SLD (Carson et al., 1998; Botting & Conti-Ramsden, 2000).

As well, SLD have been found to have lasting effect on children's lives. In a longitudinal study of behavioral, emotional, and social difficulties in individuals with a history of specific language impairment, St Clair, Pickles, Durkin and Conti-Ramsden (2011) found that social problems increased from childhood to adolescence. Children who had been identified with speech and or language impairment at the age of five were reassessed again for the fourth time at the age of 25, and they were found to show poorer outcomes in cognitive/academic and academic attainment (Johnson, Beitchman, & Brownlie, 2010). In a different study, Clegg, Hollis, Mawhood and Rutter (2005) found that men with developmental disorders re-tested in middle childhood, early adulthood, and then again in their mid-thirties had persistent problems in phonological processing, social adaptations difficulties, and increased risk of psychiatric disorder. Research by Catts et al. (2002) and Dockrell et al. (2011) have also described the lasting effects of SLD.

The Role of SLPs in the Academic, Social, and Behavioral Performance of Children with SLD

SLPs are an important force in determining the academic performance of children with SLD. According to Ehren (2002), efficient programming by SLPs in high schools would enable them (SLPs) to make important contributions to the academic success of

the students. In a vision for professional growth, Ehren further said that SLPs need to reflect on the problems of providing services to adolescents, understand the context of providing services, and consider the best practice parameters. Ehren also suggested that it is necessary for SLPs to take on new roles with the curriculum, especially in literacy, and provide curriculum relevant therapy to students. One study that showed the importance of SLPs in the academic, social, and behavioral performance of children with SLD was done by Ritzman and Sanger (2007). They surveyed 423 principals regarding the role of SLPs in service delivery to students with communication disorders who had been involved in violence. The principals agreed that SLPs' services had a positive impact on the social adjustment, academic, and behavioral performance of the students involved in violence. The importance of the services of SLPs in the academic performance of children with SLD was earlier done by Bennett and Runyan (1982). They found out that 77% of the 282 educators they investigated believed that speech therapy resulted in improved academic performance for children with SLD.

SLPs and Service Delivery to Children from CLD Backgrounds

According to ASHA Principles of Ethics II, Rule B, SLPs are required to provide services within the scope of their competence given their level of education, training, and experience (ASHA, 2004). At the same time, in ASHA Principles of Ethics I, Rule C, SLPs should not discriminate in service delivery (ASHA, 2004). This could mean that SLPs should only provide services within the scope of their competence, but they should not fail to provide services because of such factors as cultural or linguistic differences. To enhance more competence, however, ASHA mandates SLPs to learn the knowledge

and skills necessary for appropriate service delivery to clients from all cultural and linguistic backgrounds (ASHA, 2004).

According to Gonzalez, Austin, Watson, Yarbrough, Glover, Totten et al. (2010), it is necessary for SLPs to obtain case histories of the clients they serve. Some of the methods that Gonzalez et al. suggested for obtaining case histories of the CLD clients include: the country of origin of the children's family; length of time the children have been in the United States; when and how the children learned their languages; pattern of language/dialect used in the children's homes; the extent and nature of children's exposure to each language the children speak; academic and educational placement (e.g., language of instruction) of the children; and family's perception of the children's communication abilities.

Speech and language intervention could be influenced by beliefs and values (Stockman et al. 2004). According to Stockman et al., beliefs about disability can determine if a referral for clinical services is taken seriously. In a review of various studies, Marshall (2000) also found that in some communities of Africa, mild speech and language difficulties were only considered important if they were obvious enough to stand out. SLPs, therefore, need to understand the beliefs of their clients because the efforts of the SLPs to help a child with SLD from CLD background can be hampered by the beliefs of the child's family.

As mentioned previously, ASHA (2004) mandates SLPs to learn the knowledge and skills necessary in order to provide culturally and linguistically appropriate services to their clients. A main concern, however, is whether SLPs are competent or are trained to serve children with SLD from CLD backgrounds. Essential knowledge and skills for

the practice of a SLP within the context of CLD should be provided during the academic and clinical preparation of students (Badon & Bourque, 1996). An important question in the field of the SLP in the U.S., like many other applied fields, has been how to prepare a mostly White, English-speaking work force to deliver professional services to a culturally diverse population (Stockman, Boulton & Robinson, 2008). According to Stockman et al., credentialing standards for professional practice shows that some progress is being made towards training professionals in various fields to serve people from diverse backgrounds. However, the argument that professionals' belief systems are connected to the way they make their decisions have strong implications for the way training programs are preparing professionals to work with diverse populations (Kritikos, 2003). Though there are limited studies on beliefs and decision making of SLPs compared to the numerous studies on the importance of beliefs in teacher education (Kritikos, 2003), studies (Kamhi, 1995) show that SLPs recognize beliefs as an important part of clinical proficiency.

As aforementioned, SLPs' beliefs play an essential role on how they provide services, and how they develop cultural competence. Compared to the field of education, Stanley (1996) claimed that teacher training programs needed to understand the status of teachers' attitudes and perceptions towards diversity. The teacher programs also needed to understand the relationships that existed between preparation programs emphasizing on multicultural education and the ensuing attitudes and behaviors of the teachers. Likewise, the SLP programs need to understand the position of SLPs' attitudes and their perceptions towards diversity. At the same time, the SLP programs need to understand the relationship between a program that is emphasizing multicultural/multilingual issues

(MMI) and the subsequent behaviors of the SLPs. This is because, according to Horton-Ikard, Munõz, Thomas-Tate, and Keller-Bell (2009), the introduction of a core multicultural course in a speech and language pathology program would expect the faculty to manage the attitudes of the students regarding the relevance of multicultural training. According to Horton-Ikard et al., the faculty is required to deal with social, economic, and political factors that the students may be uncomfortable with and may lead to anxiety or resistance.

Previous studies in the field of education have identified some features that impact the responsiveness of teachers in learning about diversity. Garmon (2005) through in-depth interviews identified six features in teachers who had completed a multicultural coursework. Garmon grouped the six features into two groups: disposition which included openness, self-awareness, and commitment to social justice; and experiential which included intercultural, educational, and support groups, all of which were referred to during the multicultural course. Garmon concluded that teachers who exhibited all the six features were more likely to grasp the ideas and information given in the multicultural course, and those who did not have them were unlikely to embrace multiculturalism. Garmon's findings can be related to the field of SLP, whereby, SLPs who do not possess the six characteristics outlined by Garmon are less likely to embrace multiculturalism, a factor that SLP programs should consider as they provide MMI to SLPs.

Cultural competence in students is a factor that all SLP programs should aspire to achieve. However, some students may undertake diversity courses, yet fail to develop cultural competence because according to Sleeter (2001), some student in the field of

education may have past stereotypes and negative attitudes some of which are strengthened during the multicultural coursework. Sleeter also adds that other students may oppose multicultural coursework due to attitudes and belief system which are already pre-existing, and which determine how they process multicultural information. The stereotypes and negative attitudes toward multiculturalism and diversity in the field of SLP may be reduced by focusing on the student's self-examination, self-reflection, and cross-cultural experience (Lubinski & Matteliano, 2008).

Since 1994, ASHA has required MMI in Communication Sciences and Disorders programs in order for SLPs to receive their credentials (Stockman et al., 2008). ASHA's mandate was to include diversity within most of the academic courses. In response to this mandate, programs were designed aimed at providing students with cultural awareness and training in how to best deal with the diversity issues. An example of such programs was one developed for graduate students by Badon and Bourque (1996) at the University of Southwestern Louisiana. Badon and Bourque created a cultural awareness program which was meant to provide prospective graduate student SLPs with the opportunity to acquire knowledge of cultural diversity, and an understanding of the ways in which cultural differences impacted academic performance, assessment, and intervention in an academic setting. This cultural awareness preparation was done through an academic training and practicum experience in a school context.

SLPs' Perceived Level of Competence in Providing Services to CLD Children

Despite ASHA's (1994) mandate to include MMI in SLP training, it is yet to be determined how effective the training has been. Results on studies investigating whether prospective and practicing professionals have knowledge about cultural and language

diversity issues, and whether they can deal with them comfortably after finishing their educational programs are mostly based on SLPs' perspectives about their competence on diversity issues. Kritikos (2003) examined the beliefs of bilingual and monolingual SLPs about language assessment to bilingual/bicultural individuals. In Kritikos' study, SLPs reported low self-efficacy (personal skills) and general efficacy (skills in the field) in bilingual and bicultural language assessment. In as far as training of the SLPs was concerned, Kritikos found that only 44% who had been trained on issues relating to second language acquisition; 47% on communication patterns in cultures where a language other than English was spoken; 36% in assessment of bilingual versus monolingual individuals; 32% on assessment tools for bilingual individuals; 64% on language disorder versus language difference; 22% on laws regarding assessment; and 20% on treatment of bilingual individuals and how to use a language interpreter. Overall, 40% of the SLPs surveyed said that they would not be quick to recommend language therapy for bilinguals because of their own lack of knowledge on bilingual issues.

Hammer, Detwiler, Detwiler, Blood and Qualls (2004) also studied the level of training and confidence of 213 SLPs serving Spanish-bilingual children in public schools. They found that many SLPs had no confidence assessing and serving bilingual Hispanic children. Hammer et al. also found that one third of the SLPs in their study had not received training in multicultural/multilingual issues during their undergraduate and or graduate education. Forty seven percent of the 104 SLPs in a study by Kohnert, Kennedy, Glaze, Kan and Carney (2003) had also not received training on multicultural issues. In another study, Levey (2004) described the knowledge of linguistic and cultural differences associated with other dialects and languages among 167 English-speaking

SLP undergraduate and graduate students in New York. About half of the participants in Levey's study were unaware of many of the linguistic and cultural differences related to other dialects and languages. A fairly recent follow-up research involving 1,736 SLPs nationwide by Roseberry-McKibbin, Brice and O'Hanlon (2005) showed that 38% of the surveyed SLPs had not taken any course addressing issues related to serving bilingual students, 13% had taken a whole course, and 49% had only taken part of a course addressing service delivery to bilingual students.

Provision of MMI in Speech Language Pathology Programs

Research has shown that many SLPs reported to not have received training regarding multicultural/multilingual issues, it would, therefore, be important to review the views of the faculty and program directors on multicultural/multilingual awareness and training in speech language pathology programs. Instructors in various fields have been expected to give MMI even though their own professional education did not require it (Stockman et al., 2008). Stockman et al. surveyed 731 faculty at programs in speech language pathology and audiology accredited by ASHA in order to determine how MMI requirements were met, and also determine the perceived adequacy of instructional practices. The main strategies identified in this study as used by various programs to meet the ASHA multicultural and multilingual issues accreditation standards (ASHA, 1987) included curricular infusion in which MMI was infused into already existing courses, and specific courses, in which specific courses were dedicated to MMI.

Stockman et al. concluded that the faculty in the surveyed programs generally favored specific courses strategy in MMI. However, curricular infusion strategy was the dominant curricular model used. In such courses, faculty was more likely to devote little

time to MMI. The study revealed significantly higher levels of perceived instructional comfort, preparedness, and student learning for instructors of courses dedicated to MMI than for the instructors who applied curricular infusion strategies. Lubinski and Matteliano (2008) also pointed out that specific coursework in multicultural issues discussed diversity issues in details because there is ample time to explore issues related to multicultural competence, intervention, and diagnostic. On the other hand, however, specific courses on diversity issues can make the multicultural topics appear remote to students from the real set of professional skills that they are expected to master. At the same time, the specific courses make cultural and linguistic proficiency more theoretical and hard to associate with professional practice. Irrespective of the strategies used, Stockman et al. noted that faculty in SLP programs agreed that continuing education workshops and web-based tutorials could be helpful in preparing for MMI. It is worthwhile to note that though ASHA's Committee on the Status of Racial Minorities (1987) described multiple approaches that could be used by educational programs in speech language pathology and audiology for MMI, such as curricular infusion, specific MMI courses, and provision of clinical practicum experience, no data were provided about the use or effectiveness of any of these approaches.

As mentioned above, a majority of speech language pathology programs use the curricular infusion strategy to meet the standards of multicultural training (Stockman et al., 2008). Besides the faculty's inclination to devote little time to MMI in the curricular infusion strategy, hence less depth in multicultural instruction (Stockman et al., 2008, Lubinski & Matteliano, 2008), there are few resources to direct course and curriculum design (Horton-Ikard et al., 2009). Horton-Ikard et al. added that there is limited

evidence to show which instructional strategies results in effective curricular infusion. They also pointed out that many of the clinical and academic faculty may not have multicultural competence for content in their areas of specialization. Horton-Ikard et al. also argued that there were no topics in multicultural competence issues that were given priority for students in speech and language pathology programs to know. Horton-Ikard et al., however, noted some advantages that could be associated with the curricular infusion strategy. First off, the students have the chance to note the implications of the strategy and apply its principles in different contexts. Secondly, the students understand that multicultural instruction is not just the special interest of one faculty member, but an essential part of many aspects of their future practice that is supported by the entire faculty. Finally, knowledge, skills, and attitudes of students in multicultural areas are developed and expanded as the multicultural topics appear in the coursework every semester. According to Lubinski and Matteliano (2008), the curriculum infusion strategy requires the faculty to be dedicated and knowledgeable in the presentation and discussion of content on multicultural issues and strategies.

Horton-Ikard et al. (2009) proposed the introduction of a core course in multicultural competence that could be necessary for the curricular infusion strategy to be effective. They gave three reasons why a core course was important. First, they claimed that a well-designed course could ensure that students received fundamental ideas that provided the basis for incorporating both themes and practices infused throughout the curriculum. Second, achievement of multicultural learning outcomes could be assessed with instruments designed to measure the competence of a course in promoting multicultural proficiency. Finally, the core course could encourage and motivate the

students to think critically about multicultural issues and make generalization of clinical practice. Overall, the purpose of the core multicultural course was to integrate awareness, knowledge and skills.

Stewart and Gonzalez (2002) did a national survey of 228 program directors to determine how master's level professional preparation programs were meeting the challenges of preparing SLPs to provide quality services to a culturally diverse population. Ninety one program directors in this study reported that they were putting efforts in increasing diversity of SLP professionals, they were preparing student SLPs to do research about diverse populations, and they were providing students with knowledge and clinical experience to serve children from CLD backgrounds. Stewart and Gonzalez, however, noted that programs were slow in enrolling students from CLD backgrounds. In addition, there was a challenge in providing clinical training with diverse population because this depended on the geographical location of the program. It is interesting to note that even recent research (Hammond, Mitchell & Johnson, 2009) involving program directors of speech language pathology and audiology programs found that, though the participants felt that their programs prepared students to serve CLD populations, they lacked clients from CLD backgrounds for practicum experiences, despite the fact that the CLD population has been increasing steadily over the past few decades. Horton-Ikard and Munõz (2010) also examined practices for promoting multicultural competence in communication science and disorders programs and found that these programs were competent in curriculum issues, but few were competent in areas representing the minority.

SLPs Challenges in Providing Services to CLD Children

In an attempt to provide appropriate services to children with SLD from CLD backgrounds, SLPs have been required, through ASHA's (1987) mandate, to be culturally and linguistically competent. However, previous studies show that SLPs have been experiencing challenges related to assessment of linguistic abilities and treatment/intervention of children from CLD backgrounds. Roseberry-McKibbin and Eicholtz (1994) evaluated the results of a 1991 national survey regarding service delivery provided by SLPs to limited English proficient (LEP) children with communication disorders. A total of 1,145 public school SLPs responded to this survey. About 66% of the SLPs said that the problem they mostly experienced was that they did not speak the languages of the children they served. Lack of appropriate assessment instruments was also a major problem to 52.3% of the SLPs. Other problems frequently encountered by the SLPs included lack of access to professionals who spoke the language of the children (39.4%), lack of knowledge of developmental norms in the children's first language (33.3%), inability to distinguish a language disorder from a language difference (12.7), lack of awareness about the children's cultural characteristics (14.6%), and lack of available interpreters (20.4%). It is important to mention that 83.3% of the clinicians, however, reported that they used an interpreter in service delivery. Roseberry-McKibbin, et al. (2005) replicated the 1991 national survey two years later. The analyzed data revealed that the percentage of SLPs encountering various problems serving children with LEP had decreased notably, except for lack of available interpreters which went up to 24% from 20.4%. Also, the SLPs in the two surveys reported that they were interested

in furthering education and training that addressed unbiased assessment procedures and materials for LEP students (Roseberry-McKibbin et al. (2005).

In a survey of 104 SLPs from Minnesota, Kohnert, Kennedy, Glaze, Kan, and Carney (2003), assessed the challenges to clinical competency of the SLPs. Kohnert et al. used a frequency scale ranging from one to five with one being rarely, two as sometimes, three as often, four as usually, and five as almost always. Kohnert et al. identified the challenges that the SLPs frequently encountered as those with a mean greater or equal to three. Like the study carried out previously by Roseberry-McKibbin and Eicholtz (1994), Kohnert et al. found that inability to speak the client's first language was a major challenge to the SLPs providing services to children from CLD backgrounds with a mean of 3.8. Other challenges included: lack of assessment (3.4) and treatment (3.5) materials in other languages; lack of knowledge of developmental norms in the client's languages (3.4); few professionals who spoke the client's language (3.3); and limited family resources (3.3). Kohnert et al. also found that assessment of CLD children was a topic of interest for the SLPs for continuing education and training.

A study by Kritikos (2003) reported among other challenges that 32% of the SLPs in involved in the study did not have knowledge of the client's culture; 29% lacked knowledge of the nature of second language acquisition; 29% experienced difficulty distinguishing a language difference from a language disorder; 44% reported lack of availability of interpreters who could speak a client's language; 64% cited lack of bilingual SLPs who could speak a client's language; and 70% said that there were no developmental norms and standardized tools in languages other than English. Kritikos

observed that lack of norms and standardized tools in languages other than English was the most cited problem by the SLPs.

Though the use of standardized English tests to assess children with SLD from CLD backgrounds have been discouraged because they are not adequate for addressing the diagnostic needs of these children (Caesar & Kohler, 2007), few formal tests for assessing children from CLD backgrounds have been developed (Yavas & Goldstein, 1998). Caesar and Kohler claimed that translated standardized tests could solve the problem resulting from the use of English standardized tests with CLD children, but they also said that a test developed in one language could not translate consistently to another language. Translated tests are difficult to rate and interpret (Caesar & Kohler, 2007). As a result many SLPs still use formal standardized tests to evaluate children from CLD backgrounds.

Caesar and Kohler (2007) investigated the frequency with which 130 school-based SLPs in Michigan implemented recommended practices when testing the language skills of bilingual students. They found that 98% of the SLPs used procedures published as English measures, and 75% frequently used the English language when testing bilingual students. Only 14% of the SLPs used the Spanish language for assessment. Caesar and Kohler also found that SLPs used mostly formal standardized tests compared to alternative tests when assessing bilingual students. In a different study, Skahan, Watson, & Lot (2007) reported that 36% of the SLPs in their study used informal assessment procedures or English only standardized tests to assess the speech of non-native English speakers. They expected this outcome because the SLPs did not speak the languages of the non-native English speakers.

Statement of the Problem

SLPs are required to be culturally and linguistically competent. However, previous studies show that SLPs have been experiencing and are still experiencing challenges in service delivery to children with SLD from CLD backgrounds. The major challenge experienced by the SLPs is that they do not speak the languages of the children they serve. Lack of appropriate assessment and treatment instruments is also a common problem cited by many SLPs in previous studies. As a result, many SLPs are still using formal standardized English assessment tests. From the findings of the above studies, it remains questionable whether challenges that SLPs experience with CLD populations in academic settings are sufficiently addressed in their education and training. In most cases, these challenges are not addressed because, as reported in the previous studies (Roseberry-McKibbin et al. 2005; Roseberry-McKibbin & Eicholtz, 1994; Kohnert et al. 2003), the area of interest identified by the SLPs for continuing education and training was that which addressed materials and the assessment and treatment procedures of children with SLD from CLD backgrounds. The current study, therefore, investigated the SLPs' academic training and competence in serving diverse populations to confirm if the efforts the directors of communication science and disorders are putting in preparing the students in their programs to serve clients from CLD backgrounds (Hammond et al., 2009; Horton-Ikard & Munõz, 2010; Stewart & Gonzalez, 2002) are being reflected in service delivery of the CLD population.

Previous research, as aforementioned, focused on the effects of SLD in various aspects of children's lives such as academic, social, and behavioral performance. Such effects included: struggles with reading, academic failure, social interaction difficulties,

poor self-esteem, withdrawn behavior, crime, aggressive behaviors, psychiatry difficulties, and emotional difficulties. In some studies, educators' perspectives on the effects of speech and language intervention on the academic performance of children with SLD were reported (Bennet & Runyan, 1982; Ritzman & Sanger, (2007). However, there seems to be no direct research on the perspectives of SLPs on the effect of speech and language intervention on the academic, social, and behavioral performance of children with SLD from CLD backgrounds.

Many SLPs have become more involved in making decisions regarding service delivery to children from CLD backgrounds. However, many of these children are misdiagnosed and placed in special educational programs when they have normal learning potential (Cartledge, 2011; Chu & Flores, 2011). Like other personnel in the school setting, SLPs bring with them their values, customs, beliefs, and assumptions in situations involving services to children with SLD from CLD backgrounds. According to Carter et al. (2005), there is likelihood for cultural bias in the process of identifying and rehabilitating children with SLD. Badon and Bourque (1996) further point out that students that are not acculturated are at risk for bias in the assessment process because they may demonstrate performance variation that might be misconstrued as manifestations of intrinsic learning problems. The presence of children from CLD backgrounds in SLPs' caseloads, therefore, calls for non-biased assessment and intervention (Prelock, Hutchins & Glascoe, 2008). According to Marshall (2000), an important aspect in the provision of impartial speech and language therapy services is the recognition of cultural disparities. It is essential for SLPs to be culturally and linguistically competent; know about diversity to efficiently identify any difficulties,

determine the underlying causes, and then provide the most appropriate services to assist children with SLD in overcoming their problems (Battle, 2000).

It is not only SLPs who bring with them their values, customs, and beliefs in the situations involving service delivery to children from CLD backgrounds, these children also bring with them their culture, language, customs, beliefs, and attitudes in every situation. There is, however, limited research that has examined the information the SLPs consider while assessing and treating children with SLD from CLD in their caseloads, with reference to the children and their families, the children's culture, beliefs, customs, and languages.

Previous research (Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994; Kritikos, 2003) has reported on the challenges that SLPs encounter in providing services to children with SLD from CLD backgrounds. However, a literature review indicates that there is limited current research on challenges that the SLPs are experiencing serving children with SLD from CLD backgrounds. There are several changes that have occurred in the past few years that warranted another look at the challenges that SLPs experience in providing services to children with SLD from CLD backgrounds. First, ASHA mandated SLPs to learn the knowledge and skills necessary for appropriate service delivery to clients from all cultural and linguistic backgrounds (ASHA, 2004). It is important to mention that the study by Roseberry-McKibbin et al. (2005) was a replication of a previous study by Roseberry-McKibbin & Eicholtz (1994). The replicated study was made two years after the original study was conducted in 1991. Another change is that previous research showed that speech and language pathology programs are providing student SLPs with knowledge, training, and clinical experience to

serve children with SLD from CLD backgrounds (Hammond et al., 2009; Horton-Ikard & Munõz, 2010). Also, according to the Bureau of Labor statistics, U. S. Department of Labor (2009), employment of speech-language pathologists is expected to grow by 19% from 2008 to 2018, which will be faster than the average for all occupations. The main concern, however, is whether the efforts by ASHA and speech pathology programs have alleviated the challenges that have previously been reported in studies, and whether the projections of the Bureau of Labor statistics are being realized in as far as the shortage of SLPs is concerned. In addition, other areas of challenges that relates to the social and behavioral problems of the children with SLD from CLD backgrounds served, and use of standardized exams in assessment were considered hence extending previous research in this area.

The purpose of the current study, therefore, will be to examine SLPs' perceptions of services to children with SLD from CLD backgrounds focusing on (a) SLPs' competence in providing services to children with SLD from CLD backgrounds (b) SLPs' perceptions on the effect of speech and language intervention on the academic, social, and behavioral performance of children with SLD from CLD backgrounds (c) information that SLPs consider during the assessment and treatment of children with SLD from CLD backgrounds (d) the challenges the SLPs encounter in providing services to children with SLD from CLD backgrounds. The current study will, therefore, answer the following questions:

1. What is the perceived level of SLPs' competence in dealing with children with SLD from CLD backgrounds?
2. What are the SLPs' views on the effect of intervention on the academic, social, and behavioral lives of the children with SLD from CLD backgrounds?

3. What information do SLPs consider during the assessment and treatment of children with SLD from CLD backgrounds?
4. What challenges do the SLPs encounter in providing services to children with SLD from CLD backgrounds?

CHAPTER THREE

Method

The primary goal of the present study was to investigate the perspectives of SLPs on provision of services to children with SLD from CLD backgrounds mainly focusing on: (a) SLPs' competence in providing services to the children; (b) SLPs' perceptions on the effect of speech and language intervention on the academic, social, and behavioral performance of children with SLD from CLD backgrounds; (c) information that SLPs consider during the assessment and treatment of children with SLD from CLD backgrounds; and (d) the challenges they experience in providing services to the children from CLD. This chapter will explain the method for investigating this issue by describing the research design employed, the participants involved in the current study, the instrument of data collection used, procedures followed for data collection, and data analysis.

Research Design

Since the focus of the present study was obtain the opinions of SLPs in providing services to children with SLD from CLD backgrounds, a descriptive research process was employed. According to Gay, Mills and Airasian (2006), descriptive research answers questions concerning the current status of the subjects of the study and obtain a general view of the participants. It also determines and reports the way things are; hence, this research design was used because the researcher collected data as reported by the SLPs to describe their views, that is, their perspectives on services to children with SLD from

CLD backgrounds. From the context of the current study, the descriptive research described the views of SLPs on the effect of speech and language intervention on the academic, social, and behavioral lives of children with SLD from CLD backgrounds. The descriptive research also obtained information that SLPs considered during the assessment and treatment of children with SLD from CLD backgrounds. The descriptive research also allowed the assessment of the level of preparedness of SLPs in serving children with SLD from CLD backgrounds, and the challenges they encounter in providing services to children with SLD from CLD backgrounds. As a result, a questionnaire survey method of data collection was deemed to be the most appropriate method of data collection for the present study.

Participants

The participants were masters and doctoral level Speech and Language Pathology graduates from a large private university in the southwest. A listserv of the participants was obtained from the department of Communication Science and Disorders at the university. Using the obtained listserv, a survey questionnaire link was sent out to potential participants through e-mail. Accompanying the survey questionnaire was an informed consent letter which explained the purpose and the benefit of the present study. The questionnaire survey link was provided in a cover letter requesting the potential participants to respond to the survey questionnaire.

Instrument of Data Collection

A survey questionnaire on speech language pathology and cultural diversity was created for the current research study. The survey is composed of 64 items. Eighteen out of 64 items were adapted and modified from a survey used to investigate the opinions of SLPs on communication disorders and violence (Sanger, Moore-Brown, Montgomery, & Hellerich, 2004). One item was derived from the background information section of the Sanger et al. (2004) instrument and included in section two of the instrument used in current study (See Appendix). Two items were also obtained from the background information section of the Sanger et al. (2004) instrument and included in section three of the instrument used in the present study. Four items were obtained from the section on experience with issues concerning communication and violence of the Sanger et al. (2004) instrument and included in section five of the instrument used in the present study. Finally, 11 items were derived from the Likert Scale in the Sanger et al. (2004) instrument and included in section seven of the instrument used to collect data from the current study. Permission to adapt and modify some of the items in the Sanger et al. (2004) instrument was sought from the first author, Sanger. Sanger also recommended that permission be sought from the journal in which the paper was published (*Language, Speech, and Hearing Services in Schools*) because it had the copyrights, and permission was granted.

Fourteen Likert Scale statements in section eight, about delivering services to children from CLD backgrounds were obtained from a document entitled “*Cultural competence checklist: Service delivery*” developed by ASHA (2010). ASHA developed this document in order to increase SLPs’ awareness of how they viewed clients from

CLD backgrounds. In addition, two statements in the Likert Scale in section eight were derived from a document entitled “*Cultural competence checklist: Policies and procedures*” developed by ASHA (2010). This document was created by ASHA in order to enhance SLPs’ awareness of their agencies/programs’ policies and procedures with CLD populations. Overall, a total of 16 items were obtained from these checklists. The development of the aforementioned cultural competence checklists was inspired by a document entitled “Promoting cultural and linguistic competence self-assessment checklist for personnel providing services and support in early intervention and childhood settings” by Goode (1989) (ASHA, 2010). This document was later revised in 2002. Permission to adapt and modify some of the items was obtained from ASHA. The remaining 30 items of the survey questionnaire were developed by the author in order to gather more information about SLPs’ perceptions of service delivery to children with SLD from CLD backgrounds with reference to the study questions.

The survey questionnaire was designed to cover seven main areas of interest that enabled the researcher to answer the study questions including: (a) demographic information (Sec 2: items 1, 2, 4, 5); (b) professional background information (Sec 2: item 6; sec 3: items 1-3); (c) information about the children with SLD from CLD backgrounds in the SLPs’ caseloads (Sec 4: items 1-4; sec 5: item 6); (d) SLPs’ education in matters related to cultural diversity (Sec 5: items 1-4); (e) SLPs’ competence in providing services to CLD children (Sec 5: item 5; sec 6: items 9, 10; sec 8: items 11, 12, 15); (f) SLPs’ views on the effect of speech and language intervention on the academic, social, and behavioral performance of the children with SLD from CLD backgrounds in their caseloads (Sec 7: items 3, 4, 5, 13, 14); (g) information that SLPs considered during

the assessment and treatment of children with SLD from CLD backgrounds (Sec 8: items 1-7, 10, 12-14, 16, 17); and (h) challenges encountered in providing services to children from CLD backgrounds (Sec 7: items 6-9; sec 8: items 9, 10, 18).

The questionnaire included structured, Likert-Scale type items, and one open-ended item (Sec 8: item 20) that allowed the SLPs to add information not tapped by questions in the other sections of the survey questionnaire. The Likert scale measured the respondents' level of agreeing or disagreeing with the statements in the scale. The Likert scale used in the present study implemented a forced choice method, whereby there was no "neither agree nor disagree" options available. The option "strongly agree" was given a value of three, "agree" a value of two, "disagree" a value of one, and "strongly disagree" was given a value of zero. The demographic, professional background information and the items on professional training were designed to be in check-that-apply, check-all-that-apply, and yes/no format. The Likert-Scale type items had a four-point scale ranging from "strongly agree" to "strongly disagree." The items in the Likert-Scale pertained to SLPs' perspectives on the social behavioral and academic performance of CLD children, training, competence, information that SLPs considered during the assessment and treatment of children with SLD from CLD backgrounds, and challenges they encountered while providing services to children with SLD from CLD backgrounds. The open-ended question requested the SLPs to state their major concerns on serving children with SLD from CLD backgrounds.

The study question regarding the challenges faced by the SLPs in providing services to children with SLD from CLD backgrounds was answered by items 6-12 in section 7 of the Likert scale. These items were reversed in meaning from the overall

direction of the scale because they were negatively worded. As a result, a response of strongly agree was given a value of zero, agree a value of one, disagree a value of two, and strongly disagree a value of three.

Procedure for Data Collection

A survey questionnaire was developed and considered appropriate after a series of reviews from the faculty in the departments of Educational Psychology and Communication Sciences and Disorders. Approval from the Institutional Review Board (IRB) to field-test the survey questionnaire was granted. SLPs participating in a summer literacy camp were requested to respond to the survey questionnaire items. Their input concerning ambiguity, relevancy, completeness, and organization was used to make further revisions in the survey.

Data Analysis

Some of the respondents in the current study did not respond to some of the survey questionnaire items. About half of them did not respond to the Likert Scale items for probable reasons that will be discussed later on in the limitations of the study section. Therefore, the total number of responses differed from one item to another. Data obtained for the current study were analyzed using descriptive statistics. Frequency and percentages were used to illustrate the results of the four research questions. For the survey questionnaire items that required the participants to check-that-apply, check-all-that-apply, and yes/no, percentages were used to provide information concerning the respondents. Using the SPSS software, the responses to the items in the Likert Scale were re-coded into different variables, whereby 'strongly agree' was given a value of

three, 'agree' a value of two, 'disagree' a value of one, and 'strongly disagree' a value of zero. The frequency with which a response occurred for each item was obtained and used to provide a general indication of an agreement or disagreement with each Likert Scale item on various issues related to the study questions of the current study. The percentages of the SLPs that responded to each scale (0, 1, 2, or 3) of each survey questionnaire item were based on the total number of the SLPs that responded to that particular item.

CHAPTER FOUR

Results

The present study recruited 100 Speech Language Pathologists (SLPs) by e-mail. A total of 80 SLPs responded to survey questionnaires by following a Survey Monkey link sent to them via e-mail. However, data in 10 of the survey questionnaires were not analyzed because the participants had not responded to over three quarters of the items in the survey questionnaire. As a result, only the data in the remaining 70 survey questionnaires were analyzed.

Demographic Information (Sec. 2: items 1, 2, 4, 5)

The participants were asked to provide information about their gender and the highest academic degree they had earned. A summary of this information is presented in Table 1.

Table 1 Gender and Highest Degree Earned

Responses to	Percent of respondents	<i>N</i> =70
Gender		
Female	94.3	66
Male	5.7	4
Highest Degree Earned		
Master's Degree (M.A., MSc.)	94.3	66
Doctorate Degree (Ph.D., Ed.D.)	4.3	3

Note. *N* = number of respondents.

In addition to gender and the highest degree earned, the participants were also asked to provide information about their language proficiency. Table 2 provides a summary of this information. At the same time, the participants were asked to provide information about their ethnic backgrounds. This information is illustrated in Table 3.

Table 2 Proficiency in More than One Language

Responses to	% of respondents	N=70
Monolingual	85.7	60
Bilingual	11.4	8
Multilingual	2.9	2

Note. N = number of respondents.

Table 3 Ethnicity

Responses to	% of respondents	N=70
Asian	2.9	2
Black	2.9	2
Hispanic/Latina	7.1	5
White	85.7	60
No response	1.4	1

Note. N = number of respondents.

SLPs' Professional Background

Years of Professional Experience (Sec 2: item 6)

Years of professional practice of the SLPs varied greatly with a range of 30 years. The minimum number of years of professional practice reported was less than one year, and the maximum was 30 years. The mean number of years of professional practice was 8;9 (SD=8.2). Data analysis indicated a bimodal distribution which also represented the majority (12.9%, $n=9$, $N=70$) of the respondents having an experience of one or two years. Most, 73% ($n=51$, $N=70$), of the respondents had 10 and below years of professional experience. Figure 1 illustrates the frequency of the number of years of professional practice as a speech language pathologist.

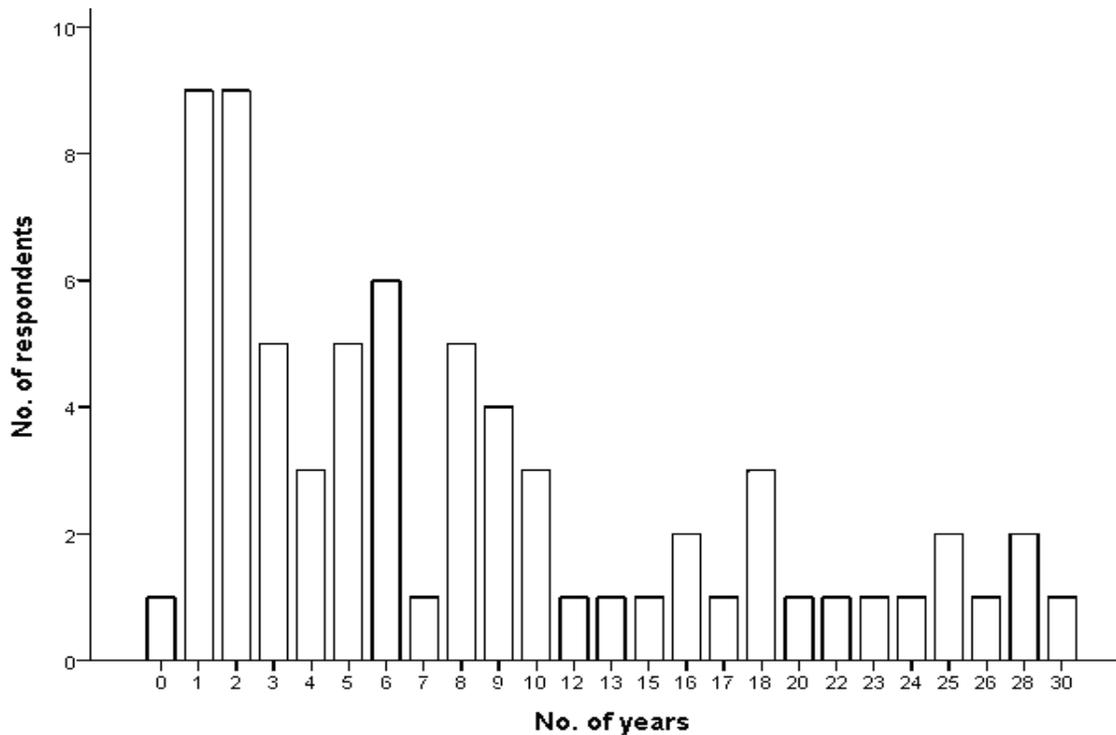


Figure 1 Years of professional experience

Methods of Service Delivery (Sec. 3: item1)

In the course of the past one year, the respondents used different methods of service delivery to the populations they served. Those who reported the methods of service delivery they used were 81.4% ($n=57$, $N=70$). Statistic indicates that ($N=57$): 56.1% ($n=32$) used the consultation method; 50.9% ($n=29$) used the pull-out model; 28.1% ($n=16$) used the co-teaching/collaboration model in regular or special education classrooms; and 14% ($n=8$) used the self-contained language classroom method. Some respondents used more than one method of service delivery. Fourteen (24.6%, $N=57$) of the respondents utilized three different methods which included: consultation, pull-out, and co-teaching methods, whereas five used both consultation and pull-out methods. Some respondents, (15.8%, $n=9$, $N=57$), used one or more (consultation, pull-out, co-teaching/collaboration, self-contained language classroom) of the methods of service delivery in addition to other methods of service delivery.

Settings of Service Delivery

Twenty one percent ($n=12$, $N=57$) of the respondents did not use all, some, or either of the aforementioned methods because they did not serve children in a classroom setting. Table 4 indicates the settings in which some of the respondents served.

Background Information of Children with SLD from CLD Backgrounds in SLPs Caseloads

Number of Children from CLD Backgrounds Presently Served by SLPs (Sec. 4: items 1, 2, 3, 4)

Regarding services to children from CLD backgrounds, 70% ($n=49$, $N=70$) reported that they had served children from these backgrounds in the past one year. As

Table 4 Settings of Service Delivery

Setting	Frequency
Co-visits with other disciplines in ECI (Early Childhood Intervention) program	1
Home health-home therapy visits	5
Private clinic -one-on-one in clinic -outpatient clinic	5
Nonprofit organization setting	1
Rehabilitation facility one-on-one outpatient	3
Hospital setting outpatient therapy	1
Private practice (Private Office)	4
Response to Intervention (RTI)	1
University	1

Note. Some respondents served in more than one setting.

indicated in Table 5, the Hispanic ethnic group had the highest number accounting for 915 children from CLD backgrounds, and was served by most ($n=46$, $N=49$) respondents. Black children were 333, and were served by 42 respondents. The rest of statistic illustrating the number of children from different ethnic backgrounds served and the number of respondents that served them is shown in Table 5.

Data for the current study also indicated that a total of 563 children with SLD from CLD backgrounds were in preschool, and the respondents spent an average of nine hours per week providing services to the children at this level. There were 555 children from CLD backgrounds at the elementary level, and the respondents spent an average of 11 hours per week. At the middle school, the respondents spent an average of five hours

Table 5 CLD Children Served by Respondents in the Past One Year and the Number of Respondents Serving them

Ethnicity of children	Number of children served	N out of a total of 49(%)
Hispanic	915	46(94)
Black	333	42(86)
Asian	96	22(45)
Pacific Islander	19	5(10)
American Indian	17	2(4)
Alaska Native	1	1(2)
Total	1381	

Note. N = number of respondents.

per week providing services to 19 children. High school level had eight children, and this was the least number of children with SLD from CLD served. The respondents at the high school level spent an average of four hours per week providing services to the children.

Areas of Speech and Language Difficulties (Sec 5: item6)

The SLPs were asked to identify the areas of speech and language difficulties in which children with SLD from CLD backgrounds experienced the most difficulty. A total of 47 (67.1%, N=70) reported the areas of speech and language difficulties. Table 6 shows the number of respondents who served children in their caseloads experiencing difficulties in various areas of speech and language.

Table 6 Number of Respondents Providing Services for Various Areas of Speech and Language

Areas of speech and language	<i>N(out of a total of 47)</i>	%
Articulation (Phonology)	17	36.2
Vocabulary (Semantics)	35	74.5
Morphosyntax (Morpheme, Word order)	38	80.9
Pragmatics (Social skills)	9	19.1
Reading and Writing	19	40.4

Note. *N* = number of respondents.

SLPs' Education in Topics Related to Cultural and Linguistic Diversity

Training (Section 5: items 1, 2).

On the question of SLPs' training, 85.1% ($n=40$, $N=47$) of the respondents reported that they had received specific training related to linguistic and cultural diversity issues, whereas 14.9% ($n=7$, $N=47$) reported that they had not. The remaining respondents ($n=23$) did not respond to this item in the questionnaire. For the respondents who reported that they had received training on issues related to linguistic and cultural diversity, 67.5% ($n=27$, $N=40$) said that they had received training as part of their undergraduate or graduate education. It is worthwhile to mention that 27.5% ($n=11$, $N=40$) exclusively received training as part of their undergraduate/graduate education. Also, 40% ($n=16$, $N=40$) received training both as part of their undergraduate or graduate education and through in-service courses, workshops, conferences, or seminars, and 27.5% ($n=11$, $N=40$) exclusively received training through in-service courses, workshops, conferences, or seminars. Only one, (3%), respondent who was among those who received training through in-service courses, workshops, conferences, or seminars

reported to have received specific training related to linguistic and cultural diversity issues on the job

Practicum (Section 5: items 3, 4)

For the SLPs ($n=27$, $N=40$) who received training related to linguistic and cultural diversity as part of their undergraduate or graduate education, 44% ($n=12$, $N=27$) reported that they interacted with children from CLD backgrounds as part of the training requirement. Out of the 12 respondents, nine had earned practicum hours, whereas three did not report any practicum hours earned. Conversely, 56% ($n=15$, $N=27$) of those who received training related to linguistic and cultural diversity as part of their undergraduate or graduate education reported that they did not interact with children from CLD backgrounds, however, three of those respondents reported hours of practicum, whereas 12 did not report any hours of practicum.

SLPs' Competence in Dealing with Children with SLD from CLD Backgrounds

Assessment of Children from CLD Backgrounds (Sec. 5: item 5)

SLPs assessed their ability to provide services to children with SLD from CLD backgrounds. A total of 45 (64%, $N=70$) respondents responded to this item. Data analysis showed that 84.4% ($n=38$, $N=45$) of the respondents reported that they felt qualified to provide basic assessment services with the aid of other personnel such as interpreters, bilingual SLPs, and bilingual speech language assistants. Regarding provision of culturally and linguistically appropriate assessment services independently as a bilingual SLP, only 11% ($n=5$, $N=45$) of the respondents reported that they felt qualified to do the assessment.

Assessment Methods Utilized with Children from CLD Backgrounds (Sec 6: items 9, 10; Sec 8; item 15)

Fifty four percent ($n=38$, $N=70$) of the respondents responded to the questionnaire item “Do you use any non-standardized assessment method as an alternative approach?” Most (97.4%, $n=37$) of them said that they were using non-standardized assessment methods as an alternative approach to assessing children with SLD from CLD backgrounds, while one respondent (2.6%, $n=1$) did not use non-standardized assessment method as an alternative approach. The most commonly used non-standardized method of assessment was parent interview record used by 97.4% ($n=37$) of the SLPs. Other non-standardized methods of assessment used included ($N=38$): case history (94.7%, $n=36$); language sample analysis (92.1%, $n=35$); classroom observation (47.4%, $n=18$); school record (44.7%, $n=17$); classroom teacher’s record (44.7%, $n=17$); and dynamic assessment (28.9%, $n=11$). It is important to note that all the SLPs who used the dynamic assessment method also used case history and parent review record methods of assessment. Also, 31.6% ($n=12$) of the SLPs used all the methods mentioned above except for the dynamic assessment method and only 5.3% ($n=2$) used all the methods as alternatives to standardized assessments.

Although only 40% ($n=28$, $N=70$) of the total respondents responded to the statement concerning school districts using just the results of standardized tests as the referral criteria for SLP services for CLD children, most, (57%, $n=16$, $N=28$) of the respondents disagreed with this statement and 21% ($n=6$) strongly disagreed with the statement. The remaining 21% ($n=6$, $N=28$) agreed that their school districts only used standardized tests for referral criteria for SLP services.

Treatment of Children with SLD from CLD Backgrounds (Sec. 5: item 5)

Sixty four percent ($n=45$, $N=70$) of the respondents responded to the item on ability to provide services to children with SLD from CLD backgrounds. With respect to provision of treatment, 73.3% ($n=33$, $N=45$) of the respondents reported that they felt qualified to provide culturally and linguistically appropriate treatment with the aid of other personnel, such as interpreters, bilingual SLP, and bilingual SL assistants. A few ($n=14$, $N=45$) of the respondents said that they felt qualified to provide culturally and linguistically appropriate treatment services independently without the help of other personnel.

SLPs' Language Proficiency (Sec. 8: item 12)

SLPs' proficiency of the first language spoken by children with SLD from CLD background was another area of competence considered in the present study. Half, 50% ($N=35$), of the SLPs responded to the statement saying "It is challenging to identify children with SLD from CLD backgrounds for speech language services because I do not have appropriate language proficiency in their first language". Most of the respondents, 86% ($n=30$, $N=35$), either strongly agreed or agreed with this statement. Only 14% ($n=5$, $N=35$) of the respondents disagreed or strongly disagreed with the statement.

SLPs' Multicultural Awareness (Sec 8: item 11)

Almost half, 49% ($n=34$, $N=70$), of the participants responded to the statement that regarded a challenge in identifying children with SLD from CLD backgrounds for speech and language services because of SLPs' lack of the appropriate multicultural awareness. A small percentage (6%; $n=2$, $N=34$) of these respondents strongly agreed

that they lacked the appropriate multicultural awareness that could enable them identify children with SLD from CLD backgrounds for speech and language services. Thirty five percent ($n=12$, $N=34$) agreed with this statement while the same percentage (35%, $n=12$, $N=34$) disagreed. A further 24% ($n=8$) strongly disagreed with the statement.

Effect of Speech and Language Intervention

Information concerning SLPs' views on the effects of speech and language intervention was obtained from the Likert Scale items in section seven of the survey questionnaire on serving children from CLD backgrounds. The Likert scale measured the respondents' level of agreement or disagreement with the statements in the scale. The Likert scale used in the present study implemented a forced choice method, whereby there was no "neither agree nor disagree" option available. The option strongly agree was given a value of three, agree a value of two, disagree a value of one, and strongly disagree was given a value of zero. Three aspects of effects of intervention were targeted: academic, social adjustment and interaction with peers, and behavior performance of children with SLD from CLD backgrounds.

Academic Performance (Sec 7: items 3, 13)

Half ($n=35$, $N=70$) of the participants responded to the item on the effects of speech and language intervention on academic performance of children with SLD from CLD background. Most of them, 71.4% ($n=25$, $N=35$), reported that they agreed that speech and language intervention affected the performance of these children. Also, 25.7% ($n=9$, $N=35$) strongly agreed with the statement. One (2.9%, $N=35$) respondent, however, disagreed with the statement.

In addition, out of the 34 (48.6%, $N=70$) participants who responded to the statement “SLPs should be involved in planning the individualized educational programs for children with SLD from CLD backgrounds”, 73.5% ($n=25$, $N=34$) participants agreed and 26.5% ($n=9$, $N=34$) strongly agreed with the statement. None of the respondents disagreed with this statement.

Social Adjustment and Peer Interaction (Sec. 7: item 4).

Fifty percent ($n=35$, $N=70$) of the respondents responded to the item concerning the effects of speech and language intervention on social adjustment and interaction with peers. Out of these respondents, 63% ($n=22$, $N=35$) reported that they agreed with the statement. A further 17% ($n=6$, $N=35$) reported that they strongly agreed with the statement. On the other hand, 20% ($n=7$, $N=35$) of the respondents reported that they disagreed that speech and language intervention affected social adjustment and peer interaction of the children with SLD from CLD backgrounds.

Behavior (Sec. 7: items 5, 14)

Like in the responses regarding academic performance and social adjustment and interaction with peers, half ($n=35$, $N=70$) responded to the item concerning the effect of speech and language intervention on behavior. Most, 54.3% ($n=19$, $N=35$) of the participants reported that they agreed with the statement, and 20% ($n=7$, $N=35$) said that they strongly agreed with the statement. Those who disagreed with the statement accounted for 25.7% ($n=9$, $N=35$) of the respondents.

As far as SLPs’ contribution to multidisciplinary teams involved in planning programs for children with SLD from CLD backgrounds is concerned, only 3% ($n=1$,

$N=34$) respondents to this item disagreed that SLPs contribute important information to these multidisciplinary teams. Many (97%, $n=33$, $N=34$) of the SLPs agreed or strongly agreed that SLPs contribute important information to the multidisciplinary teams

Information SLPs Consider when Assessing and Treating CLD Children with SLD

Information on factors that the SLPs considered when assessing the children they served from CLD backgrounds were obtained from sections seven and eight of the survey questionnaire containing Liker Scale items. Data on the following issues were analyzed: CLD children, their culture, languages, and beliefs.

Children with SLD from CLD Backgrounds and their Families (Sec. 8: items 1, 10)

All respondents ($n=33$, $N=70$) who responded to the statement, “I include the clients and their families as partners in determining outcomes for treatment”, either strongly agreed ($n=10$, $N=33$) or agreed ($n=23$, $N=33$) with the statement. Also, about half, 47% ($n=33$, $N=70$), of the SLPs responded to the statement “It is challenging to identify children with SLD from CLD backgrounds for speech language services because they are tested by SLPs but do not qualify for treatment.” None of the respondents strongly agreed with this statement. Only a few, 39% ($n=13$, $N=33$), agreed. Most of the respondents, 61% ($n=20$, $N=33$), disagreed with this statement.

Culture of CLD Children and their Families (Sec 8: items 2, 3, 16, 17)

Results on recognizing the differences in narratives styles and pragmatic behaviors that vary across cultures indicated that ($N=33$): (61%, $n=20$) agreed; (21%, $n=7$) strongly agreed; and (18%, $n=6$) disagreed with the statement. On a similar note, most (76%; $n=25$, $N=33$) of the SLPs agreed that they took time to learn about acceptable

behaviors and customs that are prevalent to their client's culture. A few (12%; $n=4$, $N=33$) strongly agreed, while another 12% ($n=4$, $N=33$) disagreed. Moreover, 69% ($n=22$, $N=32$) agreed and 16% ($n=5$, $N=32$) strongly agreed that they considered cultural and linguistic background of their clients while selecting treatment materials, whereas 16% ($n=5$, $N=32$) disagreed. This was strongly supported by 75% ($n=24$, $N=32$) of SLPs who reported that they used assessment and treatment tools that are not biased against CLD populations.

Beliefs of CLD Children and their Families (Sec 8: items 4, 5)

With regard to alternative treatments, 75% ($n=24$, $N=32$) SLPs agreed that they considered client's beliefs in traditional and alternative medicines when prescribing treatment regimen, 19% ($n=6$, $N=32$) strongly agreed, while only 6% ($n=2$, $N=32$) said they did not consider client's beliefs when prescribing treatment regimen. At the same time, 58% ($n=19$, $N=33$) agreed and 42% ($n=14$, $N=33$) strongly agreed that they respected their client's decision to seek alternative treatment.

Language and Language Proficiency of CLD Children (Sec 8: items (Sec. 8: 6, 7, 12, 13, and 14)

Respondents were asked to rate their level of agreement on whether they asked questions about their client's language history. A total of 33 (47%, $N=70$) respondents rated their level of agreement. About 70% ($n=23$, $N=33$) of the respondents agreed that they asked questions about their client's language history, 27% ($n=9$) strongly agreed, and 3% ($n=1$, $N=33$) respondent disagreed with the statement. With regard to language proficiency, all ($n=33$, $N=70$) of the respondents who responded to this item either agreed (58%, $n=19$, $N=33$) or strongly agreed (42% $n=14$, $N=33$) that some children could have

different reading levels in English compared to their reading levels in their native language. In support for the above statement, about half ($n=33$, $N=70$) of the respondents either agreed (64%, $n=21$) or strongly agreed (36%, $n=12$) that they asked the client's family members and friends about the client's ability to use their native language at home. The remaining (53%, $n=37$, $N=70$) did not respond to this statement. Most, 81% ($n=25$, $N=31$), agreed that they asked the client's family members and friends about the client's exposure to English before and after the client came to the U.S., 19% ($n=6$, $N=70$) disagreed with the statement. Also, 67% ($n=22$, $N=33$) of the respondents agreed that they provided written information for clients to take home in their preferred language. A few (33%, $n=11$, $N=33$) disagreed that they provided written materials for their clients in their preferred language.

Challenges of SLPs in Serving Children with SLD from CLD Backgrounds

Shortage of SLPs (Sec 7: item 6)

The respondents were asked to give their opinion on the statement indicating that there was a shortage of SLPs that served children with SLD from CLD backgrounds because of the large size of existing caseloads in their school district. Forty six percent ($n=32$, $N=70$), responded to this statement, and 28% ($n=9$) of these respondents strongly agreed with this statement, whereas 50% ($n=16$) agreed that there was a shortage of SLPs serving children with SLD from CLD backgrounds. However, 19% ($n=6$) disagreed, and 3% ($n=1$) strongly disagreed.

Shortage of Bilingual SLPs or Speech Language Assistants (Sec. 7: item 7)

A majority (91%, $n=29$, $N=32$), either strongly agreed (47%, $n=15$) or agreed (44%, $n=14$) that there was a shortage of bilingual SLPs or speech language assistants. A few (6%, $n=2$) disagreed, and only one (3%) respondent strongly disagreed that there was a shortage of bilingual assistants or speech language assistants.

Shortage of Interpreters (Sec. 7: item 8; Sec. 8: items 9, 10, 18)

The item on the shortage of interpreters was responded to by 46% ($n=32$, $N=70$) respondents, 13 (41%) of whom strongly agreed that there was a shortage of interpreters to help SLPs serve the CLD students in their districts. Those who agreed with this statement were 11 (34%). However, 23% ($n=8$) disagreed or strongly disagreed that there was a shortage of interpreters to assist SLPs in serving CLD children. Despite the shortage of interpreters, over half (53%, $n=17$, $N=32$) of the respondents agreed, or strongly agreed (41%, $n=13$) that they sought assistance from bilingual co-workers and individuals in related professions who are bilingual and could help interpret as needed. Only 6% ($n=2$) who did not seek assistance from bilingual co-workers to help interpret as needed. Though many SLPs sought assistance from bilingual co-workers to help interpret as needed, most (59%, $n=19$, $N=32$) of them reported that they did not know how to train bilingual interpreters or speech language assistants for appropriate assessment and treatment. Less than half (41%, $n=13$) of the respondents, nonetheless, agreed that they knew how to train bilingual interpreters for appropriate assessment and treatment.

On the same note, 67% ($n=20$, $N=30$) agreed and 23% ($n=7$) strongly agreed that their school district or agency had a list of interpreters available if a client needed one. A

few, 10% ($n=3$), disagreed that their school district had interpreters available. What is more, 80% ($n=24$, $N=30$) of the SLPs agreed that their school districts actively recruited employees who could speak languages other than English. On the other hand, 39% ($n=12$, $N=31$) agreed that they had trained their interpreters using clearly defined roles and responsibilities to assist them in providing services to linguistically diverse populations, whereas 61% ($n=19$, $N=31$).

Identifying Children with SLD from CLD Backgrounds for Speech and Language Services (Sec. 7: item 9)

The SLPs were asked to rate their level of agreement on the statement “It is challenging to identify children with SLD from CLD backgrounds for speech and language services because educators view them as having social and behavioral problems, learning disabilities etc. and therefore not consistently referred to SLPs”. Forty nine percent ($n=34$, $N=70$) of the SLPs responded to this statement, and 9% ($n=3$) strongly agreed and 44% ($n=15$) agreed with the statement. Less than half (47%, $n=16$) disagreed with the statement.

SLPs’ Personal Concerns of Services to Children with SLD from CLD Backgrounds

In the current study, the SLPs were asked to state their primary concerns about providing services to children with SLD from CLD backgrounds. Only 27% ($n=19$, $N=70$) of the respondents reported their main concerns. Even so, the open-ended comments reflected a wide range of concerns or challenges that the SLPs encountered while providing services to these children, some of which have been reported previously in this chapter.

In order to provide appropriate services to children with SLD from CLD backgrounds, SLPs have to be competent. A respondent, however, said that one did not feel competent to treat or provide services in Spanish. Another one also said that he/she did not feel competent to conduct evaluations in other languages, and did not feel competent to communicate with parents who did not speak English in, for example, ARD (Admission, Review, and Dismissal) meetings without an interpreter. A concern also raised was that English only SLPs were not qualified to determine if SLD was present in bilingual students. It was also reported that some students were not receiving the right services for their needs. Especially one of the respondent's main concerns was to make sure that the children got appropriate therapy in their native language and then following the appropriate development of ESL (English as Second Language). This point was recapped by another respondent whose concern was the ability to provide appropriate services in the native language of a child with SLD and to strengthen that modality before working in English.

A primary concern raised by one of the respondents was the ability to accurately identify children with SLD from CLD backgrounds, which meant not overly identifying speech problems but not under-identifying them either. It was also noted that students were over identified as special education students. This latter point was supported by a respondent who said that children were identified with SLD because they were not tested properly in their primary or dominant language.

CHAPTER FIVE

Discussion

The purpose of the present study was to describe the perspectives of the speech language pathologists (SLPs) in providing services to children with SLD from CLD backgrounds. The participants in the present study were mostly White females. Also, a majority of the participants were monolingual, had a masters degree as the highest level of education, and had less than 10 years of professional experience. In addition, most of the participants provided services in school settings most often with children at the kindergarten and grade one level. The participants mostly used the consultation method of service delivery. For the purpose of the present study, it is important to note that most of the participants had in the past one year served children from CLD backgrounds. This is important because the purpose of the current study, as mentioned earlier, was to investigate SLPs' views of service delivery to children with SLD from CLD backgrounds. For that reason, it was important to know if the SLPs had currently served children from CLD backgrounds. SLPs' in the current study provided services mostly to children from Hispanic/Latina background.

Results generated from the survey questionnaires in the present study were relevant in providing information on: (a) SLPs' perspectives on the effects of speech and language intervention on the academic, social adjustment and peer interaction, and behavioral performance of CLD children; (b) SLPs' attitudes toward children from CLD, their culture, languages, and beliefs; (c) SLPs' competence in dealing with children with

SLD from CLD backgrounds; and (d) challenges faced by the SLPs in providing services to CLD children. SLPs' perspectives in providing services to children with SLD from CLD backgrounds are extremely important because they tell whether SLPs recognize the needs and assume or share the responsibility to meet the needs of children with SLD from CLD backgrounds.

What is the Perceived Level of Competence of SLPs in Providing Services to Children with SLD from CLD Backgrounds

Training

The findings in the present study indicated that 85.1% ($n=40$, $N=47$) of the respondents reported having received specific training related to linguistic and cultural diversity issues, and 14.9% ($n=7$) reported that they had not received any training on matters related to diversity. Findings show that those who said that they had not received any training on diversity matters had years of experience ranging from 2-15, and these years were also represented in the group that reported to have received specific training on issue of diversity. All the respondents attended the same institution of higher learning. This could possibly indicate that those who said that they had not received training on diversity matters had forgotten that they had received the training during their academic training. Alternatively, this could be explained by studies in the field of education that have identified features that impact the responsiveness of student teachers in learning about diversity. As mentioned in the literature review, Garmon (2005) identified six features in teachers who had completed a multicultural coursework, and he grouped the six features into two groups: disposition which included openness, self-awareness, and commitment to social justice; and experiential which included intercultural, educational,

and support groups, all of which were referred to during the multicultural course. Garmon concluded that teachers who exhibited all the six features were more likely to grasp the ideas and information given in the multicultural course, and those who did not have them were unlikely to embrace multiculturalism. Garmon findings can be related to the field of SLP, whereby, SLPs who do not possess the six characteristics outlined by Garmon could be viewed as less likely to be responsive in learning about diversity. Encouraging student SLPs to develop the six features identified by Garmon by faculty in the SLP programs would be an important step toward ensuring a positive response to matters relating to cultural and linguistic diversity.

Comparing the findings of the present study related to training on linguistic and cultural diversity issues and previous research, less than half (47%) of the participants in Kohnert et al.'s (2003) study reported coursework relating to service delivery to diverse students. Also, a study by Hammer et al. (2004) indicated that 52% of the SLPs had received some kind of academic training in CLD issues as undergraduate or graduate students. Roseberry-McKibbin et al. (2005) reported that 38% of the respondents in their study had not taken a course addressing service to bilingual students. It seems, therefore, that in most studies, there is a group of SLPs who claim to not have received specific training on matters related to cultural and linguistic diversity. ASHA's 1994 mandate is that multicultural multilingual instruction (MMI) should be part of SLP training. It would be expected then that in one way or another SLPs have received MMI training. However, referencing Stanley (1996), who said that teacher training programs needed to understand the status of the teachers' attitude and perception toward diversity, likewise, the SLP programs may need to understand the position of student SLPs' attitudes and

perception toward diversity as most studies have sought the perspectives of the SLPs already in the field. This could be a gateway to understanding why some SLPs reported that they did not receive training on matters of cultural and linguistic diversity, while others reported that they did.

From a different perspective, lack of specific training related to linguistic and cultural diversity issues, as well as lack of competence in areas of assessment, treatment, and multicultural awareness, by SLPs may be explained by Stockman et al. (2008) who concluded that faculty in the Communication Science and Disorders programs mostly used curricular infusion strategy to meet the standards of multicultural training. Curricular infusion, as explained by Stockman et al., is an approach that inserts multicultural content in one or more existing courses within the curriculum. In this case, the respondents in the current study who reported that they did not receive training on cultural and linguistic diversity may have regarded the training as not including any MMI offered using the curriculum infusion strategy, but rather MMI instructed through courses specifically designed to cover multicultural and multilingual issues. Based on their professional experiences, the respondents graduated from the same institution at different times ranging from zero to 30 years at the time of data collection. For this reason, the faculty in the speech language pathology program may have used different instructional strategies at different times, hence explaining why some respondents reported to have had specific training on matters related to cultural and linguistic diversity while other said they did not.

Finding from the present study indicated that 15.6% of the respondents did not feel qualified to provide treatment with the help of other personnel such as interpreters

and bilingual SLPs, and 31% did not feel qualified to provide appropriate treatment independently without the help of other personnel. These results are not isolated because, previous research (Kritikos, 2003; Hammer et al., 2004) also indicated that SLPs lacked competence in assessing children from CLD backgrounds. Also, 41% of respondents in the current study reported that they lacked the appropriate multicultural awareness that could enable them to identify children with SLD from CLD backgrounds for speech language services. Lack of competence in these areas may be explained by the instructional strategies used by their professors. It is worthwhile to note that ASHA's Committee on the Status of Racial Minorities (1987) described multiple approaches that could be used by educational programs in speech language pathology and audiology for MMI, such as curricular infusion, specific MMI courses, and provision of clinical practicum experience. Though no data were provided about the use or effectiveness of any of these approaches, whether the specific MMI courses or curricular infusion strategy was used, both have advantages and disadvantages, and these strategies may explain the level of competence of the SLPs on matters of cultural and linguistic diversity.

SLP programs are confronted by many problems while trying to abide by MMI curricular infusion directives. Besides the faculty's likelihood to devote little time to MMI in the curricular infusion strategy, hence less depth in multicultural instruction (Lubinski & Matteliano, 2008; Stockman et al., 2008), there are few resources to direct course and curriculum design (Horton-Ikard et al., 2009). Horton-Ikard et al. added that there was limited evidence to show which instructional strategies resulted in effective curricular infusion. Many of the clinical and academic faculty may not have multicultural competence for content in areas of their specialization, and may not have

appropriate models and strategies to implement MMI (Horton-Ikard et al., 2009, Stockman et al., 2008). In addition, Horton-Ikard et al. claimed that there were no topics of instruction on cultural diversity issues that were given priority. Based on the above mentioned drawbacks of the curriculum infusion strategy, the SLP graduates whose MMI instruction was based on curricular infusion strategy would not have high multicultural and multilingual competence compared to those who instruction was based on specific MMI coursework.

Horton-Ikard et al. (2009), however, noted some advantages that could be associated with the curricular infusion strategy. First off, the students have the chance to note the implications of the strategy and apply its principles in different contexts. Secondly, the students understand that multicultural instruction is not just the special interest of one faculty, but an essential part of many aspects of their future practice that is supported by the entire faculty. Finally, knowledge, skills, and attitudes of students in multicultural areas are developed and expanded as the multicultural topics appear in the coursework every semester. According to Lubinski and Matteliano (2008), the curriculum infusion strategy, however, requires the faculty to be dedicated and knowledgeable in the presentation and discussion of content on multicultural issues and strategies.

Horton-Ikard et al. proposed the introduction of a core course in multicultural competence that could be necessary for the curricular infusion strategy to be effective. They gave three reasons why a core course was important. First, they claimed that a well-designed course could ensure that students received fundamental ideas that provided the basis for incorporating both themes and practices infused throughout the curriculum.

Second, achievement of multicultural learning outcomes could be assessed with instruments designed to measure the competence of a course in promoting multicultural proficiency. Third, the core course could encourage and motivate the students to think critically about multicultural issues and make generalization of clinical practice. Overall, the purpose of the core multicultural course was to integrate awareness, knowledge, and skills. The introduction of a core course in multicultural competence, therefore, would be an important step by SLP programs that mostly use the curriculum infusion strategy towards ensuring the effectiveness of the curriculum infusion strategy in promoting multicultural and multilingual competence in areas of assessment, treatment, and in raising multicultural awareness.

Most of the respondents in the current study reported that they felt qualified to assess and treat children with SLD from CLD backgrounds with the help of other personnel. These findings could be associated with the instruction strategy used by the faculty during the respondent's graduate or undergraduate training, in this case, specific MMI courses strategy. Instructors of courses specifically dedicated to MMI have reported significantly higher levels of perceived instructional comfort, preparedness, and student learning than for the instructors who applied curricular infusion strategies (Stockman et al., 2008). Lubinski and Matteliano (2008) also pointed out that specific coursework in multicultural issues discussed diversity issues in details because there is ample time to explore issues related to multicultural competence, intervention, and diagnostic matters. On the other hand, however, specific courses on diversity issues can make the multicultural topics appear remote to students from the real set of professional skills that they are expected to master (Horton-Ikard et al., 2009). At the same time, the

specific courses make cultural and linguistic proficiency more theoretical and hard to associate with professional practice (Horton-Ikard et al., 2009). Irrespective of the instructional strategies used (specific MMI courses or curriculum infusion), Stockman et al. (2008) noted that faculty in SLP programs agreed that continuing education workshops and web-based tutorials could be helpful in preparing for MMI.

Though it is crucial to train SLP students on matters regarding cultural and linguistic diversity during their academic and clinical preparation, findings from the present study demonstrated that this training could also be provided through other means, such as, in-service courses, workshops, conferences, or seminars. For this reason, having not received undergraduate or graduate training does not justify SLPs' lack of awareness in issues relating to cultural and linguistic diversity.

Another interesting finding in the present study is that out of 27 ($N=40$) SLPs who received training related to cultural and linguistic diversity issues during their undergraduate/graduate education, 55.5% ($n=15$, $N=27$) did not interact with children from CLD backgrounds as part their training requirement. Previous research, however, indicates that directors in Communication Science and Disorders programs are putting effort in providing students with knowledge and clinical experience to serve children from CLD backgrounds (Stewart & Gonzalez, 2002). Despite these efforts, past research show that program directors have reported that though their programs are preparing students SLPs to serve CLD populations, they lack clients from CLD backgrounds for practicum experiences (Hammond et al., 2009; Stewart & Gonzalez, 2002).

Language Proficiency

Eighty six percent ($n=30$, $N=35$) of the respondents who responded to the issue of language proficiency in the present study reported that it was challenging to identify children with SLD from CLD backgrounds for speech language services because they did not have appropriate language proficiency in the children's first language. Difficulties related to different dialects of various languages were also a concern to some of the respondents in the current study. Language barrier claimed by most of the participants could be explained by the fact that 86% of the participants in the present study were monolingual, 11% bilingual, and only 3% were multilingual. Lack of SLPs' competence in the first language of the children from CLD background they served as found in the current study is a concern that has been reported in previous research. About 66% of the SLPs in Roseberry-McKibbin and Eicholtz's (1994) study said that the problem they mostly experienced was that they did not speak the languages of the children they served. The findings of McKibbin and Eicholtz were also replicated by Kohnert et al. (2003), ASHA (2004), and Roseberry-McKibbin et al. (2005). The replication of these results indicates that efforts in recruiting or training SLPs who speak other languages, especially Spanish and Asian languages, possibly have not been entirely successful. The results of the current study showed that 94% ($n=46$, $N=49$) of the SLPs served a total of 915 Spanish students in the past one year, and 45% ($n=22$, $N=49$) of the SLPs provided services to 96 students from an Asian background, yet 85.7% ($n=6$, $N=70$) of the SLPs were White. This view, nonetheless, does not reduce the importance of interpreters, because after all, it is not possible to have SLPs who speak all the languages spoken in

the U.S. However, it is essential to mention that speech and language pathology services would be better if provided by SLPs who speak the language of the children.

Multicultural Awareness

As mentioned earlier, results in the current study showed that 41% ($n=14$, $N= 34$) of the respondents either strongly agreed or agreed that they found it challenging to identify children with SLD from CLD backgrounds for speech and language services because of they did not have the appropriate multicultural awareness. These findings are also reflected in Levey's (2004) study to the extent that half of the 167 English-speaking SLP undergraduate and graduate students were unaware of many of the linguistic and cultural differences related to other dialects and languages. A study by Kritikos (2003) reported among other challenges that 32% of the SLPs involved in the study did not have knowledge of the client's culture. Though some of the SLPs in the current study and in previous research reported lack of multicultural awareness, previous research (Hammond et al. 2009; Horton-Ikard & Munõz, 2010; Stewart & Gonzalez, 2002) indicates that Communication Science and Disorders programs are preparing student SLPs to do research about diverse populations. The programs are also providing students with knowledge and clinical experience to serve children from CLD backgrounds. In hindsight, the dynamic diversity of the U.S. population points toward a situation where actively training culturally and linguistically diverse SLPs will be inevitable.

Lack of SLPs' multicultural awareness can be explained by the findings from statistics obtained from the end of year 2009 to the end of year 2010 by ASHA. These statistics indicated that all SLPs from ethnic/racial minorities combined were considerably fewer compared to the White SLPs (ASHA, 2010). As a result,

predominantly White SLPs are providing services to children with SLD from CLD backgrounds, whose culture they do not share. ASHA, however, has made ongoing efforts to address cultural and linguistic issues related to professionals and people with communication disorders by providing resources that help SLPs develop cultural competence (ASHA, 2009). It has also provided resources on how to work with bilingual clients.

In the present study, competence of SLPs to provide services to children with SLD from CLD backgrounds was reflected in various ways, some of which have been discussed previously in this paper. Such ways include ability to assess the children with or without the aid of an interpreter, lack of multicultural awareness, and lack of proficiency in the first languages of the children. A significant area that cannot go unmentioned is the ability to differentiate between a language disorder and a language difference. The following were concerns raised by the participants in the present study in relation to that issue: English only SLPs were not qualified to determine if SLD was present in bilingual students; concern on the ability to accurately identify children with SLD from CLD backgrounds, which meant not over-identifying or under-identifying speech problems; children being identified with SLD because they were not tested properly in their primary or dominant language; and not knowing when a problem was a disorder and when it was a difference. An explanation for these challenges could be that a vast majority of educators and school-based SLPs are not familiar with the process that young children undergo in learning a second language (Geisler, 2010); hence, they often encounter difficulties differentiating classic second language differences from real disorders.

What are the SLPs' Views of the Effect of Intervention on the Academic, Social, and Behavioral Lives of the Children with SLD from CLD Backgrounds?

Academic Performance

Since language is the foundation of communication, speech and language disorders that are left untreated can result in struggles with reading, school absenteeism, behavioral issues and academic failure (Geisler, 2010). To be precise, a lot of children with SLD face challenges that can directly affect accessibility to the curriculum, a factor that eventually affects their academic achievement (Dockrell et al., 2011). In the present study, almost all (97%, $n=34$, $N=35$) of the SLPs agreed or strongly agreed that speech and language intervention affected the academic performance of the children with SLD from CLD backgrounds. This finding indicates that SLPs are an important force in determining the academic performance of the children with SLD from CLD backgrounds. The finding in the current study also supports school principals' views on the positive impact of the SLP services in student's academic performance (Ritzman & Sanger, 2007).

Another interesting finding is that all ($n=34$, $N=34$) of the SLPs who responded to the statement "SLPs should be involved in planning the individualized educational programs for children with SLD from CLD backgrounds," either agreed or strongly agreed with this statement. This finding corroborates the view of Nippold (2010) who claimed that it is the responsibility of the SLPs and the teachers to work as a team in order to help children achieve their academic potential. It is important to note that teachers may not have specialized knowledge to identify and treat children with SLD, hence, the need for SLPs to be in the classroom (Nippold, 2010).

Social and Behavioral Performance

Past research indicates evidence that children with SLD are at a greater risk for social and behavioral difficulties, such as physical aggression, disruptive behavior during structured activities, negative responses, and fewer initiations of social activities because of difficulties with interpersonal communication (Fujiki et al., 1996, 1999, 2001, 2004; Hart et al., 2002; McCabe & Meller, 2004; Redmond & Rice, 1998; Rice, Sell & Hadley, 1991). In the present study, most of the SLPs agreed or strongly agreed that speech and language intervention had effects on behavioral ($n=26$, $N=35$) and social adjustment and interaction ($n=28$, $N=35$) with peers of children with SLD from CLD background. Ritzman and Sanger (2007) also found that school principals viewed SLP services to have a positive impact in the behavioral and social performance of children with SLD involved in violence.

What Information do SLPs Consider when Assessing and Treating CLD Children with SLD?

According to ASHA (2004), it is important for SLPs to practice sensitivity to cultural and linguistic differences that affect the identification, assessment, treatment and management of communication disorders in persons in order to provide quality services that the clients deserve. It is also important for the SLPs to collaborate with the families of the children they serve.

Children with SLD from CLD Backgrounds and their Families

According to Gonzalez et al. (2010), it is important to consider the families' perceptions of the children's communication skills when assessing children from CLD

backgrounds. In the current study, the SLPs reported that they included the children and their families as partners in determining outcome for treatment. The SLPs in the current study also respected the decision to seek alternative treatment by children and their families. Including the family in the assessment and treatment process of the child is important as this is one of the methods of obtaining the case history of the child (Gonzalez et al., 2010).

Culture of CLD Children

A majority (61%, $n=27$, $N=33$) of SLPs in the current study reported that they recognized differences in narratives and pragmatic behaviors that vary across cultures. In addition, most (88%, $n=29$, $N=33$) SLPs reported that they took time to learn acceptable behaviors and customs common in the children's culture. Another important finding was that 84.4% ($n=27$, $N=32$) of the SLPs in the present study said that they considered cultural and linguistic background of their clients while selecting treatment materials. This is in line with ASHA's (2005) recommendations that SLPs should be ready to be flexible in the selection, administration, and interpretation of diagnostic and/or treatment regimens. This was also supported by the report that 75% ($n=24$, $N=32$) of the SLPs in the current study reported that they used assessment and treatment tools that were not biased against CLD population.

Beliefs of CLD Children

Speech and language intervention could be influenced by beliefs and values of the clients (Stockman et al. 2004). Ninety four percent ($n=30$, $N=32$) of the SLPs' in the present study agreed that they considered client's beliefs in traditional and alternative

medicines when prescribing treatment regimen. Also, all ($n=33$, $N=70$) the SLPs who responded to the item concerning respecting client's decision to seek alternative treatment either agreed or strongly agreed with the statement. Considering the clients beliefs is important because according to Stockman et al. (2004), beliefs of the clients can determine whether a referral for clinical services is even taken seriously. In a review of various studies, Marshall (2000) also found that in some communities of Africa, mild speech and language difficulties were only considered important if they were obvious enough to stand out. SLPs, therefore, need to understand the beliefs of their clients because the efforts of the SLPs to help a child with SLD from CLD background can be hampered by the beliefs of the child's family.

Language and Language Proficiency of CLD Children

Gonzalez et al. (2010) outlined some factors related to language of the CLD children that are important in the assessment and treatment of children with SLD from CLD backgrounds. These included: the extent and nature of the children's exposure to each language, the children's language use at home, when and how the children learned the languages they speak, and the length of time the children has been in the U.S. The findings about inclusion of clients and their families as partners in determining outcomes for treatment indicates that all ($n=33$, $N=70$) the respondents in the current study who responded to this questionnaire item agreed or strongly agreed with the item. This suggests that the families of the children with SLD from CLD backgrounds play an important role in speech and language intervention of the children. Interviewing family members of clients is an important method of obtaining the case history of a child (Gonzalez et al., 2010). Also according to ASHA (2004), SLPs should interview the

family members of the clients in order to describe the language skills of the children, and also enquire about the family history of speech language problems and academic difficulties.

A finding related to the views of ASHA (2004) and Gonzalez et al. (2010) is that all ($n=32$, $N=33$), except for one, SLPs in the current study agreed or strongly agreed that they asked questions about their client's language history and the children's language proficiency. Also, the SLPs in the present study reported that they asked the client's family members and friends about the client's ability to use their native language at home. In addition, most (81%, $n=25$, $N=31$) of the SLPs in the present study enquired about the client's exposure to English before and after the client came to the U.S. All ($n=33$, $N=70$) of the respondents who responded to this item either agreed or strongly agreed that some children could have different reading levels in English compared to their reading levels in their native language. Some ($n=22$, $N=33$) agreed that they provided written information for clients to take home in their preferred language. Most of these findings are supported by the views of Gonzalez et al. (2010) who said that assessment of the communication skills of bilingual or linguistically diverse individuals must be based on the information obtained in the comprehensive case history of the children.

What Challenges do the SLPs Face in Providing Services to Children with SLD from CLD Backgrounds?

Shortage of SLPs

Previous literature has demonstrated that a shortage of SLPs has always been a problem because of the ever growing demand for SLPs. Among other things, effects of

shortage of SLPs include: increase in caseload and workload, decreased quality of services, and students receiving partial or no services at all (Hutchins, Howard, Prelock, & Belin, 2010). In the current study, most (78%, $n=25$, $N=32$) of the SLPs either strongly agreed or agreed that there was a shortage of SLPs in their school districts. From the results of the present study, it can be concluded that there is a large population of children, including those from CLD backgrounds, that is needing speech and language intervention, but are not receiving SLPs' services.

The above stated view is supported by the report that though speech language pathology is among the fastest growing professions (Bureau of Labor Statistics, U.S. Department of Labor, 2007), the population that needs SLP services is also increasing rapidly. Also, 71.9% of respondents to a national school survey reported that there were more speech and language pathology openings than there were applicants (ASHA, 2008). In relation to the present study on services to children from CLD backgrounds, Glennen and Masters (2002) found that as more children were brought to the U.S. through adoption, there was a subsequent increase in referrals for speech and language services. This is probably still the case as the CLD population is increasing in schools, hence outpacing the number of SLPs needed to provide services to this population.

There are several ways in which the problem of shortage of SLPs could be solved. Like other professional fields, the field of SLP could create more career awareness and recruitment. This could be done in high schools or in undergraduate when students are choosing their majors. Institutions of higher learning and the departments of communication and science disorders may admit more SLP students by providing scholarships and assistantships. Adding more professors in the department could also

mean that more students could be admitted in SLPs programs depending on the availability of funding and resources. The departments of communication science and disorders could also collaborate with local school districts for placement of graduates for open vacancies.

Availability of Interpreters

Interpreters play an important role in the provision of speech and language services in situations where an SLP does not speak the language of the child. The results of the present study indicated that 84.4% ($n=38$, $N=45$) of the participants reported that they only felt qualified to provide basic assessment services with the aid of other personnel such as interpreters, bilingual SLPs, and bilingual speech language assistants. Also, only 11% ($n=5$, $N=45$) of the participants said that they felt qualified to provide culturally and linguistically appropriate assessment services independently as bilingual SLPs. For this reason, interpreters are an essential part and parcel in the provision of speech language pathology services to children from CLD backgrounds. Interpreters, therefore, should be trained with regard to services to children from CLD backgrounds, and as Mosheim (2011) noted, interpreting has been referred to as a profession and as an art. Mosheim also claimed that being a bilingual is not good enough to be an interpreter; rather, being multicultural is the best.

With regard to availability of interpreters, the SLPs in the current study offered contradicting information. Most (75%, $n=24$, $N=32$) either agreed or strongly agreed that there was a shortage of interpreters to help SLPs serve the CLD students in their districts. At the same time, (90%, $n=27$, $N=30$) agreed or strongly agreed that their school district or agency had a list of interpreters available if a client needed one. What is more, 80%

($n=24$, $N=30$) of the SLPs agreed that their school districts actively recruited employees who could speak languages other than English. Shortage of interpreters could be explained by the fact that there are currently about 381 detailed languages spoken in the U.S. (U.S. Census Bureau, 2007), and there may not be SLPs available to interpret most of these languages. From a different perspective, however, the SLPs may be available, but only to interpret a few of these languages, hence technically, there could be a shortage of interpreters. Besides, even though the school districts are actively recruiting employees who can speak other languages, there could still be children from CLD backgrounds who may not receive appropriate services because of lack of SLPs who can speak their languages, especially the languages that are less commonly spoken. As a recent example, a Russian SLP practicing in the U.S. claimed that some children from CLD backgrounds were unintentionally discriminated because they were not receiving the intervention services they needed for lack of SLPs who could speak their language (Montgomery, 2005).

Assessment of CLD Children

Assessment of children who speak languages other than English has been met with challenges that mostly relate to the tests used. It is a complex undertaking to provide appropriate services to bilingual children with emerging skills in two languages (Geisler, 2010). In fact, assessment of English language learners has previously been pointed out as a major challenge to SLPs (Kritikos, 2003; Kohnert et al., 2003; Roseberry-McKibbin et al. 2005). A participant in the present study said that standardized exams did not appropriately assess Spanish students, and this created a problem qualifying Spanish students for SLP services. Referencing the previously

mentioned argument that children from CLD backgrounds are unintentionally discriminated against, it probably would be appropriate to say that children from CLD backgrounds are unintentionally discriminated against in the process of assessment, especially when standardized tests are used to qualify them for services.

It is, however, important to mention that the use of standardized tests by SLPs to assess CLD children has been discouraged for not addressing adequately the diagnostic needs of the CLD children (Caesar & Kohler, 2007). Most (78%, $n=22$, $N=28$) of the respondents in the current study disagreed or strongly disagreed that their school districts used only the results of standardized tests as the referral criteria for SLP services. In fact, a vast majority (97%, $n=37$, $N=38$) said that they were using non-standardized assessment methods as an alternative approach, especially the parent interview record, case history, and language sample analysis in assessing children with SLD from CLD backgrounds. These findings contradict the results that SLPs tended to rely more on formal, standardized English measures than informal alternative procedures for making decisions on qualification of bilingual students for speech language pathology services (Caesar & Kohler (2007).

An unexpected concern that was raised by a participant in the present study was that students were required to have had an SLD in their first language in order to qualify for speech services, yet lack of SLPs to test in a first language if it was not Spanish was a concern for some of the participants. Moreover, all districts did not have Spanish proficient SLPs. This finding can be clarified by the view that there are few assessment tools particularly devised for non-native English speakers (Yavas & Goldstein, 1998), and also because the use of non standardized tests by SLPs to assess CLD children has to

a great extent been discouraged (Caesar & Kohler, 2007). This being the case, children with SLD from CLD backgrounds in some cases are not assessed and therefore children with genuine SLD do not receive the appropriate services they need. It is essential then for appropriate testing tools to be developed and used to evaluate children from CLD backgrounds.

Conclusion

The intent of the present study was to highlight the perspectives of SLPs with regard to provision of services to children with SLD from CLD backgrounds. Overall, four major findings resulted from the present study. First, based on SLPs' perspectives, the results of the present study seemed to indicate that some of the SLPs had not received training relating to cultural and linguistic diversity issues. However, it is not apparent if the SLPs had received the training, and they forgot that they had received the training, or they actually did not receive the training at all. Previous studies have reported that program directors of communication science and disorders are putting efforts in preparing the students in their programs to serve clients from CLD backgrounds (Hammond et al., 2009; Horton-Ikard & Munõz, 2010). Therefore, it would be assumed that the institution from which the SLPs were trained most likely, and in one way or another, provided courses related to cultural and linguistic diversity, and the SLPs could not recall if they had taken the courses or not.

In addition, SLPs in the same bracket of years of professional experience provided contradicting information regarding training on matters relating to cultural and linguistic diversity. Some said that they had received the training whereas others said they did not. According to Sleeter (2001), some students may undertake diversity

courses, yet fail to develop cultural competence because they may have past stereotypes and negative attitudes some of which are strengthened during the multicultural coursework. Sleeter also adds that other students may oppose multicultural coursework due to attitudes and belief system which are already pre-existing, and which determine how they process multicultural information. The stereotypes and negative attitudes toward multiculturalism and diversity in the field of SLP may be reduced in several ways as discussed in Lubinski and Matteliano (2008). These ways include: the student SLPs' self-examination, whereby the students complete self-test questionnaires that help them to understand their knowledge about diverse cultures and languages; self-reflection through written assignments and group discussions which help the students to appreciate cultural and linguistic diversity; and cross-cultural experience which includes visiting and observing programs in culturally and linguistically diverse backgrounds

Secondly, SLPs employed various methods of obtaining case histories of the children with SLD from CLD backgrounds in their caseloads. Case histories provide important information during the assessment and treatment process. The SLPs obtained case histories of the children they served by including the children and their parents in the treatment outcomes, asked about the language history of the children, asked about language proficiency of the children in their native languages, and acquired information about the children's exposure to English before and after the children came to the U.S. Finally, the SLPs considered the beliefs and customs of the children from CLD backgrounds when providing services

The third important finding is that SLPs perceived speech and language therapy to have an influence on the academic performance, behavior, social adjustment and

interaction with peers of children with SLD from CLD backgrounds. SLPs alleviate speech and language problems, and as Ehren and Whitmire (2009) pointed out, language and literacy are foundational to curriculum learning. Therefore, SLPs are important contributors to the academic, behavioral, and social lives of children with SLD from CLD backgrounds because of their knowledge in language and literacy which is important in all the three issues mentioned.

Fourth, the results of the present study showed that SLPs are still facing challenges such as shortages of SLPs, bilingual SLPs, and interpreters, lack of appropriate multicultural awareness, lack of proficiency in the first language of the children, and lack of proper assessment and treatment materials. This means that these challenges are still major problems that hamper proper provision of appropriate services to children with SLD from CLD backgrounds. Nonetheless, it can be concluded that most of the SLPs in the present study generally made efforts to provide appropriate services to children with SLD from CLD backgrounds by using interpreters, as well as putting into consideration the beliefs, customs, cultural, and linguistic backgrounds of the children when selecting assessment and treatment materials. It is important to note that if some SLPs are not competent in providing services, especially those related to identifying, assessing, and treating children with SLD from CLD backgrounds, then there will always be children being over identified or under identified with SLD. These children will be disadvantaged in as far as academic, social, and behavioral lives are concerned.

Significance of the Study

SLPs perspectives on services to children with SLD from CLD backgrounds are important because SLPs are a prominent force in determining the academic performance of these children. SLPs are significant and valued members of educational teams in the sense that administrators and teachers recognize that without SLPs' therapeutic intervention which involves solving the language problems of the children, many children would not be literate and would not meet the achievement standards of the general education curriculum (Ehren, 2002; Ehren & Whitmire, 2009). Understanding SLPs' perspectives on service delivery to children with SLD from CLD backgrounds will forge a better intervention philosophy between the SLPs, administrators, and teachers for providing services to children in need. Actually, the response to intervention (RTI) approach, an approach that helps struggling learners, has already introduced new roles for SLPs (Staskowski & Rivera, 2005). These roles include identifying children with disabilities and providing needed instruction to struggling learners and children with disabilities in the general and special education. SLPs also explain the role that language plays in the curriculum, assessment, and instruction; explain the relationship between spoken and written language; and assist in the choice of screening measures and literacy intervention. Besides, Nippold (2010) argues that SLPs belong in the classroom as well. In addition, 47 states in the U.S. and the District of Columbia recognize speech language pathology as both special education and a related service (Giangreco et al., 2010); hence, by and large, without competent SLPs there will be a big gap in special education, especially that which relates to children with SLD from CLD backgrounds.

High academic performance in a classroom setting is by itself not enough to make a successful student. According to Patrick, Hicks and Ryan (1997), to be successful in a classroom setting also requires a student to effectively relate and form positive social interactions with peers and teachers. Patrick et al. also points out that self-efficacy for success in school work is partly determined by a student's ability to form close peer relationships. Children from CLD backgrounds have to make social adjustment and learn how to interact with children from the mainstream culture. According to Brinton and Fujiki (2010), however, children with language impairment have social difficulties, and these difficulties hinder a child's capability to form and sustain positive relationships with other children. Brinton and Fujiki also add that social difficulties interfere with learning. It is, therefore, important to understand the perspectives of the SLPs on how their services affect social adjustment and peer interaction of children with SLD from CLD backgrounds. It is also necessary to know SLPs' views on service delivery to children with SLD from CLD backgrounds in order to understand the extent to which they put efforts in understanding the different cultural and linguistic issues that may affect academic, behavioral, and social adjustment and peer interaction of these children.

According to Stockman et al. (2008), SLP faculty are expected to select their own instructional content. Since a lot of MMI related references in SLP and audiology instruction have been discussed by ASHA in its multicultural affairs website (<http://www.asha.org/practice/multicultural/>), the main challenge for the SLP faculty is to determine which multicultural and multilingual topics would be relevant for their students based on the instructional strategy (curricular infusion or MMI dedicated courses) they employ. For example, noting that only a few of the participants in the

present study reported to have done clinic practicum and interacted with children from CLD backgrounds, it would be important for this aspect to be included in SLP education and to ensure that contact with children from CLD backgrounds during practicum is enhanced. This information is important to SLP faculty as it helps them to determine which multicultural and multilingual topics and training that if not included in the curriculum will affect appropriate service delivery to children with SLD from CLD backgrounds, and therefore, need to be included in the curriculum for the preparation of future SLPs.

Limitations of the Study

Data from 70 survey questionnaires were analyzed for the present study. However, about half of the respondents did not respond to most items especially those in sections seven and eight of the survey questionnaire that contained the Likert Scale items. A reason why the respondents may not have responded to all the items in the survey questionnaire was because the survey questionnaire contained 64 items, and some respondents may have considered it too long and time consuming, hence stopped responding to the items at some point. Some respondents skipped some items in the Likert Scale sections probably because they did not want to commit themselves to certain levels of agreement with certain items based on the level of sensitivity they assigned to the items. As a result, data from these sections were analyzed based on the number of the respondents that responded to each item, hence the responses to these items may not adequately represent the views of all SLPs.

Another limitation that could be associated with the present study is that the respondents were required to remember and estimate a lot of information including

figures regarding their caseloads of children from CLD backgrounds and practicum hours. This limitation has the potential of producing information that is not exactly reliable. In addition, this could have discouraged them from proceeding with the questionnaire.

Also, the present study asked the respondents to give information regarding their views on cultures and languages of other people, a topic that in many ways would be considered sensitive, hence it could be that some respondents withheld some information or they responded to the expectation of the researcher. This may not give the true picture of their opinions as they are. Another limitation is that a few respondents complained that they could not access the questionnaire through the web link in their e-mails, and therefore, they did not respond to the survey questionnaire.

Future Directions

About half (46%, $N=32$) of the respondents in the present study reported that they did not feel qualified to provide basic assessment services even with the aid of other personnel such as interpreters, bilingual SLPs, and bilingual speech language assistants. Research needs to be done to investigate what causes this lack of confidence and what can be done to improve monolingual SLPs' confidence in carrying out basic assessments of children from CLD backgrounds with the help of other personnel. In order to make appropriate referrals of children from CLD backgrounds for speech and language intervention, teachers and other educators need to understand the individual characteristics of CLD students; hence it would be important to find out the extent to which teachers/educators have had training related to and understand cultural and linguistic issues that affect children with SLD from CLD background

APPENDIX

APPENDIX

APPENDIX. SURVEY ON SPEECH LANGUAGE PATHOLOGY AND CULTURAL DIVERSITY

1. If you would like to participate, please select "Yes." If not, select "No" to exit the survey.

- Yes
- No

2. Demographics

Please tell us about yourself.

1. What is your gender?

- Male
- Female

2. What is your birth date?

MM DD YYYY
Birthday / /

3. What is your ethnicity?

- White
- Black
- Asian
- Hispanic/Latina
- Native American
- Other

4. Are you monolingual, bilingual, or multilingual?

- Monolingual
- Bilingual
- Multilingual

5. What is your highest earned degree?

- Master's Degree (M.A., M.Sc)
- Doctoral Degree (Ph.D., Ed.D)
- Other

6. How many years of professional practice do you have as a Speech Language Pathologist?

Years of Practice (answer numerically)

3. Children that you serve.

1. Currently, what method of service delivery are you applying? (check all that apply)

- Consultation Method
- Pull-out Model
- Co-teaching/collaboration model in regular or special education classroom
- Self-contained language classroom
- Other (please specify)

2. Please indicate preschool ages/grade you are currently serving and the number of hours of service you are providing per week.

	Beginning age/grade	Ending age/grade	Hours per week
Preschool	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Please indicate the grades you are currently serving and the number of hours of service you are providing per week.

	Beginning grade	Ending grade	Hours per week
Elementary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intermediate	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle school	<input type="text"/>	<input type="text"/>	<input type="text"/>
High school	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Serving children from culturally and linguistically diverse backgrounds.

1. Have you served children from culturally and linguistically diverse backgrounds in the past one year?

Yes

No

2. Please estimate the number of culturally and linguistically diverse students with whom you have worked for each of the following backgrounds in the past one year.

Number of students from ethnic groups

Hispanic	<input type="text"/>
Black	<input type="text"/>
Asian	<input type="text"/>
Pacific Islander	<input type="text"/>
American Indian	<input type="text"/>
Alaska Native	<input type="text"/>

3. Please estimate the number of preschool children from culturally and linguistically diverse backgrounds you have served along with hours served per week in the past one year.

	Number of children	Beginning age/grade	Ending age/grade	Hours per week
Preschool	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Please estimate the number of children (by grade level) from culturally and linguistically diverse backgrounds you have served along with hours served per week in the past one year.

	Number of children	Beginning grade	Ending grade	Hours per week
Elementary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intermediate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Your Training

1. Have you received any specific training related to linguistic and cultural diversity issues?

- Yes
- No

2. If you answered YES to Question 1 above, did the training occur: (check all that apply)

- As part of your undergraduate or graduate education?
- Through in-service courses, workshops, conferences, or seminars?
- Other (please specify)

3. If the training occurred as part of your undergraduate or graduate education, did you do clinic practicum or interact with children from CLD backgrounds as part of the course requirements?

- Yes
- No

4. If you did practicum in your coursework training as a graduate student, how many clock hours did you earn?

Please answer in hours.

5. Currently, which of the following do you feel qualified to do for your clients with CLD backgrounds? (check all that apply)

- To provide BASIC ASSESSMENT services with the aid of other personnel.(e.g., interpreter, bilingual SLP, bilingual SL assistant)
- To provide culturally & linguistically appropriate ASSESSMENT services independently as a bilingual SLP.
- To provide TREATMENT services with the aid of other personnel.(e.g., interpreter, bilingual SLP, bilingual SL assistant)
- To provide culturally & linguistically appropriate TREATMENT services independently.

6. In what area(s) of speech and language service do you think CLD students experience the most difficulty? (check all that apply)

- Articulation or phonology

- Vocabulary (semantics)
- Morphosyntax (morphemes, word order)
- Pragmatics (or social skills)
- Reading and Writing

6. Assessing children from CLD backgrounds

Please list the speech-language assessment tool(s) you use for English and for the student's dominant language (DL) in the following areas: ARTICULATION, VOCABULARY, GRAMMAR (syntax) and READING.

1. English: ARTICULATION

2. English: VOCABULARY

3. English: GRAMMAR (syntax)

4. English: READING

5. Student's Dominant Language: ARTICULATION

6. Student's Dominant Language: VOCABULARY

7. Student's Dominant Language: GRAMMAR (syntax)

8. Student's Dominant Language: READING

9. Do you also use any non-standardized assessment method as an alternative approach?

Yes

No

10. If your answer to Question 9 is YES, what is/are the method(s)? (check all that apply)

- Dynamic assessment
- Case history
- Parent interview record
- School record
- Classroom teacher's record
- Classroom observation
- Language sample analysis

7. Serving children from a CLD background

The following statements are generalizations about children and adolescents from CLD backgrounds who have speech and language difficulties. Please indicate the strength of your agreement or disagreement with each statement as a generalization.

1. During my professional practice I have been concerned about addressing the needs of children with SLD from CLD backgrounds in my caseload.

Strongly Agree Agree Disagree Strongly Disagree

2. I feel sufficiently trained to provide services for children with SLD from CLD

backgrounds.

Strongly Agree Agree Disagree Strongly Disagree

3. Speech and language intervention for children with SLD from CLD backgrounds affect their academic performance.

Strongly Agree Agree Disagree Strongly Disagree

4. Speech and language intervention for children with SLD from CLD backgrounds affect their social adjustment and interaction with peers.

Strongly Agree Agree Disagree Strongly Disagree

5. Speech and language intervention for children with SLD from CLD backgrounds affect their behavior.

Strongly Agree Agree Disagree Strongly Disagree

6. There is a shortage of SLPs in my school district to serve children with SLD from CLD backgrounds because of the large size of existing caseloads.

Strongly Agree Agree Disagree Strongly Disagree

7. There is a shortage of bilingual SLPs or speech language assistants in my school district to serve CLD students.

Strongly Agree Agree Disagree Strongly Disagree

8. There is a shortage of interpreters to help SLPs in my school district to serve CLD students.

Strongly Agree Agree Disagree Strongly Disagree

9. It is challenging to identify children with SLD from CLD backgrounds for speech language services because educators view them as having social and behavioral problems, learning disabilities etc, and therefore, are not consistently referred to SLPs.

Strongly Agree Agree Disagree Strongly Disagree

10. It is challenging to identify children with SLD from CLD backgrounds for speech language services because they are tested by SLPs but do not qualify for treatment.

Strongly Agree Agree Disagree Strongly Disagree

11. It is challenging to identify children with SLD from CLD backgrounds for speech language services because I do not have appropriate multicultural awareness.

Strongly Agree Agree Disagree Strongly Disagree

12. It is challenging to identify children with SLD from CLD backgrounds for speech

language services because I do not have appropriate language proficiency in their first language (L1).

Strongly Agree Agree Disagree Strongly Disagree

13. SLPs should be involved in planning the individualized educational plan programs for children with SLD from CLD backgrounds.

Strongly Agree Agree Disagree Strongly Disagree

14. SLPs contribute important information to multidisciplinary teams when planning programs for children with SLD from CLD background.

Strongly Agree Agree Disagree Strongly Disagree

15. SLPs provide adequate services to children with SLD from CLD backgrounds.

Strongly Agree Agree Disagree Strongly Disagree

8. Delivering services to children from CLD backgrounds

Please indicate the strength of your agreement or disagreement with each statement regarding your delivery of services to children from CLD backgrounds.

1. I include the clients and their families as partners in determining outcomes for treatment.

Strongly Agree Agree Disagree Strongly Disagree

2. I recognize differences in narrative styles and pragmatic behaviors that vary across cultures.

Strongly Agree Agree Disagree Strongly Disagree

3. I take the time to learn about acceptable behaviors and customs that are prevalent in my clients' cultures.

Strongly Agree Agree Disagree Strongly Disagree

4. I consider my clients' beliefs in both traditional and alternative medicines when prescribing a treatment regimen.

Strongly Agree Agree Disagree Strongly Disagree

5. I respect my clients' decision to seek alternative treatments from a holistic practitioner.

Strongly Agree Agree Disagree Strongly Disagree

6. I understand that some children may have different reading levels in English when compared to their reading levels in their native language.

Strongly Agree Agree Disagree Strongly Disagree

7. I provide written information for clients to take home in their preferred language (e.g.,

books, CD, etc).

Strongly Agree Agree Disagree Strongly Disagree

8. I seek assistance from bilingual co-workers and individuals in related professions who are bilingual and can help interpret as needed.

Strongly Agree Agree Disagree Strongly Disagree

9. My school district or agency has a list of interpreters available if a client should need one.

Strongly Agree Agree Disagree Strongly Disagree

10. I have trained my interpreters using clearly defined roles and responsibilities to assist me in providing services to linguistically diverse populations.

Strongly Agree Agree Disagree Strongly Disagree

11. I know how to train bilingual interpreters or speech language assistants for appropriate assessment and treatment.

Strongly Agree Agree Disagree Strongly Disagree

12. I always ask questions about the client's language history.

Strongly Agree Agree Disagree Strongly Disagree

13. I ask the client's family members and friends about the client's ability to use their native language at home.

Strongly Agree Agree Disagree Strongly Disagree

14. I ask the client's family members and friends about the client's exposure to English before and after the client came to the U.S.

Strongly Agree Agree Disagree Strongly Disagree

15. My school district uses only the results of standardized tests as the referral criteria for SLP services.

Strongly Agree Agree Disagree Strongly Disagree

16. I use assessment tools and materials (e.g., language batteries, articulation assessments, word lists) that are not biased against culturally and linguistically diverse populations.

Strongly Agree Agree Disagree Strongly Disagree

17. I consider the cultural and linguistic background of my clients when selecting

treatment materials (e.g., pictures, books/workbooks, flashcards, videos, music, food, etc.) so that these materials are relevant to the client.

Strongly Agree Agree Disagree Strongly Disagree

18. My school district or agency actively recruits employees who can speak languages in addition to English.

Strongly Agree Agree Disagree Strongly Disagree

19. Overall, I am interested in multicultural and/or multilingual speech-language services.

Strongly Agree Agree Disagree Strongly Disagree

20. What are your primary concerns about providing services to children with SLD from CLD backgrounds?



9. Thank You!

We appreciate your
time.

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