

WEBWORDS 32

Multiculturalism in communication sciences and disorders

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When Hollywood cameraman John Alton wrote the first book on cinematography in 1949 he named it *Painting with Light*. His beautiful title may have been the inspiration for a radio sketch for **Hancock's Half Hour**¹ by Galton and Simpson (1958) called 'The Publicity Photograph'. Persuaded by Miss Pugh (Hattie Jacques), Bill (Bill Kerr) and Sid (Sid James) that he needs to update his image, Hancock (Tony Hancock) and Sid consult flamboyant theatrical photographer Hilary St Clair (Kenneth Williams: he of the soaring triphthongs). When Sid tells St Clair, "I want you to take some snaps", he is offended! "Snaps, Sidney? I don't take snaps; I paint with light!"

The worlds of Sid and Hilary were poles apart. Whether he expressed the request that way deliberately, provocatively or innocently, the culturally insensitive Sid had really blundered with one inappropriate word creating outrage and indignation. Precipitating such offence is the last thing we would want to do as speech-language pathologists working with multicultural populations and aiming for culturally effective care. But how can we nurture our cultural competence, and are there useful tips to be had?



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Tips

Frequent requests for "therapy tips" in electronic discussion and at professional development events can be irritating. They can even prompt an urge to mount one's high horse and emulate St Clair's snappish retort. "Tips? Tips? I don't do tips! I put solid theory and evidence into practice!" or whatever the speech-language pathology equivalent of *painting with light* might be. It must be said, however, that in intervention, clever little tips often work. Therapy breakthroughs may come when, without abandoning EBP, we put a tip from somewhere into practice. We play educated clinical hunches based on evidence and experience, apply inspired brainwaves shared by seasoned colleagues, or implement a natty trick from our repertoire that has worked for us before in making our jobs as scientific clinicians easier – especially with more complicated clients. Some clients with complex presenting pictures are from culturally and linguistically diverse (CALD) populations and a critical aspect of their complexity may be found in our personal shortfalls in **cultural competence**².

Cultural competence

The one helpful tip for us to know is that while cultural sensitivity is an essential component of cultural competence, it is not the whole story. Cultural competence is achieved through focused effort over time. It is a competency that implies the capacity to work effectively with people from diverse cultural and ethnic backgrounds, or in situations where several cultures coexist. It includes being able to understand the language, culture, customs and behaviour of other individuals and groups. In professional contexts it incorporates making appropriate recommendations; understanding to whom any recommendations should be made, and why; knowing when and when not to make recommendations; and designing suitable programs and materials that may or

may not be culture specific, and delivering them appropriately. Culturally effective health care and education take cultural competence to a higher level and see the development of mutually respectful dynamic relationships between providers and consumers.

Steps

The overlapping steps in developing cultural competence go beyond tasks like having clinicians and administrators watch multicultural television, crib key no-no's for a culture or country from a tourism guide's tips for **responsible travel**³, or make a general effort to be culturally sensitive.

Awareness

The first step in becoming culturally competent is to develop awareness: valuing population diversity, acknowledging cultural norms, attitudes and beliefs; owning personal prejudices, stereotypes and biases; and recognising one's comfort zone and expertise in a range of situations. Taking this first step enables us to extend ourselves physically and mentally to client populations, and to take the next step.

Knowledge

The second step is to acquire knowledge and understanding of other cultures and of how those cultures perceive us, and our culture, and our services. To do so we need to know what "us" means to others and who "they" are. To find out we can indeed watch television channels like **SBS**⁴, view foreign movies, travel, read about other cultures, attend art exhibitions, cultural ceremonies, festivals and events, enjoy new cuisines, volunteer overseas (Bleile, Ireland & Kiel, 2006) and share our experiences with others.

Skills

The third is to acquire cross-cultural skills through coursework, reading, networking, mentoring, experience, informal "exposure", interaction and ongoing self-monitoring of personal feelings and reactions. This is the fun part that can include new friendships and professional working relationships with people from different cultures, learning a new language or dialect, understanding social mores, overcoming degrees of xenophobia, and becoming more accommodating and comfortable in cross-cultural settings.

Practice

At a practical level, in the context of effective health care and education, we can then work dynamically with clients in assessing what works and what does not, negotiate between client groups' beliefs and practices and our own profession's culture, and evaluate our performance, materials, interventions, programs and service delivery.

Institutions

As service providers and employers, many health care organisations, university programs in communication sciences

and disorders, and professional associations have recognised the importance of going beyond antidiscrimination requirements and articulating their commitment to cultural competence. In so doing they have organised cultural-competence initiatives for their staff, students and members. This recognition may have arisen in part from increased awareness of the social impact of diversity, and heightened sensitivity provoked by societal and legal pressure from various population groups. As well, financial administrators behind these institutions may perceive that a commitment to diversity makes excellent business sense. The long-term effect of committing to cultural competence as an ideal may be to change institutional policies and procedures and to improve employment equity⁵.

Resources

The International Guide to Speech Acquisition (McLeod, 2007), discussed in a 2008 *Lingua Franca*⁶ interview with its editor on ABC radio is an essential addition to the library, not only for clinicians working with multicultural populations of speech impaired children but for *any* SLP in the process of acquiring cultural competence.

On the ASHA website, Stockman, Boulton and Robinson (2004) provide an enlightening account of the challenges faced by academic programs in including and infusing multicultural issues in their curricula. Other pages of note on the ASHA site are those devoted to the **Office of Multicultural Affairs**⁷, Multicultural Affairs Resources, Multiculturalism/Multilingual Issues in CSD, and fact sheets and readings on serving CALD populations. The University of Minnesota's **clinical decision making with CALD learners**⁸ with its associated self-study curricula provides a wonderful resource for the motivated learner, and the University of North Carolina at Chapel Hill has a helpful list of **resources**⁹. On a related topic, Sharon Glennen at Towson University talks about **language development**¹⁰ in internationally adopted children.

A round-up of Australian resources includes multilingual speech and swallowing **information**¹¹ from Queensland Health, while a series from NSW Health entitled "Does someone you know need a speech pathologist?" comprises **information**¹² about common speech problems in children and adults and how a speech pathologist can help in Arabic,

Cantonese, Croatian, English, Italian, Korean, Macedonian, Portuguese, Russian, Spanish, Thai, Turkish and Vietnamese.

As a quick web search will show there is a plethora of relevant resources, and those included here represent just a small sample.

References

- Bleile, K. M., Ireland, L., & Kiel, T. (2006, 26 Dec). The professions around the world: New web-based directory goes global. *The ASHA Leader*, 11(17), 8–9, 26–27.
- Galton, R. & Simpson, A. (1958). *The publicity photograph*, BBC Radio. Retrieved 20 Oct 2008 from http://www.archive.org/details/Hancocks_Half_Hour
- McLeod, S. (Ed.). (2007). *The international guide to speech acquisition*. Clifton Park, NY: Thomson Delmar Learning.
- Stockman, I. J., Boulton, J., & Robinson, G. (2004, 20 July). Multicultural issues in academic and clinical education: A cultural mosaic. *The ASHA Leader*, pp. 6–7, 20.

Links

1. http://www.archive.org/details/Hancocks_Half_Hour
 2. <http://www.med.umich.edu/Multicultural/ccp/culcomp.htm>
 3. http://www.lonelyplanet.com/responsibletravel/travel_tips.cfm
 4. <http://www.sbs.com.au/>
 5. <http://www.une.edu.au/eeo/>
 6. <http://www.abc.net.au/rn/linguafranca/stories/2008/2387587.htm>
 7. <http://www.asha.org/about/leadership-projects/multicultural/about.htm>
 8. <http://www.slhs.umn.edu/bimep/cdmldl.html>
 9. <http://www.fpg.unc.edu/~nv/pages/resources.cfm>
 10. <http://pages.towson.edu/sghennen/index.htm>
 11. <http://www.health.qld.gov.au/multicultural/public/speech.asp>
 12. http://www.mhcs.health.nsw.gov.au/mhcs/topics/Health_Services.html
- Webwords 32 is at <http://speech-language-therapy.com/webwords32.htm> with live links to featured and additional resources.

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