

Critical Review:

What are the perspectives of culturally and linguistically diverse families on the speech, language and educational services provided to their children with communication disorders?

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This critical review examines the evidence on the perspectives of culturally and linguistically diverse (CLD) families on the intervention services provided to their children with communication disorders. A literature search resulted in six relevant qualitative studies of various designs. The articles' study design, methods of sampling, data collection, analyses and interpretation, and overall rigour were evaluated. Overall, patterns were identified across the findings of each study, indicating the similarities and differences between the perspectives of various CLD families. Recommendations for clinical practice are discussed.

Introduction

The majority of Canadian Speech-Language Pathologists (SLPs) provide services to culturally and linguistically diverse (CLD) clients and families (Bird & Deacon, 2012). According to the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO), SLPs must provide CLD clients quality care founded in understanding cultural perspectives (CASLPO, 2016). This is important as clinicians' understanding and knowledge of clients' cultural perspectives, as well as acknowledgement of their own cultural perspectives and biases, are necessary to deliver individualized and responsive intervention.

Strategies recommended by CASLPO to ensure culturally-competent service delivery include considering inter-cultural communication styles, ensuring questions and comments are culturally appropriate, adapting materials to reflect different cultural perspectives, asking clients to share their perspective, and seeking clarification when necessary, among others (CASLPO, 2016).

However, many SLPs report various barriers to providing these clients with the high level of care outlined by CASLPO (Ball & Lewis, 2011; Bird & Deacon, 2012). For example, Bird & Deacon (2012) found that the most reported barriers to providing culturally-appropriate care by Canadian SLPs were not speaking the client's language, not having access to a clinician who speaks the client's language and inappropriate or biased assessment tools.

One of the recurring recommendations that appears when examining how to provide quality care to CLD families relates to the clinician's understanding of the families' cultural and individual values and perspectives (Ball & Lewis, 2011; CASLPO, 2016). This is congruent with the CASLPO (2018) practice standard outlining the three components of evidence-based practice, including the integration of the client's and family's needs and choices within the clinical

decision-making process. This becomes especially important when providing services to children, as the caregivers become important partners in the intervention process. However, little research has been done to thoroughly examine the perspectives of CLD families and caregivers on the intervention services provided to their children with communication disorders.

Qualitative study designs are best suited to provide an in-depth examination of CLD families' and caregivers' perspectives. Qualitative studies are used to develop deeper understanding of an issue and focus on details rather than generalizability (Archibald, 2018). Various study designs (e.g., phenomenological, ethnographic), data collection methods (e.g., observations, interviews, artifact reviews) and data analysis methods (e.g., grounded theory, constant-comparative) can be used. While qualitative studies are often viewed as a lower level of evidence as compared to quantitative studies, their overall quality and strength can be evaluated based on many aspects (Letts et al., 2007a). Critical appraisal of a qualitative study involves the evaluation of the appropriateness of the study design and of the quality used to sample the participants and collect, analyze and interpret the data. Additionally, the overall rigour of the study can be examined based on the four components of trustworthiness: credibility (whether it provides a true picture of the phenomenon under study), transferability (whether the findings are transferrable to other contexts), dependability (whether there is consistency between the data and the findings) and confirmability (the degree of neutrality of the findings) (Letts et al., 2007a).

Objectives

The primary objective of this paper is to critically evaluate existing literature regarding the perspectives of CLD families and caregivers on the speech, language and educational services provided to their children with

communication disorders. The secondary objective is to provide recommendations for clinical practice.

Methods

Search Strategy

Articles related to the topic of interest were found using the following computerized databases: SCOPUS, PsychINFO and PubMed. Keywords used for the database search were as follows: (bilingual* OR multilingual* OR "second language" OR ELL OR ESL OR bicultural* OR multicultural* OR "culturally diverse" OR "linguistically diverse" OR "culturally and linguistically diverse" OR minority OR ethnographic) AND (perception* OR belief* OR perspective* OR experience* OR opinion* OR view* OR thought*) AND ("language intervention*" OR "speech intervention*" OR "speech*language intervention*" OR "language treatment" OR "speech treatment" OR "speech*language treatment" OR "language therap*" OR "speech therap*" OR "speech*language therap*" OR "language patholog*" OR "speech patholog*" OR "speech*language patholog*") AND (parent* OR caregiver* OR "care giver*" OR carer* OR mother* OR father* OR famil*).

Selection Criteria

Inclusion criteria for study selection were as follows: (1) journal articles published in English or French, (2) participants were family members of children with communication disorders, (3) the study analyzed the perspectives of participants on the speech, language and educational intervention services provided to their child, though perspectives on related issues could also be included, (4) the study utilized qualitative methods in order to provide an in-depth exploration of the participants' perspectives.

Data Collection

Results of this literature search yielded six articles congruent with the aforementioned selection criteria. Three of the studies employed an un-specified qualitative approach, while the other three studies utilized grounded theory, phenomenological and ethnographic approaches, respectively.

Data Analysis and Appraisal

The selected articles were critically appraised using the McMaster University Critical Review Form – Qualitative Studies (Version 2.0; Letts et al., 2007b). This form was used to examine the quality and appropriateness of each article's study design, methods of sampling, data collection and data analyses and interpretation, and overall rigour.

Results

Ball & Lewis (2014) completed an exploratory qualitative study consisting of conversational interviews with 65 First Nations Elders, grandparents and parents of young children in four Canadian provinces. These interviews explored their beliefs and values regarding their children's speech and language development, early intervention programs and speech-language services. A thematic framework was then constructed to capture recurring themes which related to the importance of: children being both talkative and quiet, bilingual learning, family, community and program supports for early learning and speech and language development, and a preference for First Nations practitioners.

The authors did not specify a study design, though the study description closely resembled the grounded theory framework. Sampling following the initial stage was not adequately described. The data collection method was appropriate to the research question, though insufficient information was provided regarding the data collection procedure. The methods of data analysis were adequately described, though no decision trail was developed. The findings were presented within clearly defined concepts and themes, though they did not provide an in-depth view of the participants' perspectives, often limited to frequency statistics and summaries of responses with few quotations. This study's overall rigour was weak as it did not employ a prolonged duration or various sources of data collection, triangulation methods, reflective approaches, member checking of data or peer review.

This study presents as an equivocal level of evidence as it did not specify a study design and included insufficient details regarding the participant and site characteristics, methods of data collection and analysis, and interpretation of the data.

Crutchley (2000) used a qualitative study design consisting of semi-structured interviews with 11 parents of monolingual and 20 parents of bilingual children with speech and language impairments to explore their experiences with the special education system in the United Kingdom. The responses were compared between the monolingual and bilingual groups, which were subsequently further divided into "more informed" and "less informed" groups. Although many similarities were found between the monolingual and bilingual parents, overall, monolingual parents were more likely to be better informed and more involved in acquiring services for their child than bilingual parents. Of the bilingual parents, the authors did not identify an explanation as to why certain parents become more informed and involved than others. They hypothesized that it could be related to language proficiency, relationships with professionals or knowledge of the educational system.

The author did not specify the study design, describing it only as “predominantly qualitative”. The participants were selected from another study, though the sampling methods of the original study as well as the selection of participants among that study were not described. Although appropriate matching of bilingual and monolingual children was completed, participant descriptions were limited. This study demonstrated poor procedural and analytical rigour as little information was given regarding the methods of data collection and analysis, with no decision trail identified. The information was limited to “comments fell more or less naturally into groups... Thus, ‘themes’ emerged from the data” (p.69). Sufficient details were provided regarding the frequency of responses. However, the data were not adequately illustrated using a variety of direct quotations, nor were they adequately interpreted using clearly defined concepts or a conceptual framework. This study demonstrated poor credibility, transferability, dependability and confirmability due to the lack of descriptions as mentioned above, in addition to the use of only one data source, no reflective approach, no methods of triangulation, no member checking and no peer review.

The level of evidence offered by this study is equivocal due mainly to insufficient descriptions of the study design chosen and of the methods of data collection, analysis and interpretation.

Kummerer & Lopez-Reyna (2006) completed a qualitative study with 14 Mexican-American immigrant mothers of children with communication difficulties. The study employed interviews, examination of therapy files, observational field notes and a constant comparative method of analysis to explore the participants’ perceptions and beliefs surrounding early language development, their children’s speech and language disabilities, and therapy activities. The participants described language development as an interactive process between the child, the environment and family members. They identified expressive language milestones within the range of normal variation as described in the literature, whereas they demonstrated significant difficulty identifying receptive language milestones. Their description of their child’s communication delay was mainly centered around expressive and speech delays and was often described in comparison to peers’ abilities. Causal attributions of their children’s delay were generally medical, familial, or related to the child’s personality. The participants described various types of language development activities they used with their children, with some being addressed in therapy and others not. Additionally, the participants expressed concerns regarding the impact of their child’s heritage language on their English language development.

Finally, the authors then expanded the above findings to include recommendations for practice.

While the authors specified the use of a constant comparative method of analysis, and highlighted research proving its effectiveness with CLD participants, they did not specify the study design as a grounded theory approach. However, a strength of this study was the identification of a sociocultural and qualitative constructivist theoretical perspective. The authors mentioned the use of purposeful sampling but did not describe the process in adequate detail. They provided adequate descriptions of the participants and site. Detailed information was provided regarding the procedures of data collection and analysis, although a decision trail was not identified. Results were presented in clearly organized categories and themes, though a conceptual framework indicating relationships among concepts was not created. Overall, the study showed adequate credibility, transferability, dependability and confirmability as it incorporated a prolonged duration of data collection, peer debriefing, a formal reliability check, member checking, triangulation of data, and detailed descriptions of procedures and results.

The overall rigour of this study is highly suggestive as it employed detailed descriptions of data collection procedures, data analysis and results. A major limitation, however, was the absence of a specified study design.

McCord & Soto (2004) used an ethnographic approach to explore the perspectives of four Mexican-American individuals with complex communication needs and their families on the impact of augmentative and alternative communication (AAC) device use on their lives. Through open-ended interviews, observations and artifact reviews, as well as a constant comparative method of data analysis, the following themes were identified: the role of AAC in the family, the individual’s perceptions of AAC, the family members’ perceptions of AAC use and technology, and barriers to the use of AAC. Overall, the participants did not perceive the AAC device to be useful for communicating with their child and identified barriers to the use of the device in the home, relating to language barriers, limited income and resources, and relevance of vocabulary. They identified certain characteristics of the device as being culturally inappropriate such as the language, symbols used and inherent communication style. However, the participants perceived use of the AAC device as necessary and valued in educational settings. The authors additionally provided clinical and funding recommendations based on their findings.

The ethnographic approach was appropriate for the authors’ purpose. Extensive details on the methods of purposeful sampling, including the use of a bicultural and bilingual liaison, as well as on the participant and site characteristics, were included. The methods of data

collection were appropriate for the study design and were adequately described. Appropriate inductive analyses were conducted using the constant-comparative method, though no decision trail or details regarding the choice of selected themes were identified. While no conceptual framework was created, the authors adequately summarized the data using themes describing theoretical concepts and the relationships between them. The study's overall rigour was high as it demonstrated credibility, transferability, dependability and confirmability due to the use of a prolonged period of study, a variety of data collection methods, aspects of reflective approaches, triangulation methods, member checking at various points throughout the study, and detailed description of the site, the participants, the data collection methods and the data analysis procedures.

The level of evidence offered by this study is compelling due to the appropriateness of the study design, the level of detail included and the overall rigour as defined by the four components of trustworthiness.

Pickl (2011) employed a grounded theory approach using observations, semi-structured interviews and informal discussions with 11 parents, one grand-parent and 24 special education teachers of bilingual children with severe disabilities and complex communication needs in Austria to determine barriers and facilitators to effective communication intervention. The author developed a framework identifying the components of effective intervention with this population including: the classroom situation (e.g., small class size), teachers' interest (e.g., in interacting with parents), teachers' expertise (e.g., in teaching children with severe disabilities), communication aids (e.g., modeling of AAC use to family members), family attitudes (e.g., acceptance of AAC), and parent-teacher interaction (e.g., exchange of information).

The grounded theory approach was appropriate to the research question. Adequate description of purposeful sampling was provided, including the efforts made to ensure families were not excluded due to language barriers, which was a strength of this study. While the description of the child characteristics were sufficient, few details were provided regarding the participant (parent and grand-parent) characteristics and the characteristics of the site. The methods of data collection were congruent with the purpose of the study and were described in adequate detail. The author utilized appropriate inductive analyses which were explained in detail, though a decision trail was not developed. The results were clearly demonstrated using a conceptual framework to describe the concepts and the relationships between them. Credibility, dependability and confirmability were established using a wide range of participants, multiple data sources, reflective approaches, peer review processes, member checking and clear descriptions of the methods of data collection

and analysis. Transferability was hindered, however, by the poor description of participants.

Overall, this study is suggestive as it utilized an appropriate study design and provided detailed descriptions of the sampling, data collection and data analysis procedures, as well as clear presentation of the findings. Its main limitation relates to the lack of details regarding the participants' description, which limits the ability to transfer the results to other situations.

Yu (2013) employed a phenomenological approach using interviews with 10 Chinese/English bilingual immigrant mothers of children with ASD living in the United States to obtain their perspectives of their heritage language and bilingual practices. Thematic and narrative analyses were then used to extract the following themes: language priorities, English as the language of intervention, beliefs about the effects of bilingualism on learning and development, and practical constraints. Overall, the participants valued their child learning both English, for overall success and for intervention services, and Chinese, for parent-child interaction, cultural identity and pride, and success on the global job market.

The phenomenological study design was appropriate to the research question. Adequate description of the sampling method and participants were provided. The method of data collection was appropriate, however, the data collection procedure was not explained adequately. The use of thematic and narrative analyses was appropriate to ensure inductive analytical rigour. However, the author did not include a decision trail and did not provide sufficient rationale related to the development of the themes. The major factors that influenced the participants' language practice decisions were clearly organized into themes, however a conceptual framework or description of the relationships between these themes were not provided. Moderate credibility, transferability, dependability and confirmability were demonstrated as the study included data collection over a period of time, peer review, member checking, and moderate overall description of participants and site. However, it did not utilize a range of participants, a variety of data sources, a team of researchers or a reflective approach.

Overall, this study presents as a suggestive level of evidence. Strengths include appropriate research design, data collection methods and data analysis procedures, whereas limitations include a biased convenience sample and insufficient description of the site, data collection and analysis procedures.

Discussion

Considering that many Canadian SLPs provide services to CLD families, this study sought to review the literature regarding CLD families' perspectives on the

services they and their child with a communication disorder have received. Overall, many similarities were identified between the perspectives of the various CLD families and those of mainstream families; for example, their views on the value of parent-child interaction, the caregiver role, and early intervention services (Ball, 2014; Crutchley, 2000; Kummerer & Lopez-Reyna, 2006; Pickl, 2011). However, a few patterns specific to CLD families' experience emerged despite the wide range of cultural and individual variability between the participants. The majority of these findings are consistent with the recommendations of previous studies and guidelines (Ball, 2011; CASLPO, 2016).

Many of the studies addressed the importance of the client-clinician relationship for achieving collaborative partnerships and attaining a high level of family satisfaction (Ball, 2014; Crutchley, 2000; McCord & Soto, 2004; Pickl, 2011; Yu, 2013). However, the shape this relationship took varied based on both cultural and individual factors.

Another common topic was in regards to the varied experiences faced by each family. Many factors impacted the families' experiences with and views of the services they received. This included their language proficiency, knowledge of the healthcare and educational systems, financial resources, and cultural capital, among others (Crutchley, 2000; McCord & Soto, 2004; Pickl, 2011; Yu, 2013). Therefore, as highlighted by the participants, it is crucial that clinicians understand the perspectives of their clients.

Similarly, the value of self-reflection and the acknowledgement of one's biases was a common theme throughout three of the above studies (Crutchley, 2000; McCord & Soto, 2004; Pickl, 2011). It was found that the families were more satisfied when clinicians clearly stated the roles and expectations for both the clients and the involved professionals. Further, families appreciated when clinicians avoided making assumptions as their beliefs and perspectives frequently differed based on their individual and cultural values.

Similar to the principles of family-centered intervention, the majority of the participants discussed the value of being self-efficacious and empowered to support their children independently of the clinician (Ball, 2014; Kummerer & Lopez-Reyna, 2006; McCord & Soto, 2004). This was especially important in the context of supporting CLD families as they were often more equipped to effectively support their children in culturally-appropriate ways, with the assistance of the clinicians' expertise.

Certain participants had acquired inaccurate knowledge of language development principles and milestones, especially as it related to receptive language and bilingual language development (Ball, 2014; Crutchley, 2000; Kummerer & Lopez-Reyna, 2006; Pickl, 2011; Yu, 2013). Most concerning was the

number of participants who stated that professionals had previously recommended they speak only the mainstream language with their child, despite the best practices and evidence indicating otherwise (Ball, 2014; Crutchley, 2000; Kummerer & Lopez-Reyna, 2006; Pickl, 2011; Yu, 2013). Therefore, it is important for clinicians to educate themselves on these topics and appropriately inform their clients.

Finally, many participants stated that the services their child received were only provided in the mainstream language (Pickl, 2011; Yu, 2013). This issue was further identified as a barrier to clients in terms of effectively accessing and benefitting from services (Yu, 2013). Although CASLPO (2016) states that clinicians should facilitate discussions with CLD clients regarding which languages will be used during intervention, this was not addressed, as reported by the participants. Similarly, some participants stated that the materials used in intervention (e.g., the vocabulary and icons of their child's AAC device) were not culturally appropriate and were therefore barriers to their use of the device within the home (McCord & Soto, 2004; Pickl, 2011).

The above findings highlight some of the important themes that were found throughout the studies in this appraisal. However, caution must be taken when interpreting these results as there are several limitations that contribute to the varying quality of supporting evidence. For instance, the characteristics of the participants varied greatly, both individually and culturally. Further, the studies used qualitative methodologies that are used to gain deeper insight into a topic rather than to produce generalizable results (Archibald, 2018). Lastly, the inherent nature of cultural competency involves regarding each client as an individual rather than making generalizations or assumptions based on their cultural status (CASLPO, 2016). Despite the limitations of the above studies, these findings and the below clinical implications may be used to assist SLPs in delivering culturally-appropriate services to the CLD families they may encounter.

Clinical Implications

1. Build strong client-clinician relationships in culturally-appropriate ways in order to best understand the family's communication dynamics and needs in the home.
2. Actively demonstrate interest in and seek knowledge of the home language and culture.
3. Acknowledge the differences in lived experiences of each family and provide support in navigating and accessing services based on these differences.
4. Engage in self-reflection and acknowledge personal values and biases.

5. Be explicit in expectations and do not assume that personal beliefs and values match those of the clients receiving services.
6. Empower families to support their children by building on what they are already doing and teaching them effective strategies in culturally-appropriate ways.
7. Work with the family and the community to deliver culturally-appropriate services relating to language use and socialization practices.
8. Maintain up-to-date knowledge of relevant language development concepts, especially of receptive language milestones and bilingual language concepts and misconceptions, and keep clients up-to-date of this information as well.
9. Work with the family in order to provide the client with services in the language(s) the family prefers. This could involve including family members in intervention or collaborating with interpreters or other service providers of the same culture.
10. Ensure that materials used in intervention are culturally-appropriate and individualized to the family.

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