PREFACE

Serving Linguistically and Culturally Diverse Adults with Communication Disorders: Multidisciplinary Perspectives and Evidence

The collection of articles in this issue of Seminars in Speech and Language is much needed in speech-language pathology. The combined effect of increasing demographic shifts in the United States, a broadening scope of practice in the discipline, and professional mandates for culturally competent, evidence-based practice with a richly diverse adult population underscores the imperative need for this volume.1,2 Issues related to serving culturally and linguistically diverse (CLD) pediatric populations have received significant attention in speech-language pathology and related literatures over the past decade. In contrast, there has been relatively little attention in the empirical and clinical literatures directed toward issues surrounding service delivery with communicatively impaired CLD adult populations. This lack of attention in the professional literatures puts speech-language pathologists (SLPs) working with CLD adults at a considerable disadvantage. A lack of information on the part of SLPs may lead to inadequate service delivery to this large and growing segment of the U.S. population. Limitations in the quality of the services rendered by SLPs to communicatively disordered minority adults may result in care disparities and, in turn, poor service outcomes. In fact, one of the greatest health-care challenges in the United States is the profound disparity in care between racial, ethnic, and linguistic minorities as compared with white English-speaking Americans of Western European descent.3

The general purpose of the articles included in this issue of Seminars in Speech and Language is to highlight evidence and conceptual principles at the intersection of CLD and acquired communication impairments in adults. Each article is also translational in that practical strategies for improving clinical service delivery to CLD populations are presented. Consistent with recent calls to examine communication and its impairments using innovative, cross-disciplinary evidence and paradigms,4–6 the articles in this volume cross traditional disciplinary boundaries. Ultimately, the information presented here is expected to enhance the core knowledge and skills of SLPs to work with CLD adult populations.2

In this issue, seven articles focus on various aspects of CLD in adults. In the first article, Centeno sets the stage for the overarching theme of this issue by discussing current gaps and complexities in service delivery to communicatively impaired CLD adult populations. This lack of attention in the professional literatures puts speech-language pathologists (SLPs) working with CLD adults at a considerable disadvantage. A lack of information on the part of SLPs may lead to inadequate service delivery to this large and growing segment of the U.S. population. Limitations in the quality of the services rendered by SLPs to communicatively disordered minority adults may result in care disparities and, in turn, poor service outcomes. In fact, one of the greatest health-care challenges in the United States is the profound disparity in care between racial, ethnic, and linguistic minorities as compared with white English-speaking Americans of Western European descent.3

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languages, such as Chinese languages and many languages in Africa, Asia, and the Americas, which use pitch contrastively to express word meaning. Content focuses on the physiological bases of lexical tone acquisition because this knowledge is crucial to facilitate the remediation of tone-related production and perception disorders. In the article that follows, Kohnert provides a narrative review of the empirical literature on cross-language transfer following treatment in bilingual individuals with aphasia. Combined results of 12 studies are used to highlight important factors that SLPs may consider when planning for effective, efficient intervention with bilinguals with aphasia. In the fifth article, Cuetos and Centeno underscore the importance of interdisciplinary foundations to clinical procedures with speakers of minority languages. They apply cognitive neuropsychological principles to assessment and treatment in Spanish readers with acquired dyslexia (reading impairments in the context of aphasia). Cuetos and Centeno propose that, when included in the broad aphasia diagnostic battery, cognitive-based testing would yield critical information on the processing mechanisms underlying language dysfunctions associated with aphasia with critical applications in reading rehabilitation. This article also highlights the need for cross-linguistic investigation rather than relying solely on evidence from English speakers.

In the sixth article, Müller and Guendouzi explore the application of principles of ethnography and action research to communicative interactions with persons with dementia. Drawing from the application of these principles to bilingual Louisiana French-English nursing home residents with dementia, these authors propose that SLPs working with CLD adults may benefit from the paradigms of ethnography and action research as a means to enrich their understanding of the lives of individuals with dementia. Finally, in line with culturally based treatment principles advocated throughout this issue, Harris and Fleming provide the rationale and examples for exploiting model-informed interventions to design culturally meaningful therapies for African American adults with cognitive-communicative disorders. Harris and Fleming describe how client-centered principles of the International Classification of Functioning, Disability, and Health and evidence-based practice can be used to inform service delivery with African American adults with acquired communication disorders.

We hope the articles in this issue contribute to the interdisciplinary, cross-cultural, and cross-linguistic scientific bases that would support quality, efficacious evidence-based clinical practices and reduce conceptual gaps that lead to service disparities in under-researched populations. We similarly hope that contents in this issue inspire readers to keep seeking solid empirical and conceptual grounds for accurate and sensitive services for communicatively impaired minority adults. The overall intention of this collection of articles is that its content frames the discourse on CLD populations that would result in an increased emphasis in the research and clinical agenda toward more attention to adult rehabilitation issues.

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REFERENCES