

December 1, 2020 • Talks on Tuesday Webinar



Increasing SLPs' Cultural Competence

Presented by Lisa Santra MA CCC-SLP


 **VCU**
 School of Education
 Partnership for People
 with Disabilities

 Infant & Toddler
 Connection of Virginia

 Integrated
 Training
 Collaborative

 Virginia Department of
 Behavioral Health &
 Developmental Services

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TODAY'S PRESENTER

Lisa Santra MA CCC-SLP

Bilingual SLP and Master Coach
 Early Interventionist for 16 years

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How knowledgeable are you about the
topic of cultural competence?



RATING SCALE

Use the stamp tool to make your selection.

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STATE AND FEDERAL LEGISLATION

- IDEA
- HIPAA
- FERPA
- Title VI of the 1964 Civil Rights Act
- Equal Educational Opportunities Act of 1974
- Executive Order 13166
- ADA
- ACA

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OBSERVE

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Cultural Competence is not a destination,
but a **LIFE LONG** journey.



Source: <https://www.thatsunheardof.org/videos/getting-started-on-your-journey/>

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RESULTS

WESTERN PARENTS	CHINESE PARENTS	THERAPY IMPACT
Independence, self-esteem or self-awareness is valued	Value social interdependence,	Might be less likely to: <ul style="list-style-type: none"> • follow child's lead • Prompt personal narratives
Encouraged to use gestures	Encouraged to use words rather than gestures	May not be interested in sign language
Young children learn through play (emphasis on "nature")	Children learn best with instruction (emphasis on "nurture")	Use flash cards and picture books more vs frequently reading books
Children can join in adult convos with nonfamily members	Obedience and respect for others are highly valued	Spoke less with child about nonshared events. <ul style="list-style-type: none"> • less conversation prompting • less expansions
Babble is meaningful	SAME	NA
Use Parallel talk	SAME	NA
Recognize children understand more before they speak	SAME	NA

Source: Johnston, Judith R. and Wong, M.-Y. Anita. "Cultural Differences in Beliefs and Practices Concerning Talk to Children." *Journal of Speech, Language, and Hearing Research (JSLHR)*, vol. 45, no. 5, 2002, pp. 916-926.

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CLINICAL IMPLICATIONS OF STUDY



Commonly
recommend
reading books

Chinese parents
reserve reading for
older children

FUNCTIONAL EQUIVALENT:
Family photo albums or
oral story telling

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THERAPY VISIT REFLECTIONS

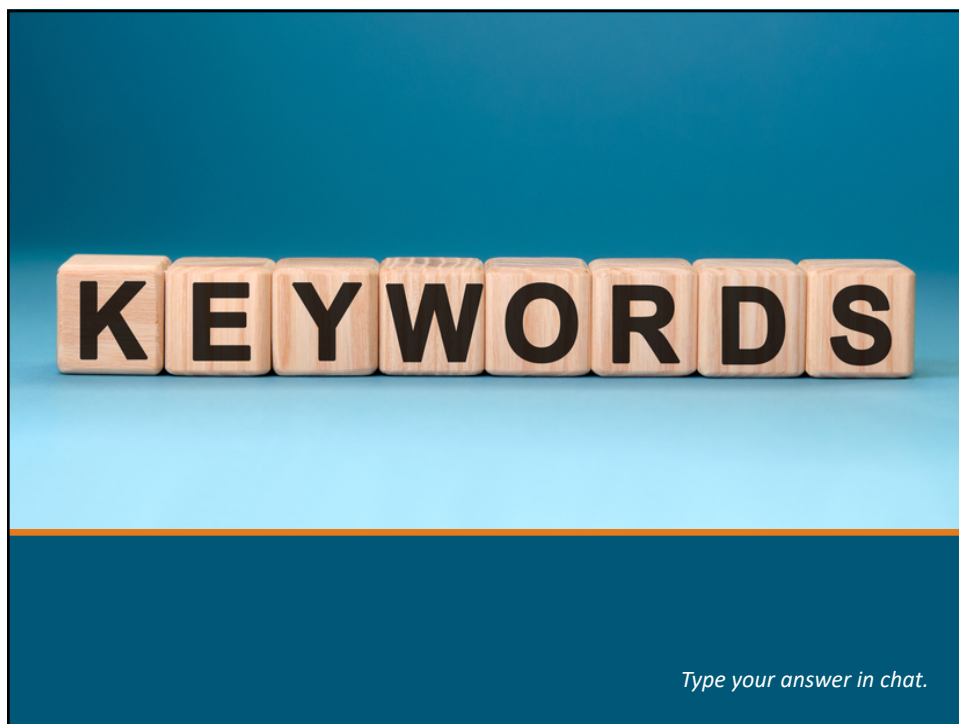
- Visits with bilingual families
- Feeding therapy with different cultures
- Pragmatics/eye contact during therapy

Type your answer in the chat.

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“Look at Your Blind Spots”

- ASHA Leader Article “...Do unconscious preconceptions shape your clinical judgment? A school-based clinical offers ways to uncover and address implicit bias”

- 2016 Yale Child Study Center study

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WAYS TO REDUCE BIAS

Replace stereotypes

Counter stereotypic
imagining

Individuate

Take a different
perspective

Increase
opportunities

STAMP your answer.

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WAYS TO STRENGTHEN CULTURAL COMPETENCE

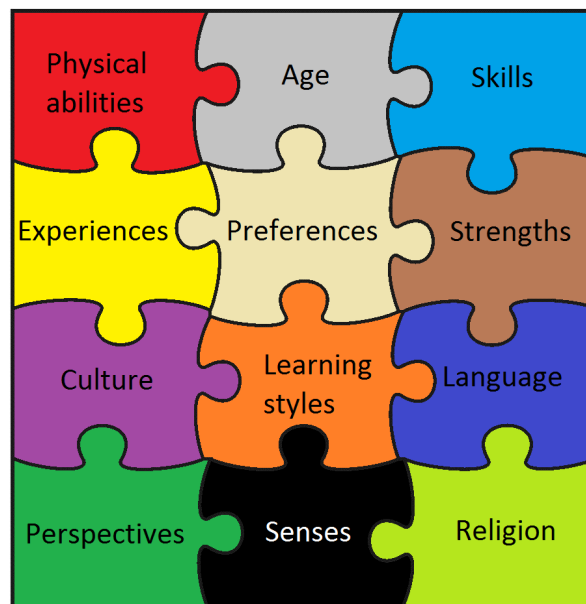
Take	Take the Implicit Association Test: https://implicit.harvard.edu/implicit/takeatest.html
Participate in	Participate in the online "bias cleanse". 7 day cleanse that will provide you with daily tasks that will help begin to change your associations: http://www.lookdifferent.org/what-can-i-do/bias-cleanse
Talk	Talk to student clinicians
Work	Work with others professionals in your setting
Encourage	Encourage dialogue
Increase	Increase your familiarity

Source: Arora, Natasha. "Look at Your Blind Spots—Do Unconscious preconceptions shape your clinical judgment? A school-based clinician offers ways to uncover and address implicit bias." *The ASHA Leader*, vol 22 no.11, 2017, pp. 6-7.

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CULTURAL COMPETENCE CHECKLISTS

- [Personal Reflection Checklist](#)
- [Service Delivery Checklist](#)



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AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Cultural Competence Checklist: Service Delivery

Ratings:

- 1 Things that I always do
- 2 Things that I sometimes do
- 3 Things that I rarely do

This tool was developed to heighten your awareness of how you view clients/patients from culturally and linguistically diverse (CLD) populations.
*There is no answer key; however, you should review responses that you rated a 3 or even a 2.

☐ I include the clients and their families as partners in determining outcomes for treatment.

☐ I recognize differences in narrative styles and pragmatic behaviors that vary across cultures.

☐ I learn about acceptable behaviors and customs that are prevalent in my clients' cultures.

☐ I consider my clients' beliefs in both traditional and alternative medicines when I prescribe a treatment regimen.

☐ I respect my client's decision to seek alternative treatments from a holistic practitioner.

☐ I understand that some individuals may have different reading levels in English and/or their native language(s).

☐ I provide written information for clients to take

☐ I consider clients' and their families' norms and preferences when planning:

- ☐ Appointments
- ☐ Community outings
- ☐ Holiday celebrations
- ☐ Meals, snacks
- ☐ Services in the home
- ☐ Homework/recommendations for caregivers

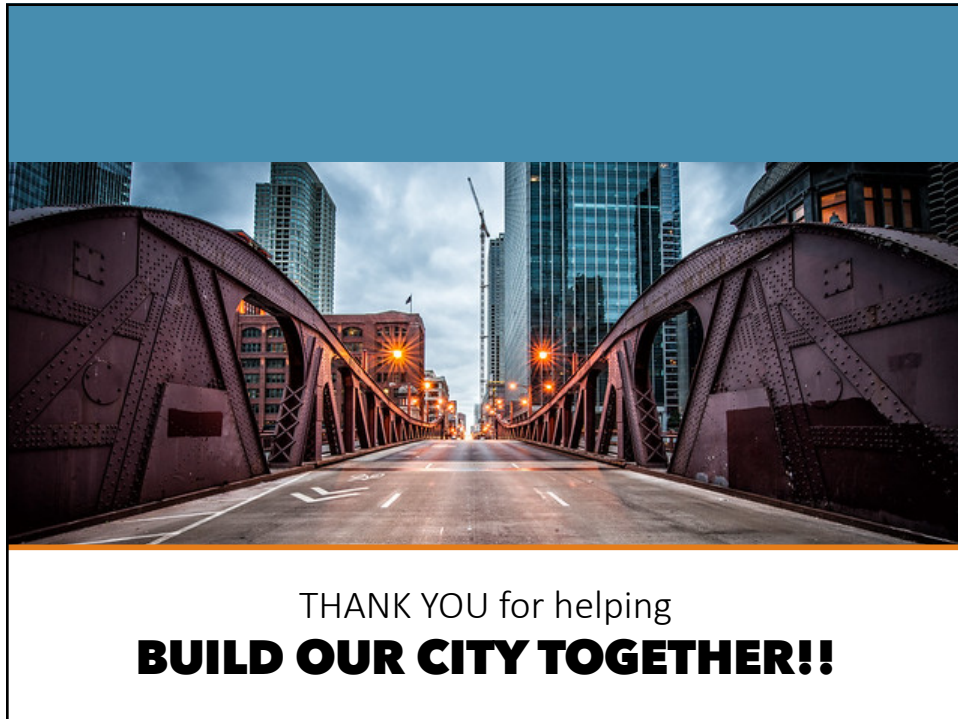
☐ I allow for alternative methods of sharing experiences and communication, such as:

- ☐ Story telling
- ☐ Use of props to support the "oral tradition" that is prevalent in some cultures.

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