

DIVERSE VOICES

March 2010
Newsletter

The mission of the Diversity Issues Committee is to assist CSHA members in increasing knowledge and awareness of issues related to cultural and linguistic diversity in speech language pathology & audiology



Encouraging growth in the understanding of diversity issues is the stated mission of the committee. This year, we focused our efforts on students. The committee surveyed and met with students from three universities across California to find out about a) their current experiences around diversity, b) what they considered important issues, and c) the supports they wished to receive.

What we learned was that many students perceived a gap between best practices and actual practices. This referred not only to what they observed around them, but also to their own training. The issues they raised were wide-ranging. They included concerns regarding accessing trained interpreters, locating appropriate materials, supporting international students, reaching out to underserved communities, finding developmental norms and pragmatic guidelines for clients from different backgrounds, among others. Despite the variation in the students' particular interests, there was considerable overlap in terms of what the students expressed would be helpful to them. Many wanted demonstrations of specific, practical strategies being applied within a variety of real-world contexts. Many students also wanted an open forum for collaborative problem-solving and the exchange of ideas. The internet was identified on many occasions as a potentially fruitful medium for these endeavors. In short, the students wished to put best practice principles in action with the help of a broad-based community that could provide them with modeling, mentorship, and collegial support.

Meeting the needs of these future professionals will be no easy task, but we were inspired to consider this challenge seriously. An initial step we have taken is starting a Yahoo Group named "CSHA Diversity Committee" as a venue for dialogue and mutual support. We invite you to become a member of the group and hope you will join us in creating an active, diversity-minded community.

Diversity Issues Committee

Chair:

Nidhi Mahendra

Members:

Damian Huertas
Robert McKinney
Ying-Chiao Tsao
Betty Yu

Announcements

Two positions on the Diversity Committee will be available for the 2010-2012 term. If you are interested in joining the committee, please contact the current committee chair at nidhi.mahendra@csueastbay.edu.

Committee activities 2009:

- Presented at SFSU's NSSLHA Conference & to CSHA's District 9 on least-biased assessment principles
- Outreach to three universities regarding issues of diversity
- Established a Yahoo Group to facilitate outreach to & exchange among CSHA membership

Upcoming activities 2010:

- Explore issues related to gender diversity in our field
- Continue building online resources
- Preparing a case-based CEU publication examining least-biased assessment principles



Contact Us

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Visit us on the web at <http://www.csha.org/diversity.cfm>

Expert Q & A: A Conversation with Dr. Li-Rong Cheng



Dr. Li-Rong Cheng is a Professor Emeritus in the SDSU School of Speech, Language, and Hearing Sciences, the Executive Director of the Chinese Study Institute, and the managing director of the Confucius Institute. She is a recipient of the ASHA Award for special contributions to Multicultural Affairs and the Diversity Award from CSHA. This interview was conducted by Bob McKinney of the CSHA Diversity Committee January 6, 2010 in Dr. Cheng's office at the Confucius Institute on the SDSU campus.

Bob: Do you feel that the message is getting out that diversity is a high priority issue in our field?

Dr. Cheng: I think we still have a long way to go...a very long way to go, and I will give you why I think that. First of all I think that our field is predominantly still monolingual. In our field, the professionals are still predominantly monolingual. I say it again. When you think about a tipping point when things do tip you will have to have a climate. We haven't reached that climate yet, so for the majority of our practices we are still thinking in a monolithic, monolingual way. And I have many cases to support and prove that, and so we have a long way to go.

Bob: And what kind of advice would you give to a monolingual speaker in our field?

Dr. Cheng: First of all, if this adult is monolingual or marginally bilingual (that would be considered monolingual), he or she should be advised to seek the services from those of us who are multilingual and be advised that there are people out there that can help them rather than saying we are unable to provide this service, which is what I hear a lot.

Bob: Share some of your ideas about cultural intelligence.

Dr. Cheng: Many years ago intelligence was measured by certain standards, and of course, cultural intelligence was never part of that. Then we went from the singular point of an IQ score to multiple intelligences. In the 90s we began to look into cultures, and how language is really merely a part of a culture. Currently we are beginning to revisit our notion of cultural and linguistic diversity to reflect the importance of cultural intelligence.

Bob: What message would you have for non-native speakers of English in our field?

Dr. Cheng: Language is a human right, and we welcome speakers of other languages into the world of Englishes. English is never a singular term when we think of the globalized world. We should be able to diversify our own concepts and allow these variations in English to coexist with our own repertoire. We should be able to diversify our own concepts of phonology, syntax, morphology, and semantics, and allow these diverse variations to coexist with our own repertoire. That's very

important. We should not look at accents as being such a detrimental issue. We say "you want to improve your linguistic repertoire," or "you want your English to be closer to the native speakers of this region" because if you go to England, for example, I believe you will have to deal with the diversity of the Queen's English versus Cockney English, and so on, and it won't be like California English. I'm not talking about tolerance because tolerance means "I hear you, but I don't like it, but I can tolerate it." I think we should embrace the concept of the world of Englishes. Just from the phonology perspective we should be able to do that, and so the students, or the potential students who come into our program should feel welcome and not feel that they're being punished. Our program should not be punitive toward diversity.

Bob: Some of your models for working with culture come from the business world. Is the business world leading the way to cultural understanding?

Dr. Cheng: When the graduates of Harvard Business School went all over the world, they came back very humble. They went back to their professors and complained that they hadn't been taught about culture, so the professors wrote an article about cultural intelligence. So yes, businesses are driving people to become culturally competent.

Bob: Also within companies there are people from all over the world, so that idea of globalization is often more common in the business world than in our field even.

Dr. Cheng: Yes, much more so. In fact, I think we still have little tolerance for linguistic diversity among speakers of the Englishes. We should look to the success of CNN as a model. They integrated linguistic and cultural diversity into their core program. In the future almost all ASHA and CSHA members should be multilingual.

Bob: And how can we encourage more diversity in the membership of our field?

Dr. Cheng: If most of our professors only speak one language, it's hard for them to understand the world of the multilinguals. Here I can teach a course and there might be two in my class who can speak another language fluently, but in Europe, all of my students are multilingual. Almost all of the speech pathologists from

around the world, except for those from America, are multilingual. My EU colleagues would never question the concept of bilingualism because they live it. Here, we have to sometimes force it down people's throats.

Bob: In our profession we've gone a long time with essentially a monolingual model.

Dr. Cheng: And we are in California, where 53% of the babies born are from the Latino group. In some parts of Northern California more than 50% of their students are Chinese. How can we in CSHA overlook what our demographics are telling us? How can we not learn Spanish for example? You will not be able to serve your students well if you do not speak Spanish. Period! ...¡Punto! English is so overpowering that people lose sight of the fact that we need to learn other languages.

Bob: So finally, what words of advice would you give to someone new to our field or considering a career in our field?

Dr. Cheng: The world of speech-language pathology and audiology is opening up more and more

opportunities for us to understand more, but how can we continue to make progress if we don't understand different languages and the people who live in those languages? We should encourage all kinds of people to come in and work with us to advance our knowledge base, to do our research, and to join us in the world of polyglots, and in the world of languages. If people are monolingual, they can learn another language. There's no reason why they can't.

Bob: So we need these new members to drive the change.

Dr. Cheng: That's right! I am not only positive, but I am inspired by the new possibilities of new graduate students coming in from all over. Our doctoral program is attracting students who are polyglots as well. There will be opportunities for these people to get out there and be professors. We need to be more welcoming. When you see people who are likely candidates, encourage them, don't discourage them!

A First-Person Perspective: On being an International Bilingual SLP Student

Adithya Chandregowda is a clinical fellow and a graduate of California State University East Bay

There is increasing attention within the profession of speech language pathology on the importance of providing culturally and linguistically sensitive SLP services to patients and their families. However, not much attention is placed on the experience and perceptions of culturally and linguistically diverse international students enrolling in SLP programs in the United States. Here I attempt to provide my perspectives and share my experiences as an international bilingual student earning my master's degree in SLP in California.

As an international student from India, I found California very welcoming and a proverbial 'diversity paradise.' I was lucky that my academic advisor, who once was an international student in the United States and a multilingual herself, was always there to provide information and help me transition to the American academic and clinical system. I wonder how many international students would encounter this coincidence. Having a faculty advisor with experiences similar to mine undoubtedly facilitated my transition and allowed me to succeed in the SLP program.

A challenging, but rewarding, initial step for me was working to reduce my accent to be able to succeed in clinical training and my later professional practice. I enrolled in accent reduction training, learned by listening

to, observing, and conversing with speakers of standard American English. My academic advisor, clinical supervisors and friends played a significant role in this regard. It was a very rewarding experience as I gained significant control over my verbal delivery. I also better understood the frustrations that arise when my intended message was not easily comprehended by listeners.

Coming from a bilingual and multicultural environment, I benefited from a personal understanding of second language acquisition and factors influencing it. I also had an intuitive awareness of how a non-English primary language could influence pronunciation and fluency in English. Studying and working in California, I learned first-hand how diverse clients had distinct cultural beliefs and attitudes towards clinical services. It also was very interesting for me to learn how people from different cultural backgrounds were adjusting to mainstream American culture.

The most challenging part for me as an international student was the huge financial burden. It is very expensive to earn graduate education in California. The high cost of living here and the very limited financial aid for international students often made it overwhelming to study in California. Overall, exploring this new terrain as an international student has been a great learning experience.

Featured Online and Print Resources

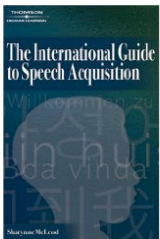
Two Languages, Two Worlds <http://2languages2worlds.wordpress.com/>

This is a blog about bilingualism across the lifespan authored by four bilingual speech language pathologists and academic researchers from across the United States - Elizabeth Pena (University of Texas at Austin), Brian Goldstein (Temple University), Swathi Kiran (Boston University), and Nidhi Mahendra (California State University East Bay). The authors discuss prior and current research on bilingualism and present their viewpoints on a variety of topics especially meaningful for speech language pathologists. Topics vary widely and include second language acquisition, bicultural identity, aphasia rehabilitation for bilingual persons, dual language educational programs, dialects, and many others.

The Center for Applied Linguistics <http://www.cal.org/resources/digest/RaiseBilingChild.html>

The Center for Applied Linguistics offers a handout available in both English and Spanish entitled Raising Bilingual Children: Common Parental Concerns and Current Research that provides a succinct, accessible response to frequently asked questions by parents.

McLeod, S. (2007). *The International Guide to Speech Acquisition*. NY: Thomson Delmar.



This practical and concise book provides a succinct look at speech acquisition around the globe. It is divided into two parts, with the first section focusing on the universals of speech development, and the second part examining how it occurs in over twenty of the world's languages, including twelve different dialects of English. The chapters in the second half of the book follow a consistent organization providing an outline of the features of the language, typical acquisition patterns, and ideas for assessment and intervention. This pioneering work belongs on the bookshelf of every therapist working with culturally and linguistically diverse clients.

Tobin, J. Hsueh, Y. & Karasawa, M. (2009). *Preschool in Three Cultures Revisited: China, Japan, and the United States*. Chicago: University of Chicago Press.

This is a much-awaited, hot-off-the-press, contemporary follow-up to the original *Preschool in Three Cultures* (Tobin, Wu, & Davidson, 1989) that was and still is widely regarded a landmark in the study of education. In the original 1989 classic, author Joseph Tobin and two coauthors compared a typical day at a preschool in China to one in Japan and one in Hawaii in the United States. They followed up their observations by eliciting reactions from the parents, teachers, and administrators at each school in response to extensive video footage of their own preschool as well as those of the other two countries. In *Preschool in Three Cultures Revisited*, Tobin and two new collaborators return to the same three schools from the first book and also visit three progressive new schools in each country to study each culture's approach to preschool education. Further, their return to new schools in each country puts a spotlight on significant changes that have resulted from twenty years of rapid globalization and societal changes in each country. In summary, this book is a delight for any reader and provides refreshing insights into just how much cultural values influence preschool pedagogy.



Betancourt, J., Green, A.R., & Carrillo, J.E. (2003). *Defining Cultural Competence: A Practical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care*. *Public Health Report*, 118(4), 293-302.

This article provides an overview on issues related to health disparity in the U.S. The authors first define cultural competence and discuss its urgent need of acquiring cultural competence in serving diversity. Accordingly, they propose a framework addressing issues such as sociocultural barriers to care, the level of the health care system at which a given barrier occurs, and cultural competence efforts that address these barriers. Their framework include organization (i.e., leadership, workforce), structural (i.e., processes of care), and clinical cultural competence interventions (i.e., provider-patient encounter) that can facilitate the elimination of these disparities and improve care for all Americans. For the clinical barriers, the authors link communication between patient satisfaction and adherence to health outcomes.



Visit us on the web at <http://www.csha.org/diversity.cfm>

