

ADDRESSING CULTURAL AND LINGUISTIC DIVERSITY IN CLINICAL PRACTICE: THE ROLE OF CULTURE IN ADVOCACY

By: Cultural and Linguistic Diversity Committee Members: Lisa Carver, MA, CCC-SLP (co-chair); Ivan Mejia, MA, CCC-SLP (co-chair); Christina Wiggins, MS, CCC-SLP; Tracey Gray, MA, CCC-SLP; Brittney Goodman, MS, CCC-SLP; Kristin Knifton, MA, CCC-SLP/A; Sarah Panjwani, MA, CCC-SLP; Mary Bauman, MS, CCC-SLP; Phuong Palafox, MS, CCC-SLP; Marisol Contreras, BA; and Alisa Baron, BA.

Culture provides individuals with the framework that guides all aspects of life. Goldstein (2004) describes the main goal of a cultural group as assisting its youngest members to become competent adults in the community. This ability to successfully navigate the social, pragmatic, and linguistic expectations

within a community is a vital part of being a member of the group and varies across communities and among individuals within a particular community. Families in a community may interpret cultural values in different ways and demonstrate unique patterns of participation as a result. Speech-language pathologists (SLPs) learning to demonstrate cultural competence are committed to exploring and learning about the unique characteristics of the children and families with whom they work and to understanding how the nature of a family's participation is shaped by the values and beliefs of the cultural community.

When approaching how best to help families advocate for their children, it may be helpful to think in terms of parental engagement versus parental involvement. In a school-based setting, parental involvement is typically driven by the school. The school personnel identify programs and services to offer families and then attempt to foster parental participation in these programs. Parental involvement is a core component of the No Child Left Behind Act (2002). The law describes this important aspect as: "The participation of parents in regular, two-way, and meaningful communication involving student academic learning and other school activities, including ensuring that parents play an integral role in assisting their child's learning; that parents are encouraged to be actively involved in their child's education at school; that parents are full partners in their child's education and are included, as appropriate, in decision-making and on advisory committees to assist in the education of their child; and that other activities are carried out, such as those described in section 1118 of the Elementary and Secondary Education Act (Parental Involvement)."

Parental engagement, on the other hand, is driven by the parents themselves and can be significantly influenced by culture. In a therapeutic environment, roles for parental engagement are multifaceted and could include accessing information regarding the needs related to their child's disability, completing a home program, participating in assessments, assisting in decision-making regarding intervention goals and activities, involvement in caregiver training programs, and

Resources:

www.nclld.org/learning-disability-resources/checklists-worksheets

One excellent resource for families is the National Center for Learning Disabilities. This organization offers a variety of checklists in both English and Spanish for parents to prepare for school meetings, address concerns about school performance, prepare for transition, address the need for assistive technology, and much more.

www.nclld.org/parents-child-disabilities/teens

Guide for teenagers and the transition process

www.parentadvocates.org/index.cfm?fuseaction=article&articleID=5433

Parent guide to special education advocacy

www.texasprojectfirst.org/seprocessstep.html

Special education step-by-step process

www.disabilityrightstx.org/resources/education

Special education resources

www.thearcoftexas.org/site/PageServer?pagename=ARC_Resources_Special_Education

More special education resources

www.partnerstx.org

Partners Resource Network operates the Texas statewide network of Parent Training and Information Centers

www.newfuturo.com/articles/latino-parents-can-be-their-child-s-best-advocate

Advocacy resources specific to Latino families

<http://disabilityresources.tamu.edu>

Directory of Community Resources in Texas

www.cdc.gov/ncbddd/actearly/parents/index.html

The Center for Disease Control has a program titled "Learn the Signs. Act Early." dedicated to improving early identification of developmental delay and parental involvement. Free parent educational materials regarding services, activities, and information on developmental abilities are available in multiple languages.

www.superduperinc.com/handouts/handout.aspx

SuperDuper Inc. has many free handouts available for both parents and teachers in English and in Spanish regarding information, activities, and suggestions for improved involvement

<http://parenting-ed.org/parenting-information-handouts>

The Center for Effective Parenting has handouts specific to school involvement

active participation within the therapy session. These are all inherent qualities in moving toward a family-centered practice and require clinicians to understand the level of involvement and engagement the parent is willing and able to provide. Clinicians working in a school-based or clinical setting can be advised to begin by asking parents and families what their needs and desires are and then to form programs and interventions around those needs.

Breiseth, Robertson, and Lafond (2011) provide several tips for school leaders on how to foster a school community that encourages parental engagement. These recommendations are, of course, applicable beyond a school-based setting. Some of these recommendations are fairly intuitive, such as learning about your families' culture and incorporating cultural aspects into the school's decor, traditions, celebrations, etc., so that all families feel like they are part of the school community. Other recommendations require more thought on the part of clinicians, such as researching a client's specific cultural beliefs and customs that may affect communication skills, evaluation, and therapy.

School or clinic staff needs to ensure that information is made available to parents in their home language to the best extent possible. In addition to outwardly showing that the language and culture of the family are valued, it also empowers parents to learn about the special education process and enables them to gain information and knowledge about their child's disability. Furthermore, parents can gain insight into incorporating techniques with their children at home. For example, many parents want to help their children with their homework but are unable to read the homework in English. Finding ways to teach parents to work with their children at home in their native language is critical. Reading books in their native language and reinforcing vocabulary and concepts are good examples. It is important to remember that some cultural groups prefer face-to-face or telephone invitations to participate in school events rather than generic flyers that are sent home to all parents.

Cultural differences may impact how a parent sees their role and the role of the school in the development and education of the child. Some cultures hold a deep respect for teachers and staff but are confused when the school indicates an expectation on the part of the parent to be an equal participant in their child's education. Still other cultural groups that function in a more collectivistic, as opposed to individualistic, mindset may be more concerned about their child's behavior than academic performance as behavior can impact the well-being of an entire class.

In addition to approaching intervention with cultural competence, it is critical to determine what the family needs and wants for their child. Torres (2013) discusses the importance of asking the right questions and responding appropriately to parents' answers to facilitate the best plan for assessments and interventions. This may mean finding out ahead of time which family members need to be present during an evaluation or

if there is a time of day that may not be ideal for the family based on meal schedules, prayer schedules, or family responsibilities. In some cultures, the father must be present in order to give approval to the treatment plan. In other families, the child may spend considerable time with extended family members, necessitating their inclusion for discussion about the treatment plan. Other times, you may need not only to mention specific recommendations but also to include the family in brainstorming and problem-solving sessions to determine how to best implement the treatment plan.

As students or clients become older, learning how to self-advocate is a very important process. Older children and young adults enrolled in special education are expected to take a more active role in their own transitional planning. In the state of Texas, this begins when students turn 14 years of age. Transition planning is a team effort during which the Admissions-Review-Dismissal (ARD) Committee participates in developing a plan for the student for life after high school graduation. Areas addressed include classroom instruction, vocational courses, related services, community services (such as the Department of Assistive and Rehabilitative Services), development of employment and adult living goals, and acquisition of independent living skills when appropriate. Texas Project FIRST (2013) provides guidance about the development of transition plans for students in Texas. Plans should always include an assessment of the student's strengths, preferences, and interests and, in fact, should be student-driven. This is an excellent opportunity for students to identify their personal goals for life after high school and to learn ways in which they can show independence by advocating for their needs.

A helpful website with resources for transition planning for teens and parents is the Phonak Gap website at www.phonakonline.com/mygap/gapmain.html. Although the website was developed specifically for students with hearing impairment, much of the information applies to students with other disabilities. There is a checklist for students to develop their post-graduation goals and the supports they need to achieve those goals, as well as self-assessments students can use to determine how much they know and understand not only about their hearing loss but also about their communication skills, social skills, work-related skills, and much more. These checklists and self-assessments can be modified to meet the needs of students with various disabilities. During these discussions about transition planning, it is important to remember to be open to listen to what the child and parent want, value, and expect for the future.

In order to provide readers with a starting place for accessing culturally diverse information to provide to parents and children on this journey, a list of free resources is included. As clinicians providing services that are culturally appropriate, perhaps the most important thing to keep in mind is to keep advocacy client-centered. This means that we empower the client (or their parents) to determine for themselves the best course of action to take based on all available factors and information. ★

References

- Breiseth, L., Robertson, K., and Lafond, S. (August 2011). *A Guide for Engaging ELL Families: Twenty Strategies for School Leaders*. Retrieved from <http://www.colorincolorado.org/pdfs/guides/Engaging-ELL-Families.pdf>.
- Goldstein, Brian. *Bilingual Language Development and Disorders in Spanish-English Speakers*. Baltimore, MD: P.H. Brookes Pub., 2004.
- "Transition and the IEP - Texas Project FIRST." *Transition and the IEP: Texas Project FIRST*. N.p., n.d. Web. 09 June 2013.
- Torres, I.G. (2013, February 01). *Know What You Don't Know*. *The ASHA Leader*.
- United States Dept. of Education, *Parental Involvement Guidance: No Child Left Behind; Section A-1; April 2004*.