

**EXPLORING PROVOCATIVE CHILDHOOD DISCOURSES AND MAKING A CASE
FOR GREATER CULTURAL COMPETENCE IN SPEECH-LANGUAGE
PATHOLOGY**

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ABSTRACT

Reductively stated, discourse is the way in which individuals communicate their knowledge of and roles within their surrounding world. Many speech-language pathologists have a unique opportunity to explore the varied and developing race, class, and gender-based discourses of our youngest clients. We argue that having a robust understanding of these topics increases cultural competence and positively impacts the ways in which we assess, diagnosis, and treat young children. In this article, implications for engaging in these provocative interactions will be provided and the need for continued training in diversity in speech-language pathology will be discussed. We also enumerate detailed recommendations to assist in the continued pursuit of greater cultural understanding for our pre- and in-service colleagues.

KEY WORDS: speech-language pathology, cultural competence, race, class, gender

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INTRODUCTION

FIELDNOTE 34: *It is late morning and a group of four-year olds are on their preschool's playground. They have been playing outside for almost thirty minutes and they are about to return to their class for lunch. William, an Asian boy, and Jeremy, a Black boy, are playing next to the school wall. Both are dressed in casual clothes, frayed blue jeans, dirt-smearred t-shirts, and sneakers. They are throwing small pebbles in the air and over a nearby fence which separates the playground from a parking lot full of cars. Several teachers have told them to stop, but the boys continue to throw their rocks. A group of three White girls in their class, Julia, Megan, and Makenzie, are sitting on the ground nearby. Julia is wearing a floral-print dress. She has nail polish on her fingers and her hair is tied back in a bow. Julia continuously plays with her hair to make sure that it is neatly arranged. Megan and Makenzie are both dressed in pants and sweaters. Their clothes are borrowed from a pastel color palette, all light pinks and lavenders. They are pretending to have a picnic and Julia is serving tea to the other girls. A white woman in her early twenties who has been trained as an undergraduate research assistant holds a video camera and moves closer to both groups to more carefully listen to their conversations.*

Julia [White, Latina girl of middle SES]: I'm a pretty princess and you get to be princesses too.

Megan [White girl of middle SES]: I don't wanna be a princess. I wanna be a queen.

Julia: Be a queen!

Megan: I am a queen.

Julia: OK, Queen Megan, do you want some tea?

Megan: Oh yes, please!

Makenzie [White girl of middle SES]: Can I have some tea? I wanna be a princess too!

Julia: Certainly! Here Princess Makenzie, here is your tea. Do you want some cookies? They are fancy! Like Fancy Nancy!

Makenzie: Thank you, Princess Julia!

Megan: Yeah, thank you!

Julia: You are most welcome!

The observer turned her attention to the boys who had just thrown rocks in her general direction.

William [Asian boy of middle SES]: Who's that?

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Jeremy [Black boy of lower SES]: I dunno.

William: Who's that?

Jeremy: Who you talkin' 'bout?

William: The White girl over there! (points to observer for emphasis)

Jeremy: I dunno, but look at that camera. She be rich!

The observer steps back from the boys as they continue to throw rocks over the fence. Several minutes later, the children are called to line up for lunch in their classroom.

This example depicts a scene that could occur on the playground of almost any early childhood education setting in the United States of America. Some children are observed during cooperative play, while others are engaged in somewhat questionable behaviors despite the attempted redirection of their teachers. Superficially, this vignette could be interpreted as an exploration of self-direction or non-compliance; however, delving more deeply, the scene becomes a more complex and nuanced illustration of children's emerging discourses related to race, class, and gender.

Starting with the grouping of these young learners, one can appreciate the division of race, ethnicity, and gender with regard to their congregation. The two non-majority boys are set to the side engaged in what many might consider an inappropriate activity. When an unknown, self-professed middle-class, White woman enters the setting, she is immediately identified as an outsider by children of non-majority status. Her presence is explicitly questioned, not by the girls of majority status who continue to play several feet from her, but by two young boys who are of differing race, ethnicity, and socioeconomic strata from the observer. Finally, a supposition regarding the observer's financial background is made simply because she is holding a recording device that the children assume denotes affluence.

In this brief episode, race, class, and gender converge in an evocative example of how these factors can be used to form the basis for discourse within a preschool setting. During a

single, brief interaction, one can observe the ways that the children are separated by both race and gender. Gender-typed activities such as the girls' tea party and the boys' rock-throwing are also appreciated. The girls wear dresses, soft-colored slacks, and nail polish. Their male counterparts wear jeans and ragged t-shirts. The children seem to play their gendered roles perfectly. Finally, assumptions of class are made by a boy of lower socioeconomic status based upon the fact that he sees a strange White woman carrying a camera he presumes to be expensive.

When speech-language pathologists (SLPs) work with young children, understanding how issues related to varied aspects of diversity (e.g., race, class, and gender) is an important part of providing effective and ethical intervention. We must appropriately address these types of discourses in our clinical practice. By closely examining these factors, we may have a better understanding of the children's needs and how to best individualize therapy. If these characteristics are not considered, providing treatment that is both sensitive and appropriate is unlikely. To be clear, although we have shared a brief vignette that explores the lived experience of a small group of children, we do not offer these findings in concert with dense microanalysis. These data are culled from a larger project that has yielded a number of formal research-based manuscripts. Instead, we offer this article as a means to address the importance of exploring young children's provocative discursive practices. We assert that there are ways in which we can better

understand our own cultural biases and the ways in which they may influence how we assess, diagnose, and treat these individuals when our clientele hail from different race, class, and gender-based perspectives than our own.

Cultural Understanding and the Speech-Language Pathologist

As SLPs, we are invested in issues related to language content and form, but it is also important to be concerned with the pragmatic skills that children are demonstrating. As such, a child's culture will have a large impact on their pragmatic interactions. As Battle (2012) stated, "Culture provides a system of knowledge that allows people of a cultural group to know how to communicate with one another" (p. 2). To best serve our clients, we must first have an understanding of how their culture influences the language they use within conversations. By increasing our own cultural competencies, we will gain a better understanding of our clients and their overall communication.

Glazier (2003) compared provocative subjects such as race, class, and gender to a children's game of "Hot Lava." The goal of this game is to avoid stepping on predetermined physical locations (e.g., tiles, stones, and cracks on a sidewalk) which represent "hot lava." By doing so, children negotiate a familiar terrain without getting burned. Glazier's metaphor typifies discursive topics that may likely "burn" practitioners. Service providers may avoid certain topics due to their discomfort. Further inquiry into these "hot lava" topics is paramount because when individuals who work with young children fail to address these important discourses, children may be inadvertently stratified within social conversations for their differences. Additionally, they may also participate in conversations that form the genesis of biases based on innocuous misinformation. By allowing these conversations to move forward without well-informed and developmentally appropriate intervention, service providers may overlook children's unique differences and fail to celebrate the diversity that each child represents.

The American Speech-Language-Hearing Association's (ASHA) Code of Ethics (2017) states that "individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect" (p. 5). In order to comply with these regulations, we must be sensitive to the diverse needs of our clients. In doing so, we ensure provision of the most culturally appropriate services.

Multicultural appreciation and culturally sensitive practices should be employed by all SLPs; however, not all students and SLPs receive enough functional experience or coursework to provide them with skills they can apply in their clinical practice. Although many professionals implement culturally appropriate treatment strategies, research suggests that the way that some educators approach and implement instruction has not changed with regard to cultural differentiation (Formosinho & Figueiredo, 2014). We also know that the training practitioners have received varies from minimal to extensive. Some practitioners graduate from academic programs that offer dedicated coursework in cultural competence while others simply provide cursory mention of diversity within the context of more broadly focused classes (Franca & Harten, 2016; Keller-Bell, Scott, Jackson, Miller, Cox Gillespie, & Bridges-Bond, 2017). Much work has been done to increase the cultural competence of SLPs; however, more can be done to advance the progress that has already been made. In this article, we provide recommendations for pre-service training, clinical preparation when working with culturally and linguistically diverse (CLD) groups, and implications for future research.

Framing Race, Class, and Gender in Childhood Discourse

Recent ethnographic work in the area of early childhood education has suggested that young children are having conversations regarding race, class, and gender. In the field of speech-

language pathology, further inquiry into provocative topics is of paramount importance. In the following sections, we discuss the importance of engaging developmentally appropriate dialogue with young learners from diverse populations. To better situate the topics of race, class, and gender as they relate to young children's discourses, we present evidence from recent studies.

Young Children and Race

Young children engage in conversations that are implicitly and explicitly governed by diverse social variables. With regard to discourses related to race and ethnicity, children follow a common developmental trajectory, often using these factors to identify themselves and distinguish themselves from others who were different. They often use these markers to identify themselves as belonging to like groups. This falls in line with a staged perspective of racial and ethnic identity development as discussed by many Piagetian scholars (for example, Aboud, 1988, Ocampo et al., 1993; Park, 2011; Ruble et al., 2004) in which children only negotiate these discursive topics when able to sufficiently demonstrate the cognitive skills required to negotiate such advanced and abstract concepts. Conversely, Maldonado (2013) argued that children's discourses may expand and evolve given their social interaction with peers and teachers who are both alike and different in their racial and ethnic constitutions. His assertions speak to the complex sociocultural development of social positions and academic standings that may occur within classrooms (McVee, Brock, & Glazier, 2011).

As discussed by Lynch and Hanson (2011), service providers should consider the race of their client and the ways in which their lived experiences have impacted their language development. SLPs may consider the societal and educational barriers, in addition to the institutionalized racism, that may have affected the young children and family members with whom we work. By identifying the ways in which our young clients have been affected, we can develop functional therapy specifically tailored to meet our client's needs.

SLPs must also consider their personal biases in order to ensure that those views do not impact the ways in which they assess, diagnose, and treat their young clients. As Ebert (2013) has noted, White privilege can be loosely defined as the freedoms associated with this race. Many individuals lack the awareness that their race has influenced the ways in which society has responded to them. As Ebert (2013) further states, "Individuals must engage in critical self-reflection before they can understand and work effectively with others" (p. 61). We must consider how our own race has either benefited us or negatively impacted the ways in which we make therapeutic decisions.

Acknowledging Socioeconomic Status (SES)

According to Derman-Sparks, Amihault, Baba, Seer, and Thompson (2009), the access that children have to quality food, housing, and healthcare has a direct effect upon their academic success. Young children who live in poverty may find it more difficult to focus in school if they are tired and hungry and those who lack access to healthcare may miss more school due to increased illnesses left untreated. This can negatively impact their ability to learn. Additionally, they noted that young children also develop a "value-based biased message about socioeconomic class" (p. 2). Hosp (n.d.) further explained that the effects of poverty may provide a reason as to why children from this class were initially performing below their peers as *Response to Intervention* was evaluated. Children who grew up in homes of poverty were likely to have weaker literacy skills than those growing up in homes with higher income. Although literacy skills may be weaker in children living in poverty, pragmatically speaking, preschool-aged children are aware of what they have and compare their standings to that of their peers. For example, a child's socioeconomic status may become even more apparent during the holidays as the toys and presents that families are able to purchase will vary. Even children as young as four and five years old have a basic understanding of financial exchanges, knowing that money must be used to receive most goods or services (Hosp, n.d.).

Cartmill (2016) stated that “children from poor families typically know fewer words when they enter school than children from wealthy families” (p. 185). The language that children are exposed to before they begin school has a direct relationship to the frequency and ease with which they learn new vocabulary. The disparity in literacy skills between children from lower-class homes and middle- and upper-class homes is known as Word Gap, largely contributing to what many scholars refer to as the Academic Achievement Gap.

Word Gap was comprehensively explored by Hart and Risley (1995) as they examined familial interactions and language skills of children as they aged from 7 months to 3 years of age. Results indicated that children from homes supported by welfare had a much lower vocabulary size, fewer utterances per hour, and fewer total number of different words per hour compared to children from middle- and upper-class homes. The language skills of these children at the age of three were also a strong indicator of their later academic successes. Initial estimates suggested that children from low SES backgrounds could possibly hear fewer than 30 million words in combination than their more affluent peers.

More recent scientific investigation has explored the Word Gap phenomenon, and although the estimated difference between vocabulary knowledge between SES classes has been significantly reduced, scholars such as Wasik and Hindman (2015) suggest the disparity in semantic knowledge between children from low-income households and those from middle- and upper-class homes is still sizeable and of concern. They argued that children from middle- and upper-class homes were exposed to more vocabulary and language and were able to utilize that knowledge in their daily interactions. As SLPs working with young children, it is crucial that we better understand the socioeconomic statuses of our clients and how they may impact language and literacy skills. Having this enhanced understanding will allow us to scaffold their learning, providing them with exposure to unfamiliar vocabulary, which

can increase their language and literacy skills now and in the future.

As noted by Escalara (2009), young boys and girls play together until early preschool, but then they begin to socialize in gender-specific ways. At this point, children become more aware of gender stereotypes. According to Leaper (1991), gender differences can be observed in children as young as three years of age. In terms of pragmatics, preschool-aged boys communicate with direct and demanding strategies while girls of preschool age generally communicate in a way that is more polite and cooperative. Young girls will often be seen caring for their classmates in a maternal and nurturing way, while the boys are playing in a more “rough and tumble” fashion. As SLPs, it is important that we are aware of these varied types of discourses and communicative patterns to ensure we engage in dialogue that positions our clients as equals.

With regard to our professional constitution, ASHA (2016) indicates that only 3.7% of currently certified SLPs are male. Members of some cultural communities may find engaging with one gender more challenging than working with the other. For example, families with Middle Eastern cultural perspectives may prefer that therapy is rendered by a clinician of the same sex as the service recipient (Campbell-Wilson, 2012). Female and male SLPs will both benefit from researching cultural practices and expectations prior to meeting the young child with whom they will work. SLPs should not be afraid to ask thoughtful questions of their clients and their family, to ensure that everyone involved is comfortable and feels respected.

For some SLPs, the practices of their client’s family may be difficult to understand and, at times, observe. Lynch and Hanson (2011) discuss how challenging it may be for service providers to observe the practices of their client’s family. Some cultures view the men of the family as the leaders, enforcing strict adherence to this role by the women in the family. The SLP may attempt to advocate for those women; however, this may be seen as an offense to the family. Insults, even if

unintentional, can damage the working relationship between the SLP and the child. Being proactive and having an increased awareness of how gender may impact therapy is crucial for SLPs in today's diverse society.

Implications for Practice in Speech-Language Pathology

In this section, we present two practical implications for our field when working with diverse groups of children. Specifically, we note a need to a) change clinical practices; and b) more fervently promote diverse training and issues of diversity in speech-language pathology.

Changing Clinical Practice

The literature has traditionally indicated that schools can be a breeding ground for racism, classism, and sexism (Van Dijk, 1997; Wodak, 2001; Fairclough, 2010); therefore, it is of great importance for SLPs, administrators, educational policy makers, and researchers to become more aware of the discourses that serve to stratify learners and position them in negative ways. It is equally critical for them to learn ways to interrupt this process and scaffold a more balanced discussion between learners of all varieties. To do so, we argue that educational perspectives, policies, and procedures must change.

We present three recommendations that will make the social and academic discourses of race, class, and gender more easily navigated within our clinical practice. First, we suggest that there is a need to delve into these issues, even with the youngest learners, explicitly and without reservation. With reference to Glazier (2003), we argue that by demystifying these topics at an early age, we can mitigate some of the apprehension learners feel about these "hot lava" topics. Race, class, and gender should be discussed in developmentally appropriate ways as children and SLPs engage in meaningful ways. As supported by ASHA's Multicultural Issues Board (2001), services must be presented in a way that is respectful of and responsive to an individual's race, intellectual ability, ethnic

background, and religious beliefs. These aspects of one's culture must be acknowledged by SLPs in their clinical practice. These topics can, and should, be targeted by actively and effectively using reading materials and multi-modal media that specifically target diversity in all of its forms.

Acceptable behaviors surrounding developmentally appropriate discourse and inviting topics of diversity into our clinical practice should be welcomed. Parents can be invited to discuss their rich and varied cultural experiences with young learners. Their experiences should be shared with eager minds and questions about diversity and difference should be met with developmentally-appropriate responses that privilege and respect the unique perspectives of all families with whom we work. Ultimately, if this pedagogical approach were to be used extensively, diversity could truly be celebrated rather than vilified in the classroom and more global communities.

Next, we draw upon works of Critical Race Theory and education (e.g., Ladson-Billings, 2014; Ladson-Billings & Tate, 1995; Leonardo, 2012) and we recommend that SLPs actively establish a safe space in their therapy room where presumed norms can be examined and explored -- a place where critical multiculturalism can be engaged. Such interactions would foster a greater appreciation for non-majority students and allow for free and unencumbered discourse between adults and children, again demystifying differences and removing the stigma of race, class, and gender-based differences. This approach may serve to establish more democratic and equitable therapy rooms and ultimately, surrounding communities (Ladson-Billings, 1994; Tyson & Park, 2006).

Last, we endorse the use of culturally relevant pedagogy (see Ladson-Billings, 2012; Gay, 2000) within our clinical practice. This approach to social and academic interaction with a diverse group of learners would establish an atmosphere of acceptance and appreciation for differences within our therapeutic settings. Culturally relevant therapy utilizes student's cultural experiences in an effort to "maintain it

[student culture] and to transcend the negative effects of the dominant culture” (Ladson-Billings, 1994, p. 17). Recognizing the varied forms of discursive practice established between race and ethnicities, genders, and social and economic classes would allow SLPs to celebrate the differences without resorting to their problematization and ultimate stratification.

Understanding the subtle differences in linguistic form, whether related to dialectal variation or narrative formation, would ultimately lead to SLPs establishing a broader perspective of acceptance for these differences within the therapeutic setting. According to Harris (2010), speech-language pathology students require additional training to ensure that they are better prepared to assess and diagnose students of “broad diversity of the American population” (p. 18). This is pertinent to all practicing SLPs as well. Through comprehensive training programs, we hope the number of students over- and under-identified due to an increase in students who are bilingual, bicultural, and bidialectal will decline. Additionally, by positioning these varied discourses as equitable, students and SLPs, irrespective of their backgrounds, would be validated within the construction of the therapy room and peer culture within educational and therapeutic settings (Corsaro, 2003).

Continued Diversity Training within Speech-Language Pathology

The need to moderate discourses regarding race, class, and gender is especially important for service providers in our field. Speech-language pathologists will serve children of varied races, class, and gender expressions. ASHA (2013) clearly states that regardless of a practitioner’s “personal culture, practice setting, or caseload demographics, professionals must strive for culturally and linguistically appropriate service delivery” (Discussion section, para. 1). ASHA also points out that “cultural competence is as important to the successful provision of services as are scientific, technical, and clinical knowledge and skills” (Summary section, para. 1).

Issues pertaining to racial and ethnic distinction, as well as class and gender, can be difficult to negotiate for a variety of reasons. More needs to be done to support the development of service providers in our field who are sensitive, respectful, and knowledgeable regarding issues of diversity. Riquelme (2013) argued that we first need to consider our own personal biases. It is helpful to explore them as we need to understand how our personal culture and biases influence the decisions that we make while providing services. When we promote change in ourselves, we encourage appropriate reflection on how to provide services that are culturally sensitive.

We suggest three practices that would enhance multicultural sensitivity and increase the potential for fair and equitable discourses to be cultivated within speech-language pathology. These recommendations include a) specific pre-service/in-service training and advanced coursework in diversity that should be mandated for speech-language pathology students and practicing SLPs; b) on-going education that explores the needs of a changing American demographic; and c) clinical settings that focus upon work with diverse clientele.

First, formal education for speech-language pathology students, and continuing education for current SLPs, should speak plainly to the fact that diversity training is a necessity, not a luxury. We know that programs that earn accreditation by ASHA must provide multicultural training for speech-language pathology students. Historically however, there has been a somewhat unbalanced discourse in general education. Paine’s study from 1989 examined teacher education students, who were mostly White and English-speaking, and found that diversity was viewed as a problem rather than a resource. In an earlier work, Vivian Paley’s (1979) groundbreaking, *White Teacher*, comprehensively discusses the realities and cultural conflicts that may occur when racial disparities are manifested within the classroom. More contemporaneous literature (e.g., Zhang, Katsiyannis, Ju, & Roberts, 2014) suggests that non-majority students and their families are still problematized by teachers and suppositions are

generally made that minority communities are generally uninvested and disinterested in successful participation within educational discourses.

As stated by ASHA (2016), of those who identified their race and ethnicity, only 12% of currently certified SLPs consider themselves of Hispanic or Racial minority origins. That means the overwhelming majority of certified SLPs (88%) consider themselves to be from majority groups. Diverse clinical experiences can provide these SLPs with meaningful information to engage with those clients who are culturally and linguistically different than the majority of ASHA's constituency. Despite the widespread understanding that culturally and linguistically diverse clients are becoming more prevalent among those receiving speech and language services, pre-service and in-service programs may still be prone to problematizing these individuals rather than celebrating their unique differences (Oswald, Coutinho, Best, & Singh, 1999; Rueda & Windmueller, 2006; Waitoller, Artiles, & Cheney, 2010).

We suggest that SLPs might be better equipped to have explicit conversations related to race, class, and gender if provided with the tools necessary during their training and continuing education. Such efforts may help to advance conversations within our clinical practice while positioning all clients as capable and valuable members of our communities.

ASHA (2001) acknowledges how important it is for all professionals to consider how an individual's culture and language acquisition impacts the ways in which services should be provided. They advocate for the use of culturally appropriate therapy to ensure clinicians are meeting the needs of their consumers, regardless of their race, class, or gender. Every accredited academic program should explicitly address multicultural issues in communication sciences and disorders; however, the opportunity for trainees to engage with people different than themselves is often limited. Therefore, further prospects for working with diverse populations should be promoted in order to honor the positive changes that have already

been implemented to further support the provision of culturally appropriate services. Previous research must also be acknowledged to promote this claim of culturally and linguistically appropriate services to the students in those schools.

Second, individuals who choose to work with young children should be made aware of rapidly shifting demography in America. Pre-service training should not be the end of the education related to diversity in speech-language pathology. Once employed, professional development opportunities and on-going training that addresses the advancing plurality of American students should be required so as to best serve the needs of our diverse learners. Active practitioners should be constantly questioning their own positions within clinical environments and critically assessing the identities and ideologies of students who are of differing races and ethnicities. Reflective practices regarding race, class and gender would also be appropriate so that allegiance to long-standing, and possibly inaccurate, perceptions and beliefs about diverse students would not lead to their subjugation within our clinical practice.

Third, SLPs should be encouraged to participate in clinical practice with diverse learners of varied racial, class-based, and gender-related differences whenever possible. Of course, this leads to an important point. There may not be adequate training available in this academic realm. Preiss (2008) argued that students should have clinical competence with diverse populations. Students of speech-language pathology must have the ability to understand the impact that culture has on their client's ability to communicate.

Speech-language pathologists who are trained in communities that are diverse develop unique skills compared to those who are trained with more homogenous populations. Students of our professions should be offered diverse opportunities in order to increase their cultural awareness. Individuals who seek out these opportunities should be recognized and praised for their desire to advance the provision of

appropriate services through culturally competent practices.

Lynch and Hanson (2011) wrote that one's cultural competence is pertinent to not only our personal lives but our professional lives as well. It is imperative that all SLPs receive training in this area, not only during their graduate coursework, but throughout their career with continuing education. Battle (2012) stated that SLPs "must understand culturally appropriate behaviors from many different cultures because they may otherwise misinterpret behaviors that could lead to misdiagnosis" (p. 132).

Núñez (2000) asserted that clinicians should also explore cross-cultural efficacy. Cross-cultural efficacy relies heavily on the service provider's understanding that neither their culture nor their patient's culture is more accurate than the other. Focusing on cross-cultural efficacy creates a third culture that undergirds the interactions between SLPs and their clients. This allows us to better understand how our own culture

impacts our clients and the ways in which we serve them.

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