



# Considerations for Culturally Sensitive Services

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For many of us, working with families from diverse cultural backgrounds is a regular part of our practice. I wish I could speak all of my clients' home languages fluently and have an in-depth knowledge of their cultural backgrounds. Clearly, this is not possible! But there are some things that we can do to support families whose first language and cultural backgrounds are different from our own. This article is intended to give you ideas to discuss with families that promote cultural and linguistic sensitivity throughout the intervention process.

## Acknowledging Our Biases

Before providing services, we need to acknowledge that we all carry biases and have values that may be different from those held by the families we work with. It may be helpful to think about any assumptions we might make about other people's values or beliefs so that we can offer culturally respectful services (Dixon, 2014).

Respecting adult learners' prior experiences is one of the principles of adult education that Hanen programs are based on. Providing culturally sensitive services will enhance caregiver learning, child outcomes and rapport building between the clinician and family.

## Assessment

Before meeting a family, we take into account any demographic information, such as the language(s) they speak at home. At this time, we would consider:

- if an interpreter is required
- the norming sample of any standardized tests that might be used
- selecting materials that are sensitive to the child's background (e.g., using birthday themed toys if the family celebrates birthdays)

When we meet families at an initial assessment or pre-program appointment, we ask about the important people in a child's life and what they like to do together. It's also important for us to find out who regularly interacts with the child and in what language.

## Sharing Information

We share digestible amounts of information throughout the intervention process. Depending on a family's cultural values and practices, we may choose to share information on certain topics after an assessment because they will inform goal setting. Topics may include the:

- importance of play
- connection between early language development and later academic achievement
- vital role caregivers have in the intervention process

In individualistic cultures, like the majority culture in the U.S., individual's language abilities are valued (Wing et al., 2007). People from individualistic cultures would likely be motivated to participate in intervention that enhances children's language skills.

In collectivist cultures (e.g., Chinese, Indian, Japanese), relationships and a person's role within the family maybe more important than an individual's attributes (Wing et al., 2007). For families who hold these values, it is imperative for us to make the link between the child's goals and how they communicate and participate in their community (Wing et al., 2007).

## Intervention

### Location of Services

Many of us don't have flexibility in terms of where we offer services but if you do then you can discuss what makes the most sense for each family. Benefits to home-based intervention include:

- being naturalistic
- making services accessible
- providing you with an understanding of a family's dynamics & culture

On the other hand, in many collectivist cultures, the home is viewed as a place for nurturing and acquiring social morals but not a learning environment (Wing et al., 2007). Families from these cultural groups have reported that home-based services are intrusive and inappropriate (Polmanteer & Turbiville, 2000 as cited in Wing et al., 2007). Families from collectivist cultures may prefer services outside of their home, perhaps at a local community centre or in a clinic.

### Who should be included in therapy?

We try to include all of the child's most important interaction partners in therapy. It may not be the cultural norm for only one caregiver and one child to interact with each other. For example, in some collectivist cultures, it is more typical for a child to interact with siblings or interact with multiple partners at once (Wing et al., 2007). While doing video feedback, we can encourage caregivers to interact in ways that they typically would at home (e.g., recording two people interacting with the child at once). More people included in therapy will result in more opportunities for the child to learn language from naturalistic interactions.

### Language Used in Therapy

It is considered best practice to support children's development of their home language (Wing et al., 2007). If intervention is only provided in the majority language then a child is at risk for regressing or not fully developing their home language (Kohnert, Yim, Nett, Kan, & Duran, 2005). While we can't assume

that skills learned in one language will generalize to another language, there is some evidence that having a strong language base in one language bolsters the acquisition of a second language (Kohnert et al., 2005).

Parent-implemented intervention is an excellent way to facilitate children's development of their home language (Kohnert et al., 2005). However, there can be challenges to providing services in a majority language to families who don't speak the majority language fluently. In addition to using interpreters, Kohnert et al. propose training community representatives or paraprofessionals to bridge the language gap between families and us.

I have found that learning polite words like "hello" and "thank-you" in my clients' home languages is a small gesture that can make families feel more comfortable and accepted (even though my pronunciation is far from perfect!).

### Language and Literacy Activities

Listen for parents to mention language rich activities that are fun and culturally appropriate so that we can encourage them to do them more often. Parents may share that in their family/ cultural group they tell stories, listen to older siblings recite prose, play rhyming games, read, rap or sing songs (Wing et al., 2007).

### Play

Play based interactions may not be a cultural norm for some families. We can train caregivers to facilitate interactions between siblings/peers. I have found that when the importance of play is described, many parents are willing to try playing with their child. There is evidence that parents can learn how to play when it's not something they normally do (Vigil & Hwa-Froelich, 2004 as cited in Wing et al., 2007).

The **Join in and Play** strategy can be used to help parents:

- play like a child
- use fun sounds and words
- get their own toy
- engage in pretend play

Make sure that caregivers are comfortable with the type of activity on their home plan. One of the children from my last More Than Words® program enjoyed sensory and movement related activities. His mom expressed that the child's father played physical games with him but she did not. To respect their roles while meeting the child's needs, his mom incorporated sensory stimulation into preferred songs (e.g., squeezing his joints during *Head and Shoulders*) and his dad created fun interactions in physical routines (e.g., chase).

### Considerations for Parent Groups

Try to acknowledge the perspectives that parents share and ask the group if they have had similar experiences. While there are many cultural differences between groups of people and even within a particular cultural group, many parents can find similarities in their experiences as parents. Shared experiences make parents feel like they're not alone and provides them with powerful social support.

## Putting It All Together

Each family I meet teaches me how to better reflect on my biases, ask sensitive questions and collaborate with them to create interventions that are culturally relevant. When we engage families in discussions based on the considerations mentioned above, we can tailor services to fit each family's culture.

## References

Dixon, D. (2014). How to Develop- and Apply- Your Cultural Competence. *The ASHA Leader*, 19, 26-27.

Kohnert, K., Yim, D., Nett, K., Kan, P. R. & Duran, L. (2005). Intervention with Linguistically Diverse Preschool Children: A Focus on Developing Home Language(s). *Journal of Language Speech and Hearing Services in Schools*, 36, 251-263.

Wing, C., Kohnert, K., Pham, G., Cordero, K. N., Ebert, K. D., Kan, P. F. & Blaiser, K. (2007). Culturally Consistent Treatment for Late Talkers. *Communication Disorders Quarterly*, 20-27.