Diversifying 'Language' in Speech-Language Pathology

A guide to becoming a culturally responsive clinician

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How to use this guide

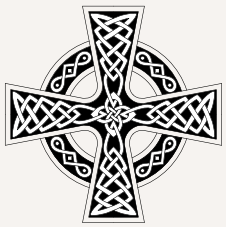
This guided is intended to be a reflective and preparatory tool to ensure you are ready to complete comprehensive and culturally inclusive assessments and intervention in speech-language pathology.

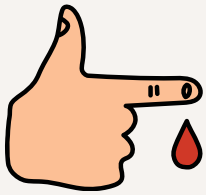
This guide is not a stand-alone tool and should not be the marker of being a culturally responsive clinician. Instead, this guide should be used as **one** way you are commiting to ongoing learning.

In this guide, i've included clinical case studies and areas for you to reflect on your learning and lived experiences. You may find it helpful to print this guide and fill it in where i've provided space to do so.

About the author: my lens

It's important to consider the perspectives of any author. We all hold biases and view the world in different ways based on our own lived experiences as well as the experiences of those closes to us. These experiences shape the way we interact in the world and inform our perspectives. Thus, though i've cited peer-reviewed literature, the way I critique it is based on my lens.

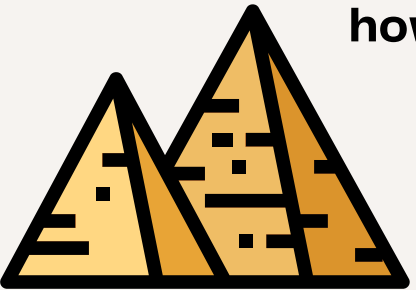




About me:

- I'm a multi-lingual speaker (English, Arabic, French, & Coptic)
- I am a woman of colour
- I am a first-generation Egyptian-Canadian living in Canada
- I am a straight, cis-gendered woman
- I am a Coptic Orthodox Christian
- I am able bodied and live with an invisible chronic illness since the age of 9

Knowing what you now know about me, you may better appreciate my views and how I approach conversations on cultural and linguistic inclusivity.



About the reader: your lens

It is just as important to consider the perspectives you hold as a reader!

How willing you are to accept the mistakes you've made or new learnings you will receive are all up to how you approach this guide.

So, take some time. Consider the identities you hold and jot them below!

It's important to consider the perspectives of any author. We all hold biases and view the world in different ways based on our own lived experiences as well as the experiences of those closes to us. These experiences shape the way we interact in the world and inform our perception. Thus, though i've cited peer-reviewed literature, the way I critique it is based on my lens.

About you:

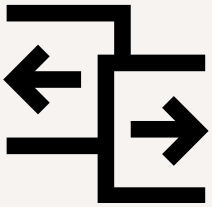
The problem with 'language' in speech–language pathology

As a **speech-language pathologist** (**SLP**), it is not only within our scope to treat language disorders, but is the main component of our work. However, many SLPs only treat the 'english' language in a child's language repitoire.

Shifting paradigms

Historically, we have seen languages as being *separate*.

First/native language (L1)

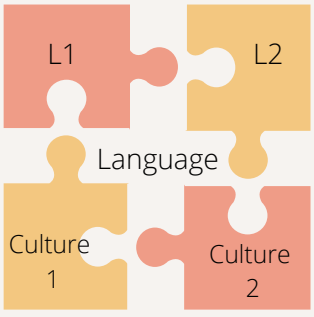


Second language (L2)

Implication: Clinicians focus on English language skills only. No focus on L1 and clinicians may even normalize the loss of L1.

Self reflection: What concerns you more; a child losing English at school or their native language at home?

I invite us to challenge this view. Instead, think of language become composed of all language skills in all languages known.



Implication: As SLPs, we treat all aspects of all languages spoken. We recognize the ways that languages AND cultures impacts one another and inform our treatment approaches.

Example: How does German affect English language acquisition?

Terminology

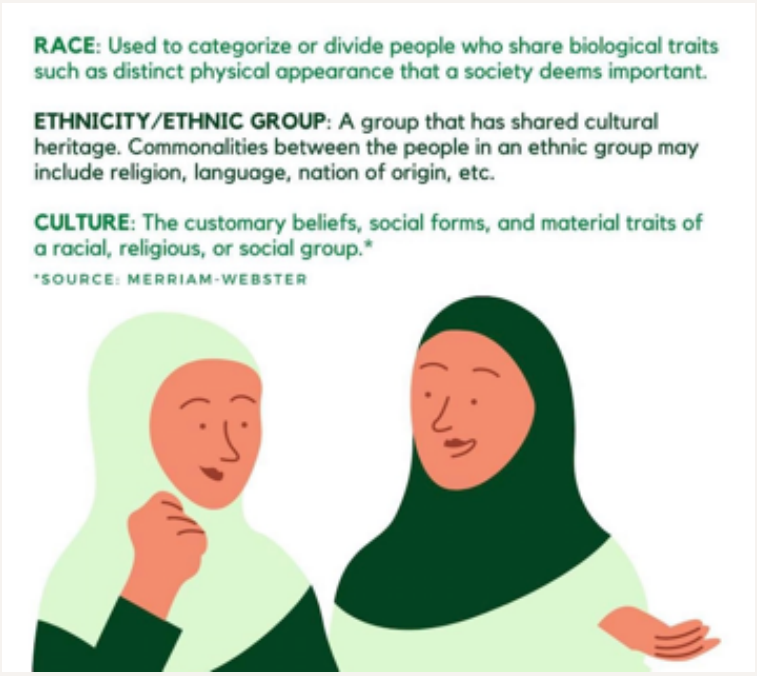
Bilingualism: the ability to communicate in more than one language and can be thought of as a continuum of language skills in which proficiency in any of the languages used may fluctuate over time and across social settings, conversational partners, and topics, among other variables (Grossjean, 1989; Bialystok, 2001

Simultaneous bilingualism: the acquisition of two languages at the same time, typically with both languages introduced prior to the age of 3

Sequential bilingualism: a second language introduced after age 3, at which time some level of proficiency has been established in the primary language, also referred to as successive bilingualism or second language acquisition

Dual language learners: individuals learning two languages simultaneously from infancy or who are learning a second language after the first languag

English language learners: "language minority students in the United States who are learning English, the majority language, for social integration and educational purposes ... also referred to as limited English proficient (LEP) students" (p. 265).



Click here for great resource to diversify your language!

https://www.asha.org/practice-portal/professional-issues/bilingual-service-delivery/#:~:text=Bilingualism%20is%20the%20ability%20to,%2C%201989%3B%20Bialystok%2C%20

Let's revisit the traditional views of bilingualism....

Linguistics in earlier 20th century saw bilingualism as a **disadvantage**. This was the dominant perspective until fairly recently. Some controversial literature showed that multilingual speakers scored poorly on cognitive tests. As result, many scientists sided with the “deficit” view of bilingualism. Bilingualism was seen as something that would confuse children and lead to cognitive impairments.

Unfortunately, these studies gained much traction despite being invalid. These studies did not control for age, socioeconomic status, or degree of bilingualism. Antoniou (2019) critiques the lack of consideration to schooling interruptions during war, mismatches between language testing, and lack of reliability. In terms of reliability, some children in these studies would be tested in English without knowing any English. Of course, this would result in poor performance and such a conclusion could be drawn that “bilingual” children perform poorly on tests of intelligence.

This narrative perpetuated a **fear** of learning more than one language at a time. Researchers like Saer (1923) describe native languages other than English as “alien” and English as a “mother tongue”.

Thankfully, a larger body of evidence exists today than it did in the early 20th century. Many advocate for an “**advantage** “or “**additives**” model, which is the view that bilingualism adds skills rather than reduces them. Research has demonstrated that **bilinguals outperform monolinguals** in **non verbal and verbal intelligence tests** (Peal & Lamber, 1962), **greater executive functioning** (Bialystok et al., 2004), **metalinguistic awareness** (cummins, 1978), **phonetic perception** (Antoniou et al. 2015), cognitive flexibility (Adi-Japha, 2010) and **decreased likelihood and onset of Alzheimer’s disease, up to 4 years.** (Bialystok et al., 2007).

Deficits vs additive approach

Check your bias: Do you think children who learn more than one language are at a linguistic deficit?

Concern for the bilingual child?

What we know about bilingual language development:

1. Dual language input does not confuse children.
2. It is not necessary for the two languages to be kept separate in children's experience to avoid confusion.
3. Learning two languages takes longer than learning one; on average, bilingual children lag behind monolingual children in single language comparisons.
4. A dominant language is not equivalent to an only language.
5. Bilingual children can have different strengths in each language.
6. The quantity and quality of bilingual children's input in each language influence their rates of development in each language.
7. Immigrant parents should not be discouraged from speaking their native language to their children.
8. Bilingual environments vary enormously in the support they provide for each language, with the result that bilingual children vary enormously in their dual language skills. Empirical findings in support of each conclusion are presented.

Via: vHoff, E., & Core, C. (2015, May). What clinicians need to know about bilingual development. In Seminars in speech and language (Vol. 36, No. 2, p. 89). NIH Public Access.

Concern for the bilingual child?

Here is a clinical case scenario to practice how you may respond to real cocerns for cultural families.

You are completing an assessment on a new pre-schooler who has just come to Canada as a refugee. His parents are concerned that he will lose his Farsi while he learns English in pre-school. His grandparents cannot speak English and they are upset because they worry, he won't be able to communicate them or connect with his culture when he grows up. How will you respond to their concerns?

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Language difference or Language disorder?

SLPs must assess culturally and linguistically diverse clients.

"**Difference** vs **disorder**" is often the gold standard given to graduate level SLP students when considering multi-lingual/cultural assessments for children.

We are trained to ask ourselves, is there a language disorder present, or, is this just a difference in the L1 that is affecting their L2?

First, I want to contrast **difference** vs **disorder**. To truly understand this we also need to know how similar they are.

Developmental language disorder (DLD) refers to children who have difficulties in language that cause breakdowns or disruptions in communication. This difficulty can create challenges in everyday communication and is associated with poor prognosis. DLD is not caused by another pre-existing or known condition but can co-occur with neurodevelopmental disorders (Bishop, Snowling, Thompson, Greenhalg, 2017)

Language difference: is when a child speaks another language other than the one that is being instructed in or used by the majority (CPIN). Language differences does not cause language disorders but may impact the way that a child is able to understand their new/emergent language.

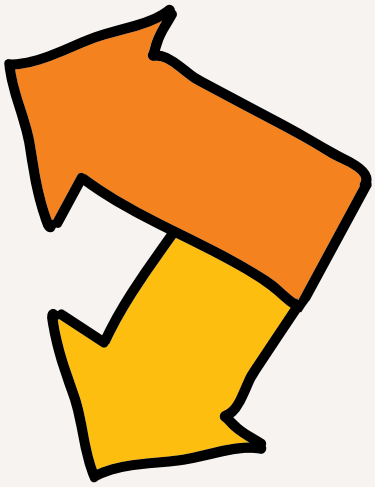
This is often due to l**anguage transfer.** Language transfer describes how a native language (L1) is able to affect a target/new language (L2) (Selinker, 1969).

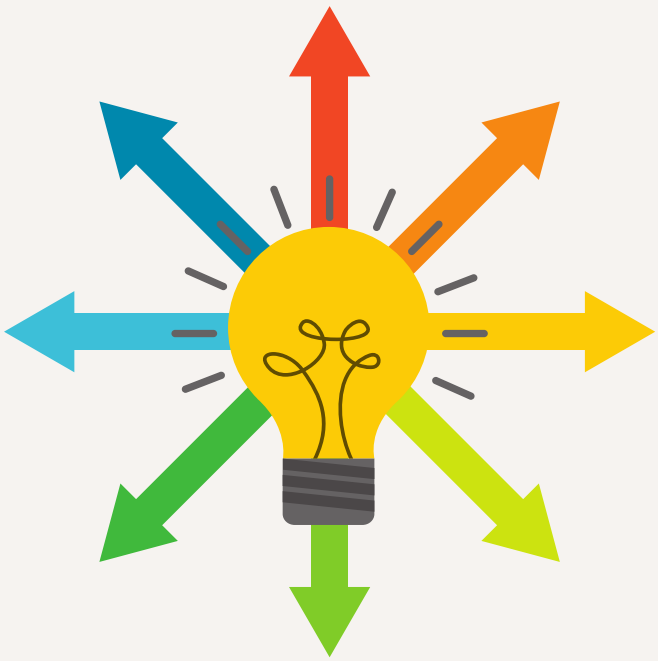
There are two main categories of transfer; **positive and negative transfer. Positive transfer** occurs when the first language facilitates learning in the second language. **Negative transfe**r, on the other hand, reflects how the knowledge of the first language can inhibit or negatively impact learning of the second language (typically due to contrasting differences in the languages (Cortes, 2005). This phenomena is also referred to as **interference**, which refers to when a speakers first language, or L1, interferes with the second language they are learning (L2). Interference can occur at any level of language (phonology, syntax, morphology, syntax, etc.) The errors are most often grammatical and mispronunciation errors (Subandowo, 2017).

Language difference or Language disorder?

With a **language disorder**, a child will have difficulty with:

- Producing & understanding language
- Using and understanding "body language"
- Communicating with members of their own language/cultural group
- Putting together grammatical sentences
- Progressing with academics





With a **language difference**, a child will have:

- Different pronunciations of English
- Understanding the rules of "body language" in their L1
- Able to communicate with members of their cultural group/language
- No impairments in their ability to use grammar

More info here

Language difference or Language disorder?

Here is a clinical case scenario to test your knowledge of difference vs disorder!

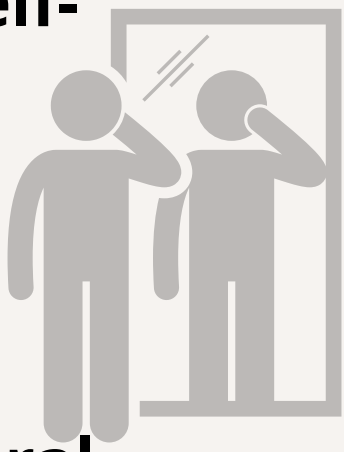
You are a speech-Language pathologist. You're assessing a 9 year old child who has just immigrated to Canada 6 months ago. Their (L1) is Tagalog and they are just starting to learn English. Their teacher report that they struggle with English, math, and science. Their parents report that they learned to read around 6 years old but still have difficulty with pronouns in Tagalog. What sorts of questions do you formulate before assessing the child? What language considerations will you make?

With the help of an interpreter, you complete an assessment in Tagalog and English. They score below normal for both languages. Is this a difference, disorder, or both?

The guide

More important than the speech or language assessment, we need to consider several things **before** the assessment. Here is a breakdown of pre-assessment considerations and assessment considerations.

1. **Pre-assessment considerations: Self-assessment**
    a. Privilege check
    b. Bias self-check
    c. Intention vs impact



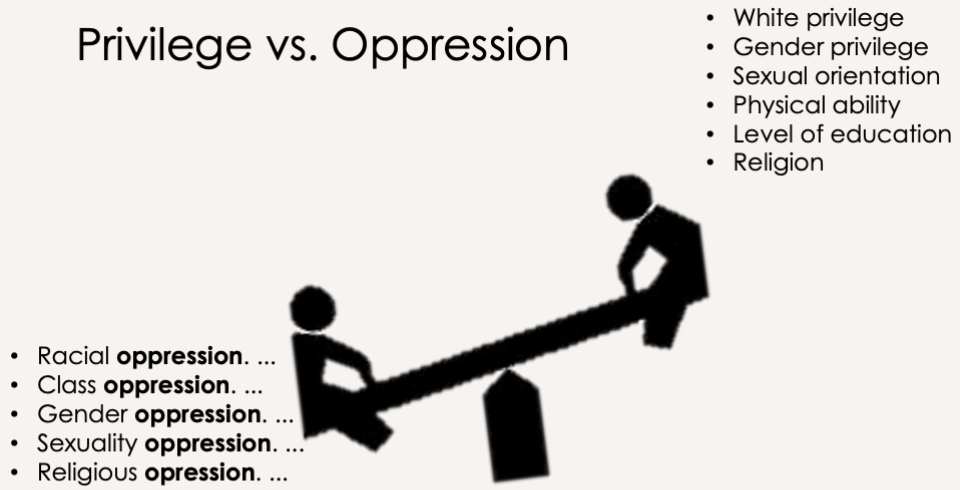
2. **Assessment considerations: Cultural responsiveness**
    a. Knowledge of the language
    b. Knowledge of cultural norms
    c. Comprehensive case history
    d. Family goals

Only after doing the pre-assessment should you continue with assessment on a multi-lingual child.

Pre-assessment considerations: self assessment

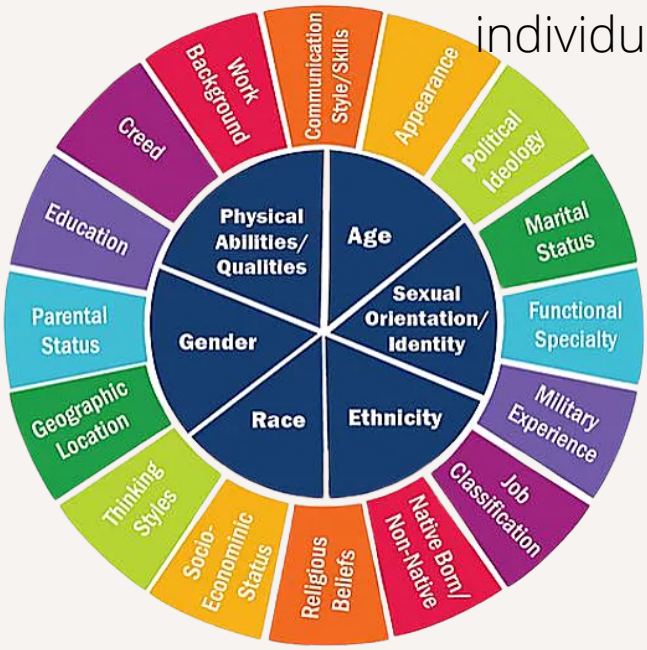
a. Privilege check

This image represents the inequalities of our society; where there is privilege there will always be oppression. Some people have multiple oppressed identities. These identities intersect to create a unique form of marginalization.



Intersectionality:

The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups



Resources:

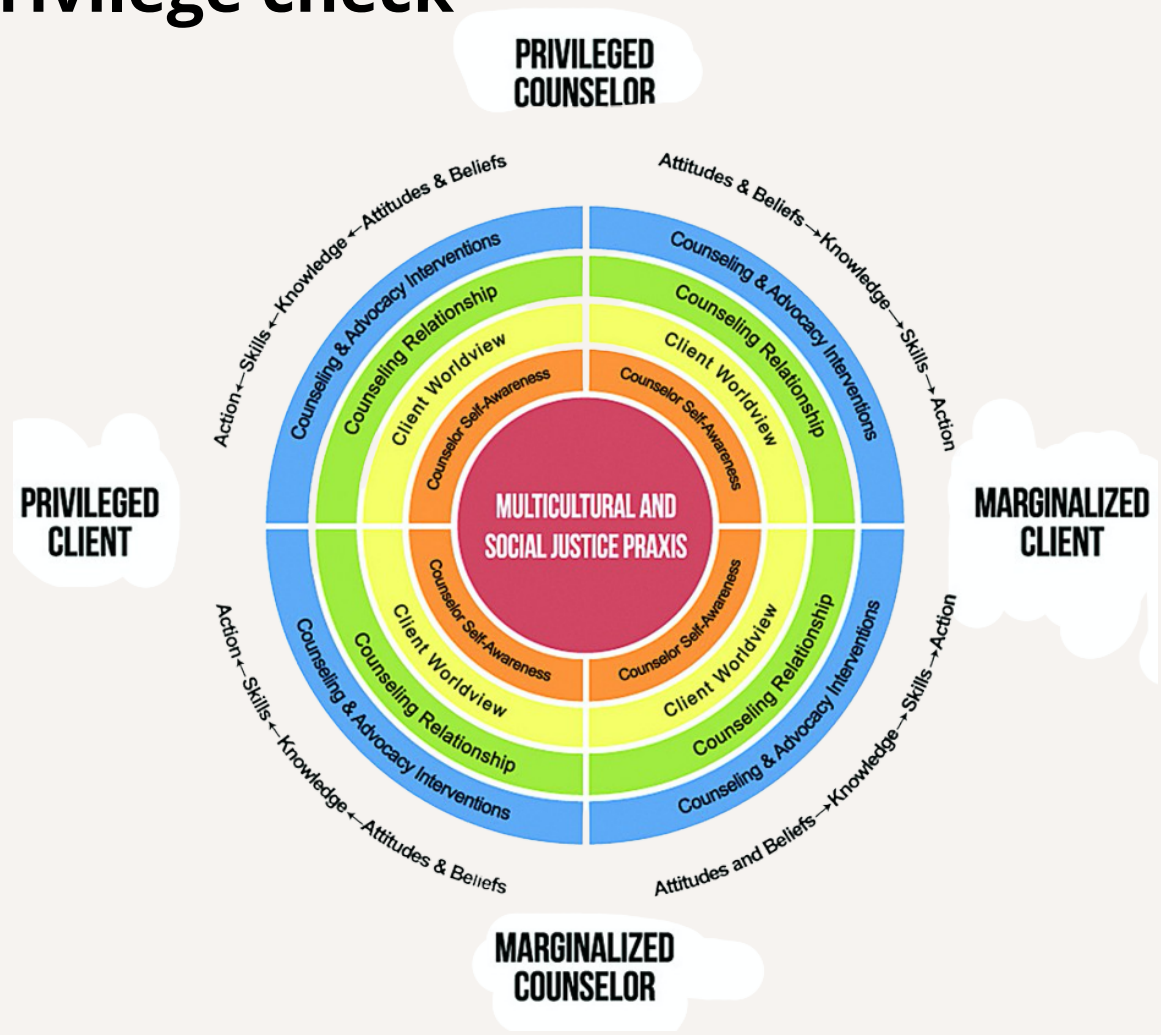
ASHA cultural competence checklists:

Cultural awareness questionnaire

Printable reflective journal

Pre-assessment considerations: self assessment

a. Privilege check



This figure represents the ways In which we interact with clients based on our privileged or marginalized identities.

This always reminds me to check myself before I enter a room with a client.

I must:

- Check my **assumptions**
- Check my **privileges**
- Check **the way in which I portray myself to the world**
    - How does this affect my interactions with a family? How does this affect the therapeutic alliance I build? Is it easier? harder?

Pre-assessment considerations: self assessment

a. Privilege check

Here is a clinical case scenario to better understand the ways in which privilege and identity affects our relationships with clients:

You, an SLP who is also member of a visible minority group, are working with a family from the same cultural background as you. The family, who has recently immigrated to Canada is excited to have you as a clinician because of your in-group similarities. To their surprise, you do not speak the language of your native country. You explain that when you came to Canada as a young child, your family wanted you to speak English only. As a result, your family never used the language at home and you lost it.

Now, take the perspective of your client. How may they be feeling?

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Pre-assessment considerations: self assessment

b. Bias self-check

Implicit bias is a learned unconscious attitude, association, or belief that we likely have in favor of our “in-group” or dominant group and against people who differ from us.

We are all a result of our environments and upbringings. As a result, our experiences shape the way we see and interact in the world. Some of our current beliefs about the world are flawed and can cause harm. Many of these beliefs are so unconscious that we make assumptions without even knowing it. This has major implications for our clients. Our assumptions may create imbalances or prevent opportunity for growth. This is why we must check our implicit and explicit biases and consider how they affect our work!

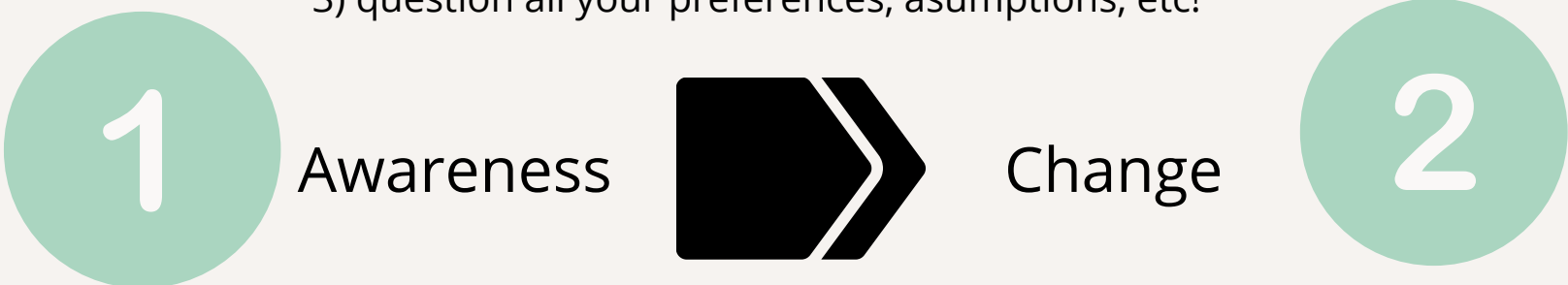
Exploring our biases is hard and uncomfortable. Once realized, we cannot just "undo" them over night. It takes years of unlearning behaviours and assumptions. However, once we are aware of our biases, we can challenge them and unlearn them.

How to check your bias?

1) Take an implicit bias test

2) Learn more about implicit bias

3) question all your preferences, asumptions, etc!



Pre-assessment considerations: self assessment

b. Bias self-check

Other resources:

https://www.uwo.ca/fhs/lwm/teaching/dld_2018_19/Gingrich_BiasCulturalCompetence.pdf

Pre-assessment considerations: self assessment

b. Bias self-check

Reflection question

What are some feelings you have about:

a) immigrants
b) people who practice a different religion than you
c) people who have accents
d) interracial marriages
e) dark sinned people
f) light skinned people
g) Indigenous people

Use the space below to answer! Try to write whatever comes to mind. Don't dwell on the thought. This will help you see your implicit biases.

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Pre-assessment considerations: self assessment

c. Intention vs impact

Newtons third law of motion! **Every action must have a reaction.** Feelings are no different. Everything we say and every action we do carries weight and can affect others. **Even if we have the best of intentions, our impact can outweigh the intention.**

✓ We can all have intentions

✓ Intentions are about US

✓ BUT... we can have good intentions and still cause harm

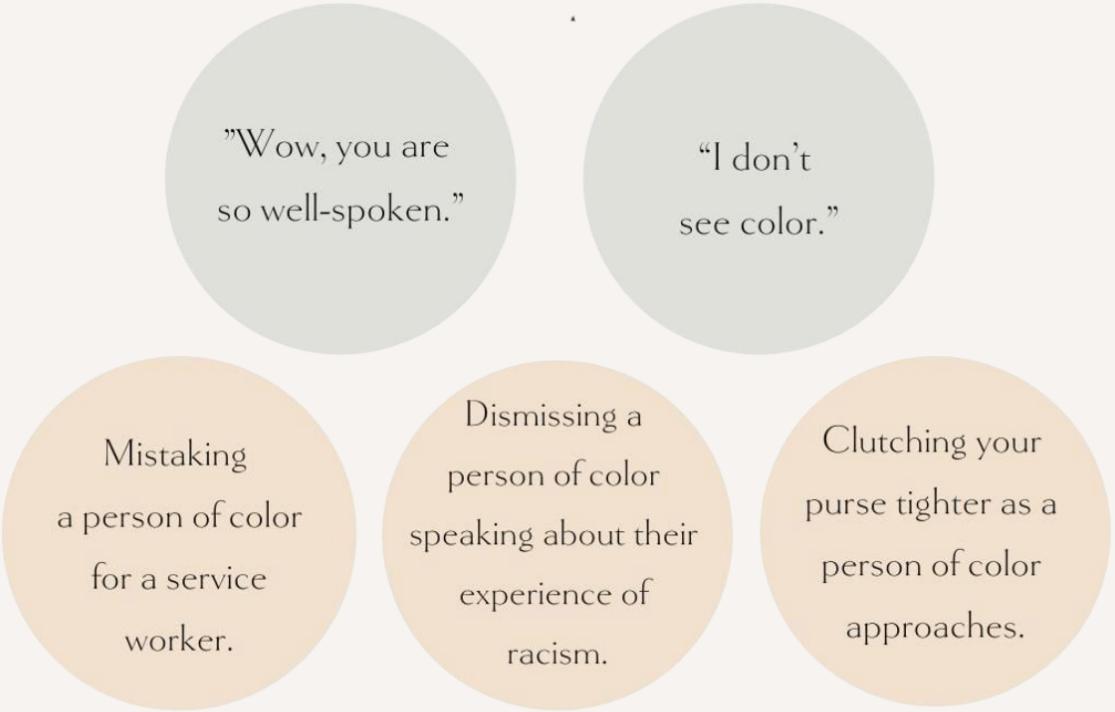
“After all, in the end, what does the intent of our action really matter if our actions have the impact of furthering the marginalization or oppression of those around us?” – Jamie Utt

https://everydayfeminism.com/2013/07/intentions-dont-really-matter/#:~:text=In%20essence%2C%20the%20%E2%80%9Cintent%E2%80%9D,about%20%E2%80%9Cwhat%20they%20did.%E2%80%9D

Pre-assessment considerations: self assessment

c. Intention vs impact

Good intentions with harmful impacts can sound like **microagressions:**



A **microagression** refers to **"Everyday insults, indignities, and demeaning messages sent to people of color by well-intentioned white people who are unaware of the hidden messages being sent to them"**

Oh no! I've said/done one of these before! What do I do now??

1) take a deep breath. We all have caused harm.
2) acknowledge that you have done harm in the past. Question why you did/said it. REALLY question it.
3) learn better
4) do better

Pre-assessment considerations: self assessment

c. Intention vs impact

Here is a clinical case scenario to better understand intention vs impact

You, a speech language pathologist are working with a bilingual family. This family speaks Spanish and English. You are not sure "where they are from" but you think it might be Mexico, based on their Spanish. You know enough Spanish to ask them "where are you from?" To this, the mother responds "Colorado". You respond "oh! I meant where are you originally from!".

Now consider, what are your observations about this interaction? What do you think the intention of the clinician was? Based on this small interaction, could there be an impact on the family? How do you think it could impact them? Use the space below to write down some ideas.

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Pre-assessment considerations

Congratulations! You are halfway through this guide. Give yourself a checkmark for completing the self-assessment! Take a break and continue to reflect on your privilege, bias, and identities over the next few days. A lot of these thoughts can be hard to think of on the spot, but overtime you'll become more self-aware of your position in the world.

Self-assessment

- [ ] Privilege check
- [ ] Bias self-check
- [ ] Intention vs impact

Now we will discuss cultural responsiveness in greater detail!

Cultural responsiveness

a. Knowledge of the language
b. Knowledge of cultural norms
c. Comprehensive case history
d. Family goals

Assessment considerations: cultural responsiveness

Cultural responsiveness

a. Knowledge of the language
b. Knowledge of cultural norms
c. Comprehensive case history
d. Family goals

Before I can give you practical tools and strategies to become culturally responsive, it's important for you to know what cultural responsiveness is and how this differs from cultural competence.

On the next page, I contrast the difference.

Assessment considerations: cultural responsiveness

d.cultural responsivness

What is **cultural responsiveness** and how does this differ from **cultural competence?**

Cultural Competence

- Promotes understanding of other cultures, ethnicities, and languages
- But, implies there is a level of competence one can reach to stop learning and trying to understand others

Cultural Responsiveness

- Encompasses both humility and competence
- Requires a position of lifelong learning
- Encourages learning about all cultures, while ensuring you are aware of the identities of the client in the room

Since cultural competence implies there can be a "cap" of knowledge, we should always strive for cultural responsiveness.

Cultural responsiveness carries the accountability and commitment to being a cultural sensitive, competent, and responsive clinician.

On the next page you will see a practice case study to apply what you have learned so far!

taken from https://www.instagram.com/p/CIhBZFrhY-Y/

Assessment considerations: cultural responsiveness

d.cultural responsivness

Here is a clinical case scenario to better understand cultural responsivness

You are a clinician working in a school board with many refugee and new comers. You have been working at this public school and know these children and their cultures as if they are your own! You feel very confident speaking to their families and have even learned some basic words in their languages. The classroom teacher presents her social studies lesson plan and asks you if you would be able to target the areas of language that many of her students are experiencing.

Without knowing anything about the lesson plan, what are some ways you can be a culturally responsive clinician? What considerations will you make? What assumptions have you already made? Remember to think about your own biases and how that can affect the tasks you plan. On the last page of this section, I offer some of my own suggestions.

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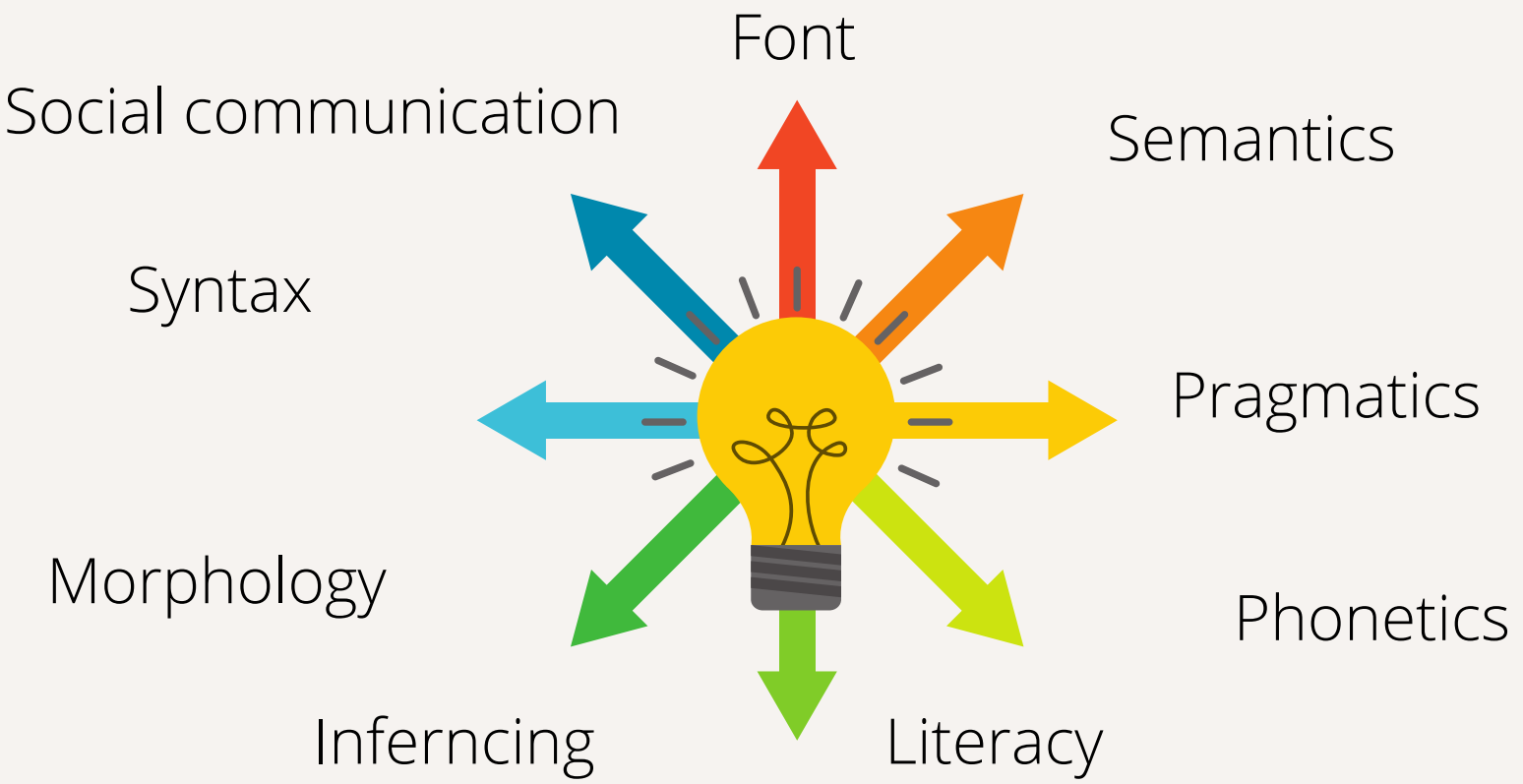
Assessment considerations: cultural responsiveness

Now that you are comfortable with the idea of cultural responsiveness, let's look at some components of cultural responsiveness

a. **Knowledge of the language**

As we know, language is made up of many components. I want you to remember the two views of language we discussed at the beginning. Remember that all language is language. So, as SLPs, we must treat ALL of language.



Assessment considerations: cultural responsiveness

a. Knowledge of the language

Once you've gathered more information about yourself, it's time to gather more information about your clients linguistic, social, and psychological background. You'd be surprised how much you can find out about a language/culture with a google search. Here are some things you can google (substitute the language as appropriate)

- Where is the native country located?
- What is the root of _____ ? (Indo European, Sino-Tibetan, Afro-Asiatic)
- what is the font of _____ like? .
- Are there different dialects of ____?
- How does the phonology of _____ differ from English?
- How does the morphology of _____ differ from English?
- How does the syntax of _____ differ from English?
- How does the pragmatics of _____ differ from English?
- How does the lexicon of _____ differ from English?
- What is normal social communication in _____?

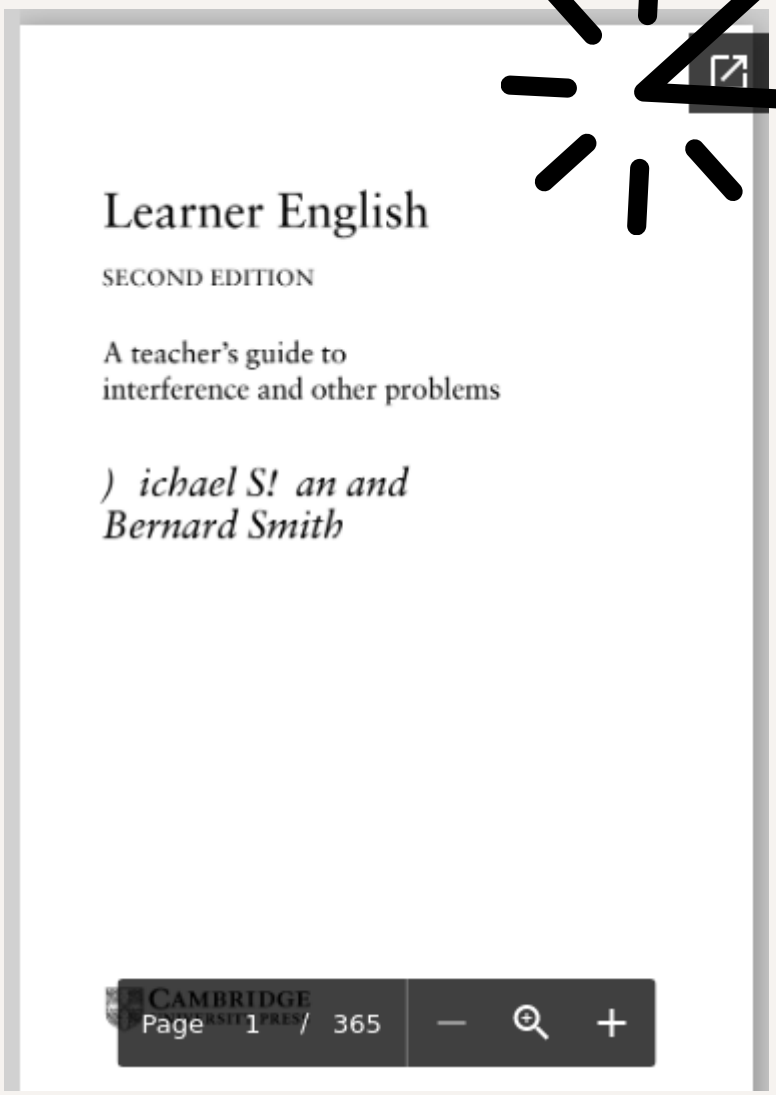
Learning more about the child's language will not only increase your cultural awareness, but will also help you make sense of your assessment results! **Is this a disorder, or, are they making errors in English that are acceptable (not errors) in their native language?**

Consider reading about the transference/interference of those languages on English. Here are some resources to use:

Assessment considerations: cultural responsiveness

a. **Knowledge of the language**

A great starting place to learn about the inferencing / transfer issues that arise in multi-language learning

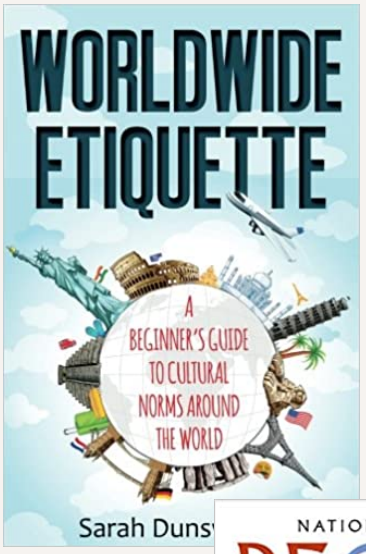


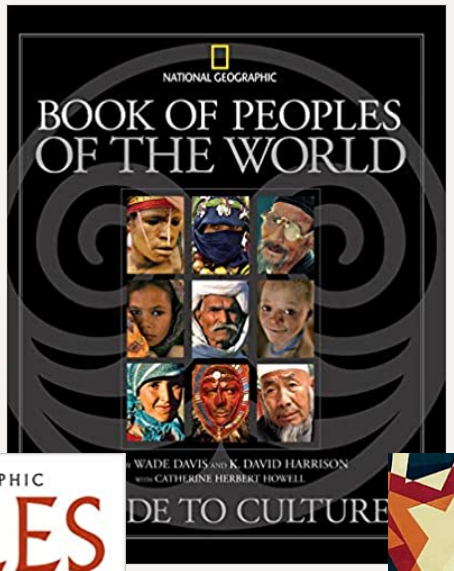
Includes phonology, grammar, and vocabulary of 20+ languages!

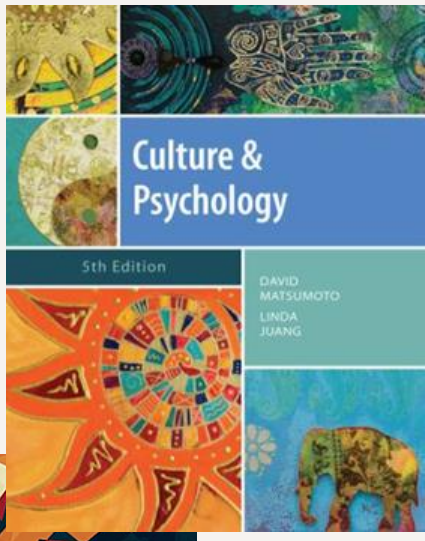
Assessment considerations: cultural responsiveness

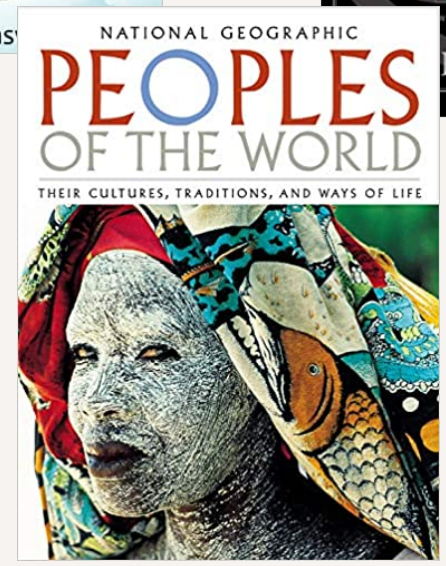
b. Knowledge of the culture

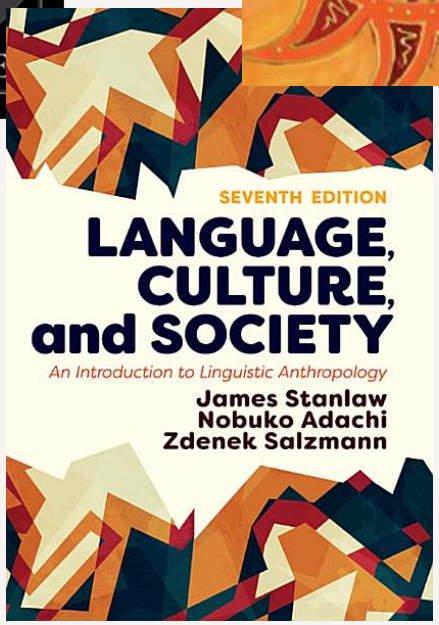
Can be as simple as reading a book on culture norms in varying cultures!











Remember not to reduce someone to a page in a book! Cultures are very complex!

Learn about cultural dimensions here

Assessment considerations: cultural responsiveness

b. Knowledge of the culture

However, remember that not all members of the same culture identify or practice the same traditions. Some families may also have multiple cultures which results in them blending or creating new family traditions, also called a **third culture**

Born and raised in scotland

Born in Guyana and raised in America

Born and raised in America

Third culture kids: Children raised in a culture other than the their parents' cultures but also live in one that is not solely made up of the culture they currently live in, resulting in a third, and unique culture.

https://www.bbc.com/worklife/article/20161117-third-culture-kids-citizens-of-everywhere-and-nowhere

Assessment considerations: cultural responsiveness

b. Knowledge of the culture

Self-check: How much do you know about other cultures?

Use the space below to reflect on the gap of knowledge you currently have. How much do you know about cultures other than your own? Consider your culturally different friends. What do you know about their cultures? Sit with the lack of knowledge you may have and allow this feeling to motivate you to learn more! On the other hand, if you feel very knowledgable, extend this knowledge to other cultures! Consider foods, traditions, holidays, forms of greetings, individualism vs customs, major and minor religions, etc.

Assessment considerations: cultural responsiveness

c. Comprehensive case history

Taking a comprehensive history allows you to:

- recognize their family concerns about language
- understand the chronology of language and language acquisition
- develop a well-thought out and well-understood therapy plan which considers all aspects of the family life
- may help you understand their social and cultural priorities
- will increase your knowledge of their culture and help you deliver culturally appropriate material
- can help you understand their goals for the child
- deliver family-centered care

Assessment considerations: cultural responsiveness

c. Comprehensive case history

Here are some things that might be helpful to consider, besides the information an SLP might typically gather:

- Which language does the child speak at home?
- Were there any concerns with the child's L1?
- Which language does the child speak with friends? is this the same at school?
- Which country was the child born in?
- Which language did the child first speak?
- Does anyone in this child's life only speak 1 of the languages (ex. grandma only speaks farsi)
- What language does he use to speak to family? Does he speak to family?
- What do his maternal grandparents speak?
- What do his paternal grandparents speak?
- What do you (parents) feel comfortable speaking in?
- How important is it for them to speak the L1? What about the L2?
- Do you attend any community groups that only use 1 of the languages? (ex. if the synagogue only speaks Hebrew)
- Does your child attend any other school outside of this school? (ex. child goes to Arabic school on the weekends).

You can find a pre-made questionnaire here as well

Assessment considerations: cultural responsiveness

c. Comprehensive case history

Here is a clinical case scenario to get you thinking of some questions to ask parents.

You are doing a case history for a family. Here is what you know:

- The parents speak Swahili and English at home
- The child has 4 siblings, 2 younger, 2 older
- He is 8 years old
- His maternal grandparents live with them at home
- they have lived in Canada for 3 years
- They attend weekly mass
- Their oldest child speaks Swahili, English, and French

Based on this limited information, what else might you want to know about? Include a brief rationale.

_____
_____
_____
_____
_____
_____
_____
_____
_____

Assessment considerations: cultural responsiveness

d. Family goals

Culture and language are very important to people from diverse backgrounds. As it forms their identity in society, it can also form their identity in their family and community groups. This is why it is very important to consider family goals. When considering our **bias** (remember that??), consider what goals you may want for a child, versus the goals a parent wants for their child.

For example, you may believe it is more important for a child to proficiently read in English. Meanwhile, the parents want their child to be a proficient reader in Arabic and a moderate reader in English, because their religious texts are in Arabic.

Read up on sample goals here
Strategies for Spanish families here
Goals for cantonese speakers here

Goal 1:
Speak to maternal granparents in Russian

Goal 2:
Use the appropriate pronouns in Russian and Englsih

Goal 3:
Read at a normal rate (for age and gender) in English only

Assessment considerations: cultural responsiveness

Revisiting cultural responsivness.....

Remember our case study on cultural responsiveness? Here are things you can do to make any curriculum more inclusive and culturally responsive as an SLP:

- Encourage participation from all students
- Integrate relevant world issues
- Discuss the different ways that countries responded to global crisis
- Invite guest speakers with lived experiences
- If the lesson plan is history, geography, social students or some form of story telling, highlight the days of important events. (for example, this is the year that Canada was founded. This is also the year that dynamite was patented in Sweden.
- Asks students to describe their holidays, traditions, foods etc.
- Translate the key words from your lesson plan into their languages. Have all the students practice those words and sounds
- When introducing new materials, substances, elements in the classroom, discuss where these originate from (country of origin) and who discovered them.
- involve parents by asking them to prepare for the lesson. For example, tell the parents which book we will be reading and ask them to read it at home in their home language.
- Invite parents to do book readings for children to hear different languages

More ideas here!

Summary

Congratulations on completing the second half of this guide! You are that much closer to becoming a culturally responsive clinician.

Self-assessment

- [ ] Privilege check
- [ ] Bias self-check
- [ ] Intention vs impact

Cultural responsiveness

- [ ] Knowledge of the language
- [ ] Knowledge of cultural norms
- [ ] Comprehensive case history
- [ ] Family goals

Wrap up

Pat yourself on the back! this was not an easy guide. It took time, energy, and effort.

I wish I could say that you are now a culturally responsive clinician, but I cant. Cultural responsiveness is a **life long journey.**

Take some time to digest all the things you've learned from this guide and re-visit it a few times a year. Remember that what YOU think is best for a child may not be what is best. Family focused, culturally inclusive care is the best care.

Well done.

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