

CLD Corner: The Humans We Serve and the Heart Capacity We Hold



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*The CLD Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity (CLD). Questions are answered by members of the TSHA Committee on Cultural and Linguistic Diversity. Members for the 2017-2018 year include **Raul F. Prezas, PhD, CCC-SLP (co-chair); Phuong Lien Palafox, MS, CCC-SLP (co-chair); Mary Bauman-Forkner, MS, CCC-SLP; Alisa Baron, MA, CCC-SLP; Judy Martinez Villarreal, MS, CCC-SLP; Irmgard Payne, MS, CCC-SLP; Lisa Rukovenka, MA, CCC-SLP; Mirza J. Lugo-Neris, PhD, CCC-SLP; Andrea Hughes, MS, CCC-SLP; Isabel Garcia-Fullana, MA, CCC-SLP; and Amy Leal,***

BS, SLP-Assistant (graduate student member). Please submit your questions to TSHA_CLD@gmail.com and look for responses from the CLD Committee on TSHA's website and in the Communicologist.

Phuong's Story

I want to begin with a story. In January of 1985, I was a kindergartener at R.F. Hartman Elementary School. I carried home a note from school saying that I needed to bring Valentines to school. As the eldest child of Vietnamese refugees living in rural Wylie, Texas, my Bá and I made our best guesses. With the smattering of red hearts in the classroom and romantic holiday commercials shown during my dedicated viewing of "Growing Pains," my 6-year-old brain knew that I needed to make red or pink hearts. Lots and lots of them. So, Bá drove me to Eckerd's, and he paid for the ream of construction paper I carefully selected—the cheapest one.



I arrived home to our two-bedroom mobile home, sat on the floor and began to carefully cut the hearts. My need for symmetry and perfection reigned, and each heart was absolute perfection. Once I was surrounded by a few dozen hearts, I began to glue the identical pieces together in a perfect row. My evening efforts culminated in six masterpieces, and I was proud of my work. The next morning, Bá walked me into school. Down the long hallway, I saw 60 white bags hung, each with the students' personalized kindergarten artistry. I saw the bag I decorated the week prior, I saw my peers stuffing each bag with small, white envelopes, and I saw that I messed up. I only had enough for six friends. In my Asian hands were the stupid hearts I cut out. The ache I felt was big. Nonetheless, the twinge of fault on my father's face was bigger. The confident former naval captain who navigated 55 people and himself across the South China Sea following the fall of Vietnam looked defeated. He failed his child because he did not understand the words on the paper sent home from school. We failed.

In that moment, my favorite kindergarten teacher walked up to us. Ms. Beverly Minahan squatted down to my level, clasped her hands, and said, "Phuong! Those are the most beautiful Valentines I have ever seen! Which of your lucky friends will get one?" With the sole effort of one human and one statement, my heart soared. I began to put my heART work into the bags of my six favorite peers. Becky Crane got one! Sarah Parker got one!

As I sit here in December of 2018, this story continues to resonate with the work I do as a speech-language pathologist supporting the comprehensive needs of our diverse populations. The kind sentiments of Ms. Minahan fuel my daily work. She reminds me, through my own personal narrative, that we are so very capable of serving others with relevancy and value. This is my final month to

serve as the co-chair of the Culturally and Linguistically Diverse (CLD) Committee, and I have been writing this article in my head and heart for months.

The History of the CLD Committee

The work of this committee's contributions to the *Communicologist* began in February of 2004. The first CLD Corner [article](#) (pg.8) was written for monolingual speech-language pathologists (SLPs) serving bilingual clients and students. In the past 14 years, our work has primarily focused on differentiating between a speech/language difference (the natural nuances of learning a second language) and a speech/language disorder (demonstrating a true disorder in one's native language). Languages addressed in our articles include Mandarin, Spanish, French, Vietnamese, and many others. The content in these articles has been well received by our peers. Additionally, the information has supported your SLP efforts worldwide in determining a difference from a true disorder.

Then, in June of 2016, we addressed [the comprehensive cognitive, behavioral, and language needs of individuals living in poverty](#). This was surely a complex topic, and the work put into these efforts is now supporting SLPs across the nation and through the efforts of the American Speech-Language-Hearing Association (ASHA).

Our [August 2017 article](#) was our inaugural introduction to supporting the diverse needs of individuals needing voice support. In this case, we thoughtfully requested the knowledge and experiences of **Dr. Jennifer Johnson** in working with individuals who are transgender. And, [our most recent work](#), written by my co-chair, **Dr. Raul Prezas**, and **Dr. Paul Shockley**, addresses worldview thinking as a way to support CLD populations.

The Heart of Our Profession

This now brings me to a quote by Dame Minoche Shafik, "In the past, jobs were about muscles. Now they're about brains, but in the future, they'll be about the heart." In turn, dear SLPs, as I conclude my tenure with the direct work of this committee, I want to focus on the heart of our profession. Gut tells me that it's your *why*—why you chose our meaningful work in the first place. It is because, at the root of your daily efforts, you care, and you love, and you champion. You are a speech-language pathologist. You empower and support the efforts of all, *regardless of language background and ZIP code*, to tell their meaningful stories. Now, let's get to the heart of the matter.

First, I would like start with considerations for supporting our diverse populations: evidence-based practices, privilege, and equality/equity. Then, I will address effective strategies that yield beneficial outcomes for supporting the comprehensive emotional, social, and communication needs of the people we serve.

Evidence-Based Practice

I attended two Tier One universities, and research reigned. The efficacy of our field is based on quality research, and I wholeheartedly agree on the value of research. Before diving deeply, I want to acknowledge the definition of evidence-based practice (EBP) per ASHA. It is composed of three equal parts. David Sackett and colleagues say it most concisely: "Evidence-based medicine is the integration of best research evidence *with* clinical expertise and patient values."

First, we acknowledge that research is an instrumental part of our decision-making for assessments and therapy. I would like to acknowledge that, oftentimes, I only hear SLPs talking about this part of EBP. There are two additional equal and valuable components. The second part talks about our clinical expertise. This is you, SLPs. This is the work you have already put into the field—the success you have achieved with those you serve, the growth and change you have made to support your people, and the individualized therapeutic outcomes for each differentiated client and student. Remember that this relationship is part you and part student/client. Honor your efforts. They are valuable. The last and final portion of EBP speaks to the perspectives of your student/client/family. ASHA acknowledges that EBP is client/patient/family-centered. What does this look like? It's honoring the family's priorities and values. It's acknowledging their culture. And, I will

say/write/scream/yell/believe that the latter portion of EBP cannot be achieved without, first, building a relationship earning trust getting buy-in to (ultimately) work on communication skills.

I bring to light the trifecta of evidence-based practices to reaffirm the value of what we all bring to the (likely U-shaped) SLP table. It's the research, it's our professional experiences (both in mind and heart), and it's the people, people, people we serve. The glue that binds this together is the meaningful connections and relationships we make with our clients, students, and families.

The next part of this article will focus on considerations for understanding and supporting the unique emotional, behavioral, and social needs of our diverse populations. For me, the foundation of supporting individuals who reside outside of the advantaged majority boils down to the following terms and definitions.

Understanding Privilege, Equality, and Equity

The dictionary defines privilege as "a special right, advantage, or immunity granted or available only to a particular person or group of people." This word must be spoken, discussed, understood, and accepted in order for us to justly provide services to our diverse populations. Why? First, as service providers, it is valuable to understand that individuals of color, individuals who do not conform to binary gender norms, and individuals living in poverty may not have access to the same rights and services. Is this fair? Absolutely not. Is this the reality? It is, and it needs to be acknowledged (Case & Rios, 2017). From my small corner of the world, I have witnessed a large Medicaid provider, serving our most vulnerable Texans, deny coverage for clients because "the requested service is not medically necessary because the member is bilingual (speaks two languages)." I have heard the stories of Child Protective Services being summoned to inquire about incorrectly assumed abuse for my families of color. A teacher has said to me, "Well, if that's how they act, I do not want them in my class." She was referring to the sole new black student in her classroom at mid-school year.

Second, we need to differentiate between "equality" and "equity." Equality is deemed as giving each person the *same* amount of a service/object. Equity is ensuring that all individuals receive the amount he/she/they *need/s*. In the world of special education, this is merely individualizing and differentiating to the needs of each student. In lay terms, equality is every child getting two slices of pizza at a birthday party regardless of hunger, size, and appetite. Equity is each child getting the amount personally desired with crust and toppings that align to dietary needs. How does this relate to speech-language pathology? It is understanding that our children of color, our children living in low-income communities, our children who do not conform to binary gender roles, and our children from homes that gift them with a native language that is not English have unique and relevant needs. It's knowing that Quang's behavioral needs require time and attention prior to addressing articulation needs. It's feeding Arundhati before working on narrative skills because she has not eaten since having the school lunch the day before. It's taking the time to talk to Kim's family because they are worried about his communication when he is an adult. And, finally, it must be acknowledged that equality may be a goal when the student is at school and the client is in the clinic; however, outside of those settings, equality does not exist (Cramer, Little, & McHatton, 2018). In thinking of the students we serve, between the hours of 3 p.m. and 7:15 a.m., life does not gift equal experiences across families. This is the truth, and understanding these certainties give us permission to support the whole child and his/her/their family.

Interventions for Diverse Populations

Now, with knowledge of our definition of EBP leading the helm and considerations for privilege, equality, and equity, I would like to share three simple interventions for uniquely diverse populations. In my work, these interventions warrant as *much* effort and time as our work related to specific speech, language, social/pragmatic, voice, and fluency interventions.

Intervention 1: Relationship, Rapport, and Research

I love my job as an SLP with a deep fervor, and, on most days, I feel that I am a good one. I am going to be honest. My success as an SLP is only partially due to the content I learned from the

University of Texas at Austin and the University of Wisconsin-Madison, the information conveyed in professional development sessions, and the research I read. This is one-half of my SLP equation. The remaining effort is put into my work building the relationships I have with each of my students, each of my clients, and each of my families. Dr. Jeffery Duncan-Andrade, a researcher at San Francisco State University and the founder of the school *Roses in Concrete*, says, “You win the heart to get to the head.” He further acknowledges that, at times, “we keep banging on their heads,” and this does not yield learning. Our work is to support the communication efforts of our fellow humans. Our professional exertion results in functional communication, and we cannot support these gains without the heart. This is the rapport and relationship, and we must acknowledge that emotional support is an important part of learning (Federici & Skaalvik, 2014). The research clearly shows that positive student relationships manifest in more learning. Additionally, this is an effective consideration for supporting the diverse needs of our children living in low socio-economic environments (Berkowitz, Moore, Astor, & Benbenishty, 2017). In short, the relationships we have with our clients and students are as valuable as the content we are teaching. Take the time to build these relationships.

Intervention 2: The Power of the Story

Since the days I spent with Ms. Minihan, books have been my constant comfort. Truth be told, I credit this to LaVar Burton and the magic of the PBS show “Reading Rainbow.” For many years, I recall only having a few books within our small home. First, we had Richard Scarry’s vocabulary book, “Best Word Book Ever.” Má and I would sit on our bed and study together. I was six at the time. Then, in first grade, Bá purchased the Laura Ingalls Wilder set of books for me. He particularly appreciated the value of getting nine books for such a good price. I read the series over and over and over again. There is surely comfort in hearing of another young girl’s hardships.

Now, as a speech-language pathologist, literacy-based interventions are supreme in my book. I wrote an article on the meaningful outcomes of using books (and provided the research) to address communication needs in the June 2016 issue of the *Communicologist*. Today, I want to share another way to use the power of stories in our intervention. Lead your first session with a personal story. I have already talked about the importance of building relationship and rapport when we do our speechy work. Here is why *the first story*, as discussed by Dr. Seán Arthurs of Harvard, earns speech and languages success for students and clients:

- **The brain likes stories.** When someone hears a story, many parts of the brain (not just the language centers) are activated (Widrich, 2012). This builds engagement. So, know that using a story is an evidence-based practice for activating the brain. Jeremy Hsu tells us that stories are a series of cause-and-effects, and the brain thrives on this. From an evolutionary perspective, this has kept us safe from predators.
- **Stories connect us as humans.** When we hear a story, it naturally gives the opportunity to connect to our own personal narrative (Danesi & Danesi, 2018). I often begin my first session by telling my family’s refugee story of my parents crossing the South China Sea on a small, broken, wooden fishing boat. After an 11-day journey, my parents survived the trip, and I was born the next day. Amazingly, my clients and students have easily found ways to connect. “Ms. Phuong, my parents grew up in another place, too! Cô Phương, I’ve been on a boat. Cô Phương, my mom had a baby, too!”
- **Narratives build trust.** When a story is shared, trust is earned. When stories are exchanged, trust is earned (Simmons, 2015). And when trust is earned, communication increases (Covey, 2014).

Intervention 3: Language of Kindness

Through the years, the one comment I have heard the most from SLPs is derived from a deficient model. “I don’t know what to do. I don’t speak their language. I don’t look like them.” I’ll be honest. I will say that the most impactful SLPs to serve our diverse populations have one sole characteristic—he/she/they lead with compassion when working alongside children, adults, and families who share

a differing personal narrative. Truth be told, the ability to speak a second language is not the sole pillar to serving our clients and students of color.

Kindness, a noun, is defined as the quality of being friendly, generous, and considerate. Dacher Keltner, director of the Berkeley Social Interaction Laboratory, states that human evolution has gifted humans tendencies toward kindness. Again, the brain research shows us that we have propensities for socializing with and caring for others. Dear SLPs, this is my final intervention, an individualized education plan (IEP) of sorts. What does kindness look like? **It means taking action.** I understand that resources and funding for bilingual services may be limited. I understand that support staff may not understand the need for a bilingual evaluation. I understand that you do not want to do harm. I understand that you want to “do them justice.” Here are a few small gestures that produce valuable outcomes.

- **Connect with client/student/family.** Please initiate communication with the person you’re supporting. Reach out to the family. Within our clinic walls, we have found interpreters through paid services, relatives, and even restaurant employees. Often, I see SLPs paralyzed because of the language barrier. Know that each step is meaningful and worthwhile.
- **Be clear.** Dr. Brené Brown says, “Clear is kind. Unclear is unkind.” Kindness is letting our families know expectations. First, it is reaching out. Then, it’s communicating our message clearly. It is telling our student/client what is going to happen in a session. Personally, I like to talk about expectations in terms of what it “looks like” and “sounds like.” This is kind. Not communicating with a family because it’s hard, yet holding them accountable and blaming them for not completing homework is unkind.
- **Non-verbal language is key.** We know that most of our communicative messaging is non-verbal. Dr. Albert Mehrabian, often cited, states that 93% of our communication is comprised of facial expressions, voice tone, gestures, posture, etc. So, SLPs, use this to show kindness non-verbally. In my experience, there have been many occasions where a smile (followed by a wave) has resulted in a positive start to an assessment or IEP meeting using an interpreter for a language I do not understand.
- **Say their names.** Learning how to say someone’s name, with sounds that are new to your tongue, is important. Practice it, practice it some more, syllabify it, say it to yourself, and say it to him/her/they. As someone with a name like Phuong Lien Palafox, I can promise you that your efforts will be received well.

Part of my work is to train SLPs on assessments and therapy for our expanding diverse populations. There is much to learn and know. In saying that, I am confident that all SLPs have the capability to speak the language of kindness. How do I know this? Because, speech-language pathologists, you all chose to be in this important profession.

Conclusion

It was the spring of 1997, and activities were in full swing for my upcoming graduation. My acceptance letter to the University of Texas to study in Communication Sciences and Disorders sat in a safe place in my room, and my salutatorian speech was written. As a senior, I was able to go offsite for lunch. On that day, I forwent my fast food run and headed to an elementary campus close by. I heard that Ms. Minihan now served as the front office administrator at P.M. Akin Elementary. I drove my 1991 Geo Storm down the road, parked, and walked into the campus. And, there she sat.

I quickly explained who I was in case she did not remember me. Honestly, I am not sure she did, and, truth be told, I could not tell. Twelve years later, she stood in front of me with the same kindness and the same sincere smile. I ineloquently thanked her for how she made me feel that first year in school. She graciously accepted the gratitude, she congratulated me on my graduation, and I left.

I will say that Ms. Minihan was the first of many educators and thought leaders who made a significant difference in my life. Ms. Liz Wells, my fourth-grade teacher, read to our class each morning. She also listened to my mother's broken beautiful Vietnamese-influenced English tell tales of our family with loving affirmations. Ms. Thompson and Ms. David, despite my lack of noun/verb agreement, gave me the gift of writing by honoring each of my stories and articles. Dr. Jon F. Miller gave me a research job as a graduate student, gave me space to learn and grow, and allowed me to share my family's stories. Dr. Ellen Kester, who invested so much of her brain and heart into the early articles for this committee, continues to guide me in the significant work we do to serve our humans from all walks of life. You see, the list is endless. My gratitude continues.

I must give much appreciation to the Texas Speech-Language-Hearing Association. The work of this committee could only be fulfilled with the dedicated support of many SLPs. Specifically, thanks must be given to **Lisa Carver, Gina Glover, Margarita Limon-Ordonez, and Judy Rudebusch Rich**. You have all propelled Texas to be at our nation's forefront for supporting our most vulnerable, and equally valuable, humans. I thank you, and our state thanks you.

I would like to thank **Robyn Martin**. When TSHA decided to find a Texas-grown speech-language pathologist to serve as the keynote address in 2015, it was not lost on me that you decided on a Vietnamese immigrant who grew up in Wylie, Texas. That moment changed my life, and I am so grateful to you for putting me on my sacred path. Then, there's **Dr. Raul Prezas**, my ride-or-die on this journey we call the CLD Committee. You are the first and primary reason I accepted this work these last two years. Your brain insights and your heartwork are too numerous to list. So, instead, I will simply look forward to our continued friendship, professional collaborations, and potential rap battles.

Here's to the effortful, whole-hearted, and meaningful work we do, dear speech-language pathologists. We are surely changing the world here in the Lone Star State.

References

- ASHA. 2004. Technical Report: Evidence-Based Practice in Communication Disorders: An Introduction. *Electronically retrieved from <https://www.asha.org/policy/tr2004-00001>*
- Berkowitz, R., Moore, H., Astor, R. A., & Benbenishty, R. (2017). A research synthesis of the associations between socioeconomic background, inequality, school climate, and academic achievement. *Review of Educational Research, 87*(2), 425-469.
- Case, K. A., & Rios, D. (2017). Educational Interventions to Raise Awareness of White Privilege. *Journal on Excellence in College Teaching, 28*(1), 137-156.
- Covey, S. R. (2014). *The 7 habits of highly effective families*. St. Martin's Press.
- Cramer, E., Little, M. E., & McHatton, P. A. (2018). Equity, Equality, and Standardization: Expanding the Conversations. *Education and Urban Society, 50*(5), 483-501.
- Danesi, M., & Danesi, M. (2018). Now, You Tell Me About Yourself: Why Do We Tell Stories? *Of Cigarettes, High Heels, and Other Interesting Things: An Introduction to Semiotics*, 121-144.
- Federici, R. A., & Skaalvik, E. M. (2014). Students' Perceptions of Emotional and Instrumental Teacher Support: Relations with Motivational and Emotional Responses. *International Education Studies, 7*(1), 21-36.
- Simmons, A. (2015). *Whoever tells the best story wins: How to use your own stories to communicate with power and impact*. Amacom.
- Widrich, L. (2012). The science of storytelling: Why telling a story is the most powerful way to activate our brains. *Electronically retrieved from <https://lifehacker.com/5965703/the-science-of-storytelling-why-telling-a-story-is-the-most-powerful-way-to-activate-our-brains>*
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