

CULTURAL COMPETENCE CHECK-IN: CULTURALLY RESPONSIVE PRACTICE

This tool was developed to heighten your awareness of how you view the influence of culture and language on service delivery.

NOTE: There is no answer key; however, you should regularly review and reflect upon areas that you rated a 3 or even a 2.

Ratings: 1 : Things that I always do

2 : Things that I sometimes do

3 : Things that I rarely do

- I recognize that narrative styles and pragmatic behaviors vary across and within cultures.
- I proactively learn about behaviors and customs that are prevalent for my clients/patients/students.
- I understand that some individuals may have different reading levels in English and/or in additional language(s).
- I provide clients/patients/students with take-home resources that are written in their preferred languages.
- I seek assistance from trained interpreters, bilingual coworkers, and those in related professions who can help interpret, as needed.
- I have trained my interpreters using clearly defined roles and responsibilities to assist me in providing services to linguistically diverse populations.
- I ask questions about language developmental history for all language(s) used.
- I ask clients/patients/students' family members and friends about the ability to use English and additional language(s).
- I ask clients/patients/students' family members and friends about the exposure to English and additional language(s).
- I seek out information on how my clients/patients/students' language(s) may influence their English.
- I listen for and am familiar with American English dialects and their influence on syntax and semantics.
- I understand that code switching most often reflects typical and skilled use of more than one dialect and language.
- I share my pronouns, and I ask my clients/patients/students to specify their pronouns.
- I ask my clients/patients/students their name to use in sessions and their name to use for insurance purposes/paperwork.
- I ask when it's acceptable for me to use the names provided to me, in an attempt to respect the privacy of my clients/patients/students.
- I consider bias in assessment tools and materials (e.g., language batteries, articulation assessments, Pb word lists, spondee word lists) and make modifications, as appropriate.
- I include the clients/patients/students and their caregivers as partners in determining outcomes for treatment.
- I consider decisions to seek alternative treatments from a holistic practitioner in developing treatment plans.

- I consider my clients/patients/students' beliefs in both traditional and alternative medicines when I make referrals.
- I consider the cultural and linguistic background of current and potential clients/patients/students when I select treatment materials (e.g., assessment, pictures, books/workbooks, flashcards, videos, music, food).

I consider cultural norms and preferences when planning:

- | | |
|-----------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Appointments | <input type="checkbox"/> Community outings |
| <input type="checkbox"/> Holiday celebrations | <input type="checkbox"/> Meals and snacks |
| <input type="checkbox"/> Services in the home | <input type="checkbox"/> Homework and recommendations for caregivers |

I allow for alternative methods of sharing experiences and communication, such as:

- Storytelling
- Use of props to support the oral tradition that is prevalent in some cultures

I allow for alternatives to written communication, which may be preferred, such as:

- Communicating verbally
- Modeling the recommendations
- Using video/audio clips
- Using technology, such as texting, apps, and so forth

When communicating with individuals whose native language is not English, I use:

- Trained interpreters/translators
- Keywords or signs in their language
- Visual aids
- Gestures/physical prompts

I am aware that health care disparities and over- and under-identification create barriers to clinical services for individuals across diverse backgrounds.

I am familiar with specific disorders/diseases that have higher incidence in individuals across diverse backgrounds that may have implications for speech, language, and hearing.

*Although several sources were consulted in the development of this checklist, the following document inspired its design: Goode, T. D. (2002). Promoting cultural and linguistic competence self-assessment checklist for personnel providing services and supports in early intervention and childhood settings (Rev. ed.). National Center for Cultural Competence, Georgetown University Center for Child and Human Development, University Center for Excellence in Developmental Disabilities Education, Research & Service.

REFERENCE THIS MATERIAL AS FOLLOWS:

American Speech-Language-Hearing Association. (2021). Cultural competence check-in: Culturally responsive practice. <https://www.asha.org/siteassets/uploadedfiles/multicultural/culturally-responsive-practice-checklist.pdf>.

