

Culturally Responsive Practices

**in Speech, Language,
and Hearing Sciences**

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and Hearing Sciences

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FOREWORD

The globe provides us with many learning opportunities and challenges. As people move across the globe for one reason or another, many face insurmountable challenges. At the same time, they have experienced tremendous learning opportunities. The recent influx of refugees from Africa to Europe has become a hot topic for policymakers and leaders of many nations. The migration of people from place to place, the displacement of people from country to country and the habits of nomads who travel from border to border have all been interesting topics for people in multiple disciplines. It is about time that speech-language pathologists, audiologists, and researchers in speech-language pathology and audiology take a serious look at our shared responsibilities in understanding and serving such populations.

Take Asia, for example: countries such as Portugal, Spain, Great Britain, France, and the Netherlands had all been traveling to Asia establishing colonies, including Vietnam, Cambodia, Laos, India, Sri Lanka (Ceylon), Pakistan, Bangladesh, Malaysia, and Indonesia. Such colonization had created multiple contacts and multicultural challenges. Although the history of the United States (except for the First Nations) is comparably short, during this short period of time there have been forced migration of slaves, emancipation of slavery and also migration and immigration for many countries of the world. The concept of a socially and culturally responsible society is at the center of discussion in multiple educational forums. Further, the need to provide culturally and globally responsive practices should be the guiding principles for all professionals who uphold the

notion that communication and education are human rights.

I applaud the efforts of the two esteemed colleagues, Yvette Hyter and Marlene Salas-Provance, for their groundbreaking work and research and their dedication in improving the quality of life of many.

The book has valuable content information relevant to the study and research of human behaviors and communication imperatives across the lifespan and across multiple cultures. Case studies have been provided to link theory to practice. As we are promoting interprofessional communication and studies, we need to also look at our responsibilities in interpersonal and intercultural communication.

The authors provided very extensive and comprehensive background information from the World Health Organization and related organizations. They have provided rationale for upholding our professional standards as well as ethics. Not only do the authors provide the clinical and theoretical background for understanding the challenges we face on a daily basis, they also provide reflective and learning opportunities for readers and students who participate in the exercise of self-discipline and self-improvement.

As the globe is becoming smaller, it is incumbent upon all of us to create a discourse that includes discussions about culturally and globally responsive practices. I offer my heartfelt congratulations to the efforts of Yvette and Marlene in making the daring journey into a topic that is not only worthwhile but thought provoking. By reading this book, you will find yourself digging into your consciousness

and asking many questions. I believe you will come out a better person. Enjoy!

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DEFINITION OF CULTURE

At its core, culture is a set of factors from multiple dimensions that can describe how one person or a group of people experience life, and engage in daily practices. Culture is learned and transmitted socially through patterns of behavior driven by such factors as problem solving strategies, value systems, beliefs, symbols, attitudes, religion, artifacts, and communication. We learn these practices over time, and they essentially “become” our culture. How we accept these variations, especially when they go well beyond our own personal preferences, speaks to our sensitivity level for other cultures. Yet, we can fit into a variety of cultures, and we do so, on a regular basis. Some cultural connections come more naturally than others. We continue to return to this concept of culture throughout the book.

In our daily interactions, we encounter cultures that are different from our own. It is up to us individually, and as part of a group, to decide who or what we accept or reject. We measure differences and similarities and then make choices. Some cultural practices we reject outright—sometimes consciously, but often unconsciously (Moule, 2009). There are degrees of this decision-making paradigm that are acceptable and unacceptable according to the laws of our country. For example, in employment, the Equal Employment Opportunity Commission (EEOC) rejects discrimination based on age, disability, pay, genetic information, sexual orientation, national origin, pregnancy, race/color, religion, among other characteristics (EEOC, n.d.; Yang, 2015). There are consequences when the line is crossed in these areas in our place of work. However, apart from the laws of this country, each person has a personal choice on how to live his or her life and how to treat others, and much of that is framed by what he or she has learned over time, that person’s experiences, and that person’s culture.

Let’s read a story that may or may not be familiar to you. Interject yourself into this scenario and take the time to consider how you would decide to accept or reject some of these cultural practices. Are they something new and interesting to you, or are they too different so that you could not possibly adapt or consider this practice under any circumstances? Are you willing to say, “This is not for me, but I understand how these individuals may benefit from this experience?”

Box 1–1

La Matanza (matar means “to kill” in Spanish)

You are invited to a family gathering of a colleague you know from work. You want to get to know him better, so you accept the invitation. You arrive at the home alone and are welcomed with hugs (*abrazos* in Spanish) from a number of people, similar to a receiving line. You are led to where your friend is sitting outside with a group of family members. You understood from the conversation that they are preparing to butcher a pig for the festivities. The family will gather to watch the *matanza* and then later partake in the meal. You learn that one of the best parts of the pig is the fat. It will be cooked into a delicacy that you can eat and enjoy as it is fried over the burning wood fire outside. They call this delicacy *chicharones* (fat rinds), and they can’t seem to wait to start eating them.

As you think about the case in Box 1–1, ask yourself these questions:

- Do you stay or do you leave?
- Do you think what they are doing is right?
- Do you place a value judgment on this practice?
- Do you eat if you do stay?

- Do you ever accept another invitation from this colleague after this event?
- Was the culture of work (which was similar for the two of you) and the culture of home (your family does not eat meat) too different, so that you now see this colleague in a different (perhaps more negative) way?
- Should you accept all aspects of this new experience in order to be culturally sensitive or culturally responsive?

CULTURAL RESPONSIVENESS

The idea of cultural “competence” is difficult to conceptualize. It appears to be an all or nothing phenomenon. Either we are competent or we are not. But like with any other skill, being competent or responsive is *not* all or nothing, but an evolving process. Sometimes the term, *competence* itself causes confusion. Thus, throughout this text, we use another term. *Cultural responsiveness* provides us with a broader perspective from which to view our behaviors as they relate to our actions with individuals across a variety of cultures that are different from our own. In 1994, pedagogical theorist and educator Gloria Ladson-Billings talked about pedagogy that was relevant and responsive to the culture of the children being taught. Culturally responsive practices are those that take the client’s cultural perspectives, beliefs, and values into consideration in all aspects of education or providing a service (Ladson-Billings, 1994, 1995).

Each person’s degree of cultural responsiveness is a product of the fusion of their past experiences. Influences about how we feel and the decisions we make about our behavior toward others are not linear. Meaning, there is not one point in time where we can say that we are safely culturally responsive in every one of our interactions. It is, so to speak, always a work in progress. How we communicate with

our world stems from a more circular framework of decision making. It can be said that we go in and out of being culturally responsive at any point in time. What we hope for you as you read and reflect on the writings in this text, is that more often than not, your reaction to the people, families, and communities that you serve will become more and more responsive to their cultural world views, beliefs, and values.

Figure 1–2 shows a schematic based on Cross, Bazron, Dennis and Isaac’s (1989), *Stages of Cultural Competence* neatly depicting six levels of development that we traverse from complete insensitivity shown at the bottom right side of the graphic, to behaviors which depict the highest levels of cultural

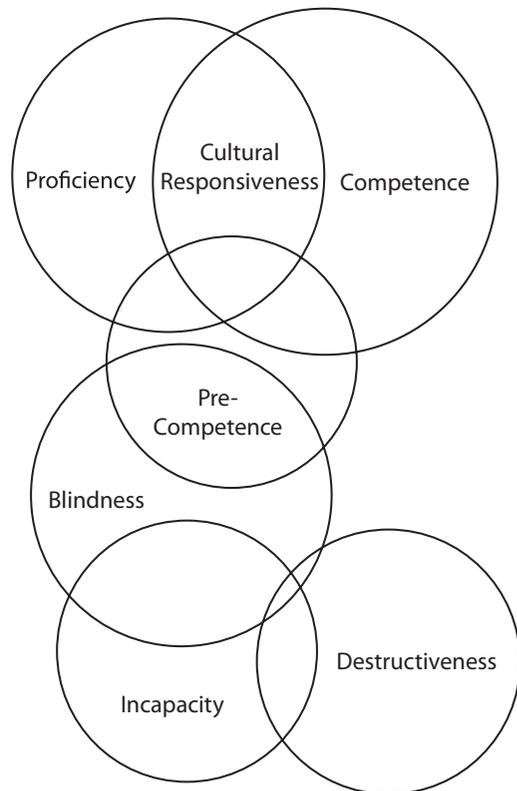


FIGURE 1–2. Schematic representing Cross, Bazron, Dennis, and Isaacs (1989) Stages of Cultural Competence. Illustrated by Severin Provance.

competence (or using the language of this text, cultural responsiveness). In these stages of cultural competence, we will start with cultural destructiveness, that reveals there is complete lack of empathy for anything or anyone that is outside the individual's belief system. At this level, individuals are willing to destroy others for self-serving purposes. The Tuskegee Experiments are a good example of cultural destructiveness. The Tuskegee experiments began in 1932 and were conducted by the US Public Health Service. The 600 men in the study (399 with syphilis and 201 without the disease) were not completely informed of the purpose or risks of the study, and "had been misled and had not been given all the facts required to provide informed consent" (CDC, 2016). Tragically, those with syphilis did not receive appropriate treatments, even as new cures became available over the 40-year period of the study. The researchers were, in the end, found to be "unethically justified" (CDC, 2016). In 1997, President Bill Clinton apologized to the families on behalf of the nation. The remaining men in the study, their spouses, widows and children were provided health benefits for life (CDC, 2016). This is a clear example of cultural destructiveness, and practices that had a lack of regard for the value of the life of another. Other examples of these types of atrocious practices are found throughout history in the treatment of the Jews by Hitler and the Germans, and the hostile removal of First Nations people from their lands throughout the United States, and the riot in Charlottesville, Virginia (August 2017) caused by the members of the KKK marching down the street carrying torches and guns, and yelling obscenities about Jews and other groups (read an article about this disturbance in the *New York Times* at <https://www.nytimes.com/2017/08/11/us/white-nationalists-rally-charlottesville-virginia.html?mcubz=1>).

In this graphic (see Figure 1–2), imagine the circles to be dynamic in that we can

move within and among them in a circular way rather than linearly. Cultural destructiveness overlaps to some extent with cultural incapacity. If one is being culturally destructive they will not have the capacity to engage interculturally. Cultural blindness overlaps with incapacity and pre-competence. If one is culturally blind (seeing no differences among or between cultures) they do not have intercultural capacity. Cultural pre-competence is when a person begins to recognize that he/she needs more information and more skills with regard to interacting with cultural groups different than ones' own. Cultural competence is engaging in culturally responsive practices such as advocacy for others, and recurring self-education, and includes "respect" for cultural differences (National Center for Cultural Competence, 2004). Cultural proficiency is the ability to hold cultural diversity in high regard, and work within systems and organizations to make them more culturally responsive. In Figure 1–2, pre-competence overlaps with blindness, competence and proficiency. For those of us striving to become more culturally responsive, we are bound to have lapses from time to time, particularly when engaging with cultural groups with whom we have not previously engaged, meaning that we may inadvertently slip back into the pre-competence stage. Culturally responsive practices are comprised of Cultural Proficiency and Cultural Competence in this schema. There is a related extended learning activity available in the PluralPlus companion website.

There is no disagreement that cultural destructiveness is plain wrong. But what happens when the decisions are not so obvious? Are we always aware of how the phenomenon of culture impacts our decision making? When health care providers take the Hippocratic Oath that requires medical personnel to: (1) consider the well-being of the patient, (2) honor the profession and its traditions, (3) recognize limitations in the

prevention and treatment of disease, (4) protect patient secrets, and (5) avoid abuse of the doctor-patient relationship (Chalmers, 2006, p. 83), what does it really mean? In short, this oath is commonly referred to as “First do no harm,” which is the central doctrine of the oath. With this oath, health care providers are professing to abide by the highest levels of goodwill and practice toward others. In educational settings, the professional’s code of ethics provides guidance as to how to treat others (see the American Speech-Language-Hearing Association’s [ASHA’s] code of ethics at <http://www.asha.org/Code-of-Ethics/>). There is an implied understanding that we take these oaths and partake in ethical practice to provide services to individuals from all walks of life, all ages, genders, gender identities, sexual orientations, and ethnicities; to those who speak languages other than English, practice different religions, whose parenting styles and child-rearing practices vary from our own, to name a few.

As we begin the journey to provide services, it is imperative to engage in critical self-reflection about our behaviors as they relate to culturally responsive practices. The journey to value those that think, act, and look different from ourselves never ends. In the end, it is not just stages that we pass through, but a life that we live, a culturally responsive life. Lives are messy, and we are constantly changing as we interact with others every day at school, work, home, in communities, in hospitals, and in clinics; as long as we are awake and there is another person in our experience, we are living culture, valuing that culture, and being responsive to that experience or rejecting that experience.

Opportunities for Reflection

Following are four stories to provide an opportunity to be reflective about your own think-

ing. We suggest that you read the stories, reflect on the questions, and then discuss your responses to the questions with others.

We are introduced to a small woman with whom we have a pleasant exchange and feel she is a “nice woman.” We learn later that she is the Chief of Police for one of the largest metropolitan and crime-ridden areas in the country.

- Do we recheck ourselves and our impressions of this person now that we know some characteristics about her were not previously known?
- Is she smart enough, tough enough, and resolute enough to be the Chief of Police? And are we asking this question simply because she is a woman and this does not seem to be a typical woman’s job?
- Do we like her or trust her as much now as we did when we first met her?
- Do our cultural values impact our impressions of others?

After only knowing this woman for 3 minutes, we now have a lasting impression of her, and based on our cultural experiences, it could be positive or negative.

Consider a situation where there is a nonverbal 4-year-old child in your summer preschool classroom who does not speak English. You know that he is in your classroom because his parents are migrant workers and that he will only be in your classroom for 3 months before moving on to the next school.

- Does the child’s migrant status make a difference in the instruction you provide?
- If this nonverbal boy was the son of the superintendent, would you feel or think differently about putting in the work of developing and then carrying out a plan to support him?

- Does it make a difference if the child is there 1 day or 10 years?
- Is there some leeway to abiding by the code of ethics in this case?

There is the story of a Hmong child who has epilepsy, but the course of treatment puts the parents and doctors radically at odds (Fadiman, 2012). The parents, who do not speak English, believe there is a nonmedical explanation for the seizures. The medical doctors, who are sure they have the best medical procedures to offer, feel the parents are being negligent (Fadiman, 2012).

- If you will never see a Hmong child in your area of the country, should you even bother reading this book?
- Is there anything to learn from this story?
- Does cultural responsiveness come into play at all in a life-and-death medical situation?

Your cultural experiences will dictate your responses to these questions. There is one final story for self-reflection. On your caseload, you now have an individual who was once a male and is now a female named Jackie. Your role is to assist Jackie in creating a new voice and assisting her in using the paralinguistic most suited for a woman. If there is an unconscious bias toward gender transitioning, this may be a difficult situation for you (without knowing it). Again, what in your cultural experiences has prepared you to deal with this type of encounter?

- Do you accept the case or do you pass it on?
- If you are the only therapist in the area that works in the area of voice, is it your ethical professional obligation to do this therapy?

- Should Jackie have to live with a low-pitched voice because the one therapist in the area would not see her?
- Are there other ways to manage this case?

Now that you reflected on the questions and on your responses to them, and have discussed your responses with others, what did you learn about yourself? How did these cultural vignettes challenge your own assumptions? Identify ways that you will strive to overcome those challenges.

Unconscious Bias

Unconscious bias is an automatic response (Moule, 2009). Just like we quickly draw back from a hot fire, we also make judgments immediately and without thought in many situations. In one story, a group of human resource staff members were reading resumes to hire someone for a management position in their company. They were provided with similar resumes. The only difference was that some had a female name and some had a male name. More males than females were accepted for the interview for the manager's position. This is an unconscious bias where these individuals perceived that a male would be more likely to do a better job in a managerial role. They were not aware of this bias and were surprised when they were appraised of the results of the study.

This textbook will be useful for persons in the field of communication sciences and disorders; however, cultural responsiveness is a far-reaching concept that goes well beyond any individual field. The cornerstones of this text are four building blocks that will be addressed in each chapter. These building blocks, presented in Figure 1–3, are theoretical foundations, concepts, connections, and