CLDcorner

Making Culturally Appropriate Adaptations of Therapy Materials: Perspectives from Clinicians Working with Cultural and Linguistic Diversity Across the Lifespan

By: Cultural and Linguistic Diversity Committee

The CLD Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity. Questions are answered by members of the Texas Speech-Language-Hearing Association (TSHA) Cultural and Linguistic Diversity (CLD) Committee. Members for the 2013-2014 year include **Lisa Carver,** *MA, CCC-SLP (co-chair);* **Ivan Mejia,** *MA, CCC-SLP (co-chair);* **Raul Prezas,** *PhD, CCC-SLP;* **Christina Wiggins,** *MS, CCC-SLP;* **Brittney Goodman,** *MS, CCC-SLP;* **Sarah Panjwani,** *MS, CCC-SLP;* **Mary Bauman**. *MS, CCC-SLP;* **Phuong Palafox,** *MS, CCC-SLP;* **Marisol Contreras,** *BS; and* **Alisa Baron,** *MA, CF-SLP. Submit your questions to ivanmejia@bilingualspeech.org. Look for responses from the CLD Committee on TSHA's website and in the* Communicologist.

Previous TSHA CLD Corner articles have outlined general principles for serving culturally and linguistically diverse populations. After gaining an understanding of those basic principles, therapists can apply clinical skills to that knowledge to determine best practices for treatment, including the use of culturally appropriate materials. The remaining piece—how to find culturally appropriate materials or how to modify materials to be culturally appropriate—can be determined by asking specific questions and considering how the responses will affect the therapeutic approach. Many of these fundamental questions apply to service delivery for individuals across the lifespan:

-When and why do I need to modify?

-Do I always need to modify?

One must make these considerations for clients of all ages and backgrounds. For example, the patient's religious preference, socioeconomic status, daily routine, and communication style will have a direct impact on how the client interacts with the clinician and the materials used in therapy. As discussed in previous CLD Corner articles, clinicians must consider the specific social needs of the client, including communication environments, communication partners, access to resources, and specific needs he or she would wish to communicate.

Helpful techniques and essential information to gather for planning the most appropriate therapy include:

- Asking the client direct questions whenever feasible
- Utilizing family members as a valuable source of information
- Finding out about the patient's current and pre-morbid daily routine
- Identifying specific interests of the client

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Adapting Therapy for a 6-year-old Bilingual Spanish-English Student

Speech-sound disorders (SSDs) are the most prevalent communication disorders among young children (Mullen and Schooling, 2010) and school-age children (American Speech-Language-Hearing Association, 2010). For children from monolingual English-speaking backgrounds, there is longstanding normative data available to diagnose and treat SSDs. However, data for children from multilingual backgrounds (e.g., bilingual Spanish-English) are sparse. Not surprisingly, speech-language pathologists (SLPs) additionally report that major challenges with delivering interventions include lack of culturally appropriate resources (Guiberson and Atkins, 2012). The same principles for material adaptation could be applied regardless of whether or not a therapist speaks the native language of a student. For example, understanding which phonemes exist in a student's language is important for appropriately adapting materials for a CLD student with a SSD.

My experience involves Esteban, a 6-year-old Spanish-English bilingual student from North Texas. Upon evaluation, Esteban presented with a moderate phonological disorder. He was a sequential bilingual child (i.e., his first language was Spanish, and he learned English through two years in Head Start and in a pre-Kindergarten classroom). His therapist in the school setting was bilingual and spoke Esteban's first language.

Intervention for Esteban focused on targeting sounds (in isolation and the word level) that exist in both Spanish and English. Although phonetic similarities and differences exist between Spanish and English (see Gildersleeve-Neumann, Kester, Davis, and Peña, 2008), Esteban's phonological intervention program targeted common phonological deviations (e.g., cluster reduction) that occur in both languages. This decision was in accordance with Kohnert and Derr's (2004) bilingual approach to intervention, which states that shared phonemes (sounds that occur in both languages) should be selected first as treatment targets for bilingual children, rather than sounds that are unique to each language (unshared sounds [e.g., trilled "r" in Spanish]). If a monolingual SLP was treating Esteban and was unfamiliar with or uncomfortable targeting Spanish words in therapy, implementation of a bilingual approach by selecting English words that incorporate shared phonemes/patterns (e.g., /l/ clusters, initial consonant deletion, fronting) would be advisable.

In addition to choosing sounds common to both languages, therapists should work closely with the family to identify words that are produced most frequently by the child in the home environment. Doing so would align with recommendations from the **Core Vocabulary Approach** (Dodd, Holm, Crosbie, and McIntosh, 2006), which has been used to treat inconsistent phonological disorder and which has been reported to increase intelligibility. For example, one of Esteban's goals included targeting /s/ blends, i.e., consonant sequences/clusters involving /s/. His name was a natural target. His sister's name, which also included an /s/ cluster, was an ideal target as well.

Careful target selection was critical and not only included high frequency words in Esteban's natural environment but also considered regional vocabulary and dialectal pronunciation of the words. When choosing Spanish targets, the clinician identified words from the family's dialectal background (i.e., Mexican dialect). Esteban's dialectal productions (e.g., /h/ for /x/) were viewed as acceptable differences. To illustrate this point using English words, if a child were from London, we would use regional vocabulary such as "lift" instead of "elevator," and we would accept pronunciation of a word typical of that region, such as a variation of the /r/ phoneme in medial and final positions (bettuh/better).

SSD therapy goals for Esteban were challenging but attainable. Ideas that clinicians can apply from my experience with Esteban include the following:

- When working with other school-age children with CLD backgrounds, remember to consult with colleagues and share resources to broaden access to therapy materials.
- Place bilingual Spanish-English children in groups with predominantly Spanish-speaking children so the students can work together, help one another, and possibly help you.
- The bilingual student can interpret for you if you do not speak the other language.
- Work with classroom teachers/school personnel to identify additional needs of your students and potential resources.
- Use your clinical skills/intuition to create effective therapy environments for your students (and optimal speech-sound activities).
- Stay current with research trends; "doing your homework" will ensure that you are making thoughtful clinical decisions that will promote success for other students like Esteban.

Adapting Therapy for a Monolingual English-Speaking African-American Adolescent

Hans Zimmer, an international award-winning composer and music producer of more than 100 films, regards music as an extension of language. Combining this holistic ideology with our understanding of how the creative, visuospatial, musically inclined right brain can help support deficient areas in the language regions in the left hemisphere, music becomes a viable therapy tool, particularly for adolescents.

By using culturally relevant songs and musical pieces, I was able to make a connection with a group of African-American

students receiving speech and language intervention.

Jamarcus was a 16-year-old African-American male who really enjoyed the hip-hop culture. His music player was filled with music by popular hip-hop musicians like Common, Kendrick Lamar, Wale, Future, Lupe Fiasco, and J. Cole. Once we identified music that was culturally relevant to Jamarcus, we searched the internet to find specific songs he liked. Then I listened to the lyrics to determine whether the music was appropriate for use in therapy. While looking at the song lyrics, we worked on using context to determine the meaning of unknown words. I helped Jamarcus search through the lyrics in written form after listening to the song and provided the support he needed to guess the meaning of words using neighboring words or context clues.

We also used music to identify synonyms and antonyms for words contained in the lyrics, e.g., pressure, impressive, and insecure of "Crooked Smile" by J. Cole. After analyzing the song, clarifying and describing the meanings of the lyrics, and helping Jamarcus comprehend the overall message of the song, we targeted wh- questions specific to the song "Crooked Smile." Using the same song, we addressed story retelling and sequencing. To address pragmatic language skills, we discussed the feelings of those in the song and the feelings the artist was trying to convey through the song. Through the use of music, we made a personal connection and addressed therapy targets in a way that was fun and meaningful.

Adapting Therapy for a Bilingual Armenian-English-Speaking Adult Post-Cerebrovascular Accident

Treating the bilingual adult with an acquired language disorder may appear daunting; however, there are some strategies that can assist the monolingual therapist with adapting any treatment program materials.

- Assistance from a live interpreter is ideal when working with a non-English-speaking patient.
- A second option would be to utilize a trained telephone interpreter.
- A final option is to utilize the patient's family members to translate during the session.

AK was an Armenian-English-speaking adult who experienced a left-hemisphere cerebrovascular accident (CVA) or stroke that resulted in a severe, non-fluent aphasia. After his CVA, his residual language was Armenian only. In working with AK, I utilized both a telephone interpreter and family members. I promoted effective interpretation by paying careful attention to the patient and the interpreter's non-verbal language. We included family members in therapy sessions to help facilitate carryover of strategies into the home environment. I also educated AK's friends and family members regarding best practices for communicating with him.

We utilized notecards with the words "yes" and "no" written in Armenian for simple comprehension tasks. We also incorporated written numbers, letters, and simple songs to aid with automatic speech tasks. Additionally, we used simple word- and phrase-level information to address reading comprehension. AK's family members assisted with writing information on the notecards in his primary language for use in therapy sessions.

While working with AK, I learned that there are very few options for non-English speaking patients who require alternative communication methods. However, some communication devices and more readily available technology such as an iPad can be adapted to record family members labeling items in the patient's native language. Additionally, simple communication books can be created with help from family members. During our course of therapy, AK's family members assisted with developing a communication board that was specific to the types of basic conversations and requests he made daily.

Adapting Therapy for a Monolingual Spanish-Speaking Adult from Colombia After a Left-Hemisphere Stroke

As mentioned throughout this article, adapting therapy methods and materials is critical to the successful treatment of any patient. Several years ago, I gained some firsthand experience while working with a patient from a non-mainstream background. Juan was a recently retired monolingual Spanish-speaking 70-year-old man from Colombia who had experienced a stroke in his left cerebral hemisphere. He was ambulatory but left with significant expressive aphasia and right upper and lower extremity paresis. Juan's auditory comprehension and cognitive-linguistic skills were minimally impacted. Through telegraphic speech and graphic means (i.e., drawing and writing) with his dominant but affected right hand, he communicated his wants and needs to all of his communication partners. During one of our many therapy sessions, he indicated that he was looking forward to some sancocho his wife was going to make for a cold day that was looming. Prior to this neurological insult, Juan was assigned the task of preparing the sancocho whenever his family requested because he made it so well in his previous position as a restaurant cook. Sancocho, is a rich Colombian soup that often includes vegetables and beef in a tasty broth, is routinely enjoyed alongside arepas—a doughy cornmeal-based Colombian treat—on weekends and often at family gatherings.

To address Juan's word-finding deficits and other aspects of expressive language, I engaged Juan in several meaningful functional therapy activities that he immediately could practice to promote carryover and generalization of his skills and to continue keeping him motivated. Therapy tasks included:

- Generating a shopping list
    - o Verbally or graphically
    - o Circumlocution was actively encouraged
- Listing all tools needed to prepare the arepas and the sancocho
- Sequencing and discussing steps related to the preparation of his

favorite dish (including steps at the supermarket as well as in the kitchen)

Juan responded well to this activity, which later led to other ideas for activities he presented that were of great interest and relevance to him. Adapting therapy activities to account for Juan's particular cultural experiences proved to be an appropriate means for effectively addressing his unique communication situation.

As illustrated in the case studies above, SLPs often engage with individuals of all ages who have come from various cultural and linguistic backgrounds. As such, it is critical that we adapt our practice to accommodate the needs and differences of those we frequently encounter. The purpose of this article was to present the reader with a snippet of accommodations or adaptations one can implement to adjust to the changing needs of our caseloads. Clinicians are encouraged to explore their own styles of service delivery to help determine whether they are adjusting to the fluctuating demands of their caseloads. In addition, clinicians are encouraged to collaborate with others to help tailor intervention to the individual needs of those the SLP is serving.

Have you had an experience with a client from a CLD background, or do you have a story you would like to share with the CLD Committee? Please send these stories to the CLD Committee at ivanmejia@bilingualspeech.org. ★

Introducing a new feature for the CLD Corner—the CLD Technology Shelf! As the use of technology in therapy sessions becomes more commonplace, many clinicians are turning to applications from the iPad/iPhone to prepare and conduct therapy sessions. In each new issue of the *Communicologist,* we will feature or highlight several new applications that have been found to be useful for therapy in other languages or to adapt for CLD clients. Here are some applications to check out:

CLD Technology Shelf

1. Toontastic: A storytelling app. Although the example stories are in English, when you create your own stories, record your own voices in whatever language you'd like!

2. iSEQUENCES: A variety of everyday sequence situations in English, French, German, and Spanish

3. Social Stories: Social stories are in English, but you can create new social stories and record them in the language you conduct therapy.

4. Toca Hair Salon: You and your client can cut, color, comb, and blowdry hair on a variety of characters. This can be used to target a variety of goals. App is available in about 20 languages, including English, Arabic, French, German, Russian, Spanish, and many more.

5. iSpeech: Text-to-speech app that is good for children who can spell but have difficulty with being intelligible. Available for male and female voices in American English, British English, Spanish, Chinese, and Japanese.

6. Toddler Teasers: This application has several different functions, including basic vocabulary flashcards, puzzles, a toy box, and an auditory comprehension quizzing portion. It also keeps data for different clients using a profile for each one. Settings are available in Spanish, English, and French.

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