CULTURAL CONSIDERATIONS WHEN WORKING WITH DIVERSE CHILDREN VIA TELEHEALTH DURING THE COVID-19 PANDEMIC

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— ABSTRACT —

This article will focus on the knowledge and skills that clinicians need when providing speech-language services to children from diverse backgrounds via telehealth. Information regarding culture competence, parental involvement, and working in the home environment will be provided. In addition, treatment resources are presented with a description of how to use with parents to enhance patients' speech-language skills.

Keywords: COVID-19, Coronavirus, Clinical Resources, Culture, Treatment

Introduction

During the COVID-19 pandemic, clinicians are forced to adapt traditional therapeutic activities to fit the needs of children from culturally and linguistically diverse (CLD) backgrounds when delivering services via telehealth. Research has indicated several paradigms that are necessary when treating children from CLD backgrounds in their homes: using parents as the agent (Roberts & Kaiser, 2011; Kaiser & Roberts, 2013; Weitzman, 2013) using the environment as the stimulus for language building (Ford, et al., 2020; Larson, Barrett, & Mcconnell, 2020); and bringing a culturally sensitive perspective to the clinical encounter (Edwards-Gaither, 2018; Pham, 2012). Furthermore, research suggests that language outcomes are impacted by the child's socioeconomic status and linguistic background (Jackson, Schatsch-neider, & Leacox, 2014). In addition, clinicians will need to have certain knowledge and skills in order to provide therapy that is sensitive to cultural and economic diversity. However, cultural consideration in therapeutic encounters becomes increasingly difficult when faced with the technological barriers of telehealth. The purpose of this article is to discuss knowledge and skills that are needed when working with children from diverse backgrounds in order to enhance service delivery via telehealth.

Discussion

To successfully provide speech-language therapy to the CLD population via telehealth, practitioners must first equip themselves with the tools that are necessary to enhance knowledge and skills. These

include: Cultural competence; Parental involvement; Therapy in the home; and Clinical resources.

Cultural Competence

To gain cultural competency, clinicians must consider the following principles: cultural humility, awareness of linguistic bias and ethical considerations (Edwards-Gaither, 2018). While this may seem obvious, these principles are commonly an after-thought when planning for therapy. Cultural humility can be described as forfeiting one's assumptions in regard to differing backgrounds (Edwards-Gaither, 2018). Clinicians should always consider linguistic biases when selecting assessments to avoid misdiagnosing the patient based on their language differences. However, linguistic bias can decrease significantly if the clinician can deliver services in the child's native language (Pham, 2012). Ethical considerations when delivering services should be a priority to ensure that treatment and evaluations are appropriate for the given population.

Parental Involvement

Another element for ensuring the efficacy of telehealth is parent participation and necessary pre-training. It is crucial to remind parents that they are one of the most important teachers of language for their child despite the need for speech therapy services (Kaiser & Roberts, 2013). There is evidence to support the positive outcomes in participants' language skills when parents had adequate training versus when parents did not (Roberts & Kaiser, 2011; Weitzman, 2013). To apply the principle of parent training to telemedicine, clinicians need to ensure parents can use the technology platforms that are available by reviewing log-in procedures, link access, and troubleshooting if problems with technology arise. Overall, it is the goal of the speech-language pathologist to provide parents with effective training and strategies to help facilitate and develop language skills outside of therapy (Kaiser & Roberts, 2013). Pre-consideration of parent involvement will allow clinicians to plan therapy that will best suit their family's needs which will provide a more positive outcome.

Therapy in the Home Environment

Clinicians should know the importance of providing speech-language therapy in the home environment. Research has shown that the home setting provides higher levels of language input due to the increased participation in conversational turns and vocalizations (Larson et al., 2020). Teletherapy allows for the implementation of the home environment in therapy. Parents are able to use familiar toys and routines that assist with carryover of skills typically taught in a more structured setting. Furthermore, speech-language pathologists are able to assist in establishing a routine in the home which will allow for repeated exposure to appropriate vocabulary. CLD children could benefit greatly from the use of their home environment; however, cultural considerations are crucial to determining the family's access and ability to support their child in this setting. Through telehealth, clinicians are able to train parents in their natural setting on how to stimulate their children for language and allow for opportunities for requesting and verbal output.

Clinical Resources

Speech-language pathologists may find the following tools useful when work with parents of children from diverse backgrounds: Boom Cards, My Play Home, and The Ultimate SLP. These are popular tools for telehealth is vital for increasing therapy outcomes, especially if toys are not accessible.

Digital book sources such as "Get Epic" and "Super Teacher Worksheets". These can be utilized to train parents in storybook reading where children can actively participate and be familiarized with age-appropriate vocabulary. Dialogic reading, a technique for storybook reading, encourages the child to actively participate in reading, provides feedback, and allows the reader to adapt their reading style to the child's linguistic abilities. This technique has been extremely effective in developing the vocabulary of children of low SES in the classroom setting (Hargrave & Sénéchal, 2000); however, researchers struggled to find efficacy of this technique in the home environment due to difficulties monitoring the use of the technique and frequency of reading. Telehealth is an optimal format for techniques that require parent-child interaction because clinicians can equip the parents with necessary skills for stimulating their child for language in a natural setting. It can decrease the pressure caused by the physical presence of the clinician, allow the clinician to effectively monitor progress, and motivate the CLD parents to follow through with carryover. Online resources, like "Get Epic", also provide stories in other languages which can support the bilingual homes and give families access to information in their native language.

Applications used with non-CLD children can be utilized when treating CLD children as long as activities are adapted considering the child's cultural and linguistic backgrounds. Clinicians should adjust therapy considering the parent's involvement, the child's natural environment, and the family's cultural and linguistic differences. Benefits of therapy in the natural environment are apparent but CLD children may not reap the same benefits as their peers if the

strategies are not adjusted to meet their needs. Special considerations (e.g. variations in parenting style, language use, home routines, and parental education etc.) are crucial when transitioning services to telemedicine. Receiving therapy services from a clinician of similar cultural and linguistic background is an effective way of addressing a child's cultural and linguistic diversity. With the use of telemedicine, clinicians of similar cultural and linguistic backgrounds have greater access to CLD children and can offer services that would have been unavailable to them otherwise. Research has shown that therapy in a natural setting with parent training has been beneficial for this population (Larson et al., 2020); however, telehealth adds a component of technology that can be troubling.

Summary

Clinicians are responsible for identifying these challenges and playing an active role in breaking down technological barriers. It is also important to continue to assess the needs of CLD children, recognizing that the modification of activities are not one size fits all, but unique to each individual child. It is important that patients are exposed to materials and activities that meet their needs and resemble their diverse learning environments.

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