

Culturally Responsive Service Delivery Guide

This checklist was created to help Audiologists and Speech-Language Pathologists transition theory to practice. It can be challenging to envision how to apply broad concepts such as reducing linguistic and cultural bias, increasing accessibility, and addressing bilingualism into daily actions. We do not want to reduce the work of integrating cultural humility to a simple checklist, and our intent is to provide service providers with actionable measures that can be taken to meet the needs of their clients/patients/students from non mainstream backgrounds. We hope you find this tool useful in moving forward on the journey to developing a culturally responsive practice.

SPEECH-LANGUAGE PATHOLOGY

SLP Evaluation Preparation

- Before the evaluation, I review the client/student file to determine home language and if I needed to request an interpreter for my evaluation sessions
- When collaborating with an interpreter, I use the BID process to facilitate effective communication and meetings. *[See Resource 1 for more information [LINK](#)]*
- I choose materials/assessments that will best elicit the client/student's linguistic abilities.
 - I avoid standardized, norm-referenced assessments that do not match the client/student's cultural and linguistic profile.
 - I choose assessment tasks that will be culturally appropriate such as a story retell task, dynamic assessment, non-word repetition tasks, etc.
 - I use materials that contain inclusive and diverse pictures and content to which client/student can relate.
 - I use culturally neutral toys, books, and activities (e.g. farm animals, kitchen toys, play food, cars)
 - I avoid police cars as this may represent a traumatic experience for certain children.
- If the client/student is bilingual, I complete a language history interview to gather further information regarding the client/student's history of language input and use and with/from whom they use/hear each language.
- Based on the language history, input, and output across both languages, I determine if I need to evaluate both/all language. (E.g. If a student recently moved to the US, formal

English speech/language testing may not be warranted.) [*For more information on bilingualism, see resources 2 & 3*].

- If the client/student is bilingual, I research the language other than English (E.g. Spanish, Tagalog) to gather information on phonology, phonotactics, morphosyntax, grammatical features, tone, etc.
 - I also find out which dialect of the language the client/student speaks.
- If working with an interpreter, I determine if there are any testing tools available in the client/student's other language, if relevant.
- For AAC Evaluations, I make sure that devices trialed have a bilingual language system, when possible.
- When creating materials for clients and families, I use an accessible font such as *Arial*.

SLP Case History & Evaluation

- I integrate appropriate questions into the case history that provide an opportunity for clients/caregivers to share information regarding gender identity and preferred pronouns. [3]
- When asking questions about frequent communication partners, I use relationship neutral terms such as "partner" or "communication partner" so as not to make assumptions about relationship status.
- If the client/student attends the evaluation with family members, I ask to whom I should direct my questions.
- I recognize that evaluation appointments may be considered a family event and accommodate all family members who attend the session.
- If working with an interpreter, I use shorter, succinct statements to facilitate clear communication. I also direct my message to the family/client when talking, rather than to the interpreter.
- During the caregiver interview, I ask about caregiver/parent expectations in relation to parent-child interactions, literacy/book reading, and community expectations.
- I only evaluate languages in which the client/student is hearing or speaking 30% or higher of waking hours. [2]
- I rely more heavily on discourse sampling (e.g. narrative sampling, structured language sampling, writing sampling) rather than norm-referenced measures.
- I include metacognition and metalinguistic task to gain information on learning approaches, problem solving, and planning actions. Examples of these tasks include:
 - "How To" tasks (e.g. Wash hands, get home from school, make a sandwich)
 - Problem Solve (e.g. what would you do if you missed your school bus after school? What would you do if you forgot your lunch at home?)
 - Compare/Contrast (e.g. Tell me how a bus/car are the same/different)
 - Story Telling (e.g. Tell me about XXX special event)
 - Answering higher level comprehension questions about a story (e.g. Bloom's Hierarchy of Questions: Analyze, Evaluate, Create Questions)
- I include dynamic assessment approaches when appropriate (e.g. Test-Teach-Retest methodology, Modifiability, Application of newly-learned linguistic material) [1]

- I include Nonword Repetition Tasks if deemed appropriate. [See Resource 4 for more information [LINK](#)].

SLP Evaluation Writing/Reporting

- If an interpreter is involved, I debrief the meeting events and client/student performance with the interpreter. While I as the SLP make the ultimate decision regarding the presence of a communication disorder, the interpreter can help analyze client/student performance.
- I review the client/student's performance across both languages to determine the presence of a speech/language disorder.
- In my report, I document:
 - Information regarding the client/student's language history background and experience and current input/output across all languages
 - Strengths and weaknesses across all languages
 - If standardized assessments were used, I describe how they were adapted if used to collect descriptive data (e.g. document percentage of items correct and the type(s) of errors made on particular tests or the age ranges in which most correct responses fell)
 - Justification of the presence of a speech/language disorder vs. typical development of a dual language learner
 - Home programming suggestions for caregiver/family to support speech and language skills in the home language

SLP Treatment Planning

- I collaborate with the family and the student/patient when developing treatment goals to ensure that intervention goals/activities lead to maximizing student/patient access and participation in society.
- I collaborate with family members and the student/patient in selecting treatment goals to ensure they are client/student-centered and take into consideration cultural and linguistic background. (E.g., I do not target features of African American English with Black students/patients.)
- I take into consideration the client/student's communication partners and include them in intervention and home programming when possible.
- I write goals that take into account the client/student's complete language profile. (E.g. While I may not be bilingual, I choose therapy targets that can potentially generalize to both languages.)
- I individualize my treatment strategies/methods in response to consultation/feedback from client and family as well as clinical observation.
- I gather information regarding the client/student's funds of knowledge, background knowledge, and prior life experiences and incorporate this information into treatment planning. [See Resource 5 for more information [LINK](#)]

- I chose therapy tasks that will be relevant to the student/patient's personal experiences and are culturally appropriate.
- I use materials that contain inclusive and diverse pictures and content to which the client/student can relate.
- I provide family members training on therapy strategies and home programming activities to help facilitate targeting therapy goals in the home language/setting to capitalize on the student/client's existing communication skills and bilingual speech/language development.

AUDIOLOGY

Audiology Appointment Preparation

- Before the evaluation, the front office staff review the client/student file to determine home language and if they need to request an interpreter for my sessions
- I integrate appropriate questions into the intake/case history that provide an opportunity for patients to share information regarding gender identity and preferred pronouns. [3]
- When collaborating with an interpreter, I use the BID process to facilitate effective communication and meetings. [See Resource 1 for more information [LINK](#)]

Audiology Case History & Evaluation

- I integrate appropriate questions into the intake/case history that provide an opportunity for patients to share information regarding gender identity and preferred pronouns. [3]
- When asking questions about frequent communication partners I use relationship neutral terms such as “partner” or “communication partner” so as not to make assumptions about relationship status.
- When collaborating with an interpreter, I use the BID process to facilitate effective communication and meetings. [reference]If the client/student attends the evaluation with family members, I ask to whom I should direct my questions.
- I recognize that evaluation appointments may be considered a family event, and accommodate all family members who attend the session.
- If working with an interpreter, I use shorter, succinct statements to facilitate clear communication. I also direct my message to the family/client when talking, rather than to the interpreter.
- I chose materials/assessments that will best elicit the client/patient’s hearing and communication abilities.
 - I select assessments (wordlists) that match the client/patient’s cultural, linguistic profile and proficiency.
 - I have chosen materials that contain inclusive and diverse pictures and content to which the client/patient can relate.
 - I choose materials, I pick culturally neutral toys, books, and activities (e.g. farm animals, kitchen toys, play food, cars).
 - When evaluating children from refugee backgrounds, I avoid police cars as this may represent a traumatic experience for the child.

Audiology Evaluation Writing/Reporting

- In my report, I document:
 - Information regarding the patient’s language history background and experience. I document if an interpreter was present.

- If standardized assessments were used, and how they were adapted if used to collect descriptive data (what language was used for instructions and test materials).
- The information in the report is accessible to the patient in some means (access to use of language interpreter or translator).

Audiology Treatment Planning

- I take into consideration the patient's communication partners and living environment when possible.
- I create a rehabilitation plan that takes into account the patient's cultural profile and preferences. For example: providing written instructions in the patient's preferred language, helping the patient to determine specific and culturally/personally relevant listening goals.
- Making treatment specific and applicable to the patient's unique needs and frequent communication situations.

RESOURCES

1. [ASHA Leader Article, *Language Interpreters and Translators \(Langdon, 2002\)*](#)
2. [ASHA: YouTube Video, *Kathy Kohnert: Bilingual Language Development*](#)
3. Kohnert, K. (2010). Bilingual children with primary language impairment: Issues, evidence and implications for clinical actions. *Journal of communication disorders*, 43(6), 456-473.
4. <https://www.leadersproject.org/non-word-repetition-tasks/>
5. [Bennett, Colette. "ELL Students' Background Knowledge as an Academic Fund." ThoughtCo, Aug. 27, 2020, thoughtco.com/ell-students-funds-of-knowledge-4011987.](#)
6. [Systematic Analysis of Language Transcripts](#) (SALT) is software that standardizes the process of eliciting, transcribing, and analyzing language samples. It includes a transcription editor, standard reports, and reference databases for comparison with typical peers.
7. [Wong, A. \(2020\). *Disability visibility: First-person stories from the Twenty-first century*. New York, NY: Vintage Books, a division of Penguin Random House LLC.](#)
8. <https://disabilityvisibilityproject.com/>
9. [The Significance of Linguistic Profiling | John Baugh | TEDxEmory](#)
10. [ASHA: Care Without Cultural Competence? That's Unheard Of.](#)
11. [ASHA: Phonemic Inventories and Cultural and Linguistic Information Across Languages](#)
12. [SALT: A Bit of Evidence for Sampling Narrative Language in AAE Speakers](#)

REFERENCES

1. Gutiérrez-Clellen, V. F., & Pena, E. (2001). Dynamic assessment of diverse children: A tutorial. *Language Speech and Hearing Services in Schools, 32*(4), 212-224.
2. Peña, E. D., Gutiérrez-Clellen, V. F., Iglesias, A., Goldstein, B., & Bedore, L. M. (2014). Bilingual English Spanish Assessment (BESA). *Baltimore, MD: Brookes.*
3. Umbereen, N., MD, MPH, Umscheid, C., MD, MSCE, & Clauser, S., PhD, MPA. (2019). PCORI Advisory Panel on Healthcare Delivery and Disparities Research: Spring 2019 Meeting [PDF]. Washington, DC: www.pcori.org.