PRACTICAL GUIDELINES FOR CROSS-LINGUISTIC AND CROSS-CULTURAL(CLCC)[1] EARLY COMMUNICATION INTERVENTION (ECI)[2]

AIM

This document describes potential adaptations to the practices of speech-language therapists (SLTs) who undertake cross-linguistic and cross-cultural (CLCC) early communication intervention (ECI) i.e. intervention with children below 3 years with communication difficulties. The guidelines, which comprise proposals or recommendations taken from the literature, are intended for implementation based on SLTs' own discretion and experience of what works in specific scenarios with caregivers and children. The guidelines apply to all communication disorders that lead to communication difficulties in young children and to the caregivers of pre-school children whose communication difficulties are identified late. The document is meant to complement existing guidelines for cross-linguistic and cross-cultural ECI.

The purpose of the guidelines is to support culturally responsive speech-language therapy practices that are underpinned by research. Culturally responsive practices form part of the four key principles of ECI and plays a role in providing accessible and appropriate services.

The guidelines are based on the NICE Guidelines Manual and the AGREE II Framework for Advancing Guideline Development. Two guideline documents of the Health Professions Council of South Africa (HPCSA) were also consulted, namely the Guidelines for Practice in a Culturally and Linguistically Diverse South Africa and the Guidelines for Good Practice in the Healthcare Professions: General Ethical Guidelines for the Healthcare Professions.

- The guidelines rely on available research evidence.
- They were developed by an independent and unbiased guideline development group.
- The guideline development group are committed to the promotion of equality, equity, and diversity.
- The guidelines comprise an integrated list of recommendations made by SLTs and caregivers, as obtained from a scoping review and two qualitative research studies.

DEVELOPMENT OF THE GUIDELINES

The guidelines are based on the findings of the following three articles:

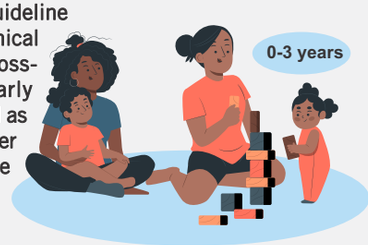
1. Botha, M., Gerber, B. & Van der Merwe, A. 2021. Barriers in cross-linguistic and cross-cultural paediatric speech-language therapy and strategies for promoting culturally safe practices: a scoping review. LitNet Akademies. 18(3):673–701.

2. Botha, M. & Gerber, B. 2023. Cross-linguistic and cross-cultural early communication intervention: the lived experiences of speech-language therapists. LitNet Akademies. 20(2):449–97.

3. Botha, M, Gerber, B & van der Merwe A. 2024. Cross-linguistic and cross-cultural early communication intervention: the experiences of caregivers (and not lived experiences). LitNet Akademies. 21(2)

Method of development: The strategies and recommendations put forward by SLTs from England, the United States, Canada, Brazil, Hong Kong and the Eastern Cape province of South Africa as well as the suggestions of caregivers in the Eastern Cape were integrated into a single, general list of recommendations. These were analysed, from which 14 guiding principles were identified.

Guideline development group: The guideline developers were three SLTs with clinical and research experience of cross-linguistic and cross-cultural early communication intervention as well as a nursing practitioner and researcher with specific expertise in the selected research methodology.



How to use the guidelines

Each of the 14 guiding principles are accompanied by one to seven recommendations that SLTs may follow to achieve the specific guideline. Direct guidelines are divided by target group, namely caregivers, interpreters, families, children, and SLTs. Indirect guidelines apply to SLTs only.

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Target users and target population

The **target users** of this guideline document are SLTs who deliver cross-linguistic and cross-cultural early communication intervention to a **target population** consisting of caregivers and families of children below the age of three as well as other role players such as interpreters.

[1]When the caregiver and child's first language or cultural background differs from the SLT's.

DIRECT GUIDELINES

Direct guideline principles refer to those guidelines and recommendations which the SLT can apply during the early communication session with the caregiver.

GUIDELINES RELATING TO CAREGIVERS

1 Prioritise dignity and respect language preferences, different cultures, convictions, and value systems.

1.1 Respect the caregiver's perception of the reason why the child presents with a communication delay/disability (e.g. a punishment or curse, failure to perform traditional rituals, witchcraft, bad luck, etc.) as well as how it could be treated (e.g. supernatural healing, traditional medicine, etc.).

1.2 Take note and be cognisant of traditional healing practices.

1.3 Offer privacy to caretakers who have religious clothing items to remove and put back on.

1.4 Ask the caregiver about the child's home language development to account for the impact of linguistic diversity on assessment and intervention.

1.5 Take note of caretakers' attitudes towards Western therapies, which have likely been influenced by colonisation or other historical factors, as well as their ideas relating to indigenous knowledge and African philosophy.

1.6 Avoid offending the caregiver in conversations about cultural customs by communicating with the utmost respect, sensitivity, and care. Be cognisant of different verbal and non-verbal communication preferences.

2 Make innovative and situation-appropriate adaptations in communication.

2.1 Speak slower, simplify grammatical structure of spoken language, and use gestures where necessary.

2.2 Frequently repeat key concepts and use comparisons and demonstrations to explain them.

2.3 Use concrete methods such as written words, pictures, diagrams, and videos to support abstract ideas and explanations.

2.4 Where needed, change how the caregiver addresses you to neutralise power imbalances, e.g. use your first name rather than 'doctor'.

3 Facilitate caregiver participation and monitor caregiver understanding.

3.1 Ask the caregiver to reformulate the child's speech and language diagnosis in their own words. The same could be done with home programmes, asking the caregiver to explain in their own words how the home programme can be carried out at home.

3.2 Welcome and encourage the caregiver's questions and observe the caregiver's reaction when important information is shared.

3.3 Allow sufficient opportunity for the caregiver to practise and master certain techniques, during the therapy session, thereby monitoring understanding.

4 Secure caregiver buy-in, participation, and feedback.

4.1 Prepare and inform the caregiver as to what could be expected during assessment and therapy, jointly plan objectives, and forge a partnership.

4.2 Embrace and encourage the caregiver's suggestions as to how therapy activities may be modified at home to be more appropriate.

4.3 Encourage the caregiver to actively take part in the therapy session rather than waiting outside the room.

4.4 Ask the caregiver about their observations at home while the home program activities are carried out in the child's natural environment.

4.5 Ask the caregiver to keep a record of which home-based activities work well and which do not, and discuss this during the therapy session.

4.6 Supply goal-oriented activities, along with checklists that the caregiver can use at home to indicate whether the tasks were carried out successfully or not.

4.7 Where possible, invite the caregiver to phone the practice/hospital/clinic with any questions that may arise at home or after the therapy session.

[2]ECI refers to the raising awareness, prevention, assessment and treatment of speech-language difficulties in children under 3 years of age in collaboration with their caregivers (American Speech-Language-Hearing Association 2008; South African Speech-Language-Hearing Association 2017).

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DIRECT GUIDELINES

Direct guideline principles refer to those guidelines and recommendations which the SLT can apply in the session with the caregiver.

GUIDELINES RELATING TO THE FAMILY

5 Understand and engage the family, embracing their uniqueness.

5.1 Get to know and understand dynamics and unique circumstances of the family.

5.2 Invite family members to attend the therapy sessions and afford them a chance to share tips and strategies that they are using at home.

5.3 Invite the caregiver to bring along an older child from the household to the therapy sessions to facilitate carry-over of therapy goals at home.

GUIDELINES RELATING TO THE CHILD

6 Engage the child in modelling techniques and create opportunities for individual and group interactions.

6.1 Model intervention techniques with the child rather than merely explaining them.

6.2 Consider group therapy in order to offer children the opportunity to interact with one another and with caregivers.

GUIDELINES RELATING TO INTERPRETERS

7 Train interpreters.

7.1 Use the same interpreter, where possible.

7.2 Inform the interpreter of the purpose of the therapy session beforehand.

7.3 Request the interpreter to translate the complete message, including any caregiver comments.

7.4 Ensure that the caregiver consents to the use of an interpreter.

7.5 When addressing the caregiver, make eye contact with the caregiver rather than with the interpreter.

GUIDELINES RELATING TO THE SLT

8 Optimise your own understanding of the child's functioning.

8.1 Use dynamic assessment. Consider the use of home videos. Discuss with caregivers the option of taking a home video of the child in their home environment as an information gathering tool.

8.2 Obtain input from the child's educator where possible.

9 Be sensitive to the unique needs and challenges of the child and caregiver – flexibility in terms of how therapy is applied, resources, and good use of time.

9.1 Offer multiple opportunities for assessment in various contexts such as the home, practice, clinic or school, where possible.

9.2 Be flexible, not every client can be treated the same.

9.3 Use items that are similar to those available in the child's natural environment, e.g. everyday items or homemade toys rather than store-bought toys. Alternatively, the caregiver may be asked to bring along items from the home so that their application in communication intervention could be illustrated.

9.4 Respect the caregiver's time and utilise the full 30 to 60 minutes of the session, especially where caregivers face challenges with time, transport, and transport costs. Where possible, try to implement systems that ensure caregivers and children are seen for therapy on a regular basis.

9.5 Be 'hands-on' and focus all your attention on the caregiver and child. Guard against over-explaining and question-and-answer sessions taking up too much time.

INDIRECT GUIDELINES

Indirect guideline principles refer to guidelines and recommendations SLTs can implement to commit themselves daily to culturally responsive CLCC ECI.

GUIDELINES RELATING TO THE SLT

10 Promote the profession and develop strategies to enhance curricula and accelerate diversification of the workforce.

10.1 Participate in and plan awareness campaigns to promote the profession among Grade 10-12 learners.

10.2 Plan and conduct campaigns among different communities and caregivers to raise awareness of speech-language delays/disorders and the SLT's role in treating these.

10.3 Motivate for amendments to early communication intervention curricula, particularly with regard to working with caregivers to ensure that therapy objectives are successfully transferred to the child's home and school environment.

10.4 Motivate for the appointment of more SLTs and more SLTs that represent the language and culture of the clients from specific clinics and hospitals.

11 Ensure that assessment and therapy material suit the caregiver's circumstances and make the necessary adjustments.

11.1 When international, English, standardised test material is adapted informally, engage the caregiver or an interpreter in the translation of instructions to ensure that the child will understand.

11.2 First test the suitability of stimulus pictures, instructions, and directions on neurotypical children from the same linguistic and cultural background before applying them to children with communication delays/disorders.

12 Consult other stakeholders in the field of cross-linguistic and cross-cultural speech-language therapy to enhance your own expertise.

12.1 Persons who may be consulted in this regard include colleagues who work across linguistic and cultural boundaries, multicultural friends or family members, as well as persons who serve as cultural interpreters or cultural brokers.

13 Deepen your empathy by connecting with the 'inner person' and understanding clients' potential discomfort in context.

13.1 Develop empathy for clients by imagining having to consult a doctor or other healthcare professional whose first language or culture is different from yours while you speak only broken English.

14 Make an effort to expand your own knowledge of cultural customs and languages – be culturally competent[3] and develop cultural humility[4].

14.1 Learn at least a few words or phrases in the home language of the caregiver and child. Learn how to greet in their home language. Ask the caregiver to assist with the acquisition of new words in the child's home language and produce flashcards so that basic words are always visible in the therapy room.

14.2 Conduct home visits where possible and take part in cultural events or gatherings.

14.3 Explore online or mobile apps that support communication with the caregiver/child in their home language, e.g. Google Translate.

14.4 Identify the head of the household. Engage this person in decision-making and share important information regarding the child's diagnosis and progress with them.

[3] Cultural competence is a dynamic and complex process requiring ongoing self-assessment, continuous cultural education, openness to others' values and beliefs, and a willingness to share one's own values and beliefs. This is a process that evolves over time. It begins with understanding one's own culture, continues through reciprocal interactions with individuals from various cultures, and extends through one's own lifelong learning.

[4] "Cultural humility is a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities" (Tervalon & Murray-Garcia, 1998)