EARLY INTERVENTION FOR CULTURALLY AND LINGUISTICALLY DIVERSE (CLD) POPULATIONS

CSHA DIVERSITY COMMITTEE 2003-2004

BACKGROUND

The recent increase in quantity and quality of early intervention (EI) services for children from birth to 3 years of age reflects our increasing understanding of early childhood development and the importance of taking steps to intervene as early as possible. The demographic changes in the United States has also precipitated the need to understand how to best serve families from culturally and linguistically diverse (CLD) backgrounds who have young children with various delays and disorders According to the California Department of Developmental Services (DDS), in 2001, services were provided to almost 20,000 infants and toddlers under the age of 3. Currently, there are 21 Regional Centers of California providing families with services for their children under 3 years old. A 2002 survey indicated that an estimated 15-20% of those children were identified as bilingual and some centers reported receiving 15-20 new child referrals weekly. Fortunately, speech-language pathologists (SLPs) are one of the important team members who can offer services early on. Given the increased numbers of CLD families, it is important that SLPs understand how to best serve that population.

CSHA's CURRENT GUIDELINES

CSHA published a position paper titled Preferred Practice Patterns for Speech-Language Pathologists in Service Delivery to Infants and Toddlers and Their Families: Guidelines for Intervention Planning and Delivery created by the Ad Hoc Committee on Early Intervention chaired by Dr. Ruth Harris (updated 2002). According to the report, the best practice recommendation is for "every effort to be made to assess the child in his/her primary language or mode of communication" (p. 9). The therapy goals should be "consistent with [the] family's cultural values and beliefs and capable of being utilized within the context of the family and community" (p. 9). Moreover, "the foundation for meaningful assessments and successful interventions with very young children lie in the establishment of a respectful, family-professional relationship that results in positive, family-centered practices" (p.1).

FAMILY-CENTERED SERVICES

It is federal legislation (i.e., 1986's PL 99-457 Part H; renamed IDEA in 1990's PL 101-476 and strengthened in 1997's PL 105-17), specifically Part C of IDEA, Infants and Toddlers with Disabilities Program, which has focused on, and guided, family-centered services for young children with special needs. There is also extensive research supporting the development of assessment and therapy practices that include the family's participation and input regarding concerns and desires for the child. However, new immigrants and/or monolingual non-English speaking families face additional challenges which may interfere with access to resources and effective intervention due to language and systems barriers, the differing perceptions of professional roles, family priorities, and the family's belief system (Hanson & Lynch, 1998). For many families who have migrated to the United States their reasons for the move are as varied as their backgrounds making it necessary to explore the families' history and their traditions, their beliefs regarding disabilities, and their experiences with American "school" culture.

The following information will guide the SLP, as it is the union of the family's cultural beliefs, values, and practices that guide the child's communication.
Crucial steps of a strong EI program include:

- Helping families navigate through the Individual Family Service Plan (IFSP) process to ensure their understanding of their rights and responsibilities.
- Becoming knowledgeable about bilingual development and discussing the family's preferences and concerns regarding the language(s) that the child learns to ensure services in a mutually agreed upon language(s) provided in a supportive setting with qualified SLPs.
- Disseminating information and initiating collaboration with other professionals, such as pediatricians and day care teachers, to dispel the myths about bilingualism and educating them about appropriate identification and referrals. (Note: Too often parents receive conflicting information based on personal bias and subjective data regarding their questions, such as which language to choose and when to start with therapy, from other professionals.)

CURRENT TRENDS IN ASSESSMENT

How to conduct an appropriate assessment for a non-English or multilingual child:

- Understand and account for the limitations of translated versions of English development that are relevant for English-only children and modify as needed
- Review norms from studies conducted on similar non-English or bilingual populations to acquire information regarding typical development and expectations, as well as consider the family's definition of normalcy (Goldstein, 2000; Quinn, 1995).
- Consider dynamic assessment procedures to gain information regarding the child's potential, especially with low-experience tasks, to assess the child in a less-biased way
- Use questionnaires, such as the MacArthur Communicative Developmental Inventories (CDIs), that are parent report forms for assessing language and communication skills. The CDI can be found in 34 different languages dialects (e.g., Spanish dialects from Cuba, Mexico, Spain, as well as Catalan, Basque, Greek, Malawian) that are adaptations, not direct translations. In addition, the authors have provided guidelines for adapting the CDIs in other languages (see website: www.sciences.sdsu.edu/cdi).
- When the SLP is not fluent in the child's native language, and it is necessary to use an interpreter/translator (I/T), the following principles are crucial to ensure a smooth and successful session. (The reader is referred to an upcoming Position Paper on working with interpreters and translators).
    - The I/T is adequately trained for the task required.
    - Include briefing time with the I/T before and after the session.
    - Speak directly to the parents/caregivers and not to the I/T.
    - Make no assumptions and understand that there may be miscommunications.
- Thoroughly assess skills in the native and secondary language(s) to appropriately identify if a true language disorder is present by identifying:
    - The level of proficiency based on the hours the child is exposed to and uses each language to determine if the hours and opportunities are sufficient for learning a language (Note: see information on Home Language Surveys)

- The comparative skills with the child's siblings, family members, and members of the community to ascertain what is expected of the child
- Typical communication patterns of a monolingual child as compared to a bilingual child.
- Discuss the validity of a specific assessment tool in interpreting the child's performance on a particular task.

CURRENT TRENDS IN THERAPY

A strong good bilingual/multicultural EI program will:

- Facilitate language development by displaying a positive attitude toward the home language and creating a collaboration with English to support bilingual development as there is no research to date that demonstrates children with language disorders cannot successful become bilingual communicator (albeit at a slower rate)
- Accept all communicative attempts and vocabulary in either language, while exposing the children to both languages in varied situations, so they can feel free to experiment with communication and not feel corrected or penalized based on language choice
- Teach language concepts (e.g., naming, requesting, commenting) versus teaching English (or home language) vocabulary skills only
- Provide culturally appropriate materials and incorporate the native language and cultural rituals into the EI activities (e.g., songs, books, facilitated play activities, etc.) so that the children, and their parents, will be given consistent feedback to illustrate that their language(s), and the language(s) of their family, is (are) valuable to us and to the child.
- Learn about and discuss different child-rearing practices, such as self-help skills, including feeding, dressing, and the value of independence to prevent culture clashing.
- Present written material in both languages to ensure greatest understanding.
- Investigate and share information on the development of the native language and bilingualism, rather than translating information regarding development in English
- Consider the benefits of home-based services compared to center-based services by preserving the child's "natural environment" (be as sensitive as possible to the family's situation (e.g., limited transportation, feeling of comfort, etc.).
- Facilitate bridging services and transition from an IFST to an IEP (as almost 60% of the children who received EI services continue receiving services in the public schools).

TRAINING OF SLPS WORKING WITH CLD POPULATIONS

The bilingual SLP must follow the guidelines created by the national association, ASHA, which are supported by CSHA (see ASHA's position paper on Bilingual SLPs (1989)). However, since the likelihood that all SLPs will work with children who speak a language that is not their own, the monolingual SLP has a role and responsibilities with CLD clients as well. To be able to provide the recommended services, there are numerous California (CA) personnel preparation programs to augment the quality of the current programs and professionals providing services to CLD populations including, but not limited to:

- ✓ CA colleges and universities offer specialization certificates in both early childhood development, focusing on multicultural/multilingual issues requiring coursework with concurrent clinical placements that offer hands-on supervised experience in EI settings.
- ✓ CSHA's Continuing Education program and annual convention that includes numerous and varied EI training in short courses and mini-seminars
- ✓ Individual clinical facilities providing EI services to DDS clients are responsible for appropriately training and supervising their professionals to ensure quality control
- ✓ Foreign language coursework and competency, although not necessary to provide services in English to CLD populations, are requirements to provide services in the child's native language as determined by the national association

REFERENCES AND RESOURCES

www.dds.cahwnet.gov, Department of Developmental Services (DDS) Fact book (5th edition)
www.hanen.org, The HANEN Centre, Toronto, Ontario
www.php.com, Parents Helping Parents. Padres Ayudando Padres (Spanish association).

Goldstein, B. (2000). *Cultural & Linguistic Diversity Resource Guide for Speech-language Pathologists*. San Diego: Singular

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Lynch, E. W., & Hanson, M. J. (1998). *Developing Cross-Cultural Competence* (2nd edition). Baltimore: Paul H. Brooks Publishing.

Quinn, R. (1995). Early intervention? Qué quiere decir eso? …What does that mean? In H. Kayser (Ed.). *Bilingual speech-language pathology: An Hispanic focus* (pp. 75-94). Singular: San Diego.