

## PREFACE

This issue focuses on assessment and intervention with bilingual-bicultural children and adults having communication impairments. Most speech-language pathologists recognize the need for obtaining information about populations who speak languages other than English. Assessment and intervention with children and adults from culturally and linguistically diverse populations who need speech-language services is frustrating when neither resources nor best practices are known or available.

The topics addressed and recommendations made by the authors of this issue will be of interest and help to clinicians who provide services to clients from culturally and linguistically diverse populations. Each article presents a perspective concerning assessment and/or intervention with specific communication impairments and age groups.

Taylor and Clarke begin the issue with a review of culture and its impact on language. Culture and language cannot be separated, and children are born into communities that teach them accepted ways of thinking and doing. Understanding these "ways" and how they differ among individuals in a community is necessary for interpreting the communication of individuals from that community. Because each culture defines who are communicatively competent speakers of its language and what should be considered deviant communication patterns, the perspective of community members is important in the definition, identification, and intervention of speech and language impairments. The theme of Taylor and Clarke's article, language and culture, is reflected in the writing of each of the other contributors. All emphasize the importance of culture and its impact on speech and language acquisition and com-

munication interactions during assessment and intervention. Each article has a different focus, but the underlying message is that speech-language pathologists must be sensitive to a client's culture in providing appropriate clinical services.

Minority language preschoolers have been entering public schools in increasingly large numbers for a number of years, and the accurate identification of those having speech and language impairments is critical for meeting their needs. Anderson focuses on issues that affect assessment and intervention with children from culturally and linguistically diverse preschool populations. Most minority language preschoolers who enter English-only programs progress through a series of phases in second language acquisition, which must be recognized and understood if test data are to be accurately interpreted. Anderson recommends flexible, creative, dynamic, and definitely nonstandardized assessment of such children. Intervention issues, such as the language of instruction, the use of support personnel, and parent intervention programs are also discussed. Many of these preschoolers are at risk for deleterious effects on language acquisition and cognitive development if their home language is not included in the individualized educational plan. Because implementing intervention programs in a child's home language is crucial, speech-language pathologists are advised to include both the family and secure bilingual support personnel to assist with intervention.

As children who lack native speakers' competence in English enter school, the context of intervention shifts to the classroom and to English communicative competency. Simon discusses the relative roles of speech-language pathologists and English as

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a second language teachers with school-age minority language students. She provides a number of helpful suggestions for classroom intervention and for how clinicians can collaborate with other school professionals to help develop an effective language intervention program for students having linguistically and culturally diverse backgrounds.

The phonological systems of Spanish and English are different, and these differences have an impact on a child's intervention program. Mann and Hodson review the phonological development of Spanish-speaking children, its disorder, assessment and intervention. They compare and contrast English and Spanish phonological intervention procedures and recommend ways in which clinicians can meet the specific needs of Spanish-speaking children.

Stuttering occurs in all languages and cultures and when a clinician speaks only English, its accurate diagnosis and severity may be confounded by a client's lack of English-language proficiency or language preference. Watson and I present a framework for assessing bilingual-bicultural stutters. This framework combines perspectives from research on stuttering and bilingualism in considering how an individual's culture and bilingual language proficiency can affect speaking tasks during assessment procedures.

Reyes addresses issues that pertain to the effective management of adult neurogenic patients. She reviews the literature on bilingual adult aphasia and presents the parameters of language and culture as a continuum. Individuals with aphasia who are bilingual and bicultural may fall at any

point along that continuum and their rehabilitation needs to accommodate such differences in patients' backgrounds.

In the final article, Hodgson and Montgomery focus on hearing assessment and intervention with bilingual children. They discuss the hearing evaluation process and how the audiologist's language proficiency may affect the accuracy of test results. They believe that developing rapport with clients in their home language assists in the families' acceptance of hearing aids and of aural rehabilitation. Their intervention suggestions emphasize the need to obtain parental involvement and how cultural sensitivity to differences in parent expectations is critical in obtaining that involvement.

This issue on bilingual-bicultural populations having communication impairments provides a framework for understanding selected issues related to clinical services. Many other issues could have been addressed, such as the use of bilingual support personnel, dynamic assessment of language minority children, intervention programs with bilingual children, cultural considerations in dysphasia therapy, and the culturally and linguistically diverse deaf population. As bilingual-bicultural children and adults enter clinics, rehabilitation centers, hospitals, and public schools, clinicians must seek to prepare themselves to provide appropriate and culturally sensitive assessment and intervention services. Continuing education and utilization of the kinds of information provided in this issue should lead to improved quality of service to these individuals.

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