Supporting Culturally and Linguistically Diverse Populations:
The Magic of AAC

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Agenda

- Introduction to Lingraphica
- Cultural Considerations
  - ASHA Code of Ethics
  - Increasing Cultural Competence
  - Cultural Diversity-focused AAC Implementation
- Device Demonstration
- Case Studies
- Trial Process, Funding, and Barriers
- Questions/Answers and Wrap-up

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Learning Objectives

- State three Lingraphica resources that may benefit clinicians and the clients they serve
- Define elements of ASHA's code of ethics that address treating CLD clients
- Identify features of a Lingraphica AAC devices that benefit bilingual users
- State three factors to consider when implementing AAC with culturally diverse populations

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Introduction to Lingraphica

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Lingraphica empowers people with diverse communication needs to express themselves and connect with the world around them through technology for communication, therapy and community.

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The World of Lingraphica - Technology

Devices

Apps

TalkPath Therapy

TalkPath News

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The World of Lingraphica - Connection

Virtual Connections

The Aphasia Community

PD Connect Live

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The World of Lingraphica - Education

Continuing Education Webinars

LCP and Student LCP

Hands-On Device Demos

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Lingraphica's AAC Devices

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Lingraphica's AAC Devices: Hub

- One platform for easy access to AAC, therapy, and community
- Real-time data syncing through individual user accounts
- Flexible design to meet user's needs
  - Functional phrase-based communication
- Supports multimodal communication
  - Talk, Type, Draw, Media

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Fundamental Benefits of AAC

- Prosthetic
- Orthotic
- Therapeutic

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Prosthetic Use

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Prosthetic Use

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Prosthetic and Orthotic Use

Melanie Guerrero

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Orthotic Use

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Orthotic and Therapeutic Use
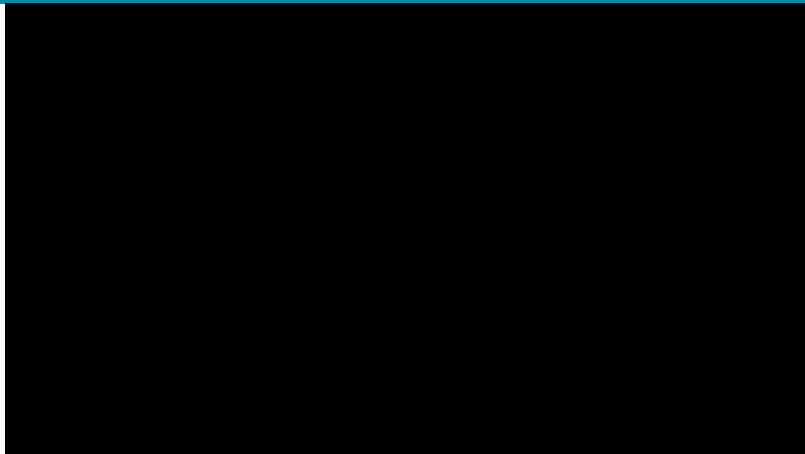
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Life Participation Approach

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Life Participation Approach

- Communication impacts every area of one's life
  - Relationships
  - Identity and role
  - Environmental barriers
  - Social and community engagement
- Success is functional improvements that
  - Impact an individual's day to day life
  - Open doors to more activities and partners
  - Improve how they see themselves and their role in life

(Worrall et al., 2011)
(Chapey et al., 2000)

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Communication Partners

- Participation is often reliant on communication skills and/or adequate supports
  - Communication partners are essential collaborators
  - Vested in communication success
  - Unique insight into users' life & PLOF
  - Likely need explicit training for generalization to daily communication interactions *(Simmons-Mackie, 2013; Binger & Kent-Walsh, 2012, Beukelman, 2002)*

- AAC users report:
  - Biggest barrier is behavior of speaking people

    (Hartmann & Sheldon, 2019)

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Identity and Cultural Considerations

- Personalized and Collaborative Goal Setting
  - Diet communication (religious, aversions, allergies, lifestyles)
  - Greeting style & preferences
  - Celebrations & traditions
  - Person centered care and language
    - Identity first vs person first language
    - Pronouns
- Assessment
  - Use non-biased tools - PROMS
  - Consider validity, cultural sensitivity and inclusion

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Device Demonstration: Hub

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Cultural Linguistic Diversity:
Setting the Stage

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Defining CLD Populations

- Cultural diversity
- Linguistic diversity
  - Varying vocabularies and dialects
  - Monolingual non-English
  - Bilingual

ASHA, 2020

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ASHA's Code of Ethics

- Code of Ethics:
  - **Rule B:** Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
  - **Rule C:** 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. *(ASHA, 2016)*
- Defining Cultural Competence
  - **Understanding** and **appropriately responding** to the full range of dimensions of diversity that the professional and client/patient/family bring to interactions. *(ASHA 2017)*

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Guidelines for Services

- National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)
  - Align behaviors, attitudes and policies to serve all cultures
  - Care is effective, equitable, understandable and respectful
  - Care takes diverse cultural health beliefs into account
    - Preferred languages
    - Health literacy
    - Other communication needs
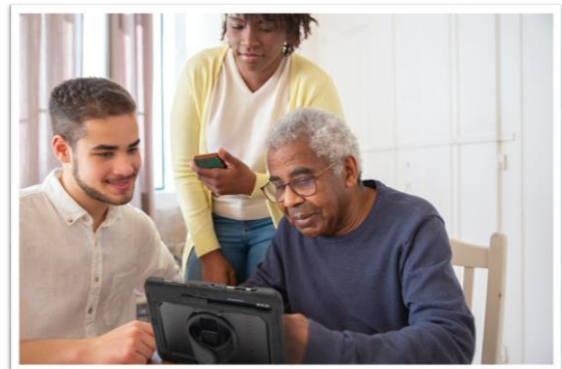 - Respect the whole individual

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(Health and Human Services)

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Cultural Mismatch

- SLP demographics
  - 92% white *(ASHA, 2020)*
  - "SLPs may be unfamiliar with sociohistorical context that frames families' perspectives of health institutions"
- Cultural mismatch

Mindel, 2020

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Cultural Competence

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Increasing Cultural Competence

- Building cultural competence is SLP's responsibility *(Mindel, 2020)*

- Cultural humility, cultural competence, and culturally responsive services

- Considering unique cultural and linguistic considerations while emphasizing individual needs *(Mindel, 2020)*

- Family involvement

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Increasing Cultural Competence – 4 Steps

- Identify own cultural values, assumptions and beliefs
- Identify client's/family's cultural values and beliefs
- Identify differences and similarities
- Develop collaborative partnerships to provide recommendations that match family values

ASHA, 2017

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Cultural Competence Self Check-In

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Culturally Responsive Practice

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 consider my clients/patients/students' beliefs in both tradition-al 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:

   ___ Appointments   ___ Community outings

   ___ Holiday celebrations   ___ Meals and snacks

   ___ Services in the home   ___ Homework and recom-mendations for caregivers

I allow for alternative methods of sharing experiences and

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Considerations for Culturally Diverse Populations

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Background Info

- Socioeconomic and cultural barriers to accessing services
  - Access factors *(Gadson, 2020)*
  - Cultural factors *(Gadson, 2020)*
  - Socioeconomic factors *(Hyter & Salas-Provance, 2019)*
- Current AAC practices based on Western ideology *(Ripat & Woodgate, 2010)*

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AAC Considerations

- Card/image selection
  - Personalization
  - Family input *(Soto & Yu, 2014)*
- Vocabulary selection
  - Family input *(Parette et al., 2000)*
  - Normalization of communication through AAC
  - Code switching
- Voice selection
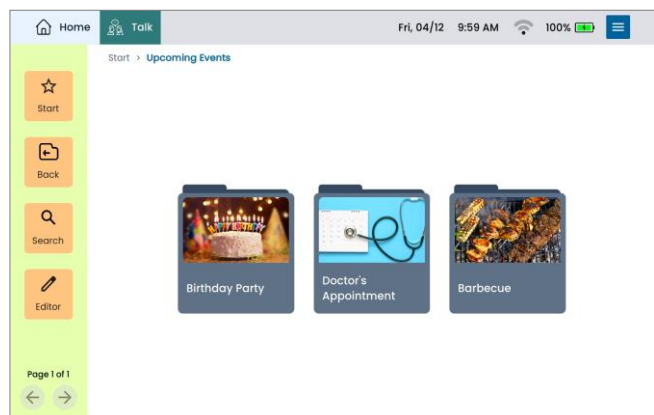
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Cultural Enhancements

- Diverse voices and artwork
- Inclusive vocabulary and images
- Built in accessibility options
  - Alignment
  - App and card sizes
  - Font sizes
  - Keyboard options
  - Highlighting of text
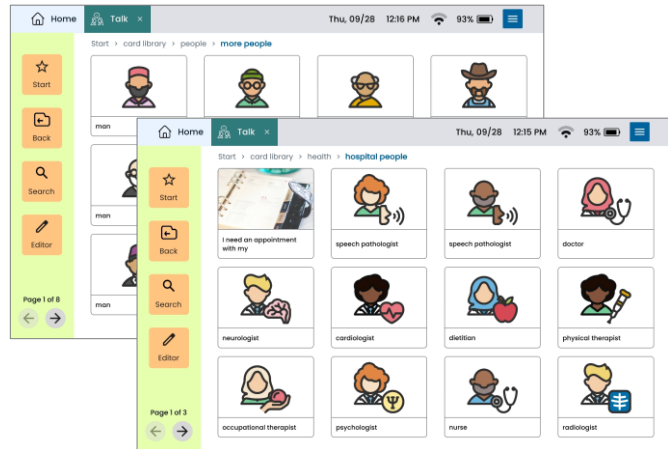
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AAC Assessment for Linguistically Diverse Patients

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Preparing for the Evaluation

- Interpretation
  - Family?
  - Referrals
- Finding, editing or creating bilingual AAC systems
  - Language representation
  - Dialect and culture representation
  - No-tech/rapid access picture systems
  - Advance information from family
    - Interview style *(Hyter & Salas-Provance, 2019)*

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Bilingual AAC Assessment

- Similar protocol to monolingual AAC assessment
- Unique considerations:
  - Device choices with patient's native language
  - Which language to assess in
  - Culturally appropriate symbols
  - Culturally and age-appropriate voices
  - Code switching
  - Discussion of barriers with family

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Goal Setting

- Consider including goals related to:
  - Code switching
    - Navigation between page sets
    - Utilizing the most appropriate language in specific contexts
  - Editing symbols and voices to more fully represent user's culture
    - User and family
    - Personality and culture fit

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Considerations for Treatment

- Who will be the treating therapist?
- Abilities of treating therapist
  - Bilingualism
  - AAC experience
  - How can you support them or help them access supports?
- Family as interpreters

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AAC Assessment Barriers in CLD Population

- Reduced ease of obtaining an AAC evaluation when native language is not English
- Access to:
  - Bilingual SLP or qualified interpreter
  - High tech devices with necessary features
  - Device trainings in native language of patient
- Time commitment to set up AAC in native language

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Device Demonstration: Dual Language Mode

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Stay Tuned

- Lingraphica's ongoing commitment to increasing access, efficiency, and DE&I efforts
  - Language system improvements
  - Assessing needs of CLD communities and gaps in access
  - Share your feedback!

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Get Hands On!

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Trial Process, Funding, and Barriers

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AAC Device Candidacy

There is NO:

- Prerequisite skill set
- Minimum or maximum age
- Minimum amount of time post-onset to wait
- Tech experience required

Dietz, Wallace & Weissling, 2020

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SLP-Led Device Trials – The Process

1	2	3	4	5
Eligibility/Benefits Check	Clinical Consultant/SLP	Trial Device	SLP Recommendation/ Paperwork	Device Placement
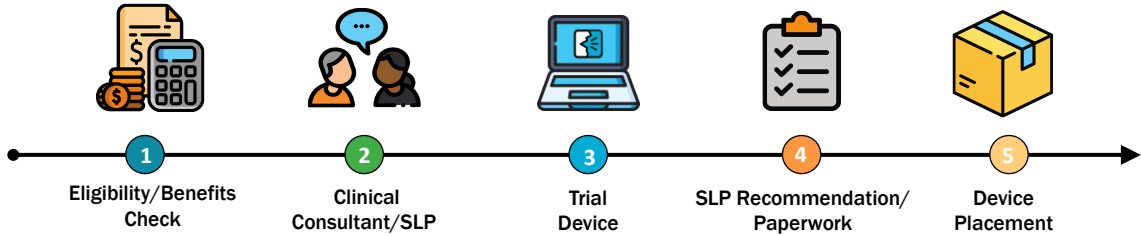
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At-Home Device Trial Program

1	2	3	4	5
Eligibility/Benefits Check	Lingraphica works with Client and Family	Assessment with SLP, Client, Consultant	SLP Recommendation /Paperwork	Device Placement
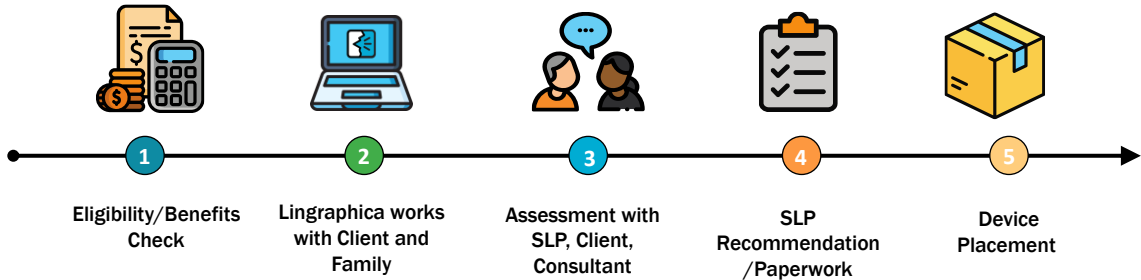
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Communication Coaching

- For users and communication partners with their own Lingraphica device
- Additional training on:
    - Device navigation
    - Assistance with settings and accessories
    - Customization and personalization
    - Functional activities for more effective communication at home and in the community

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Funding

Lingraphica works with:

- Medicare
- Medicaid
- Private insurance plans
- Alternate funding sources

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Resources

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Resources

- Learn and Loan
- Virtual Connections
- Parkinson's Connect
- Communication Boards

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Conclusion

- Introduction to Lingraphica
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Questions & Answers

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Next Steps

Schedule a device demo
www.lingraphica.com/clinical-aac-device-demo/

Start a trial
www.lingraphica.com/start-trial/

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Join us!

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Earn CEUs For Today's Course

- Return to learn.aphasia.com
- Go to your learning center
- Look in the "current" tab and find this course
- Launch post-work (learning assessment and course eval)
- When finished, it will show in "completed" tab
- Please complete within 48 hours

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Thank You!

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