CROSS-CULTURAL CONSIDERATIONS IN MANAGEMENT OF DEVELOPMENTAL LANGUAGE DISORDERS

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INTRODUCTION

All human beings have the desire to communicate, and this is achieved largely through language. According to Fromkin and Rodman (1998), "wherever humans exist, language exists". Language production is not only a physiological event but a process deeply embedded in culture. Therefore, one cannot understand communication by a group without a thorough understanding of the cultural factors related to group's communication. These factors are linked to the historical, geographic, social and political histories that bind the group and provide its commonality.

To understand and serve clients from diverse cultural backgrounds, it is important to understand the relationship between culture and communication and communication disorders. Recognizing this relationship will facilitate cross cultural communication and improve the quality of the service to all people in our multicultural society.First attempt to study multicultural issues was made to understand the language development of language in African-American children. Many acts has been come in establishment after that.

CULTURE, LANGUAGE AND COMMUNICATION

Language acquisition is universal but social and cultural factors universally affect the nature and use of language within human groups. The study of cultural influences on language structure falls within the domain of **sociolinguistics**. Two major area of language socialization:

1. Socialization through use of language
2. Socialization to use language

The study of language use for communicative purposes, which by definition involves social and cultural considerations, falls within the domain of the ethnography of communication. In other words, theoretical constructs and analytical procedures for examining the interplay between culture and communicative behavior are derived mostly from the field of communication ethnography.

Cross-Cultural Communication (also frequently referred to as intercultural communication) is a field of study that looks at how people from differing cultural backgrounds endeavor to communicate.

CULTURAL DIVERSITY IN RELATION TO SPEECH LANGUAGE PATHOLOGY

Cultural Competence refers to the ability of service providers to recognize honor and respect the beliefs, interaction styles and behaviors of the people we serve – Roberts 1990 as cited in Battle 1998. Other terms that are used interchangeably with cultural competence include Cultural Sensitivity, Cross – cultural competence, intercultural effectiveness, and ethnic competence.

According to Cole, (1989) ***numerous issues affect the service delivery process when cultural/racial differences are involved.***

Cole, (1989) concluded that the amount of success we experience in improving care and the quality of life to individuals with communication disorders from diverse backgrounds will depend on the "Collective commitment and collective action at all levels: by ASHA, by state associations, within professional education programs, local health service institutions, local schools and by each speech– languages pathologist and audiologist and communication scientist".

In a country like ours too, though there are certified speech– language pathologists and audiologists from various cultural backgrounds, the combined effort/ commitment and collective action at all levels of organization is, to a certain extent, still lacking, or not developed fully.

Thus, the increasing diversity in our society carries with it / implies a need to prepare professionals, who can provide quality services to people with communication disorders. An awareness of the difference will help us make the necessary adjustments to facilitate co-operation, enhance positive interactions and promote implementation of recommendations. One of the primary jobs of SLPs in dealing with children from culturally different background is to accurately diagnose language disorders and distinguish them from language differences.

The term *cultural competence* (Roberts 1990) refers to the need for professionals to honor the cultural diversity of families in the provision of services. It is the ability to honor and respect the beliefs, interpersonal styles, attitudes, and behaviors of the families receiving service. It is extremely important that speech language pathologists recognize and appreciate the tremendous cultural and linguistic diversity among families.

Fundamentals of cultural competence:

- Recognizing how important culture is in shaping people's values, beliefs and experiences.
- Understanding our own cultural values, beliefs, interpersonal styles, attitudes and behaviors of the family receiving service and how we respond to individuals whose values and beliefs differ from our own.
- Learning about the cultural norms of the communities of our clients and about the extent to which individuals' families share those norms.
- Approaching each family with no judgment or preconceptions, enabling each family to define its own needs.
- Helping families learn about the mainstream culture as it is reflected in the services system, so that they are able to use to system to meet their own needs.
- Acknowledging that many families, previous experiences with racism and other forms of discrimination can affect interactions with services providers.
- Building on the strengths and resources of each child, family, community and neighborhood.

LANGUAGE INTERVENTION OF THE CLD CHILD

We have to consider certain factors when we plan the intervention program for the CLD child.

1. The Monolingual SLP and the client dominant in a different language or Dialect.
2. The child who is progressing adequately in the dominant language or dialect but uses a nonstandard dialect.
3. Problem in making the intervention culturally appropriate.

1. The Monolingual SLP and the client dominant in a different languages or Dialect:

Studies indicate that early stages of intervention for CLD children with language disorders should be given in the native language, whenever possible, with gradual transition to intervention and instruction in English. When a clinician fluent in a clients native language is available, this approach is clearly preferable.

Juarex (1983) suggested that direct therapy with a monolingual SLP is not the optimal approach for clients with language disorders who are dominant in a different language or dialect. Instead the monolingual SLP can provide an array of service delivery options for these clients, including in-service training, consultation diagnostic service and paraprofessional training.

In service training

The SLP can train English as Second Language and classroom teachers who work with these clients. Training can focus on topics such as normal language acquisition processes, the relation of communication to language development, the importance of interaction in language acquisition appropriate and inappropriate uses of

standardized tests, informal and criterion referenced assessment procedures, techniques for eliciting and evaluating language sample and methods of designing language intervention programs. The SLP also can provide answer to some of the most commonly asked questions about CLD children with language disorders.

Consultation

In addition to training teachers in general techniques for developing language skills in children, monolingual SLPs can consult on the interventions for particular CLD children with language disorders. Clinicians can work with teachers to increase their use of culturally sensitive teaching strategies such as Multicultural Teaching Techniques. Also can encourage the use of script-based interventions, literature based scripts, and many of the other intervention strategies. Clinicians can demonstrate in English how to use such approaches, so the bilingual staff can adapt them to the minority language.

SLPs also can, in collaboration with other staff, develop child-centered or curriculum-based language activities that can be translated by the bilingual staff. These would involve consulting with bilingual staff about the language status and goals for particular client sand about the current classroom themes and curriculum. The SLP can then design a set of activities to address these goals in the context of classroom themes and can consult with staff about translating this program into the child's first language.

In addition, SLPs can fulfill their consultation role by becoming familiar with new tests and materials that address particular language groups. The SLP can serve as a resource for bilingual staff by watching for and alerting them to new materials in the languages of their clients.

Diagnostic Services

Monolingual SLPs have the obligation to determine whether a CLD child is different or disordered in communication skills. This diagnostic responsibility can be fulfilled by using the techniques like establishing language dominance, training interviewers and obtaining interview data, using and modifying standardized tests, doing speech sample analyses and other criterion-referenced assessment, gathering information from behavioral observation of the child, doing dynamic assessments and getting ethnographic information about cultural styles of communication from bilingual members of the community.

2. The SLP and Normally Developing Children with limited proficiency in Standard language:

Principles for Developing Second language or dialect skills:

1. Give children opportunities to engage in genuine, spontaneous conversations with peers.
2. Create situations in which some information is missing, so the child must identify the gap and request more information.
3. Set up goal-oriented conversations with peers, such as assigning children to co-operative learning groups in which they must complete a class project. Be sure that the CLD child has opportunities to negotiate verbally with the other members of the group.

The above principles were given by Taylor 1986) for encouraging the development of a second language or dialect through interaction.

Taylor, (1986) presented a detailed program for developing skills in Standard English for children who speak a nonstandard dialect. This program is referred to as a cultural and communication program for teaching Standard English as a second dialect (ACCPT).

The first and perhaps most crucial step in this program are developing positive attitudes towards the children's own language or dialect. The SLP can be very important in this process by using in service training opportunities to talk about the legitimacy and importance of having a strong base in the home language or dialect on which Standard English proficiency can be build. At the sometime the SLP can encourage teachers to convey an accepting and positive attitude about the home language or dialect to students. Activities such as learning a simple song, rhyme, or finger play in each of several languages can be first step. The teacher can convey acceptance of the student's own language or dialect through activities such as asking students to being in songs or games that they play at home and teach them they play at home and teach them to the group or asking the students to 'teach' how they greet someone in the home language or dialect.

The next step in this program involves developing an awareness of language differences, first in general and later in contrasting the home language or dialect with Standard English. Adler (1993) suggested that students be taught to recognize two different language styles, designated 'everyday talk' and school talk. Two puppets might be introduced, one who talks everyday talk and one who talks schools talk. Pictures of different settings such as classroom, playground, doctor's office and kitchen, might be shown. Children can be asked to say whether everyday talk or school talk would be most appropriate for each setting.

The next two steps would involve recognizing and labeling differences in the form and meaning of messages sent in standard and nonstandard styles. Step V can involve role playing and metalinguistic discussion of these needs of speaker's and listeners in different communicative settings.

In step VI of Taylor's sequence; children are given practice and support to produce forms in Standard English in structured situations. Taylor suggested activities such as choral reading and reader's Theater, in which students read short poems or stories of their own choosing to an audience. The poems and stories in this exercise are in Standard English style.

Step VII involves similar activities with somewhat less structure and support. Students use role-playing and storytelling contents to produce Standard English forms. In these activities, the content of the message is familiar and predictable. Familiar situations, such as visiting a doctor, ordering a ham burger, buying stamps at the post office, would be appropriate for role play in Standard English style. Retelling an often heard story, such as the plot of a popular movie or TV episode or a folk tale well-known in the community, is another vehicle for this level of instruction. Although the students must produce their own spontaneous language in Standard English style, the task is somewhat more constrained than normal conversation providing the students with a better chance to focus on the Standard English forms. Since the functions and content of the message have already been determined for them.

The final step in Taylor's program involves spontaneous production of Standard English forms in the appropriate context. Here instruction would remind children what they have learned about the different communicative demands of different contexts. Role playing would be used for less-constrained production activities to allow students to practice emerging Standard English skills. Situations appropriate for this level might include asking a teacher about a homework assignment, giving formal talk on bike safety to a group of younger students, or telling the students life story to a reporter writing an article for the school newspaper.

Adler (1993) also presented a comprehensive program for developing Standard English proficiency in normal children with LEP or dialect differences.

3) Problem in making intervention culturally appropriate

Multicultural Teaching Techniques: One suggestion is to use a multicultural calendar. Here the clinician or teacher would use the typical classroom theme of holidays and special days to incorporate the experience of the CLD child. Each month, main stream holidays and holidays from the cultures of the CLD children would be marked on the calendar.

INCORPORATING STUDENT CULTURE IN INTERVENTION ACTIVITIES

Building A Multicultural Calendar:

The clinician marks on the calendar significant personal days and holidays from different countries and cultures throughout the year; weekly or monthly themes can then be developed for language activities. Students are able not only to compare and contrast how similar special days are celebrated throughout the world (e.g., birthdays, countries Independence days) but also to learn about new holidays and traditions)

Halloween is an example, that is celebrated throughout States and in some parts of Europe. Therapy materials may include an explanation of the day as well as associated history, folk tales, myths, and so forth. Stories about Halloween can be shared. Attention should be paid to: special foods—candies, roasted pumpkin hot apple cider; special clothing, costumes; special activities- trick or treating, bobbling for apples, school parade, haunted houses; special decorations- carved pumpkins etc.

Narrative Study through Folk Tales:

Folk stories that been handed down from generation to generation. Dundes (1980) describes narratives as a culture's vision of the world; through them children develop an understanding of physical and social worlds. Thus folk stories can be used in therapy to enhance narrative competence. Their familiarity may help student to feel less shy when talking about them. Another form of storytelling is called collective story.

Providing sharing time

Objects from the homeland of the stu-dents can be useful therapy materials. For example, the children can bring items of native clothing and explain how the items are worn and what they may symbolize. The class can take turns modeling and trying on the different clothes. Other items for sharing include recipes, games, jewelry, and artwork/crafts from the homeland.

Preparing Scripts For Commonly Occurring Activities

The following are suggestions for event scripts that can be used for therapy: shop-ping for groceries and finding items in department stores; going to church; going to a family gathering

Role Playing

The following roles are suggested, each of which might be tailored to reflect the mainstream culture of the United States or of other countries: teacher-student; sales-person-customer; father/mother-child; older brother/sister-younger brother/sister; restaurant waiter/waitress-customer.

Incorporating a Cross-cultural Perspective into General Language Intervention

The clinician should find out from the teacher which topics a child's class is covering and incorporate a cross-cultural perspective into therapy using such topics. . For example, if the class is studying weather, discuss types of storms that occur in different countries, such as-typhoons in Southeast Asia versus hurricanes and tornados in the southern Midwestern United States. Clinician can also reinforce the core curriculum by enhancing the vocabulary and concept of reading materials that the class is using.

Multicultural considerations to be noted in the diagnosis and intervention of different communication disorders

1. Stuttering
    - Incidence and prevalence among the group. For example incidence and prevalence of dysfluency among general American population (by Bloodstein, 1995) is 0.8% and 5-10% respectively. Whereas prevalence of in African American population is 2.7%. Prevalence in African population is 1.26%
    - More stuttering in multilinguals.
    - Following has to be considered during assessment and intervention of dysfluency in multicultural environment- types, physiological correlates of dysfluencies, semantic, syntactic and pragmatic features of dysfluencies, values, attitude and myth of the culture etc.
2. Voice related pathologies
    - Incidence and prevalence for example Dorbes(1990) found incidence of laryngeal problems in Asian children is 0.02% and in black children 5% and white children is 79%.
    - Cultural and linguistic variables for use of low pith and high intonation in African American population
    - Counseling considering familial situation, economic situation and awareness of medical condition
3. Neurogenic disorders
    - Prevalence and incidence of different factors causing neurogenic disorders like stroke, hypertension etc.
    - Consideration of social, spiritual, health practices, food preferences etc.
4. Hearing disorders
    - Prevalence and incidence of different factors causing neurogenic disorders like congenital, otosclerosis etc.
    - Mind set of society, acceptance of hearing aid etc

Conclusion

Guidelines on Serving Bilingual and Multicultural Children (Hegde and Davis, 1995):

In serving such children, the clinician should;

- → Have a knowledge of both the culture and language of children who are bilingual multicultural.
- → Understand the language structure and how the language is used in the client's culture.
- → Understand how a disorder of communication is evaluated and managed in the culture.
- → Be knowledgeable in multicultural service delivery issues (how a cultural group reacts to treatment, questions of payment, attendance at treatment sessions, family involvement, and so forth).
- → Use culturally sensitive, nondiscriminatory assessment tools and treatment materials.
- → Not thing that teaching a second language-Be it English or any other language-is her or duty. That is the duty of the language teacher.
- → Decide whether a child who is bilingual has a disorder of communication in the primary language, or both using culturally and linguistically appropriate assessment methods.
- → Offer Clinical services only when the child has a disorder of communication in either the first language, the second language, or both. To make such a determination, the clinician must understand the child's first language, its rules, and uses.
- → Refer the child to bilingual clinician if the assessment results document a disorder in the bilingual Child's primary language.

- → Offer services in English if the child is reasonably proficient in English and exhibits disorder in it, and it is in the best interest of the child to offer in English.
- → Act as the child's, advocate and do everything possible to obtain the needed services for the child.

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