

Recognizing & Reducing Bias: Creating Culturally Competent Canadian S-LP's

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As Canadian speech-language pathologists we serve one of the most culturally and linguistically diverse countries in the world. It is our responsibility to offer culturally safe and competent services to every student who crosses our caseload. Yet, we often do not share the same cultural and linguistic backgrounds as the populations we serve. In order to mitigate this mismatch between our own culture and those whom we serve, we are required to develop and practice cultural competence.

Developing cultural competence is a complex and ongoing process which requires continuous self-reflection. As clinicians, we must expand our knowledge of cultures and values beyond our own, and actively reflect on the impact of our own unique cultural practices and biases. In this handout, we will explore biases and their potential impact to offering culturally competent services. You will have the opportunity to learn about different types of biases and consider how, even unconsciously, they may be impacting your assessment and treatment procedures. You will be provided with resources to begin assessing your own biases, and strategies for reducing the impact of bias.



Culturally competent speech-language pathologists understand that:

- ✓ **Their student's communication behaviours are impacted by culture**
- ✓ **Culture is a multi-faceted entity encompassing not only an individual's beliefs, but their gender, age, language, sexuality, exceptionality and many other variables**
- ✓ **They must have knowledge about cultures and beliefs that differ from their own**
- ✓ **It is their responsibility to take action to positively influence cross-cultural interactions based on this knowledge**
- ✓ **Their own experiences and beliefs impact their clinical decision making and provision of services**
- ✓ **Their active engagement in educating themselves regarding biases improves outcomes for all**

What is a Bias?

A bias is prejudice in favour of or against one thing, person or group. Biases are often based on stereotyped beliefs regarding groups of people or objects. Biases may be explicit or implicit.

Explicit Bias

- Conscious attitudes that are deliberately formed and more easily recognized within ourselves
- Inform our understanding of the world, our actions and our clinical decision making on a conscious level
- Examples include discrimination and hate speech
- We may hold explicit biases towards objects, such as assessment procedures. For example, consider the bias of favouring a specific assessment tool because it is the quickest and easiest to score
- We can acknowledge our explicit biases through self-reflection regarding our conscious attitudes towards individuals, groups of people or objects

Implicit Bias

- Unconscious attitudes that inform our understanding of the world, our actions and our clinical decision making
- Mental maps that aid in our automatic processing of information, by categorizing new incoming information into familiar schemas
- Formed based on our ongoing interactions with popular culture, the media, our own cultural experiences, and direct and indirect messaging throughout our lifetime
- We are often unaware of our implicit biases, as they are not as easily recognized through self-reflection
- Cause us to have unconscious feelings and attitudes about others based on inherent characteristics such as age, race, gender, language and appearance

Why YOU Should Care About Bias

Whether you recognize it or not, the environment around you is influencing your clinical decision making. Although your explicit biases reflect your general beliefs and intentions, your implicit biases are likely impacting your decision making in ways that do not necessarily align with your beliefs or stated intentions. Even the most well-intentioned clinicians can act in ways that produce inequitable outcomes for groups of people who are different from themselves. Biases are inherent in every person and in every situation; however, **the good news is that your biases are malleable!** The implicit associations that we have learned can be unlearned if we are motivated to intentionally reduce their impact.

Types of Implicit Bias & Their Impact on Services

As an extremely busy school clinician, you are faced daily with clinical decision making. You must decide on the most appropriate way to identify and assess students, you must use your clinical judgements to set realistic and meaningful goals, and you must select tools for quantifying progress and success in your interventions. Because biases will inevitably influence almost every clinical decision you make, it is imperative that you have an awareness of the different types at play. Even a seemingly simple task such as choosing an appropriate assessment tool may contribute to inequalities if you are not aware of the impact of your biases.

The following are some of the most common biases that have the strongest potential to be influencing your clinical decision making.

Gender Bias: a preference or prejudice against one gender.

Gender refers to the attitudes, feelings and behaviours that a given culture associates with a specific biological sex. Gender identity refers to an individual's sense of their own gender as male, female, transgender or gender non-conforming.

How it could affect your services: you may be making unconscious associations between a gender and specific communication or linguistic attributes. These automatic associations may be influencing how you assess, create goals and provide treatment interventions to your students based on their gender identity.

Consider the impact of an implicit gender bias associating female students as more social and male students as more behaviourally disruptive. How might this bias affect your goal setting if both a male and female student are participating in small group social communication intervention?

Setting a long-term goal for the male student to reduce disruptive behaviour in the classroom may be appropriate as long as the goal is founded on observed, and not implicitly associated behaviours. In this moment, it is important to recognize that your bias may have influenced the goal selection.

Consider the impact of an implicit gender bias for males as more commonly diagnosed with autism spectrum disorder (ASD) when you are considering referring a female student with some social communication skills for a full ASD assessment. Your environment, including the majority of historical ASD research, heavily influences a bias that ASD is not as common in girls. Emerging research is revealing that high functioning ASD has historically been underdiagnosed in females, specifically due to the subtle differences in its presentation between the genders (Loomes, Hull & Mandy, 2017). If you have a gender bias that girls are more socially communicative and less likely to have ASD unless they present more severely, you may be less inclined to refer your student.

Types of Implicit Bias & Their Impact on Services

Racial Bias: preference or prejudice against a specific race, or the perception of race based on associated characteristics such as skin tone, hair, clothing or linguistic features.

How it could affect your services: you may be using standardized forms of assessment on culturally and linguistically diverse children that are not culturally appropriate, and for which their population is not accurately represented in the standardized sample.

How it could affect your services: you may have unconscious prejudices against dialects associated with a specific race. We all know that it is our responsibility to treat language delay and not language difference. However, an unconscious association between dialects that differ from the mainstream as less acceptable in education can contribute to inequalities and over-representation of minority races on your caseload.

Consider the impact of a bias against First Nations English Dialect when assessing the language development of an Indigenous student. Research suggests that there is aspects of phonology, semantics and syntax within Indigenous dialects that differ significantly from mainstream Canadian English (Eriks-Brophy, 2014). How might an implicit bias against nonstandard Canadian dialects affect the appropriate selection of assessment tools and the ultimate identification of the student? Standardized assessment tools may not be the most culturally appropriate choice for this student. The use of norm-referenced tools, which are not appropriately standardized for the population, may incorrectly diagnose the student leading to over-representation of Indigenous students on your caseload. Completing a criterion-referenced or dynamic assessment could be a more culturally valid approach to assessing this student. However, even when using these procedures, it is important to educate oneself on the expected differences between the dialects, and acknowledge that your implicit bias may still affect interpretation of the results.

Consider the impact of a bias against the volume of communication in black Nigerian students. When creating communication goals for a boisterous grade 2 Nigerian student, is targeting reducing her loudness a culturally competent goal? Even though you may not explicitly feel a bias towards black students, research has shown that black female students are subject to some of the most inequitable outcomes around discipline based on perceptions of behaviours that may be distorted through cultural misunderstandings and implicit bias (Wright, 2017). Young black female students often do not conform to Western ideals of femininity, leaving them vulnerable to perceptions of disruptiveness in the classroom based on implicit associations (Wright, 2017).

Types of Cognitive Bias & Their Impact on Services

Cognitive Bias: a type of implicit bias that occurs when interpreting new information.

Cognitive biases limit our ability to think objectively and impact the judgements and clinical decisions that we make. They occur to help speed processing of new information, and force us to see the world through the lens of our previous experiences and our own culture.

There are hundreds of types of cognitive biases, many of which help us to make decisions quickly and keep us safe in dangerous situations. However, the following are a few that may be impacting your provision of services and your ability to offer culturally competent care.

Confirmation Bias: the tendency to only seek evidence or information that confirms pre-existing ideas or beliefs, while disregarding evidence that contradicts beliefs.

How it could affect your services: are you truly engaging in evidence-based practice if you do not consider emerging research that offers new possibilities to the old way of doing things? Consider how new evidence may influence the way you allocate your time, the types of new assessment tools your division invests in, and the types of intervention you offer at different tiers. Searching for evidence that only supports your current way of doing things does not support the best possible outcomes for your students.

Consider the impact of only offering tier 1 narrative interventions at the whole classroom level simply because this is the way you have done it in the past. Are your services truly reaching those students who need them the most? New evidence suggests that for language delayed students a tier 1 intervention is not enough.

Halo Effect: the tendency of an impression of a specific trait to influence your global evaluation of an individual or an object.

How it could affect your services: although you have very strong clinical judgements, be careful that you aren't basing these judgements on your initial impression of specific traits in your students. You might over-or-underestimate your student's real performance based on specific personal traits such as their unwillingness to speak during formal assessment. The halo effect can also be influenced by race and appearance biases, specifically around traits related to cleanliness, eye contact and politeness, which are valued in Western society.

Consider the impact of passing judgement on a new assessment tool because you feel the pictures are not as engaging as your old tried and true test, despite the new assessment showing compelling evidence regarding its identification abilities. You might pass up the new assessment because your initial bias and judgements do not favour its use in your practice.

Types of Test Bias & Their Impact on Services

Test Bias: a type of bias inherent in the testing procedures or test materials which systematically disadvantages a specific cohort of students (historically students from culturally and linguistically diverse backgrounds). Test bias can occur throughout any stage of the assessment process, and may stem from bias on part of the evaluator or bias inherent in the test materials.

There are several types of test bias that may be impacting your assessment procedures. The following three types have been described by Eriks-Brophy, and supported in previous research, as those which have the largest impact on a speech-language pathologist's ability to provide culturally competent services (2014).

Situational Bias: occurs when your student is unfamiliar with the framework of the formal assessment procedure, including the communicative and interactional routines that are required to complete formal assessments.

Linguistic Bias: occurs when your student is unfamiliar with the language or dialect which the assessment is being completed in.

Value Bias: occurs when your student is unfamiliar with situations in the assessment that imply a certain preference or value judgement for which they are expected to respond.

How test bias could affect your services: when assessing culturally and linguistically diverse children the potential for bias in the test materials or in your implicit associations can negatively impact performance. There is a large risk in over-diagnosing culturally and linguistically diverse children if you are not aware of the impact of test bias. You are not truly assessing your student's language abilities if important aspects of the test do not support their previous experiences such as the test construct, the situational requirements, the language it is being delivered in and its inherent values.

Strategies for Reducing Test Bias

- 1) Use **alternative forms of assessment** such as dynamic or criterion-referenced assessment to mitigate biases inherent in standardized test materials
- 2) Use of a **trained interpreter** when using standardized assessment to reduce linguistic bias
- 3) Adapt or **modify standardized measures** such as test materials and caregiver questionnaires to better represent the student's language and/or cultural practices (caution when interpreting results compared to normative data should be taken after any test modification has been made)

Strategies for Reducing Implicit & Cognitive Bias

Although your implicit biases can impact your clinical decision making on an unconscious level, research has revealed some helpful strategies you can use to help mitigate their influence (Devine et al., 2012; Staats, 2016).

- 1) Awareness:** the first step in mitigating the impact of bias is acknowledging their existence. The simple act of acknowledging that biases create inequitable outcomes for many of our culturally and linguistically diverse students can be motivating enough to reduce their impact on our clinical decision making.
- 2) Identify Conditions that Increase Biased Thinking:** having an increased awareness of situations and conditions that may increase your likelihood of relying on the automatic associations can help reduce their impact. Recent research has identified that when individuals are under time constraints, have incomplete or ambiguous information, or are in circumstances in which their cognitive control is compromised they tend to rely much more on their automatic associations, resulting in biased decision making (Staats, 2016). If you are feeling rushed, fatigued or feel like you don't have a complete picture regarding your student's language abilities consider that your clinical decision making may be more influenced by bias.
- 3) Commit to Change:** recognize that your biases are malleable and can be gradually unlearned through your conscious awareness of them.
- 4) Replace Stereotypes:** the first step in replacing stereotypes is recognizing when you experience an association or response that is founded on a stereotype. Label your response as stereotypical and reflect on why it may have occurred (consider the impact of the media, historical views on racism or sexism, and the impact of the environment around you). Next, consider how to respond in an unbiased way to a similar situation in the future.
- 5) Counter Stereotypic Imaging:** imagine in detail, an individual that counters the bias you are experiencing. Pick someone famous, a personal acquaintance, a friend, or create an abstract representation of a person in your mind. This strategy makes positive exemplars easily accessible when you are experiencing a biased association.
- 6) Individuation:** obtain detailed and specific information about your student's abilities and needs, do not rely on larger group associations based on their cultural identity.
- 7) Perspective Taking:** imagine yourself as a member of the group to which you hold biases by taking their perspective.
- 8) Increase Opportunities for Contact:** seek out opportunities to interact and engage on a personal level with groups and individuals from cultural backgrounds different from your own.

Resources for Assessing Your Bias

Your active role in generating dialogue around the existence and impact of biases can help shape your own awareness of the biases, both explicit and implicit, you hold within yourself. However, because implicit biases can be much more difficult to recognize through self-reflection alone it is beneficial to actively take steps to heighten your awareness of your own implicit associations and biases.

- **Take the Implicit Association Tests (IAT)** developed at Harvard by Project Implicit. The IAT's are designed to measure associations that reinforce or contradict your conscious beliefs. They can be helpful in identifying if you have implicit associations based on race, gender, age and many other factors.
<https://implicit.harvard.edu/implicit/canada/>
- **Keep a bias journal** for a few weeks, documenting biases you witness both professionally and personally, as well as biases you notice within yourself. Look for patterns in regard to specific groups or objects that encounter bias most often. Reflect on the potential impacts of the biases you recorded and attempt to problem-solve how the situation could be approached differently in the future. Consider how biases you recorded may have led to unfair or inequitable outcomes for students.
- **Create an open dialogue** between your colleagues and other allied professionals about institutional biases and biases within yourself. Be open and honest regarding your experience with bias and ask questions about the perspective of others. Discuss strategies to mitigate bias in your schools and in your personal practice.
- **Check your privilege:** recognize that you are in a position of power and privilege. Many of your students, especially those from minority and marginalized cultures, will not share the same cultural beliefs and values as yourself. It is your responsibility to be a culturally competent clinician by educating yourself on both the current and historical issues around race, gender and socioeconomic inequity within the communities and cultures you serve.

It is clear that there are several types of bias that have the potential to influence your clinical decision making. From implicit bias within yourself, to those inherent in our most commonly used testing materials, bias exists whether we admit it or not. Exploring your own biases and recognizing that your experiences and environments shape your implicit associations is an integral part of cultural competence. Recognizing and actively reducing institutional and test bias is an important step in creating equitable outcomes and positive relationships for your students. Ultimately, you are responsible for recognizing and reducing the impact of bias as part of your commitment to being a culturally competent clinician!

Additional Resources on Bias

For general information on bias visit:

<http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>

<https://implicit.harvard.edu/implicit/>

<https://perception.org/research/implicit-bias/>

For more information regarding the impacts of implicit bias in education visit the Kirwan Institute for the Study of Race and Ethnicity:

<http://kirwaninstitute.osu.edu/researchandstrategicinitiatives/school-discipline/>

<http://kirwaninstitute.osu.edu/my-product/race-matters-and-so-does-gender/>

<https://files.eric.ed.gov/fulltext/EJ1086492.pdf>

<http://kirwaninstitute.osu.edu/wp-content/uploads/2015/06/implicit-bias-strategies.pdf>

For more information regarding test bias in speech-language pathology assessment read:

- Pena & Quinn (1997) Task Familiarity: Effects on Test Performance of Puerto Rican and African American Children. *Language Speech and Hearing Services in Schools*, 28(4), 323-332.
- Stockman (2000) The New Peabody Picture Vocabulary Test-III: An Illusion of Unbiased Assessment? *Language Speech and Hearing Services in Schools*, 31(4), 340-353.
- Hilton & Mumma (1991) Screening Rural and Suburban Children with the Preschool Language Scale. *Journal of Communication Disorders*, 24(2), 111-122.

Additional ‘Consider the Impact’ Bias Scenarios

Consider the impact of a bias that executive functions are the domain of the school psychologist and not within the scope of speech-language pathology.

Consider the impact of your school divisions institutional bias that English language learners should not be tested for language delay until they can complete standardized testing in English.

Consider the impact of your colleague’s explicit bias regarding using standardized measures only to assess language delay in bilingual kindergarten children.

Consider the impact of an educator’s bias against ‘wasting time’ on morphological awareness in his classroom.

Consider the impact of a bias that developmental language disorder is ‘just a label’ and shouldn’t be diagnosed from the school because it doesn’t make a difference when you are providing intervention.

Consider the impact of a bias that narrative sampling in assessment takes too long and standardized assessment is the only way to quantify language disorder from delay.

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