

**California Speech-Language-Hearing Association**

Position Paper

*Collaborating with Interpreters and Translators*

Developed by the CSHA Task Force on Collaborating with Interpreters

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## **Collaborating with Interpreters and Translators**

### **Abstract**

California is the home of one third of the nation's 5 million English-language learners (ELL). The position paper was written to offer practicing speech-language pathologists and audiologists guidelines when needing to collaborate with an interpreter/translator (I/T). This process is necessary when the clinician and client do not share the same language and is mandated by IDEA (2004) (20 U.S.C. §1412 (6)(B)).

The paper includes sections on desired characteristics of the I/T, an outline of the process (briefing, interaction and debriefing or BID), a summary of previous research on the collaboration of an I/T with SLPs, as well as the results of a recent survey conducted with members of the California Speech-Language Hearing Association. Even though the outcomes of the study had limitations, the findings indicated that a majority of respondents were following recommended procedures but desired further training for themselves and the I/Ts they worked with. However, a good portion reported having difficulty finding trained I/Ts and often working with relatives or friends of the clients' families, which is an undesirable practice to follow. Interestingly, comparatively, very few audiologists responded to the survey.

Suggestions for further training and certification as well as recognition for the work performed by I/Ts working with SLPs and audiologists are outlined. Furthermore, the writers of this paper suggest approaching the legislature to recognize the training and certification of I/Ts who work with these clinicians as official, like I/Ts working in international conferences as well as in judicial and medical settings.

## Collaborating with Interpreters and Translators

### Introduction: Why Guidelines for This Topic?

The number of individuals who speak a language other than English has been increasing in California and all states of the nation. English-Language-Learners (ELL) students enrolled in California are estimated to be approximately 1/3 of the total number of ELL students in the nation (5 million) (California Department of Education, 2015). Over forty-three percent (43.8%) of individuals 5 and older speak a language other than English in California, and of those individuals, a total of 16.6% did not speak English very well, and 8 % did not speak English at all. The most common language spoken is Spanish (10.1 million) (or 26% of the total population of 38 million), followed by Chinese at 1 million, Tagalog at 764,763, Vietnamese at 521,534 and Korean at 372,742 (Sacramento Bee, November 3, 2015). In California, reports indicate that there are 881 bilingual SLPs with a majority who are Spanish language providers and 33 bilingual audiologists. Clearly, there is a great disparity between the supply and demand of bilingual professionals in our specific specialties (ASHA, 2016).

Speech-language pathologists (SLPs) and audiologists whose charge is to prevent, assess, and provide treatment plans for individuals who do not speak English very well should attempt to deliver services (specifically assessments and communication with students' parents/ caregivers) in the preferred language of the client. This mandate is part of IDEA 2006 stating that "testing and evaluation materials and procedures should not be racial or cultural discriminators and that such materials or procedures **shall be provided and administered in the child's native language or mode of communication, unless it is clearly not feasible to do so, and no single procedure shall be the sole criterion for determining an appropriate educational program for a child"** (20 U.S.C. §1412 (6)(B)). Additionally, ASHA (2014) IV-F standards indicate that "Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse (CLD) backgrounds. Practicum must include experience with **client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.**" Furthermore, the California Teaching Credential Office CTC-ASHA alignment matrix (2010) under Standard 4 (Assessment of Speech and Language Disorders) states that:

Each candidate exhibits in a school setting expertise in the administration of least biased testing techniques and methodologies for assessing the speech and language skills of culturally and linguistically diverse populations (i.e., speakers of second languages and dialects), including a language sample. Candidates demonstrate proficiency in the effective use of interpreters/ translators in the

assessment of English language learners. (p.18)

Significant gaps continue to exist between the numbers of available bilingual SLPs and audiologists and their clients who speak the same language. Therefore, the second-best solution to an interaction that will be fair and beneficial to the client and his or her family is to work in collaboration with a trained interpreter/translator (I/T). Thirty years have lapsed since ASHA proposed this alternative in the absence of the availability of bilingual professionals who can provide services in the specific languages of their clients (ASHA, 1985). Langdon and colleagues have spent time over the years developing a system to enhance and reinforce the partnership between SLPs and interpreters in the schools that is based on practices followed in other professions where interpreters can be trained and certification is generally required ensuring a minimal level of competence from the interpreters who work with professionals in those domains (medical, judicial, deaf) (Langdon & Cheng, 2002; Langdon with Siegel, Halog & Sanchez-Boyce, 1994).

The conclusions of several studies on the topic in the area of speech-language pathology and audiology state that both professionals and interpreters do not always feel well prepared in working together in carrying out conferences and assessing ELL students due to lack of adequate training, expectations, and even trust in the relationship between the two individuals (Caesar & Kohler, 2007; Guiberson & Atkins, 2012; Hammer, Detwiler, Detwiler, Blood, & Qualls, 2004; Kritikos, 2003; Palfrey, 2013; Roseberry-McKibbin et al., 2005). Furthermore, great disparities exist in the dynamics of the interpreting process during the process itself in conjunction with interviews, assessment and conferences where I/Ts assume various roles including being a message clarifier, a cultural clarifier, and patient advocate (CA Healthcare Interpreting Association, 2012), and these roles should be explicitly discussed with the SLP prior to an interaction with a caregiver (Friedland & Penn, 2003; Kambanaros & Steenbrugge, 2004; Merlini & Favaron, 2005; Roger & Code, 2011).

### **Definition of Terms and Methods (Interpreters-Translators)**

An interpreter and a translator perform similar tasks because they assist in bridging the communication between individuals who do not share the same language, but there are important differences as well. An *interpreter* is one who renders the same message from L1 (first language) to L2 (second language) and vice versa through the oral modality. The interpreting can be *simultaneous* or *sequential*. A *translator* performs the same task but using the written modality. A translation can be a *sight* translation (interpreting something that is read, like a written document, such as a letter or IEP) or *prepared* where the translator can take his or her time to complete the task. It is important to keep in mind that an effective interpreter is not necessarily an effective translator and vice versa. The two functions require specific training and practice. The I/T may assume

additional functions, which include being a message clarifier, a cultural clarifier, and patient advocate (CA Healthcare Interpreting Association, 2012), but these roles should be explicitly discussed with the SLP prior to an interaction with a parent or client.

### **Situations Where an I/T is Needed-Different Settings and Two Professions**

SLPs may work in different settings such as various types of medical and rehabilitative facilities, private practices and public schools. Whereas services for language interpreting are generally more regulated in medical facilities in requiring at least 2 years of college and knowledge of medical terminology, for example, this is not the case for public schools where anyone who states that he or she is bilingual in English and the target language may be charged to do the job. However, being bilingual does not mean being an effective interpreter. The skills needed to be an effective interpreter are much greater. As noted in the following paragraphs, the role of an interpreter and translator exceeds those of just being bilingual. Additionally, the collaboration between an SLP or audiologist and an I/T requires specific skills from both parties as well as following a process to ensure accuracy and fairness.

### **Desired Skills of I/Ts-Linguistic, Personal, and Cultural Aspects**

*Linguistic Aspects.* The SLP/audiologist should be involved in the process of selecting the I/T because the two will be working together. It is suggested that the ultimate selection of this individual be based on both professional and personal assets. The scope of this paper does not permit us to discuss each aspect in detail. However, desired assets include: 1) high degree of oral and written proficiency in both L1 and L2; 2) ability to convey the same meaning across the two languages; 3) ability to adjust to variations in speakers' roles and backgrounds; 4) ability to synthesize verbal and nonverbal communication in L1 and L2; 5) knowledge of two cultures and cultural adaptation; 6) familiarity with procedures and vocabulary used in the professions (further training might be necessary); 7) understanding the I/T role in the SLP/audiologist collaboration process; and 8) remaining neutral.

*Personal Aspects.* Personal aspects of an I/T include being honest, flexible, respecting time lines, providing accurate interpretations and/or translations, maintaining confidentiality in all situations as well as striving to continue learning. The SLP and audiologist will need to continue training the I/T they work with by reviewing specific procedures and policies, practicing some specific assessment strategies, sharing further professionally based information and community resources as well taking ample time to prepare the I/T before each interview, assessment, or conference.

*Cultural Aspects.* There are many cultural aspects and differences that may affect an interpreter's ability to effectively convey a message from one language to another. Consequently, there are four main roles that an I/T can play (CA Healthcare Interpreting Association, 2012). First, an I/T can be a *message converter*, observing body language and listening, converting a message's meaning from one language to another without unnecessary deletions, additions, or changes in meaning. Second, an I/T can be a *message clarifier*, in which the I/T works with a speaker about a misunderstood concept or word to restate it or describe it in a simpler way. Third, an I/T can be a *cultural clarifier*, helping to explain cultural differences when any party to the interpreted interaction is confused. Finally, the I/T can be a *patient advocate*, advising families of available resources and advocating for them as appropriate. In short, the I/T sometimes works as a cultural broker, working with professionals and the family and child to make sure both sides understand procedures according to their views of the world (Hasnain & Leung, 2010).

However, why are these roles necessary in an interpreted interaction? For some immigrants, culturally specific beliefs about the causes of disabilities can coexist with Western beliefs. The following generalities should be applied with great caution. The generalizations often apply most frequently to recent immigrants and less so for later generations as they acculturate to the United States. In addition, each family is highly individual, so it is a mistake to assume a family's attitudes on the basis of the family's culture alone. In some Asian cultures, disabilities may be a punishment for transgression in a former or present life and may be stigmatized (Chiu et al., 2013; You & McGraw, 2011). In many cases, traditional explanations will not be shared with professionals, and families may seek help from many different sources. Interpreters often are more familiar than professionals with traditional explanations of disabilities, and professionals must take care in respecting traditional beliefs while presenting Western interpretations.

There can additionally be differences in attitudes toward invisible disabilities, such as speech and language disorders where a more salient or apparent speech and/or language problem may not be as visible. Some Latino families may deemphasize the importance of achievement in contrast with appropriate social demeanor by individuals with invisible disabilities (Cohen, 2013), while some Asian families may be stigmatized if their children have invisible disabilities and do not achieve. In addition, some other countries have limited educational opportunities for children with disabilities (McFadden, 2013).

There can be difficulties accessing services or dissatisfaction with services on the part of individuals from other countries. Some Latino immigrants may not be aware of available services (Cohen, 2013), while some South Asian immigrants are dissatisfied with the services they obtain (Croot, 2012; Ravindran & Myers, 2012).

There may be issues regarding confidentiality. Some refugees adopt a policy of not trusting other people because they came from a country where information about them caused them to flee (Tribe & Keefe, 2009). In some cultures, individuals are reluctant to talk about personal matters directly and prefer to talk about them indirectly (Fontes, 2008). The use of professional interpreters is far preferable to the use of a community or family member (Norbury & Sparks, 2013).

Finally, the ultimate voice for approval of services can vary with cultures and families. For both Latino and Native Americans, it is advantageous to involve the entire family (Sharma & Kerl, 2002; Lomay & Hinkebein, 2006).

### **When Should the Professional Seek the Assistance of an I/T?**

The collaboration with an interpreter or translator is required when the SLP or audiologist does not speak or is not sufficiently fluent in the language of the client or the family. The intervention of an interpreter is needed in three cases: 1) *interviews* when the SLP or audiologist needs to collect or verify information that will be necessary to conduct a more effective assessment in case it is needed; 2) *the assessment* itself; and 3) *conferences* to share results and draft an intervention plan. On a number of occasions, it has been reported that SLPs may opt to assess a student in only English because this is his or her “stronger” or “more dominant” language. However, caution is advised because these two terms do not provide any indication about the student’s abilities in his or her other language, and a more in-depth assessment might be necessary. Although there are very few materials in languages other than English, Langdon and Saenz (2016) provide strategies that may be followed in cases where there are tests (like Spanish) as well as when there might not be tests. Obtaining information in the two languages when possible is important; it assists both the SLP and the audiologist to have a more complete picture of the client’s true hearing and language abilities.

### **The BID Process (Briefing/Interaction/Debriefing)**

Collaborating with an I/T may not be achieved successfully without prior planning. It is recommended that the SLP/audiologist follow three steps prior to scheduling an interview with a client or his or her family, a conference, or an assessment. The three recommended steps include: briefing, interaction and debriefing or the BID process.

*Interviews and Conferences.* During the **briefing** step, the SLP/audiologist reviews the critical pieces of information to be discussed with the client and/or the family with the I/T and any areas where there might be some concerns. If there are more



professionals involved in the meeting, their information is discussed with them as well to prepare the I/T as much as possible. The SLP/audiologist reminds the I/T to request everyone present to share his or her information using sentences that are stated slowly and clearly. That is, the I/T will interpret all that is said, whether considered to be positive or negative comments, and the I/T will not editorialize about the information. Procedural safeguards are to be shared with the client or family as appropriate as well. In case something is unclear, it will be appropriate to interrupt the flow of the information, but all parties need to be informed about what is occurring. Additionally, all persons present are requested to pay attention and to avoid side conversations. During the **interaction** phase, the SLP or audiologist addresses his/her comments directly to the client or family member and not the I/T. The I/T interprets the information using the *I* pronoun as in “*I would like to ask you some questions*” and not “*Mrs. Smith would like to ask you some questions.*” A **debriefing** between the I/T, SLP/audiologist and staff should follow the interview or conference. When the interview or conference is concluded, the I/T stays with the SLP/audiologist/staff to discuss the content of the interaction, including the areas that went well and those that may need follow-up. In other words, the I/T should not be dismissed at the time the meeting is concluded.

*Assessments.* During the **briefing** portion, the SLP/audiologist will review the age of the client, the concerns, the materials and tests (if appropriate) to be used, and language sample techniques. In case of an audiological assessment, the audiologist will discuss the need to ensure that directions are appropriately followed as well as whether or not SRT and WRT will be collected (which have been developed for specific languages only). For an SLP assessment, the order in which the different tasks will be administered will be discussed, and planning on how to ensure that the SLP is able to follow the flow of the assessment is included, as well as what strategies might be followed in case there needs to be a shift in plans because the prepared materials are insufficient or inadequate to obtain the desired information. During the **interaction** phase, the SLP/audiologist should be present to observe the interaction between the client and the I/T, to record the client’s behaviors and ensure that the I/T is following the procedures discussed during the briefing. Interrupting the interaction might be necessary when the SLP/audiologist is unsure of something or needs clarification, and the I/T should also be strongly encouraged to do the same to ensure that the assessment is proceeding in the direction that was planned. Just as for interviews and conferences, the I/T should not be dismissed after the assessment.

During the **debriefing** period, the SLP/audiologist and I/T discuss what went well in the assessment, how they might implement the process differently if needed in the future and the type of follow-up necessary. The language samples may need to be transcribed and analyzed with the SLP present to record specific information regarding various aspects

such as pragmatics, syntax, grammar, use of vocabulary, flow of the interaction, organization, as well as articulation and phonological skills.

*Therapy.* SLPs/audiologists may be less likely to use I/Ts in therapy than in interviews, conferences, and assessments. However, using the target language skills of SLP/As, whenever possible, to provide therapy in the native language, at least initially, is highly recommended. SLP/As have background and training in the field to implement therapy techniques and can provide therapy in the native language when a child has little to no English. In the **briefing** step, the SLP/audiologist works with the SLP/A to identify appropriate materials and stimuli in the native language and discuss how the SLP/A will present the materials and other stimuli and take data. Another important aspect of this step in some cases also is to discuss with the SLP/A how to train the parent to implement language enhancement activities at home. In the **interaction** step, the SLP/A initially implement therapy under the direct supervision of the SLP/audiologist and additionally model language enhancement techniques for the parent. Finally, in the **debriefing step**, the SLP/audiologist discuss the therapy and modeling with the I/T and strategize on how to improve the interaction step in the future.

### **Code of Ethics for Interpreter/Translators**

One nationally based code of ethics for interpreters is *A National Code of Ethics for Interpreters in Health Care* (NCIHC, 2004). The following are aspects of the code of ethics that may be relevant to speech-language pathologists and audiologists. First, there is the importance placed on treating all information as confidential. Second, the interpreter attempts to convey the message accurately, trying to share the spirit and content of the original message, while paying attention to its cultural content. Third, the interpreter tries to maintain impartiality and avoids advising, counseling, or projecting personal beliefs or biases. Fourth, the interpreter retains professional role boundaries and avoids personal involvement. Five, the interpreter attempts to deepen awareness of his/her culture and other cultures (including that of the work setting). Sixth, the interpreter treats everyone with respect. Seven, the interpreter may, when the client's well-being, dignity, or health are at risk, potentially act as an advocate for a client. This should only be undertaken if other actions have not resolved the issue and after careful thought. Eight, the interpreter attempts to further her/his skills and knowledge on a continual basis. Finally, the interpreter must always act in an ethical and professional manner.

### **Summary of Previous Surveys on the Collaboration Process Between SLPs and I/Ts**

A review of the literature revealed that the available information on collaboration between SLPs and audiologists consists of two types of studies: surveys and a few descriptive studies on the dynamics of the interaction between these two professionals.

All surveys that focused on the collaboration between SLPs and I/Ts took place in the public-school setting. There were many differences across the studies in numbers of participating SLPs as well as locations around the country. For example, Caesar & Kohler (2007) used responses of only 110 respondents, whereas Roseberry-McKibbin et al. (2004) surveyed 1756 SLPs. Locations where the surveys took place were in many parts of the country, including Colorado, the Midwest and mid-Atlantic states. There were also variations in scope of the studies like preparation in working with ELL/multilingual/multicultural students or specific practices followed. None of the studies listed specific languages in which interpreters were needed. However, overall, the SLPs reported a lack of confidence in working with I/Ts (Guiberson & Atkins, 2012; Kritikos, 2003; Palfrey, 2013) with the exception of Hammer et al. (2004), who indicated only some level of confidence in collaborating with them. Guiberson and Atkins (2012), Kritikos (2003) and Roseberry-McKibbin et al. (2005) documented a lack of availability of I/Ts, and a lack of preservice training and/or continuing education in working with I/Ts was cited by some of the surveys (Guiberson & Atkins, 2012; Kritikos, 2003; Hammer et al., 2004). Unfortunately, not all respondents worked with I/Ts when assessing bilingual children (Caesar & Kohler, 2007; Guiberson & Atkins, 2012; Palfrey, 2013). Results of these surveys documented that a number of SLPs still experience a dearth of training and confidence in working with I/Ts and could benefit from further training and information in effectively collaborating with them. However, most of these studies are dated with the exception of Guiberson and Atkins (2012).

Those studies that focused on the dynamics of the interpretation process, of which there are a small number available in the literature, indicated that often I/Ts' interpretations were far from literal interpretations (Friedland & Penn, 2003; Merlini & Favaron, 2005). They were message converters, message clarifiers, and in some cases, cultural clarifiers (CHIA, 2012). And it must be noted that the I/Ts took on these additional roles without the explicit consent or sanction of the SLPs. The studies by Cho & Gannotti (2005), Davitti, (2013), Klingner & Harry (2006), Lo (2008a, 2008b), and Maul (2015) contained a number of themes, some of them common to more than one researcher. Davitti's (2013) study found that I/Ts were functioning as message converters, message clarifiers, and cultural clarifiers, interjecting their own evaluative assessments or intensifying those of the teachers. Cho and Gannotti (2005), Klingner and Harry (2006) and Lo (2008a, 2008b)'s research uncovered a number of similar themes. Cho and Gannotti and Lo found that Korean and Chinese parents were unsatisfied with the quality of interpretation that they received from school I/Ts. Klingner and Harry (2006) and Lo

(2008a, 2008b) found that not all of the dialogue in meetings was being interpreted by I/Ts, and information was often summarized by the I/T. Cho and Gannotti, Klingner and Harry, and Lo also found that I/Ts were unfamiliar with and had difficulty interpreting special education-related terminology that was important to the special education process. Although the current study did not address the issue of the quality of the interpreting observed during an interaction between an SLP and I/T during interviews, conferences and assessments, it is important to note that there is no agreed protocol on the specific roles played by interpreters during those situations. The results might lead to equivocal assumptions as well as the incorrect diagnosis and management of a client.

### **Results of a Survey Conducted in California**

The purpose of the survey was to determine the current status in the interaction between public school SLPs and interpreters in California. The results are to serve as a platform to make specific recommendations as well as serve to promote legislation to ensure that both I/Ts and SLPs/audiologists follow a more uniform protocol when assessing ELL students in the public-school setting.

Our Task Force team prepared a questionnaire for CSHA members who were primarily practicing SLPs and audiologists. Student members, speech-language pathology assistants and teaching faculty who did not have a private practice were excluded from completing the survey. Following a total of five revisions conducted over a period of 3 months (December 2015 to February 2016) by the members of the Task Force, the final questionnaire included a total of 42 questions, and a copy is available in the Appendix. The first 8 questions pertained to the SLP/audiologists' demographics such as number of years in the field, their ethnic and linguistic background as well as percentage of ELL students in their caseloads. The next 18 questions pertained to specific linguistic groups that the SLP/audiologist served directly if he or she was bilingual. Questions 29 to 31 included specific situations in which the I/T participated such as conferences, assessments, therapy and the nature of the collaboration. The remaining questions pertained to the SLPs'/audiologists' training in working with I/Ts, rating of the I/Ts' overall training and preparation to do the job, and the SLPs'/audiologists' viewpoints regarding training in achieving better results when collaborating with I/Ts.

*Number of Surveys Returned.* In order to conduct the survey, IRB (Institutional Research Board) approval was requested and obtained from CSU Fullerton, the work site for Terry Irvine Saenz. It was approved by SJSU, the work site for Henriette Langdon and Marcella McCollum. All members of the Task Force were asked to take IRB training and passed it. The research project was approved in March 2016.

In total, 3000 surveys were sent out the second week of May 2016, and a second reminder was sent a week later. Only 249 questionnaires were returned, and of those only 229 could be used. A total of 20 needed to be excluded because the participant stated that he/she did not have an active caseload and/or the information provided was not complete. In total, only 7.6 % of questionnaires were returned and could be used for analysis. A summary of findings and discussion are highlighted below. For more details, the reader is referred to the draft of a paper to be submitted for publication written by the co-chairs of the Task Force with contributions from the other members of the CSHA Task Force, entitled *Speech-Language Pathologists' and Audiologists' Collaboration with Interpreters and Translators: Results of a Current Survey in California*.

*Number of SLPs Working in the Public-School Setting.* The present survey's findings have some commonalities and differences with the previously cited surveys. In the present survey, approximately three quarters of the respondents (**72.05%**) stated that *they worked in a public-school setting*. Hammer et al. (2004), Roseberry-McKibbin, Brice, and O'Hanlon (2005), Caesar and Kohler (2007) and Palfrey (2013) surveyed only school-based SLPs, while Kritikos (2003) and Guiberson and Atkins (2012) surveyed primarily school-based SLPs. Hence, the findings of earlier surveys were weighted toward the experience of SLPs in the public schools. While the current survey also included primarily public school-based SLPs (72.05%), there was a substantial minority of respondents working in other settings. In the present survey, the largest group of respondents (27.51%) had **31 or more years** of experience and consequently had undergone their undergraduate and graduate training when there were fewer linguistically diverse clients and less was known in the field of speech-language pathology about diversity issues.

*Ethnicity of responding SLPs.* Fifty (**22.32%**) respondents identified themselves as belonging to an ethnicity and/or race other than non-Latino Caucasian, a percentage less than the population of California as a whole. However, this is a higher percentage than the total membership of the American Speech-Language-Hearing Association (ASHA, 2016), which has 92% Caucasian, 4% African American, less than 4% Asian or Pacific Islander, and 1% multiracial members. Five percent of ASHA members are additionally of Latino descent.

*Percentage of ELL Students in Caseload.* The percentage of SLPs' caseloads that were English Language Learners (ELLs) was quite high. Only slightly more than one third of respondents reported a percentage of 0-25% (36.56%), and almost one third (31.28%) reported a caseload of 51% or more English language learners (ELLs).

*Percentage of Bilingual SLPs.* The sample surveyed in the present study was exceptionally bilingual; almost one fifth of the respondents (19.74%) reported providing bilingual services themselves. Kritikos' (2003) study also surveyed a large proportion of bilingual respondents, with 55% of her sample speaking and/or understanding another language, in contrast to Caesar and Kohler's (2007) 6.2%, Guiberson and Atkins' (2010) 11%, Roseberry-McKibbin et al.'s (2005) 12% and Hammer et al.'s (2004) 15% bilingual respondents. The respondents in the present survey included both native language speakers of languages other than English and individuals who had acquired such languages as a second language. Of the respondents reporting bilingual proficiency, Spanish was the most prevalent language, with one fourth (25.45%) having native proficiency in Spanish and another half (50.91%) having acquired Spanish proficiency. Interestingly enough, given the prevalence of Asian populations in California, only two respondents reported native proficiency in Filipino/Tagalog and one in Mandarin.

By comparison, 12.4% of ASHA's California SLP members are bilingual, the third highest percentage of SLPs in the nation after Texas (14.7%) and New Mexico (14.3%) (ASHA, 2016). The percentage of bilingual SLPs in the current study is much higher than the 6.5% of SLPs in ASHA nationally and somewhat higher than the percentage of bilingual SLPs for the state of California who are ASHA members.

The need to collaborate with an I/T for Spanish-speaking clients was marked in the sample. Over one fourth (**28.32%**) needed to collaborate with Spanish-speaking I/Ts for over one fourth of their caseload, and only **16.37%** did not need to collaborate with Spanish-speaking I/Ts at all. In contrast, no other language approached the same level of need for collaboration, with the following percentages of SLPs that stated they needed to collaborate at all with an I/T in the following languages: Tagalog, 28.57%; Vietnamese, 27.98%; Arabic, 23.96%; Mandarin, 21.10%; Eastern Indian languages, 19.61%; Korean, 18.87%; Russian, 15.96%; Cantonese, 15.28%; Hmong, 10.43%; and Native American languages 4.39%.

*Degree of Collaboration with I/Ts.* The sampled SLPs collaborated extensively with I/Ts in working with their caseload. Collaboration with I/Ts most frequently took place for interviews and conferences, with only one tenth (9.29%) reporting no collaboration and one third collaborating (33.63%) 26% or more of the time. Similarly, only 15.28% of the respondents never collaborated with I/Ts in assessment, and almost one fourth (24.89%) collaborated with I/Ts 26% or more of the time. This was in contrast to Caesar and Kohler's (2007) survey, in which only 53% of respondents indicated the consistent use of assessment in the native language, and 70% reported working with I/Ts. Similarly, in Guiberson and Atkins' survey (2012), 60% indicated that they worked with I/Ts in assessment and therapy. In contrast to the large numbers working with I/Ts for

interviews/conferences or assessments, over half of the present survey sample (57.21%) never collaborated with I/Ts for therapy, and less than one in ten (7.42%) collaborated with I/Ts for therapy more than 25 % of the time. Consequently, based on the report of the respondents, English language learners were undergoing bilingual assessments, but English was typically the language used in therapy. In Palfrey's study (2013), a great majority of students were assessed in English only because they were considered to be dominant in that language.

Respondents collaborated with I/Ts in a variety of ways. As expected, 89.20% worked with I/Ts for strict interpretation. However, 69.95% of SLPs reported that I/Ts provided explanations, support of vocabulary, and specific terms, thus acting as message clarifiers (CHIA, 2012). In addition, 42.72% collaborated with I/Ts for cultural support, and 29.11% worked with I/Ts on the interpretation of nonverbal exchanges, acting as cultural clarifiers (CHIA, 2012). Consequently, many of the I/Ts were providing Isaac's (2001) complete interpretation, and the majority of I/Ts were doing more than literal interpretation.

*Sources of SLPs' Skills in Collaborating with I/Ts.* Many of the respondents had obtained information on collaborating with I/Ts from a variety of sources. Almost half of the sample (**46.88%**) had had such information provided in undergraduate and/or graduate programs, in contrast to Kritikos' (2003) and Guiberson and Atkins' (2012) samples, in which approximately 20% had such academic training, and Hammer et al.'s (2004) sample, in which approximately 25% had received such training. The high percentage of the SLPs in the current study receiving academic information on working with I/Ts is especially notable, as 42.79% of the respondents had more than twenty years of experience in the field. This finding would suggest that such training had been offered at academic institutions, primarily within the state, for an extensive period of time. It is also notable that a sizable minority had additionally obtained information in work setting in-services (42.41%) and at seminars and/or workshops provided at the local, state, and/or national level (45.09%). Still, 25.45% reported receiving no formal training on the topic.

*Degree of Ease in Performing this Skill.* Respondents were generally positive about their training to collaborate with I/Ts prior to working with them, with **56.50%** stating that they felt very well or somewhat well trained to collaborate with them. This was similar to Hammer et al.'s (2004) findings that her respondents felt somewhat confident to confident when working with I/Ts. Additionally, only 18.83% in the present study felt that they were somewhat poorly or very poorly or not at all trained. Notably, Kritikos (2003) reported that over 72% of her respondents felt not competent or only somewhat competent in working with I/Ts in assessment, and 25% of Guiberson and

Atkins' (2012) respondents felt competent in evaluating a child's language development when working with an I/T. Nevertheless, almost two thirds of participants (65.92%) in the current survey were interested in receiving additional information on the topic. This compares with the 47% of respondents in Roseberry-McKibbin et al.'s (2005) survey who were interested in obtaining more information on the topic.

In terms of the types of I/Ts worked with, a majority of respondents (**73.13%**) had worked with trained professional I/Ts employed by the work setting. Additionally, 22.47% had worked with telephone I/Ts, and 7.49% had video conferences with I/Ts. A number of researchers have recommended that professionals work with trained I/Ts (Flores, 2005; Flores et al., 2003; Karliner et al., 2007; Lo, 2008a). An impressive **55.95%** of respondents in the present study had worked with bilingual speech-language pathologists or audiologists, as well as 40.97% who worked with bilingual professionals in other fields, individuals who would be familiar with technical terminology, as recommended by Cho and Gannotti (2005), Klingner and Harry (2006), and Lo (2008a). However, professionals had worked with other types of I/Ts, and it was unclear to the degree to which they were trained to interpret by either institutions or SLPs. Almost three quarters of respondents, 74.45%, reported working with bilingual aides or assistants employed in the work setting. In addition, 28.19% of the sample reported working with volunteer I/Ts, and 59.47% reported working with adult family members or friends of the family. A number of researchers have reported that using services from untrained I/Ts was a substantially less satisfactory solution than working with professional I/Ts (Flores, 2005; Flores et al., 2003; Hsieh & Hong, 2010; Karliner et al., 2007; Rosenberg et al., 2007). Of particular concern was the fact that 27.31% of the sample had worked with a bilingual family member who was a minor, a practice that is not considered best practice (ASHA, no date).

In spite of the wide range of I/Ts, the majority of respondents indicated they had worked with I/Ts that were well trained. Fully 62.28% of the sample stated that their I/Ts were either very well trained or somewhat well trained, whereas only 11.84% reported that their I/Ts were somewhat poorly trained or very poorly trained or not at all trained. These opinions were voiced in spite of the fact that the majority of the sample had worked with I/Ts who were family members at one point.

The training of the I/Ts varied, with 37.25% reporting some degree of training by the agency of institution where they worked, (26.47%) had been trained by the SLP, and only one third (26.27%) had not received any type of training.

*Following the BID Process.* The majority of the sample (59.01%) indicated that they followed the BID process by briefing and debriefing their I/Ts before and after their



interpreted interactions. In contrast, only one fourth (23.42%) did not meet with I/Ts before or after the interpreted interaction-

*Need for Further Training.* The participants had a number of suggestions to improve the quality of interpretation and translation at their work setting. Further training for individuals working as I/Ts (65.30%) and for speech-language pathologists and audiologists on the topics (57.53%) were the options that obtained the most support. Interestingly enough, only a little over one third suggested hiring professional I/Ts (37.44%), providing more formal training to other bilingual professionals and staff (36.07%), or avoiding working with family members of family friends as I/Ts (36.53%). This was in contrast to the strong suggestions by some researchers to use professional I/Ts and not family members (Flores, 2005; Flores et al., 2003; Karliner et al., 2007; Lo, 2008a).

*Degree of Availability of I/Ts.* The majority (**59.47%**) of the participants indicated that they had had instances in which they needed to work with an I/T but could not. Similarly, Roseberry-McKibbin et al. (2005) found that 43% of her survey's participants very frequently or frequently had difficulties with a lack of I/Ts who could speak the languages necessary to provide services. In spite of their frequently positive comments in the current survey, 69.34% indicated that there were times that they could not find an I/T, and close to one fourth indicated that the I/Ts were poorly trained (26.28%) or that they did not get the assistance they needed from the I/T (23.36%). Consequently, although participants indicated general satisfaction with their I/Ts, there were times when there were none available or they were unsatisfactory.

*Limitations of Findings.* There were several limitations to the study. First, the sample was geographically limited to SLPs who were members of the California Speech-Language-Hearing Association (CSHA), and only approximately 7.8% of the membership responded to the survey (229/3,000 surveys sent). Secondly, this survey focused on SLPs working in the public-school setting; therefore, all conclusions may not apply to the entire group of practicing SLPs. Third, the demographics of California are considerably more culturally/linguistically diverse than in many other states, and the data reflected that diversity in survey participants and clients. Fourthly, it may also be true that participants self-selected on the basis of their interest in and experience with the topic of I/Ts and translators, as 229 was a relatively small percentage of the CSHA membership, and a larger proportion of the survey's participants were bilingual than in the state as a whole, including many individuals who had acquired a second language and indicated that they were able to use the language in clinical settings. Consequently, this sample may have been more familiar with diversity and clinical practice with culturally/linguistically diverse populations than a representative sample of the SLP

population of the United States or even in California. Finally, the survey took into consideration the viewpoints of SLPs only and not that of the interpreters/translators. And, no conclusions could be made from the surveys obtained by audiologists, since only 4 of them responded to the survey.

## **Conclusions**

A number of conclusions can tentatively be drawn from the findings of the current survey with particular application to California. First, the percentage of English language learners on SLPs' caseloads was quite high, and demographics indicate that it is growing. Spanish was by far the most frequently spoken language outside of English on caseloads in California and was far greater than any other language. SLPs collaborated frequently with I/Ts, but primarily in the context of interviews/conferences and therapy and performed their charge in a variety of ways beyond strict interpretation. Respondents had obtained information on collaborating with I/Ts from a variety of sources and wanted more information on the subject.

The participants generally felt positive about their training to work with I/Ts, and most had worked with professional I/Ts at some time. The majority found that the training of I/Ts and translators was satisfactory, although only one third reported training by their institution. Significantly, the majority of the sample followed the BID process, which is consistent with best practices. However, there were some concerns with clinical implications. The majority had worked at some time with adult family members, and 25% had asked minors to act as I/Ts. In addition, a majority of participants were unable to find an I/T at least one time, and one fourth of respondents stated that they had difficulty in working with an I/T. Participants recommended additional training for I/Ts as well as SLPs to improve interpreted interactions. This is consistent with best practices in the field of speech-language pathology as well as other fields.

## **Looking into the Future**

The results of this survey indicate that there is a need for I/Ts who collaborate with SLPs in the public-school setting to receive more specific training and to be better recognized for their expertise. Also, it is evident that there are still gaps in the process followed by both SLPs and I/Ts when needing to interact and assess ELL students in their native language. Suggestions include:

1. Training, certification, position, professional recognition, and better pay for the I/Ts who team with SLPs and audiologists in various work settings.

2. Training of SLPs/audiologists in their graduate programs and formal training for those who are bilingual including speech-language pathology assistants. Among the topics important for formal training of SLPs/audiologists are bilingual language development; cultural differences and sensitivity; formal and informal assessment; differential diagnosis (difference vs. disorder); working with I/Ts using the BID process in interviews, conferences, assessments, and therapy; codes of ethics for I/Ts; different roles of I/Ts; and actual experience in working with I/Ts. For SLPA/s, topics can include the BID process in interviews, conferences, assessments, and therapy; code of ethics for I/Ts; different roles of I/Ts; and actual experience in working as an I/T.
3. Offering mandatory CEUs for I/Ts as well as SLPs/audiologists (2 to 3 hours a year) for license renewal.
4. Continued research efforts of best practices.

Finally, it is strongly recommended that some state legislation be put forth to encourage better training for I/Ts who are asked to collaborate with SLPs in the public schools. Hopefully, in this manner a greater trust between SLP/audiologist and I/T may be strengthened. The collaboration with audiologists should be further explored.

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## APPENDIX A: Glossary

**Back translation.** Translation of a document from a second language into the original language. For example, French to English and English back to French to check accuracy of the translation.

**Basic interpersonal communication skills (BICS).** Term introduced by Cummins (1981,1984) defining the level of an individual's language ability as it is related to communicating in daily situations or situations that are highly contextualized, meaning that they can understand it because they are immediate, within his or her experience.

**Language dominance:** The language that is predominantly used or is more easily used by an individual exposed to two languages. Attention needs to be given to a particular area of language. Sometimes a bilingual individual may be more dominant in speaking in one language but in reading and writing in another.

**Cognitive academic language proficiency (CALP).** Term introduced by Cummins (1981, 1984) differentiating the level of an individual's language ability as it relates to performing tasks that are academic in nature.

**Dialectical variation.** Variation in the pronunciation, word usage, and even grammar and syntax within a given language.

**Language loss.** A regression of skills in an individual's first language as a result of a lack of opportunity to use the language or forgetting some of it. It is frequent in individuals who use more than one language at a time. A loss that is very rapid may indicate a language disorder.

**L1-** First language /Primary or Native Language

**L2-**Second language

**Proficiency.** Referring to the degree to which an individual is fluent in a given language

*Note: This glossary is an excerpt from:*

Langdon, H.W, & Saenz, T.I (2016). *Working with interpreters and translators: A guide for speech-language pathologists and audiologists*. San Diego, CA: Plural Publishing



## **APPENDIX B: Resources about/ for Interpreters and Translators**

### **Information about the occupational responsibilities for interpreters and translators**

<https://www.bls.gov/ooh/media-and-communication/interpreters-and-translators.htm>

**National Association of Judiciary Interpreters** (this site is for court interpreters but it includes various state associations, and other resources that may be helpful to any interpreter/translator)

<https://najit.org/resources/>

**Translation Resources** (includes specific materials for translations such as specialized dictionaries, as well as translation devices).

[http://translation.net/translation\\_resources.html](http://translation.net/translation_resources.html)

**Resources for interpreters and translators in healthcare** (this site includes information on certification and training )

[http://www.interpreterhelp.com/default.asp?sec\\_id=180013541](http://www.interpreterhelp.com/default.asp?sec_id=180013541)

**AIIC (Association of International Conference Interpreters)** (although the site is specifically for this group of interpreters it offers general information on various aspects such the history, training, research, equipment, etc.)

<https://aiic.net/resources>

## APPENDIX C:

### Interpreters and Translators Survey Questionnaire (April 2016) accepted by the IRB,

#### CSHA Task Force on SLPS and Audiologists Collaborating with Interpreters/Translators

1. Are you currently working with clients? If you are not currently working with clients, indicate "no" below and do not fill out the rest of the survey. If you are currently working with clients, indicate "yes" below and continue the survey.
  - a. Yes
  - b. No
2. Indicate your profession:
  - a. a speech-language pathologist
  - b. an audiologist
  - c. both
3. Indicate the primary setting where you work:
  - a. Public schools
  - b. Private/Non-public schools
  - c. Private practice
  - d. Medical pediatric facility
  - e. Acute inpatient facility
  - f. Inpatient rehabilitation facility
  - g. Outpatient rehabilitation facility
  - h. Skilled nursing facility
  - i. University
  - j. Other
4. Indicate the number of years of experience you have as a speech-language pathologist and/or audiologist:
  - a. 0-5 years
  - b. 6-10 years
  - c. 11-15 years
  - d. 16-20 years
  - e. 21-25 years
  - f. 26-30 years
  - g. 31 years or more
5. Indicate your race/ethnicity:
  - a. African American
  - b. Asian American/Pacific Islander
  - c. Hispanic/Latino
  - d. Native American
  - e. Non-Latino Caucasian
  - f. Mixed race/ethnicity
  - g. Other
6. Caseload composition-indicate the number of clients you currently have:

- a. 0-25
  - b. 26-50
  - c. over 50
7. Indicate the age range for the clients you treat. Check all that apply:
- a. Infant
  - b. Preschool
  - c. Elementary
  - d. Middle school/junior high school
  - e. High school
  - f. Adult
  - g. Geriatric adult
8. Indicate the percent of your caseload that are English Language Learners/Second Language Learners:
- a. 0-25%
  - b. 26-50%
  - c. 51-75%
  - d. 76% or greater
9. Do you provide bilingual services yourself?
- a. Yes
  - b. No
10. If you provide bilingual services yourself, in which language(s) do you do so? Indicate which languages you natively speak and which ones you have acquired proficiency in:
- a. Language 1 native speaker
  - b. Language 1 acquired speaker
  - c. Language 2 native speaker
  - d. Language 2 acquired speaker
  - e. Language 3 native speaker
  - f. Language 3 acquired speaker
  - g. Not applicable
11. Indicate the percentage of language 1 that you speak relative to your total caseload:
- a. Language 1
  - b. 1-10%
  - c. 11-25%
  - d. 26-50%
  - e. 51-75%
  - f. 76% or greater
12. Indicate the percentage of language 2 that you speak relative to your total caseload:
- a. Language 2
  - b. 1-10%
  - c. 11-25%
  - d. 26-50%
  - e. 51-75%

- f. 76% or greater
13. Indicate the percentage of language 3 that you speak relative to your total caseload:
- a. Language 3
  - b. 1-10%
  - c. 11-25%
  - d. 26-50%
  - e. 51-75%
  - f. 76% or greater
14. Indicate the percentage of Spanish-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. None
  - b. 1-10%
  - c. 11-25%
  - d. 26-50%
  - e. 51-75%
  - f. 76% or greater
15. Indicate the percentage of Vietnamese-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. None
  - b. 1-10%
  - c. 11-25%
  - d. 26-50%
  - e. 51-75%
  - f. 76% or greater
16. Indicate the percentage of Mandarin-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. None
  - b. 1-10%
  - c. 11-25%
  - d. 26-50%
  - e. 51-75%
  - f. 76% or greater
17. Indicate the percentage of Cantonese-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. None
  - b. 1-10%
  - c. 11-25%
  - d. 26-50%
  - e. 51-75%
  - f. 76% or greater
18. Indicate the percentage of Tagalog-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. None
  - b. 1-10%
  - c. 11-25%

- d. 26-50%
  - e. 51-75%
  - f. 76% or greater
19. Indicate the percentage of Arabic-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. None
  - b. 1-10%
  - c. 11-25%
  - d. 26-50%
  - e. 51-75%
  - f. 76% or greater
20. Indicate the percentage of the following eastern Indian language-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. Indian language 1
  - b. None
  - c. 1-10%
  - d. 11-25%
  - e. 26-50%
  - f. 51-75%
  - g. 76% or greater
21. Indicate the percentage of the following eastern Indian language-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. Indian language 2
  - b. None
  - c. 1-10%
  - d. 11-25%
  - e. 26-50%
  - f. 51-75%
  - g. 76% or greater
22. Indicate the percentage of the following Native American language-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. Native American language
  - b. None
  - c. 1-10%
  - d. 11-25%
  - e. 26-50%
  - f. 51-75%
  - g. 76% or greater
23. Indicate the percentage of Korean-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. None
  - b. 1-10%
  - c. 11-25%

- d. 26-50%
  - e. 51-75%
  - f. 76% or greater
24. Indicate the percentage of Hmong-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. None
  - b. 1-10%
  - c. 11-25%
  - d. 26-50%
  - e. 51-75%
  - f. 76% or greater
25. Indicate the percentage of Russian-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. None
  - b. 1-10%
  - c. 11-25%
  - d. 26-50%
  - e. 51-75%
  - f. 76% or greater
26. Indicate the percentage of another language-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. Another language 1
  - b. None
  - c. 1-10%
  - d. 11-25%
  - e. 26-50%
  - f. 51-75%
  - g. 76% or greater
27. Indicate the percentage of another language-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. Another language 2
  - b. None
  - c. 1-10%
  - d. 11-25%
  - e. 26-50%
  - f. 51-75%
  - g. 76% or greater
28. Indicate the percentage of another language-speaking clients for whom you need to collaborate with an interpreter/translator relative to your total caseload:
- a. Another language 3
  - b. None
  - c. 1-10%
  - d. 11-25%
  - e. 26-50%
  - f. 51-75%
  - g. 76% or greater

29. How frequently do you work with interpreters/translators for interviews/conferences?
- Never
  - 1-25% of the time
  - 26-50% of the time
  - 51-75% of the time
  - Over 75% of the time
30. How frequently do you work with interpreters/translators for assessments?
- Never
  - 1-25% of the time
  - 26-50% of the time
  - 51-75% of the time
  - Over 75% of the time
31. How frequently do you work with interpreters/translators for therapy?
- Never
  - 1-25% of the time
  - 26-50% of the time
  - 51-75% of the time
  - Over 75% of the time
32. What services has the interpreters/translators performed?
- Strict interpretation
  - Cultural support
  - Interpretation of nonverbal exchanges
  - Explanations/support of vocabulary/specific terms
  - Other
33. Where did you learn to work with interpreters/translators? Please check all that apply.
- Information provided in undergraduate/graduate programs
  - Information provided in inservice trainings in work settings.
  - Information provided at seminars/workshops at the local, state, and/or national level.
  - Information provided by reading of relevant books and/or journals.
  - Received no formal training.
34. Did you feel well trained for the process when you began collaborating with interpreters/translators? (Please check all that apply)
- Yes, very well trained.
  - Yes, somewhat well trained.
  - Neither well trained nor poorly trained.
  - No, somewhat poorly trained.
  - No, very poorly trained or not at all trained.
35. Would you like additional training in collaborating with interpreters/translators?
- Yes
  - No
36. Which of the following types of interpreters/translators have you worked with? Check all that apply.

- a. Trained professional interpreters/translators employed by your work setting
  - b. Bilingual speech-language pathologists or audiologists
  - c. Bilingual professionals in other fields
  - d. Bilingual aides or assistants employed by your work setting
  - e. Volunteer bilingual interpreters/translators
  - f. Bilingual adult family members or friends of the family
  - g. Bilingual family members who are minors
  - h. Telephone interpreters/translators
  - i. Video conferencing interpreters/translators
  - j. Other
37. Did you find the interpreters/translators well trained?
- a. Yes, very well trained
  - b. Yes, somewhat well trained
  - c. Neither well trained or poorly trained
  - d. No, somewhat poorly trained
  - e. No, very poorly trained or not at all trained
38. What type of training did the interpreters/translators have? (Please check all that apply)
- a. Over forty hours of formal training by the institution
  - b. Less than forty hours of formal training by the institution
  - c. No formal training by the institution
  - d. Training by the speech-language pathologist and/or audiologist
  - e. Other
  - f. Don't know
39. Do you generally meet with interpreters/translators before and after interpreted interactions (assessments, conferences, etc.) to brief and debrief them? (Please check one)
- a. Yes, I meet with interpreters/translators before and after interpreted interactions to brief and debrief them.
  - b. I meet with interpreters/translators before but not after interpreted interactions.
  - c. I meet with interpreters/translators after but not before interpreted interactions.
  - d. I do not meet with interpreters/translators before or after interpreted interactions.
40. What suggestions would you make to improve the quality of interpretation/translation at your work facility? (Please check all that apply).
- a. Hire professional interpreters/translators
  - b. Provide formal training or more training in interpretation/translation for individuals who function as interpreters/translators
  - c. Provide more formal training in working with interpreters/translators to speech-language pathologists and audiologists
  - d. Provide more formal training in working with interpreter/translators to other professionals and staff
  - e. Avoid using family members or friends of the family for



interpreters/translators

f. Other

41. Have there been instances in which you needed to work with an interpreter/translator but could not do so?

a. Yes

b. No

42. If you answered yes to item 41, please indicate all of the reasons why from the options below:

a. I could not find one

b. My employer did not want to pay for one

c. The interpreter/translators available were poorly trained

d. I did not get the assistance I needed from the interpreter/translator

e. I did not know how to train the interpreter/translator

f. Other