

# CLD Corner: Q&A for the CLD Experts

The CLD Corner is a regular column written by members of the TSHA Task Force on Cultural and Linguistic Diversity (CLD).

The CLD Corner was created in an effort to respond to questions on cultural and linguistic diversity (CLD). Questions are answered by members of the TSHA Task Force on Cultural and Linguistic Diversity. Members for the 2007-2008 year include **Lynette Austin, Gina Glover, Katsura Aoyama, Roxanna Ruiz-Felter, Ellen Stubbe Kester, Nelcy L. Cardenas, Catherine Carrasco-Lynch, Beningo Valles, and Julia Pena**. Submit your questions to [slaustin@cebridge.net](mailto:slaustin@cebridge.net). Look for responses from the CLD Task Force on the TSHA's website and in the *Communicologist*.

The 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 additional information, contact **Lynette Austin** at [slaustin@cebridge.net](mailto:slaustin@cebridge.net).

**QUESTION: I am a bilingual speech-language pathologist (SLP) for an Early Childhood Intervention (birth to 3 years) program. One goal of our program is to maximize parent involvement in therapy. I do not feel as successful with many of the Spanish-speaking Hispanic families as I do with other families I work with. Do you have any suggestions to improve communication and follow-through at home with these parents?**

**ANSWER:** A recent study by Kummerer, Lopez-Reyna and Hughes (2007) examined Mexican immigrant mothers' perceptions of their children's communication disabilities and the effectiveness of their children's speech-language therapy programs. This article provided valuable insight as to how we can successfully communicate with parents from culturally and linguistically diverse (CLD) populations. Interviews with mothers resulted in three suggestions that could increase parental participation: Clinicians should 1) speak Spanish, 2) provide information about the therapy process, and 3) use the same techniques with Mexican immigrant families that they use with American monolingual families (Kummerer et al., 2007).

The first suggestion, that clinicians speak Spanish to Spanish-speaking families, is an obvious way to encourage parental involvement. When a Spanish-speaking therapist is not available, it will be important to have an interpreter present. Please refer to the CLD Corner from October, 2005 ([www.txsha.org/\\_pdf/Communicologist/09\\_10\\_2005.pdf](http://www.txsha.org/_pdf/Communicologist/09_10_2005.pdf)) for information about best practices when using an interpreter.

The second suggestion, to provide information about the therapy process, is critical for intervention with any family. The more information parents have about the therapy process, the more valuable the process will be to them. The study concluded that most of the immigrant mothers felt that service providers were just playing with their children. Helping parents understand the important role of play in development as well as how cognitive and motor development contribute to speech and language development will likely increase parental involvement in play. Providing specifics to parents in their native language about exactly what behaviors we are looking for when we talk about

their child's receptive language abilities, expressive language abilities, and developmental milestones will give them the information they need to more actively participate.

An example of an effective, specific strategy for families is sharing books with young children. Mothers in the study did not understand the importance of emergent literacy behaviors, nor that their children could engage in meaningful actions with books at a young age. Suggestions for supporting literacy development in the home include discussing the link between early literacy development and later school success, as well as modeling the practices of joint reading, labeling pictures, explaining story content, and answering questions. Providing parents with information about typical development in these areas will allow them to adjust their expectations and provide the appropriate equipment and literary stimulation to match the child's "readiness" (First & Palfrey, 1994).

The third suggestion of the study was that therapists use the same techniques with Hispanic families as with any other family. While this might seem contrary to providing culturally-sensitive intervention, that is not necessarily the case. We can use the same structure of activities and strategies with objects, vocabulary, and routines that are specific to each family. For example, when working with parents to establish routines to maximize language use, encourage the parents, siblings, and grandparents to select the gestures, signs, words, phrases, books, toys, and household items that are most relevant for the child. Focusing on routines, activities, and vocabulary that are meaningful in that home ensures that the intervention will be culturally appropriate.

## References

First, L.R., & Palfrey, J.S. (1994). The infant or young child with developmental delay. *The New England Journal of Medicine*, 330, 478-483.

Kummerer, B., Lopez-Reyna, N.A., Hughes, M.T. (2007). Mexican immigrant mothers' perceptions of their children's communication disabilities, emergent literacy development, and speech-language therapy program. *American Journal of Speech-Language Pathology*, 16, 271-282.

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