Howard University

From the SelectedWorks of Kay T. Payne, Ph.D.

1986

A Model for Training Speech Language Pathologists to Meet the Unique Needs of Minority Individuals

Kay Payne, *Howard University*

Available at: https://works.bepress.com/KayTPaynePhD/5/

Proceedings of the 1984 National Conference
of the Howard University Model
to Improve Rehabilitation Services to Minority
Populations with Handicapping Conditions

Equal to the Challenge

Perspectives, Problems, and Strategies in the Rehabilitation of the Nonwhite Disabled

Edited by
Sylvia Walker
Faye Z. Belgrave
Alma M. Banner
Robert W. Nicholls

Published under the auspices of
the Bureau of Educational Research, School of Education,
Howard University, Washington, D.C.
1986

16 • A Model for Training Speech-Language Pathologists to Meet the Unique Needs of Minority Individuals

KAY T. PAYNE
Howard University

Abstract

The focus of this article is the development of a model for training speech-language pathologists at the graduate level to meet the unique needs of minority individuals. The proposed model contains the necessary course-work requirements for speech-language pathologists to work with general populations as well as minority individuals in terms of clinical and leadership level training. Clinical training consists of the following components: (1) knowledge of a) the principles and methods of service delivery for the general and non-white population, and b) of the cultural and linguistic differences of the non-white population; (2) skills, competencies, and knowledge required by ASHA masters level training are also included in the program sequence. Leadership training is offered at both the doctoral and post-doctoral levels. The leadership training consists of the following components: (1) current theoretical and research issues of leadership needs in the field of speech-language pathologists, (2) in-depth knowledge of issues and practices related to cultural/linguistic diversity and communication disorders, (3) knowledge of leadership skills, and (4) research needs related to cultural/linguistic diversity and communication disorders. The author also gives a comprehensive illustration of each level of the training model.

In 1981, the National Center for Health Statistics estimated that 20 million Americans—approximately 10% of the population—suffered from communication disorders. Further, Fein (1983) projected that between the years 1980 and 2050, the number of persons with speech and hearing impairments will increase at faster rates than the total population.

Perhaps more striking than the incidence of speech, language, and hearing problems in the general population, is the fact that research on the incidence of these disorders among some minority populations, i.e. blacks, has revealed figures as high as 19.8% (Fay et al, 1970). Although admittedly, this figure may be distorted because diagnostic instruments fail to reflect sensitivity to cultural and dialectal differences, there is little doubt that high incidence rates for communication disorders among persons from low income and minority populations are related, in part, to poor health status, inaccessibility to and unavailability of health care services, and social and environmental factors.

Based on these factors, if the same projections for increases of communication disorders within the general population are applied to low-income and minority groups, it is reasonable to postulate that in the next several decades, there will be great need for speech-language pathologists who have knowledge and skills to provide services to communicatively handicapped individuals in these populations. A nationwide survey conducted by The American Speech-Language-Hearing Association (ASHA) in 1985, revealed that 74% of the certified speech-language pathologists reported that they worked with clients from minority populations on a frequent basis. However, of those surveyed, 77% felt that they were not highly competent to serve these populations. When asked where they received their training to work with minority populations, only 13% stated that they were taught during their academic or practicum training. The remainder of the surveyed population provided no indication of training or compe-

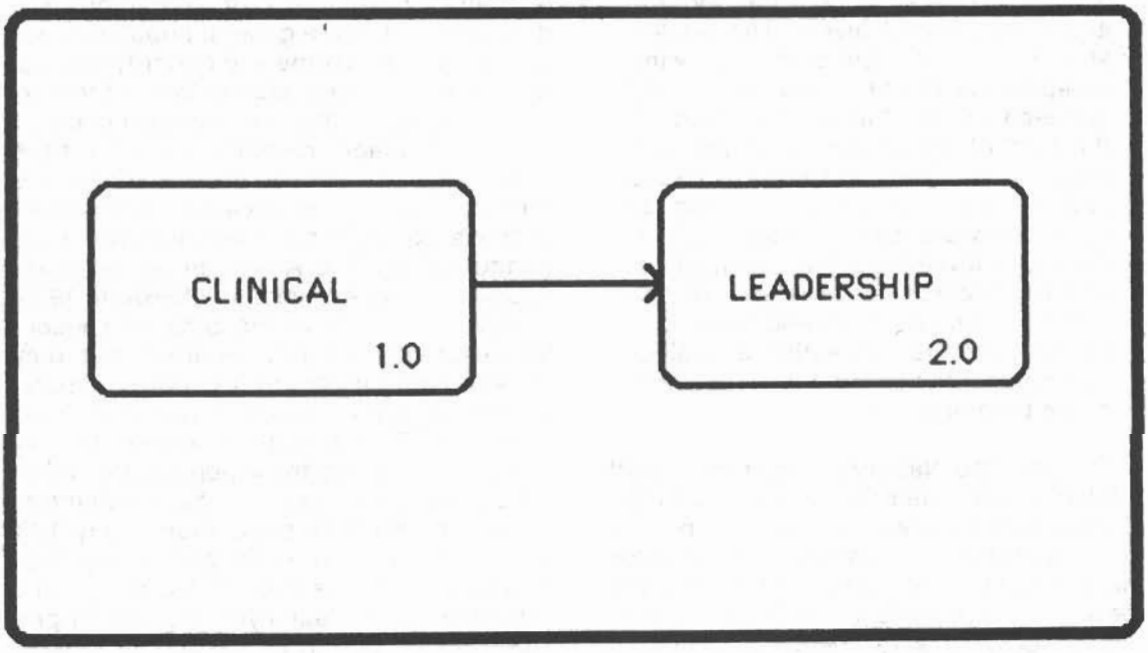
tence relative to the needs of nonwhite speech impaired persons. Further, Cole (1983) reported that in an informal review of recent applications for the Certificate of Clinical Competence, only 2 in 20 applications—10%—had taken a course in sociolinguistics.

Because ASHA establishes no specific course requirements for clinical programs in regard to social dialects, few institutions offer such courses. Indeed, it may be observed that there is a dearth of faculty with background and training to provide instruction pertaining to linguistic and cultural diversity or to conduct research to develop current theory and practice concerning the needs of these populations. Taking these factors into account, it can be argued that there is currently, and will continue to be, a shortage of speech-language pathologists with the necessary skills and competencies needed to deliver effective clinical services to minority individuals.

The purpose of this paper is to present a model for graduate training in cultural/linguistic diversity and communication disorders which responds to these current and projected needs. The model described focuses upon the provision of effective services to the general population as well as linguistic and cultural minority groups. The terms "linguistic diversity" and "cultural diversity" refer to the notion that every person is a speaker of some language variation which reflects one's social heritage. These variations of language are known as dialects. Standard English is one such dialect. The concept of cultural/linguistic diversity recognizes that although standard English is the preferred dialect within this culture and is spoken by the privileged classes, other dialects are also important and valuable in that these dialects communicate the needs, desires, and emotions of their speakers. Therefore, all variations of language are afforded equal recognition.

A training program in cultural/linguistic diversity and communication disorders must provide the usual kinds of information relative to speech, language, and hearing disorders in the general population, with an additional focus upon the nature, diagnosis, and remediation of communication disorders in other linguistic and cultural groups within the society. The present model for graduate training in cultural/linguistic diversity and communication disorders contains two components as identified below.

LEVEL 1



Both components of the graduate training program are based on the following set of premises:

(a) Provision of services to communicatively handicapped individuals in culturally and linguistically diverse populations must be based on a firm knowledge of the principles and methods of service delivery for the general population, as well as an understanding and respect for the differences of other linguistic systems and cultures.
(b) Development of skills and competencies for the provision of services to linguistically and culturally diverse populations requires specific academic and clinical training conducted by professionals who are knowledgeable in these areas.

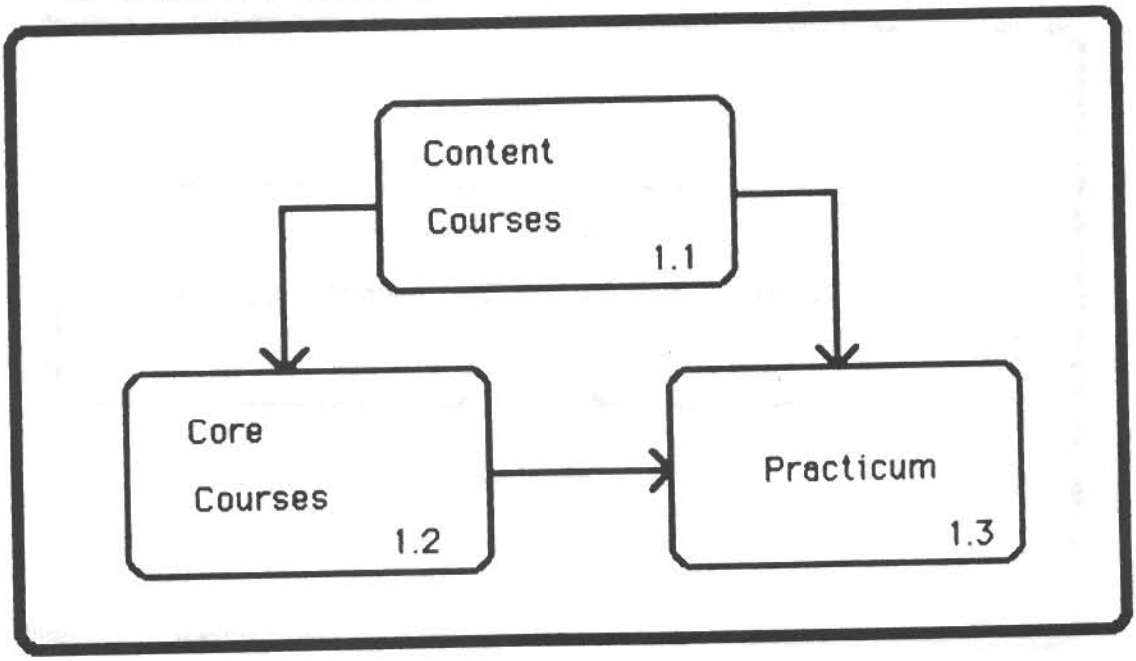
The clinical component describes training at the masters level. As required for the Certificate of Clinical Competence from ASHA, masters level training entails specialized coursework, as well as supervised clinical practicum in all disorder categories. There are three interrelated sub-components of masters training including content courses, core courses, and practicum.

Content courses provide students with knowledge of both normal communication development and disorders. Wherever appropriate, content of these courses include specific segments on topics relative to social dialects and various cultural groups in addition to the usual content of information for the course. For example, health, educational, social and environmental factors that relate to causes, diagnosis, as well as prevalence and treatment of communication disorders in various populations are discussed. Exceptions to this practice hold for coursework such as anatomy and physiology and speech science. Students also complete a prerequisite course in dialectology which is designed to introduce them to linguistic concepts related to social dialects.

Two specific content courses provide comprehensive, in-depth knowledge of cultural/linguistic diversity and communication disorders. A general course in sociolinguistics introduces students to language

LEVEL 2

1.0 CLINICAL COMPONENT



variation and its relationship to social factors. This course is a prerequisite for a more advanced course in sociolinguistics which presents information relative to the application of sociolinguistic theory to clinical, educational, and societal problems.

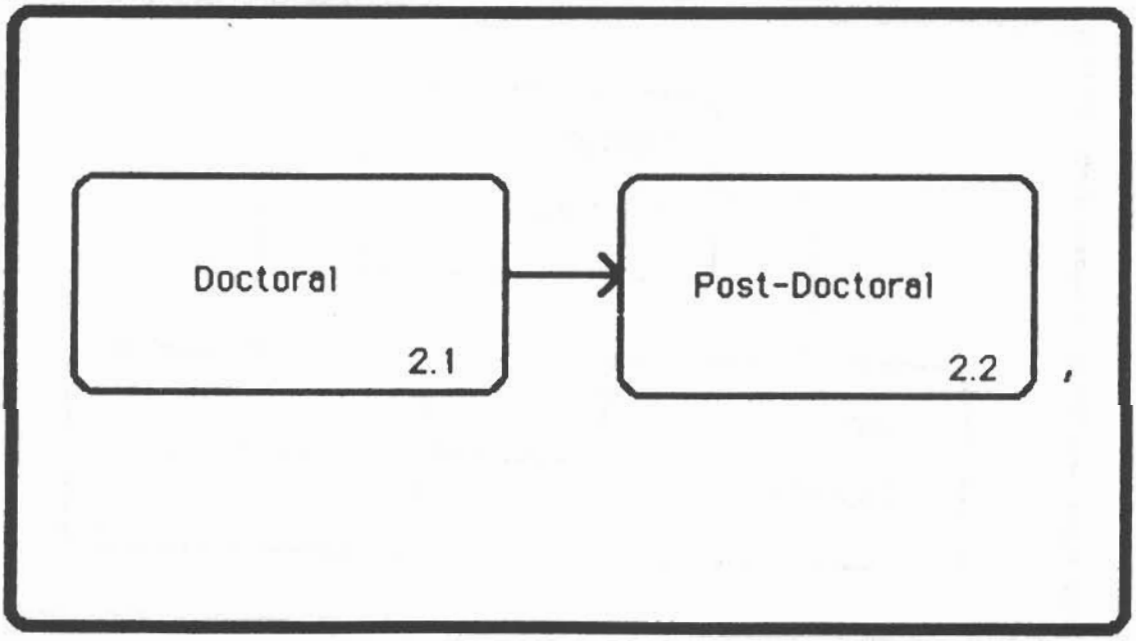
Core courses involving statistics, research techniques, and thesis execution prepare students to conduct culturally valid research specific to one minority population or applicable to linguistically or culturally diverse populations. In addition, students learn to critique research from the perspective of culturally and linguistically diverse populations.

Clinical practicum is a crucial aspect of the masters training program in cultural/linguistic diversity and communication disorders. The requirement of clinical practicum is that students not only gain experience with the various age groups and disorder types, but that they also gain clock-hours in diagnosis and treatment of clients from culturally and linguistically diverse populations and various socio-economic classes. Students conduct clinical activities within the multi-cultural university community, as well as inner-city day care centers where they gain experience in differentiating between social dialects and true communication disorders. Students also learn to identify and modify linguistically or culturally biased diagnostic instruments and to adapt therapy materials to the needs of these populations.

The leadership component of the present model for graduate training in cultural/linguistic diversity and communication disorders contains two subcomponents as indicated below. The doctoral training program responds to future leadership needs within the profession, while the postdoctoral program responds to the immediate need for researchers, academicians, and administrators to serve communicatively handicapped individuals in linguistically and culturally diverse populations.

LEVEL 2

2.0 LEADERSHIP COMPONENT



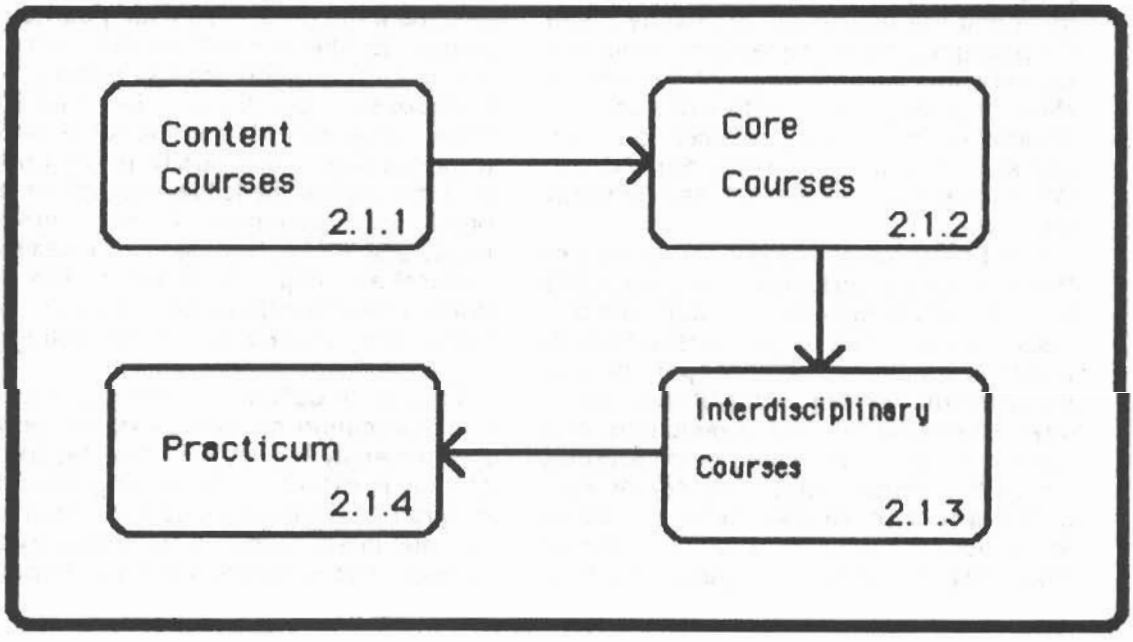
Doctoral training is sufficiently comprehensive to provide students with advanced training in matters pertaining to the execution of administrative, academic, clinical, and research activities for communicatively handicapped individuals in the general population, as well as in other linguistic and cultural groups. There are four elements of the doctoral program including content courses, core courses, specialization seminars, and practicum. Students enroll in 28 semester-hours of content courses within the department. These courses provide current information on normal and pathological communication focusing on theoretical and research issues rather than clinical procedures. Wherever appropriate, content courses contain segments related to these factors regarding research, theoretical issues, etiology, diagnosis, and therapy in communication disorders. Students are directed to specific readings and trained to critique research from the perspective of cultural and linguistic diversity.

Two content courses address the general topic of cultural and linguistic diversity. Specific seminars in cultural/linguistic diversity and communication disorders, and bilingual/bidialectal education provide students with in-depth knowledge of issues and current practices. In addition, independent studies are offered to students who wish to gain further knowledge on any specific topic of interest.

In addition to the information presented in content courses, all doctoral students are required to have knowledge of research design and methodology, program design and evaluation, and topics in social and cultural dimensions of human communication. This knowledge is imparted through core courses. Core courses prepare students for the kinds of leadership positions they will assume upon completion of the program. In these courses, attention is given to understanding and developing culturally and linguistically valid research methodologies for culturally diverse populations. Students are

LEVEL 3

2.1 DOCTORAL PROGRAM



encouraged to develop original research that will contribute to the body of knowledge of communication disorders in these populations.

Doctoral students are also required to enroll in at least two interdisciplinary courses outside the department. Advanced coursework may be taken in related disciplines such as medicine, dentistry, allied health, child development, linguistics, health care administration, intercultural communication, social work, psychology, anthropology, and education. The interdisciplinary feature is designed to buttress students' knowledge in their career specialization area. For students who wish to gain further knowledge in cultural and linguistic diversity, interdisciplinary courses may be taken in linguistics, anthropology, social work, or intercultural communication.

While practicum training is crucial to most masters programs, few doctoral programs require such activity. In order to further develop leadership skills, doctoral students participate in a unique and innovative practicum experience known as apprenticeships. These 20-hours per week work/learning experiences are designed to give students real-life experience in a variety of settings and responsibilities in administrative, academic, research, and clinical functions. Apprenticeships represent the spectrum of potential employment settings and professional responsibilities. Most apprenticeships are performed outside the department and the university community under the preceptorship of trained leadership personnel within the profession. All apprenticeships provide students with exposure and experience in providing services to culturally and linguistically diverse populations. One such site is the ASHA Office of Minority Concerns.

The postdoctoral component addresses the immediate need for qualified instructors to train future speech-language pathologists to provide clinical services to linguistically and culturally diverse populations. Postdoctoral training is specifically structured to expose fellowship recipients to a full range of information, data sources, research methodologies, and senior academicians and researchers in sociolinguistics and communication disorders so that they, in turn, may generate new approaches to the delivery of speech and hearing services to culturally and linguistically diverse populations. Designed specifically for academic personnel, the primary objective of the postdoctoral program is to produce effective leadership by focusing on research and publication, curriculum design, academic training, teaching, and clinical experiences. The objectives of this program are to enable each recipient to: (1) design and implement a college curriculum in communication disorders which specifically focuses on the issues and needs of linguistically and culturally diverse populations, (2) contribute to the current body of knowledge and research relative to communication disorders in linguistically and culturally diverse populations, and (3) train pre-service personnel to deliver effective clinical services to linguistically and culturally diverse populations.

The postdoctoral fellow serves a 9 to 10 month tenure within the department and audits courses on cultural/linguistic diversity, communication disorders, and other courses of interest. The fellowship recipient also surveys the current literature in sociology, anthropology, linguistics, medicine, education, and psychology relative to linguistic and cultural issues in language development and communication disorders. The postdoctoral fellowship recipient also designs and conducts research under the guidance of senior faculty within the department. Finally, the fellowship recipient designs a full graduate training curriculum similar to the present model, including courses, discussion topics, reading lists, textbooks and practicum skills for each disorder category with specific focus on cultural and linguistic diversity. In conjunction with this activity, the fellowship recipient may provide guest lectures on the segment within masters or doctoral courses which deals with cultural and linguistic diversity. The postdoctoral fellowship recipient may also elect to gain clinical experience through the campus speech and hearing clinic.

Training in cultural/linguistic diversity and communication disorders extends beyond the university curriculum. The department offers an extensive continuing education program, an annual student conference, a biennial international interdisciplinary conference, and supports a number of profes-

sional organizations such as the National Black Association for Speech, Language, and Hearing.

An essential part of any training program is the presence of effective role models for students. The faculty includes individuals with national and international reputations. The faculty itself is multi-racial, multi-cultural, and international. Two linguists, including one sociolinguist, are faculty members. Two professors of communication disorders possess strong linguistic and sociolinguistic backgrounds. Several are fluent in foreign languages and are knowledgeable about issues related to bilingualism. All faculty and instructional staff have had academic and/or clinical experience in cultural/linguistic diversity and communication disorders.

The implementation of an effective graduate training program in cultural/linguistic diversity and communication disorders requires commitment to the development of relevant skills and competencies by its trainees. The model described above is committed to this goal.

Establishment of the present model or similar models toward the same goal will ensure that future generations of speech pathologists will have the training necessary to ameliorate the clinical needs of the populations of mankind.

References

American Speech-Language-Hearing Association. (1982). *Annual Membership Update.*

Cole, L. (1983). Implications of the position on social dialects. *Asha, 25.*

Fay, T., Hochberg, I., Smith, C., Rees, N., & Halpern, H. (1970). Audiologic and otologic screening of disadvantaged children. *Archives of Otolaryngology, 91.*

Fein, D. (1983). Projections of speech and hearing impairments to 2050. *Asha, 25.*

National Center for Health Statistics. (1981). Prevalence of Selected Impairments—United States. (DHEW Publication No. PHS 82-1562).

17 • Providing Access for Nonwhite Disabled Students to Community College Programs

SALLY T. VERNON
Chicago City-Wide College

Abstract

The Center for Disabled Student Services of Chicago City-Wide College has developed a model for students to explore career options, obtain support services, and enter programs of City Colleges of Chicago. The Chicago City-Wide College develops and implements programs and special services for students who are disabled, disadvantaged, or limited in English language proficiency. The Center for Disabled Student Services' model for service delivery involves recruitment, intake assessment, orientation, referral services, and direct services through various units. The functions of the various units of the Center for Disabled Student Services are discussed.