CLDcorner

CUTTING ON THE CULTURAL /BIAS/: CONSIDERING THE IMPACT OF CULTURE AND LANGUAGE DURING EVALUATION

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The Cultural and Linguistic Diversity (CLD) Task Force is now offering half- and full-day trainings for school districts, education service centers, university programs, and other agencies on assessment and intervention with CLD populations. For information, please contact Scott Prath at scott.prath@bilinguistics.com.

The TSHA Cultural and Linguistic Diversity (CLD) Committee was created in an effort to provide information and respond to questions on cultural and linguistic diversity from clinicians practicing in Texas. The CLD Committee is dedicated to providing current information to assist in the assessment and treatment of clients who speak languages other than English who also may have different cultural backgrounds. Questions are answered by the committee. Please submit your questions by email to Co-Chairs **Lisa Carver** (lisa_slp@msn.com) or **Ivan Mejia** (ivan.mejia@bilingualspeech.org).

Jiang (2000) describes the inherent relationship of culture and language as linked by referents of language that are the entities, events, states, processes, characteristics, and relations that exist in the culture and are inextricably part of each individual's communication skills. With this in mind, an analogy of an interwoven cloth to describe how language and culture interact and affect communication skills is easily applied. Assessment of an individual's communication skills requires the clinician to first acknowledge that bias applies to both the gathering and the interpretation of the data collected. Every individual tends to see the world through his or her own cultural lens, based on one's own culture and lifetime experiences. Seeing everything through this lens affects how we observe and interact with the world, creating individual bias for all that we perceive. Consider an individual person represented by a bolt of cloth the size of his or her life experience. When a communication assessment is completed by examining and analyzing a portion of the cloth that makes up the individual, where and how we cut the fabric will have a great impact on the end result due to the cloth's bias. Bias in cloth refers to how it performs on the diagonal (45 degrees), and depending on how the bias is stretched during a cut, the end result is not unlike a speech and language evaluation of a culturally and linguistically diverse client. If we imagine the communication evaluation as a sampled cross-section of the cloth affected by pragmatics, semantics, syntax, linguistic, and non-verbal communications we can also admit bias is a part of the evaluation and that our attempts to recognize, account, reduce, and control for bias during evaluation is the responsibility of the culturally competent examiner. Ultimately, the success or failure of both diagnosis and treatment of culturally and linguistically diverse clients depends greatly on what we do about bias.

The two noun meanings of the word **bias** apply interestingly to communication professionals like speech-language pathologists (SLPs). One definition of **bias**, as it applies to our discussion, involves the stretch and grain of fabric, while the second definition of **bias** relates to prejudices that are the sum of the personal belief systems and cultural inspirations of an examiner and his or her clients. This can be readily apparent when SLPs are assessing clients from culturally and linguistically diverse backgrounds different from that of their own.

Bias (www.dictionary.com) (noun)

• a particular tendency or inclination, especially one that prevents unprejudiced consideration of a question; prejudice

• an oblique or diagonal line of direction, especially across a woven fabric

By acknowledging and accounting for each of these connotations of bias, it is possible to ensure a valid and culturally competent evaluation, even if the clinician does not speak the same language as the client or come from the same cultural background. This article will describe how to minimize the effects of testing bias during evaluations with CLD populations and also will offer information and resources to apply to general groups that SLPs may encounter in practice. Finally, proposed questions the clinician can reference to answer during each assessment also are included to encourage growth in cultural competence. Assessments of CLD individuals are most accurate when testing bias is planned for and when techniques are utilized to avoid biased misinterpretation of information collected as part of the evaluation and diagnosis of CLD individuals. Descriptions of biases that are commonly recognized include:
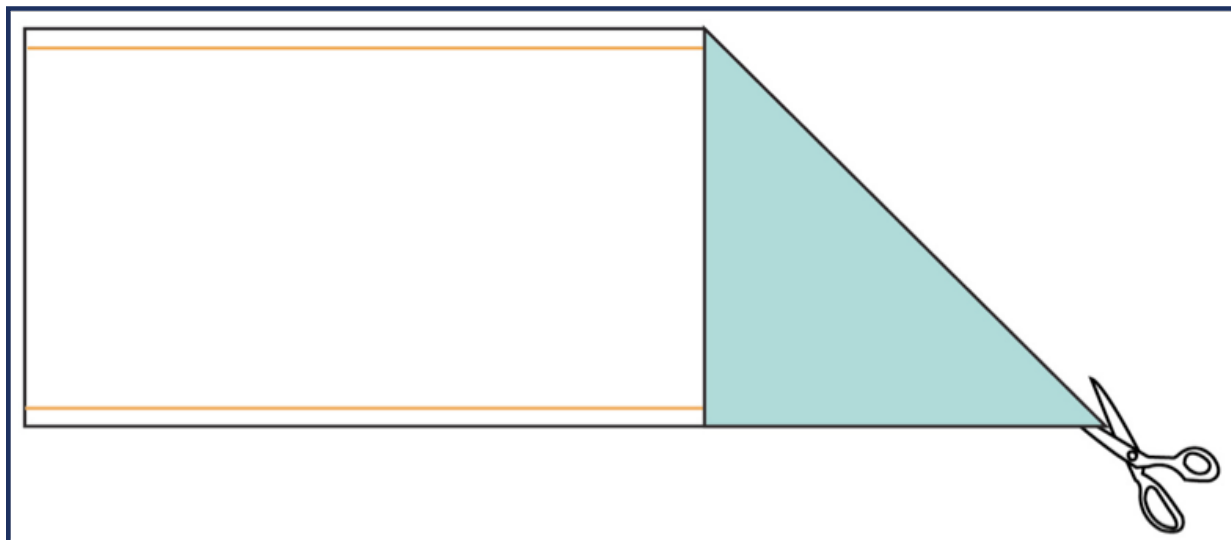
Examiner bias: Includes both the evaluator's individual perspective, perceptions, and interpretations of the client's culture and the ability of the client, student, or patient to relate to the examiner (either positively or negatively) in order to gather valid information about communication abilities. For example, a clinician who believes that children within a particular cultural group are shy and interact less may have lower expectations for that child's expressive communication during the assessment. Additionally, a clinician who believes that children within a particular group are very intelligent and diligent workers may have certain expectations of that child's performance.

Format bias: Procedures that do not match the child's cognitive style (Goldstein, 2000) or decreased performance on tasks the child is unfamiliar with. For example, it may seem unfamiliar and even odd to some children for an adult to ask questions that he/she already knows the answer to; therefore, the child may not respond as expected when asked to name a group of pictured objects.

Situational bias: Misinterpretation of typical communication rules as atypical (Goldstein, 2000), such as a situation in which a child is asked to go to an unfamiliar room with an unfamiliar adult and not acknowledging that this may have a negative effect on performance would result in bias.

Linguistic bias: When a test method does not accurately measure a linguistic skill that it purports to assess. It is possible that the item being tested in a second language is not parallel to the linguistic rules of the first language. An example of this type of bias occurs when a second language learner with varying degrees of proficiency in both languages is assessed primarily in the second language with standardized formal assessment. The linguistic bias occurs when scores are derived, the reported scores are used to compare this child's language skills to those of the normative sample, and a decision regarding services is based on this data. The normative sample, which may be composed of monolingual English speakers, does not accurately represent the bilingual client's experience as the child is learning a second language and is following a different course of language development.

Caution should be used to make sure that unfairly biased scores from clients who are tested formally in only their second language are not used as the primary method of determining a disability. Even if insurance or an agency insists on the listing of raw scores or derived scores, the clinician is responsible for describing and mentioning biases that may have occurred as a result of testing methods in the narrative report, including the use of standardized tests where normalizing the sample does not represent the client to whom the test was given.

Examples of how test bias affects children who are culturally and linguistically diverse are presented in order to illustrate how to predict, account for, and avoid bias during the evaluation process. The American Speech-Language-Hearing Association (ASHA) encourages clinicians to engage in self-reflection and provides resources to ensure that examiner bias is minimized. The Cultural Competence Checklist, developed by ASHA and available online at www.asha.org/uploadedfiles/cultural-competence-checklist-personal-reflection.

pdf, guides the clinician to consider a variety of questions and approaches to assessment that result in a personal overall score and invites self-study to improve or reduce the effects of examiner bias.

In order to decrease testing bias, examiners also should strive to show respect for the language and culture of the client and attempt to minimize preconceived notions about the cultural group as a whole. Observation of functional communication interactions between the client and family can be helpful in looking at how the child and family members interact with each other. The use of **ethnographic interviewing**, in which a member of a cultural group is interviewed by the examiner who asks questions about cultural ceremonies, attitudes toward one another, and ways of feeling and thinking (Roseberry-McKibbin, 2002), is an important step when the clinician is preparing to do an evaluation with a CLD client from a different cultural background. In addition to gathering developmental information from family, a primary caregiver is asked to describe the concern, changes that have occurred over time, and how this child's communication skills differ from siblings, family members, and members in the community. A least-biased assessment also would include assessment information from multiple sources, including use of play-based assessments and informal testing, spontaneous language samples, family participation, and interviews.

In addition to avoiding examiner bias, assessment bias, and the potential for bias around the location and people involved, the clinician also must plan to assess all languages involved and determine language proficiency in each language in order to determine how to proceed with the most appropriate assessment of the client. During the interview process, it is important to gather a detailed language history that helps to piece together the concerns. It is important to remember that how and when a second language is introduced varies greatly among second-language learners and results in distinct language profiles. Bilingual children who acquire both languages simultaneously from birth in naturalistic situations show minimal interference between the two languages and most often show equal proficiency in both of the languages (Roseberry-McKibbin, 2007). Children who acquire two or more languages sequentially, the first language (L1) as infants and additional language(s) (L2) after three years of age, show differences in rates and stages of language acquisition. Bilingual students who are sequential learners often have more challenges acquiring language than bilingual students who are simultaneous language learners. Students who are introduced to L2 but have not yet mastered L1 often appear to be weak in both languages. It is vital that these students are not inappropriately identified as having a language disorder when they are simply showing characteristics of sequential bilingual-language learning.

A clinician can actively plan to decrease testing bias during assessment by completing different types of assessment tasks that take cultural variables into consideration, such as conducting ethnographic interviews to learn about the culture, using dynamic assessment techniques (test, teach, re-test), using an evaluation of performance over time (Guiterrez-Clellen and Peña, 2001), conducting informal testing, and developing tasks that measure both exposure to new information and the client's potential for learning new tasks. Point out any bias that may have impacted test results in the narrative report. Access and absorb culturally relevant data to help determine normal versus disordered performance among the larger group. The book *Multicultural Students with Special Needs*, *Third Edition: Practical Strategies for Assessment and Intervention* (Roseberry-McKibbin, 2008) dedicates a chapter to each of the many cultural groups we encounter as clinicians, which include cultural practices, descriptions of language use, phonology, attitudes about education, and communication styles of people by family background including:

Families from African-American backgrounds

Families from Hispanic backgrounds

Families from Anglo-European backgrounds

Families from Asian backgrounds

Families from Native American backgrounds

Families from Middle Eastern backgrounds

Families from Russian backgrounds

Families from Pacific Island backgrounds

• While the information provided in this book is far too detailed and specific to mention for each group in this article, descriptions of some specific considerations for some cultural groups are included below.

Considerations for families from Asian backgrounds (Roseberry-McKibbin, 2008):

• They may consider touching someone or handing something to a person with the left hand to be unacceptable as this may be viewed as unclean.

• The older members of the family should be addressed first as a sign of respect.

• When family members say "yes," they may mean "I hear you" rather than "I agree."

• Smooth and harmonious interpersonal relationships are valued, often causing an individual to avoid competition or confrontation.

• An indirect communication style is common, and much information is conveyed nonverbally through gestures, postures, positioning, facial expressions, eye contact, and silence.

Considerations for families from Hispanic backgrounds (Roseberry-McKibbin, 2008):

• It is more effective to initiate conversations on a personal note before proceeding with business.

• Often adults do not ask children to voice their preferences or to give personal evaluations.

• Parent-child conversation is not usually collaborative but more

directive.

• Children may lower their heads or look away when talking to adults as a sign of respect.

• Children often learn through observation and hands-on participation rather than through verbal interactions with adults.

Considerations for families from Middle Eastern backgrounds (Roseberry-McKibbin, 2008):

• Individuals often look directly into the eyes of the person with whom they are communicating for an extended period of time in order to convey that one is using his words truthfully and attending to the speaker.

• Speaking loudly in conversation is generally acceptable.

• Relationships among people are highly valued.

• Usually it is considered discourteous to say "no"; words such as "maybe" and "perhaps" are often used.

Socioeconomics are another important factor when considering family background and a client's life experiences and vocabulary. Educational level and views about education, parent language models, vocabulary the child has been exposed to, and verbal and non-verbal ways of communicating with children differ greatly among socioeconomic groups. This is also a cultural component. Roseberry-McKibbin (1994) suggested some important questions to consider regarding socioeconomics:

• How does the child's ethnic community view education?

• What is the family's attitude toward English and English speakers?

• What is the family's socioeconomic status?

• Is that socioeconomic status similar to that of the child's classmates?

Additionally, socioeconomics can account for unfair bias during standardized testing as researchers have shown that children from lower-income groups tend to score below middle-class children on standardized testing measures (Damico, 1994; Edwards, 1989; Heath, 1983). It also follows that a child with limited English proficiency who comes from a low-income group might appear to have a "language problem" when his or her performance is compared with that of peers from higher-income families, but the "language problem" may disappear when the performance is compared with that of economic group peers (Roseberry-McKibbin, 1994).

Questions to ask and consider when completing a culturally competent evaluation:

• Have I thoroughly investigated how this individual communicates in the current setting in all social contexts?

• Have I encountered language differences due to dialect, language style, or model from family members?

• Have I considered cultural, environmental, and social factors impacting communication for this client?

Are the client's difficulties atypical in his community? Do parents, teachers, caregivers, spouses, or family report concerns?

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