



Culturally Responsive Practices

in Speech, Language,
and Hearing Sciences

SECOND EDITION

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FOREWORD

Cultural diversity is an inescapable reality in the United States and many other countries. This topic has been legitimate subject matter for U.S. instruction in communication sciences and disorders (CSD) since the 1980s, when the earliest books on multicultural issues were used. Current credentialing standards of the American Speech-Language-Hearing Association (ASHA) clearly show that the question is no longer whether multicultural issues should be included in the instruction for professionals in the field. The pressing questions now are how to deliver such instruction and how to do it effectively.

Dr. Yvette D. Hyter and Dr. Marlene B. Salas-Provence have done more than ask these questions. They have brought considerable clinical and teaching experiences in domestic and international settings as well as their own research findings to the creation of a textbook for the CSD field. This book, *Culturally Responsive Practices in Speech, Language and Hearing Sciences*, is now in its second edition. This is not an ordinary textbook. The authors' approach to teaching about culture in CSD is a fresh and compelling response to **four** challenges to multicultural instruction, as highlighted in the rest of these remarks.

The **first** challenge to instruction has been the marginalizing of culture in CSD curricula. Although culture undergirds social communication, it was not historically recognized as foundational subject matter alongside the biological, auditory-perceptual, cognitive, linguistic, and developmental aspects. Instruction about culture, if available at all, was relegated to *elective* status among the social sciences. The curricular focus on culture has

come to the fore in the context of professional services for groups of minority speakers who were historically defined by race and ethnicity. However, a focus on culture is still needed when White speakers assume that they either do not have a culture or that they belong to a homogeneous mainstream culture. Each assumption is a contradiction to their observable religious affiliations alone—an aspect of culture that reveals fundamental within-group differences in personal beliefs and practices. Consequently, I have been astonished by my White students who claim that they do not have a culture or who state that they are just “Americans,” as if even that label refers to a homogeneous group without cultural identity. So, a challenge for instruction continues to be how to view culture as an integral dimension of *all* human communication.

In their textbook, authors Yvette D. Hyter and Marlene B. Salas-Provence provide more than a definition of **culture**. Culture is the focus of multiple chapters at the beginning of the book and remains a thematic presence throughout the 12 chapters. It anchors chapters not only on the assessment and treatment of hearing, speech, and language disorders but also on research practices and international policies regarding health and communication disorders. Furthermore, the discussion of culture as a source of political and social power in a society is less often addressed than it should be in a textbook for our field.

It is well known that clients in minority racial and ethnic groups are served most often by professionals whose cultural backgrounds differ from their own. Potential sources of cultural conflict can influence client-clinician

interactions even when the same language is used to communicate. The authors call attention to such notions as microaggression and unconscious and conscious biases. Such biases can erode professional relationships between clinicians and clients when unequal social power exists between them during service delivery encounters.

The emphasis on the cultural aspects of professional practices in this textbook is supported in a published national survey of perceived practices of multicultural/multilingual instruction in ASHA-accredited programs (Stockman et al., 2008). In this study, the 731 respondents to a questionnaire represented 79.6% of 231 ASHA-accredited programs at the time. When asked what the focus of multicultural instruction should be, just a few respondents (7.2% of 668 total responses) reported a preference for instruction that focused only on assessment and treatment of speech, language, and hearing disorders. Comparatively more respondents (25.9% of 668) favored an exclusive focus on one or more topics about (1) culture, language, and communication relationships; (2) dialect differences; and (3) social attitudes and tolerance of communication disorders in minority groups. Most respondents favored an emphasis on one or more of the latter three topics in combination with assessment and treatment content (66.9 % of 668). The data were extracted from Table 2, p. 250.

A **second** challenge to multicultural instruction is presented by the term *multicultural*. This term has historically referred to the U.S. minority groups who motivated the need for multicultural education. But the current landscape for professional practices now includes other groups. They are defined by social class, gender, sexual orientation, deafness, and disability status. These additional sources of diversity reflect cultural identities that are created by one's *simultane-*

ous membership in more than one social/cultural subgroup inside and outside of a larger racial/ethnic group. A person is not only a First Nations American or a White European American or an African American, Hispanic American, or Asian-American but also male or female, rich or poor, Christian or Muslim. The challenge is how to cover all these elements of group differences in instruction, given the minimal amount of time that may be devoted to multicultural issues, particularly when only a general infusion model of instruction is used.

One of the first things that stands out about this textbook from Hyter and Salas-Provance is the absence of separate chapter-length coverage of different cultural groups that has been used in other books used for instruction. There are practical and conceptual reasons why this textbook's approach is sensible.

The practical reason respects the problem of covering so many different groups. There is unlikely to be enough time in one course to focus equally or adequately on all the within-group and cross-group cultural differences encountered in clinical practices. This is certainly the case when using only a general infusion model of multicultural instruction. It also is unreasonable to expect every service provider to know about every group at the level needed for effective clinical services.

A conceptual reason to deemphasize large group distinctions is that such descriptions promote a stereotypic, if not simplistic, view of people because within-group differences do exist. The larger the group designation is (e.g., First Nations Americans, White or European American, African- or Hispanic- or Asian American), the less likely will such general descriptions reliably depict or predict what clinicians may encounter with individual clients. This is why a chapter-length coverage of the ethnographic interview in the Hyter and Salas-Provance textbook is so relevant

and necessary. As part of the assessment process, such an interview should yield information about culturally relevant aspects of any client's background that matter to achieving service delivery goals. The use of conceptual frameworks to guide sensitivity to cultural diversity in all its forms is emphasized. Multiple frameworks are described, and readers are encouraged to develop their perspectives. The authors' own conceptual frameworks embrace ethnographic and global perspectives for guiding clinical work, and they provide a framework for evaluating the stages of developing knowledge about cultural differences.

A **third** challenge to multicultural instruction is defining *cultural competence*. This term has been a verbal proxy for an outcome that supposedly tells us something about the state of professional preparedness to serve culturally diverse clients.

Alternatively, Hyter and Salas-Provance use the concept of *culturally responsive* practices in their textbook. This pragmatic view allows competence to be an achievable reality by viewing it as the flexible product of a continuous learning process. This is why the hierarchical model of cultural knowledge presented in this book is appealing; it allows one to gauge progress through different stages of personal knowledge about cultural differences.

Viewing cultural competence as a dynamic as opposed to a static state makes a lot of sense for two reasons. First, it is not a matter of knowing or failing to know about multicultural issues. Changes in life experiences and education may allow one's cultural responsiveness to evolve to a different level in one domain of professional praxis than in another one. Knowledge of and access to even one's own culture can vary over time due to natural and cultural constraints imposed on lived experiences. Children, for example, experience the same culture in different ways than do teens or adults due to biological maturation.

Second, a culture itself is not a static phenomenon. Cultural beliefs and practices may be altered by events *external* to their socially constructed features. Just consider the effects of the current COVID-19 pandemic on patterns of social engagement and problem solving in daily life. The same events are likely to affect various cultural groups in different ways. The notions of evolving cultures and cultural identities are seldom addressed in identifying what cultural competence is, but they ought to be. This is why self-reflection and introspection are critical pedagogical strategies to promote in this book.

A **fourth** challenge to multicultural instruction is how to do it in ways that are pedagogically sensitive to (1) the unprecedented amount of available information and (2) the type of information needed to achieve optimal service outcomes in a multicultural context of clinical practices.

Regarding the amount of information, every human service field is likely challenged by the increased availability and use of digital technology in daily life. In the CSD fields, increased information about multicultural issues competes with attention to new information created by rapid changes in the scope of clinical praxis for a still relatively young profession. Some respondents to the aforementioned 2008 survey of instructors in ASHA-accredited programs commented that they were overwhelmed by the requirement to include multicultural issues in a course along with other new information needed for clinical work. This reality requires multicultural instruction that is relevant, yet sensitive to the requirements of processing and learning information efficiently.

This textbook is appreciated for its attention to the teaching mission. Its presentation of text reflects thoughtful consideration of the pedagogical strategies needed to support *efficient* reader comprehension, retention, and

application of information to professional practices. There is consistency across chapters in the format of the information. Each chapter begins with its learning objectives and highlights the key concepts to be learned; it ends with a summary of main points. The written text is clarified and supplemented by the use of tables, figures, graphic symbols and illustrations, textbox highlights, and recommended audio-video media. At the end of each chapter, additional activities and readings are recommended for continued self-exploration of material. This attention to pedagogical details should have the effect of reducing or at least moderating the information load in a learning experience.

The multicultural teaching mission in any human services field (e.g., law, medicine, education, and CSD) requires more than the depersonalized transmission of information. Professional practices in applied fields require human interactions between service providers and recipients, so it is difficult to imagine that teaching about multicultural issues is optimal in the absence of actual cross-cultural interaction experience. However, there can be limited opportunity for such experiences in contemporary daily life. Many clinicians reside in communities that differ culturally from their clients', particularly those in historically defined racial/ethnic minority groups. Patterns of residential racial/ethnic segregation in sprawling urban environments can limit opportunity for face-to-face interactions among people even when they live in geographical proximity. Social distancing is enabled by the use of technology for socializing, learning, and even delivering professional services. Health restrictions imposed by the current COVID-19 pandemic have amplified the use of telepractice models of service delivery in CSD. This state of affairs burdens a pedagogical mission that aims to make multicultural instruction relevant

to real-world social interactions; therefore, another challenge is how to provide instruction that informs and transforms one's affective and cognitive views of multicultural issues in reduced social-contact environments.

In their textbook, authors Hyter and Salas-Provance use brief narratives of real and hypothetical cases to connect readers with likely situations outside of the instructional context. One or more such vignettes or scenarios anchor each chapter and can be used for group discussion and individual introspection.

The use of teaching cases as a pedagogical strategy has a long history in the professional education for applied fields such as law, medicine, and education. According to Lerner and Richey (2005), the advantages of using cases include the possibilities to (1) grasp theoretical concepts from their use in applied contexts, (2) refine analytical and problem-solving skills, and (3) integrate and synthesize information (p. 32). In my view, cases also allow issues to be highlighted in situations that may be outside of a student's prior experiences. Depersonalized cases may also provide a less threatening context for student discussion of sensitive issues arising from negative personal histories with social justice.

Gunn, Peterson, and Welsh (2015) stated that when teaching cases are designed to foreground social and cultural dimensions of a situation, they "can be even more relevant and effective for delivering content than expository text" (p. 69). Although case-based instruction is not meant to replace real clinician and client interactions in CSD, it can be a useful precursor to practicum field experience.

CONCLUDING REMARKS

This book offers readers a comprehensive yet condensed coverage of the multicultural

issues that are relevant to the CSD professions. In doing so, it bears the earmarks of a basic textbook. Its fresh approach launches our field into a new era of textbook modeling on multicultural issues. We are fortunate that Dr. Yvette D. Hyter and Dr. Marlene B. Salas-Provance have had the vision and energy to create a second edition of their textbook for students, teachers, and scholars in communication sciences and disorders and related fields.

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PREFACE

The authors have been teaching, researching, and implementing culturally responsive practices for more than 83 years between them. In this second edition of a text of this type in speech, language, and hearing sciences (SLHS), we felt it important to address this topic from an angle that is not traditionally used in these professions. It is 2021, and we live in a world that has been changing exponentially, particularly since the 1980s.

OUR INTERCONNECTED WORLD

Globalization—the *interconnectedness and interdependence of nations, blurring of borders, and intermingled cultures, ecologies, economies, languages, politics, and technologies*—has uneven effects; that is, there are countries that often benefit from this increasing interdependence, and there are those that are frequently disadvantaged by it (Hyter, 2014; Pillay & Kathard, 2018; Steger, 2010). Regardless of whether your country experiences the privileges or the hindrances of globalization, all of us perceive that the world is getting smaller.

In this 21st century there have been major movements of groups of people across the world. Sometimes this movement is voluntary as people are in search of diverse opportunities elsewhere. At other times, people are forcefully displaced because of such issues as

political instability, ethnic persecution, natural and environmental disasters, and wars. Nevertheless, because of this movement of groups of people, there are increasing opportunities for communication specialists, audiologists, educators, and health care providers to counsel, assess, diagnose, and engage with people with cultures (values, beliefs, and assumptions transmitted from one generation to another that drive daily practices) and languages different from one's own. We are also in a time when there have been unprecedented examples of the violations of civil and human rights, extrajudicial killings, and increasing expressions of racism, sexism, islamophobia, linguicism or linguistic racism¹ (Baker-Bell, 2020; Lippi-Green, 2012; Phillipson, 1992), audism,² cultural exclusion, political domination, and economic exploitation in the United States and abroad. For these reasons, the authors know that the content of this textbook disrupts the status quo, or “business as usual,” and the time is right to facilitate a different way to think about speech, language, and hearing practices.

TOWARD CRITICAL SPEECH, LANGUAGE, AND HEARING SCIENCES

In this regard, we approach culturally responsive practices from interprofessional, transdisciplinary, and macro-practice perspectives. To

¹*Linguicism*, or linguistic racism, is the systemic exclusion, oppression, or exploitation of any group based on the language(s) spoken by that group.

²The systemic exclusion, oppression, or exploitation of a group based on hearing status.

do this, we have drawn from the literature of several disciplines (e.g., economics, education, interdisciplinary health, linguistic anthropology, nursing, political science, psychology, sociolinguistics, social work, and sociology) and integrated theoretical perspectives, conceptual frameworks, and concepts with the writings from the professions of speech-language pathology and audiology. Finally, as practicing clinicians, professors, administrators, and scholar-activists, we approach culturally responsive practices from a “critical” position of “examining the relations between language development processes and practices, and the historical, sociocultural, political, economic and ecological structures (conditions) that govern language and literacy use and practices, and shape linguistic culture” (Hyter, 2010, p. 1; Hyter & Salas-Provance, 2019).

WHAT IS IN A NAME?

What is in a name? Everything! We have made well-thought-out decisions about what terms to use to refer to gender and to ethnic, cultural, and racialized groups in this text. It has been a detailed and difficult decision, but our goal was to be as accurate as possible while being sensitive. Regarding gender, where gender is generic—that is, not referring to a specific person—we use the singular “they” pronoun or have tried to avoid the use of any pronoun, as per the American Psychological Association (APA) 7th Edition Style Guide (APA, 2019). There really are no good ways to refer to groups of people. Some terms are perceived as insensitive or disparaging, such as referring to the people who originated on U.S. soil as Indians. Based on our conversations with colleagues who identify as Indigenous American/ Native American, we have chosen to refer to this group of people as Indigenous Americans/

Native Americans. Many people of African descent living in the United States prefer to be called Black or African American. Watts Smith (2014) conducted a study of 3,374 African Americans in the United States and found that the majority (56%) preferred to refer to themselves as Black and 34% preferred to call themselves African American, but whether they referred to themselves as Black or African American was context-dependent; that is, it depended on to whom they were talking. Immigrants of African descent or from Haiti or the Caribbean who are descendants of Africans prefer to call themselves Black but also referred to themselves as African American. In this text, we use both *African American* and *Black* interchangeably (Adams, 2020).

Spanish speakers in the United States have been referred to as Hispanic and Latino. But these terms are used to refer to people from Mexico, Puerto Rico, Cuba, Central America, Argentina, and the Dominican Republic—among others—who all have a language in common but speak different variations of that language, and have diverse cultures. The U.S. government developed the category called *Hispanic* in the 1980s, under which it grouped all Spanish speakers (Brammer, 2019; Mora, 2014). Also, the term *Hispanic* has been associated with Spanish ancestry, whereas *Latino* has been used to refer to groups of people with a “colonial past and history of oppression” (Mora, 2014, p. 78). In the first edition of this textbook, we used Latin@, with the @ signifying both the “a” and “o” ending. But more recently, the use of Latinx (pronounced *la-teen-ex*) has been gaining traction, especially in academic settings and publications, as a way to use a gender-neutral word for Latina/o. This term is primarily used by English speakers. Recent research has revealed that about one in four U.S. Hispanics/Latina(o)s have heard of *Latinx*, and of those who have heard of it, only 3% use it (Pew Research Center, 2020).

In our discussions with Latina(o)s in our circle of colleagues, there is concern that *Latinx* is a very American and Eurocentric effort to “erase the history” of how the Spanish language is used (Brammer, 2019; Nuño-Pérez & Aviles, 2019) or as a form of “linguistic imperialism” forcing American ideology onto people living in Latin America and who have Latin American ancestry (Brammer, 2019; Guerra & Orbea, 2015). These are the reasons we have not adopted *Latinx* for this textbook but rather use *Latina(o)* and/or *Hispanic*.

Arab American, *Asian American*, *Pacific Islander*, and *White* or *European American* are also used, but we realize that these terms do not adequately describe the diverse ethnic groups associated with these names. Typically in the United States, the word *minority* has been used to refer to the groups of people mentioned above, with the exception of people who identify as White or European American. We deliberately have not used *minority*, as it carries a negative connotation. Also, *minority* is no longer used to refer to a numerical group but speaks more to the amount of power a group of people is perceived to hold. In addition to trying to use sensitive names for groups, we also struggled with what to call different regions of the world. We do use *People of Color* to refer to ethnic groups that have typically been racialized in the United States. Another term to consider, but that we have not used in this version of our textbook, is *global majority*, which situates conversations about race within an international and interconnected perspective while also acknowledging that most of the people in the world are those who identify as People of Color (Hyter, 2021; Lim, 2020).

We use the concepts of majority-world and minority-world countries (Alam, 2009). *Majority-world country* refers to countries that have a history of colonialism, and where access to resources is often strained. This is

the part of the world where a majority of the world’s population lives. *Minority-world country* refers to countries with high incomes, such as the United States, Canada, many countries in Europe, Israel, as well as some parts of Asia and of Oceania. The minority-world countries are where a minority of the world’s population lives.

POSITIONALITY STATEMENTS

Positionality statements are used to openly acknowledge that all knowledge is situated within perspectives and supported with assumptions (Holmes, 2020). People are positioned by socially and culturally lived experiences and contexts, but also by educational, economic, and political contexts. We thought it important to share with the readers our positionality statements, which clearly outline the events that have shaped our thinking and also clearly identify our values and ethical positions.



I am Yvette D. Hyter, PhD, CCC-SLP and ASHA Fellow. I identify as Black. With the help of my parents, aunts, uncles, cousins,

and Ancestry.com, I have been able to trace my paternal family back to 1811, and maternal family back to 1856. My maternal great-grandfather was a farmer who owned his own farm outright and was also literate. My investigation about my paternal great-great-grandparents, who were also farmers, led me to Louisa, Virginia, but I lost track of them there because those who were enslaved were only counted in the “slave schedules,” which provided the name of the slaver, the number of enslaved, the age of the enslaved, and the gender and color of the enslaved—but not their names. My parents were teenage sweethearts, married in their 20s, and, as of 2021, have been married for 67 years. They were part of the Great Black Migration (see Reich, 2014, and Wilkerson, 2011), migrating from Alabama to Michigan in the 1950s. Although I was raised in Detroit, while growing up, I (along with my siblings and parents) spent every summer in Alabama. My father, who wanted to be an architect, faced insurmountable obstacles to reaching that goal. Instead, he became a science teacher in Detroit, then went to Cornell University, earned a master’s in teaching in science, and, when he returned to Detroit, became science department head and later served as the science supervisor for the Detroit Public Schools until he retired. My mother became a nurse, and because the hours were difficult for raising a young growing family, she went back to school to obtain her bachelor’s in social work. Then she worked with teens living in residential centers and in out-of-home placements until her retirement. My siblings and I had a front-row seat to the challenges (some due to racism) and triumphs that my parents faced daily. They always had an alternative “story” for us, in that they told us about who we were and what was possible when someone called us a name or told

us what we could not aspire to be. All of this rich history, abbreviated quite significantly here, contributes to the fabric of who I am. As a Black student and faculty member in a predominantly White field and profession, I am keenly aware of systemic racism and other practices of exclusion enacted through policies, practices, pedagogy, and the SLHS curriculum. It is my history in these spaces that have primarily driven my tireless work for an antiracist, socially just, equitable, and inclusive discipline that educates clinicians, scholars, and educators to practice while employing a human and linguistic rights lens (Hyter, 2021).

My last comment is about a dream I had in 1990 when enrolled at Temple University to earn a doctorate in speech-language pathology after having worked as a speech-language-hearing professional (SLHP) for several years. While obtaining my PhD, I was experiencing significant cognitive dissonance around the topic of assessments and interventions with “multicultural populations.” I was trying to reconcile what I was learning with how I could have more effectively served children of color on my previous caseloads. I had a dream that all the children of color were locked in a barn and I could not get them out. I had the key, but the key did not work. I tried to break the barn door down but was unable to. I had that dream repeatedly until I realized my purpose was to contribute to a change in the way that children who are impoverished, who speak languages other than English, and who are marginalized are assessed and supported by SLHPs. That has been my sole focus since 1990. Writing a book with my friend and colleague Dr. Marlene B. Salas-Provence is just the next natural step for my contribution to the field of SLHS.



I am Marlene B. Salas-Provance, PhD, MHA, CCC-SLP, ASHA Fellow, and NAP Fellow. I was born and raised in Albuquerque, New Mexico, in a large Hispanic family, the youngest of seven children. I believe that my life experiences are similar to those of many Hispanic individuals who were raised in strong religious (Catholic) and extended families. Growing up, my family included three brothers, three sisters, and many uncles, aunts, and cousins around whom our entire life revolved, full of the cultural and religious rituals of baptisms, confirmations, weddings, and funerals. My Salas name originates from my conquistador grandfather of many generations past, Sebastian Salas, who crossed into New Mexico in the late 1500s, having journeyed from Estonia, Spain, looking for a new world. My family has a Salas family shield that represents our long ancestry. New Mexico has many families similar to my own who have lived in the state for hundreds of years.

My mother's father, Esau Bruno Lopez (grandmother Maria Melior de Dolores Chavez Lopez), was a man ahead of his years in terms of educating his daughters. He took his daughters by horse and wagon from a small town, Torreon, New Mexico, to Santa Fe, New Mexico, to be educated at the Loretto School for Girls. Two of my aunts became teachers.

My own mother, Cora Maria Lopez Salas, only went to school through the eighth grade but was a passionate believer of education for her children. She was a volunteer for numerous causes as long as I can remember. My own passion for volunteering, I believe, was passed down from her. My father, Ross Ray Salas, was a welder in the same job for 30 years. We learned the value of hard work and of dedication to a cause, and the importance of family. I was the first in my family to leave home for a college education, and there are numerous stories to tell about that journey. One sister was educated in the convent as a Sister of the Company of Mary. I credit my mother, Cora, with instilling in me a belief that you never quit, that no matter the challenges, education is worth it. So, educated I became.

My early success in college began with the unending support of Dr. Edgar Garrett, chair of the Department of Communication Disorders at New Mexico State University. There were only three undergraduate students in speech-language pathology from a Hispanic background in the early 1970s at my university. It is hard to believe that things have not changed much since then. Dr. Garrett supported me then and continued to do so throughout my life. I truly believe that role models are critical to our success as individuals. I had many mentors like Dr. Garrett who set me on the path to my success. The close relationships I have built with students over the years stem from my own experiences and my hopes for their success.

My professional work in diversity began with the American Speech-Language-Hearing Association's Hispanic Caucus in 1994, and cultural issues have been a focus of my personal and professional life since that time. My friend and colleague Dr. Yvette Hyter planted the seeds for the origin of this book. We have taken it to a new level in this second edition. As the cover depicts a tree, this edition now has twists and turns and new growth that is

spreading and encompassing a wider scope of information for a broader audience. The second edition has been intentionally and thoughtfully prepared to meet the needs of your diverse students, patients, or clients, no matter their disabilities.

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—Yvette D. Hyter

I again want to thank my mother, Cora Lopez Salas, who believed I could do anything. She would have been so proud of this textbook, even though it would be a challenge for her to read with her eighth-grade education. She was the smartest woman I have ever known and has provided me a lifetime of inspiration.

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—Marlene B. Salas-Provance

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This book is dedicated to the members of one of the communities of practice to which I belong, called the *Speech, Language, Hearing Sciences Equity Action Collective* (affectionately referred to as the *EAC* or *The Collective* and listed alphabetically by last name):

RaMonda Horton, PhD, CCC-SLP, Valerie Johnson, PhD, CCC-SLP,

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We have united our minds and hearts in struggle together to keep our beloved discipline from descending into the abyss of systemic forms of exclusion, injustice, and inequity, and to create new spaces and transform old spaces into those that are inclusive, antiracist, equitable, just, and humane.

—Yvette D. Hyter, PhD, CCC-SLP, ASHA Fellow

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She has been there for me in more ways than I can count.

—Marlene B. Salas-Provance, PhD, MHA, CCC-SLP, ASHA Fellow



To live in the United States today means to live with almost 329 million people (based on U.S. Census Quick Facts, 2019), with Indigenous Americans/Native Americans, Blacks/African Americans, Latina(o)s/Hispanics, Asians/Asian Americans, and Arab Americans collectively representing 40% of the population (Arab American Institute Foundation, 2018; U.S. Census, 2019). The term usually used to refer to these groups of people is *minorities*; however, it is a term that is problematic and often offensive, particularly since its use no longer typically refers to numbers of people. The use of the term *minority* is particularly important to think about because the numerical majority of children under the age of 5 in many large cities are from communities of color and from diverse ethnicities. Projections for 2020 estimated that in the United States, 53.8% of children in this age group would be from an ethnic background other than European and from a racialized background other than White or Caucasian (Table 1–1; U.S. Census, 2017). In this text, we will use *People of Color* to refer to people who identify as Black/African American, Indigenous American/Native American, Latina(o)/Hispanic, Asian/Asian American, and Arab American.

The combined population of People of Color in the United States is expected to rise

to more than 60% of the total population by 2060, compared with 38% in 2017. The United States is continuing along the path to becoming a plurality of racial and ethnic people. Part of this racial and ethnic plurality are those who identify as European American, Caucasian, or White, who also have histories, cultures, and world views. Typically, in the United States, when race and ethnicity are mentioned, Whiteness is not considered, yet it is central to how race was constructed in the nation (McDermott, 2020). One goal of this text is to help all readers, regardless of their racial and ethnic backgrounds, produce knowledge and acquire skills and attitudes that will help them be able to engage, interact, practice their professions, and provide care to anyone from any racial, ethnic, or cultural group in a responsive and equitable manner.

The diversity of languages spoken is wide, with more than 350 languages spoken in U.S. homes and approximately 35 of these languages spoken by at least 100,000 individuals over the age of 5. These data indicate that one out of every five children in the United States is speaking a language other than English (Rivers, 2018; U.S. Census, 2015). A closer look across the United States reveals that 224 languages are spoken in Los Angeles (Geos Languages LA, 2021), 166 in Seattle, 164 in

Table 1–1. Populations by Race and Hispanic Origin: 2016–2060 (in thousands)

Race and Hispanic Origin	2016		2060		Change, 2016–2060	
	Number	Percent	Number	Percent	Number	Percent
Total population	323,128	100.0	404,483	100.0	81,355	25.2
One race						
White	248,503	76.9	275,014	68.0	26,511	10.7
Non-Hispanic White	197,970	61.3	179,162	44.3	–18,808	–9.5
Black or African American	43,001	13.3	60,690	15.0	17,689	41.1
American Indian and Alaska Native	4,055	1.3	5,583	1.4	1,528	37.7
Asian	18,319	5.7	36,815	9.1	18,496	101.0
Native Hawaiian and other Pacific Islander	771	0.2	1,125	0.3	354	45.9
Two or more races	8,480	2.6	25,255	6.2	16,775	197.8
Hispanic	57,470	17.8	111,216	27.5	53,746	93.5

Source: Reprinted from Vespa, J., Medina, L., & Armstrong, D. M. (2020). Demographic turning points for the United States: Population projections for 2020 to 2060: Current population reports. <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf>

Texas (Ura & McCollough, 2015), and 126 in Detroit. Figure 1–1 shows the percentage of people in the 15 most populous areas of the country who speak a language or languages other than English. This tells only one side of the story, as there are a multitude of smaller pockets of linguistic diversity across the country, including people who speak languages of Indigenous Americans such as Navajo, Cherokee, and Apache as well as other smaller language groups such as Dutch, Indonesian, and Romanian, among others (U.S. Census, 2015).

English remains the predominant language spoken in the United States, with a little over 240 million speakers. In 2018, about 67 million people in the United States spoke a language other than English in the home, with 41 million of those speaking Spanish in the

home (Zeigler & Camarota, 2019). Table 1–2 shows information regarding languages spoken at home in the United States in 2011.

It is important to understand the racial, ethnic, and language diversity in this country because the work of policymakers, researchers, educators, and service providers will be—or “should be”—influenced and dictated by this reality. These millions of people build ways of living together. Their everyday lives are established as a result of shared historical experiences. There is collective problem-solving among individuals and groups—and cultures are born. Chapter 2 is devoted to definitions and concepts, but in this chapter, we briefly define two primary concepts that occur throughout this text: culture and cultural responsiveness. We also discuss unconscious bias.

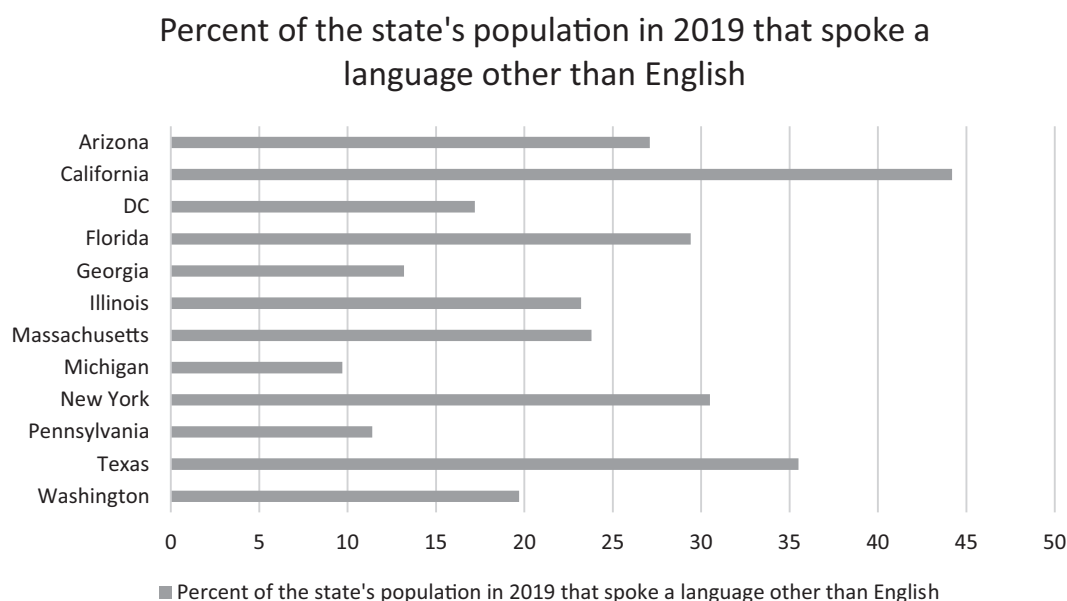


Figure 1–1. Number of languages spoken in the states with the 15 largest U. S. metro areas. Population estimates are from 2018 U. S. Census American Community Survey demographic and housing estimates.

Table 1–2. Language Use in the United States: 2011

Detailed Languages Spoken at Home by English-Speaking Ability for the Population 5 Years and Over: 2011		
Characteristics	Population 5 Years and Over	Spoke a Language Other Than English at Home (%)
Population 5 years and over	291,524,091s	x
Spoke only English at home	230,947,071	x
Spoke a language other than English at home	60,577,020	100.0
Spanish or Spanish Creole	37,579,787	62.0
Other Indo-European languages		
French	1,301,443	2.1
French Creole	753,990	1.2
Italian	723,632	1.2
Portuguese	673,566	1.1
German	1,083,637	1.8
Yiddish	160,968	0.3
Other West Germanic languages	290,461	0.5
Scandinavian languages	135,025	0.2
Greek	304,928	0.5
Russian	905,843	1.5
Polish	607,531	1.0
Serbo-Croatian	269,624	0.4
Other Slavic languages	336,062	0.6
Armenian	246,915	0.4
Persian	407,586	0.7
Gujaranti	358,422	0.6
Hindi	648,983	1.1
Urdu	373,851	0.6
Other Indic languages	815,345	1.3
Other Indo-European Languages	449,600	0.7

Table 1–2. *continued*

Characteristics	Population 5 Years and Over	Spoke a Language Other Than English at Home (%)
Asian and Pacific Island languages		
Chinese	2,882,497	4.8
Japanese	436,110	0.7
Korean	141,277	1.9
Mon-Khmer, Cambodian	212,505	0.4
Hmong	211,227	0.3
Thai	163,251	0.3
Laotian	140,866	0.2
Vietnamese	1,419,539	2.3
Other Asian languages	855,303	1.4
Tagalog	1,594,413	2.6
Other Pacific Island languages	428,476	0.7
Other languages		
Navajo	169,369	0.3
Other Native American languages	195,407	0.3
Hungarian	93,102	0.2
Arabic	951,699	1.6
Hebrew	216,343	0.4
African languages	884,660	1.5
All other languages	153,777	0.3

Source: Reprinted from U.S. Census (2009–2013). American Community Survey. Retrieved from <https://www.census.gov/data/tables/2013/demo/2009-2013-lang-tables.html>

DEFINITION OF CULTURE

At its core, culture is a set of factors from multiple dimensions that can describe how one person or a group of people experience life and engage in daily practices. Culture is learned and transmitted socially through patterns of behavior driven by such factors as problem-solving strategies, value systems, beliefs, symbols, attitudes, religion, artifacts, and communication. We learn these practices over time, and they essentially become our culture. How we accept these variations, especially when they go well beyond our own personal preferences, speaks to our sensitivity level for other cultures, yet we can fit into a variety of cultures, and we do so, on a regular basis. Some cultural connections come more naturally than others. We continue to return to this concept of culture throughout the book. In our daily interactions, we encounter cultures that are different from our own. It is up to us individually, and as part of a group, to decide who or what we accept or reject. We measure differences and similarities and then make choices. Some cultural practices, we reject outright—sometimes consciously, but often unconsciously (Fiarman, 2016; Moule, 2009). There are degrees of this decision-making paradigm that are acceptable and unacceptable according to the laws of the countries where we reside. For example, in employment in the United States, the Equal Employment Opportunity Commission (EEOC) rejects discrimination based on age, disability, pay, genetic information, sexual orientation, national origin, pregnancy, race/color, or religion, among other characteristics (EEOC, n.d.; Yang, 2015). There are consequences when the line is crossed in these areas in our places of work. However, apart from the laws of the country, each person has a personal choice in how to live their life and how to treat

others, and much of that is framed by what they have learned over time, their experiences, and their culture.

Let's read a story that may or may not be familiar to you. Insert yourself into this scenario and take the time to consider how you would decide to accept or reject some of these cultural practices. Are they new and interesting to you, or are they so different that you could not possibly adapt or consider them under any circumstances? Are you willing to say, "This is not for me, but I understand how these individuals may benefit from this experience?" Are they common for you because of the region of the country or part of the world in which you live? Do you enjoy the rituals, the fruits of labor, and the familial comradery?



Box 1–1. La Matanza

(*matar* means “to kill” in Spanish, and *la matanza* means “to massacre”)

You are invited to a family gathering of a colleague you know from work. You want to get to know him better, so you accept the invitation. You arrive at the home alone and are welcomed with hugs (*abrazos* in Spanish) from a number of people, similar to a receiving line. You are led to where your friend is sitting outside with a group of family members. You understand from the conversation that they are preparing to butcher a pig for the festivities. The family will gather to watch the *matanza* and then later partake in the meal. You learn that one of the best parts of the pig is the fat. It will be cooked into a delicacy that you can eat and enjoy as it is fried over the burning wood fire outside. They call this delicacy *chicharones* (fat rinds), and they can't seem to wait to start eating them.



As you think about the case in Box 1–1, ask yourself these questions:

- Do you stay or do you leave?
- Do you think what they are doing is right?
- Do you place a value judgment on this practice?
- If you do stay, do you eat?
- Do you ever accept another invitation from this colleague after this event?
- Were the cultures of work (which were similar for the two of you) and the culture of home (your family does not eat meat) so different that you now see this colleague in a different (perhaps more negative or more positive) way?
- Should you accept all aspects of this new experience in order to be culturally sensitive or culturally responsive?
- Did you just have another joyful afternoon at a *matanza* with family and friends?
- Is this a practice so common in your culture that it doesn't take on special-event status?

CULTURAL RESPONSIVENESS

The idea of cultural competence is difficult to conceptualize. It appears to be an all-or-nothing phenomenon, either we are competent or we are not. But as with any other skill, being competent is not all-or-nothing but an evolving process. Sometimes the term *competence* itself causes confusion. A concept that is increasingly being promoted in education literature is *culturally sustaining pedagogies* (Alim & Paris, 2017; Paris, 2012), which focus on schools sustaining cultures of People of Color. Specifically, according to Paris (2012), culturally sustaining practices seek to “sustain linguistic, literate and cultural pluralism” in schools (p. 93). Throughout this text,

however, we have chosen to use another term. **Cultural responsiveness** provides us with a broader perspective from which to view our behaviors as they relate to our actions with individuals across a variety of cultures that are different from our own. In 1994, pedagogical theorist and educator Gloria Ladson-Billings talked about pedagogy that was relevant and responsive to the cultures of the children being taught. Culturally responsive practices are those that take the client's cultural perspectives, beliefs, and values into consideration—in all aspects of education or providing a service (Gay, 2018; Ladson-Billings, 1994, 1995).

Each person's degree of cultural responsiveness is a product of the fusion of their experiences and influences. How we feel and the decisions we make about our behavior toward others are not linear. This means, there is not one point in time when we can say we are safely culturally responsive in every one of our interactions. Cultural responsiveness is, so to speak, always a work in progress. How we communicate with our world systems are from a more circular framework of decision-making. It can be said that we go in and out of being culturally responsive at various points in time. What we hope for you as you read and reflect on the writings in this text is that, more often than not, your reactions to the people, families, and communities with whom you work and collaborate will become more and more responsive to their cultural world views, beliefs, and values.

Figure 1–2 shows a schematic based on the Stages of Cultural Competence created by Cross, Bazron, Dennis, and Isaacs (1989), neatly depicting six levels of development that we traverse, from complete insensitivity (shown at the bottom right of the graphic) to the highest levels of cultural competence (or, using the language of this text, cultural responsiveness).