

CANADIAN JOURNAL OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

# CJSLPA ▶ RCOA

REVUE CANADIENNE D'ORTHOPHONIE ET D'AUDIOLOGIE

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SERVICE DELIVERY TO FIRST NATIONS, INUIT AND MÉTIS IN CANADA: PART 1

## SPECIAL ISSUE



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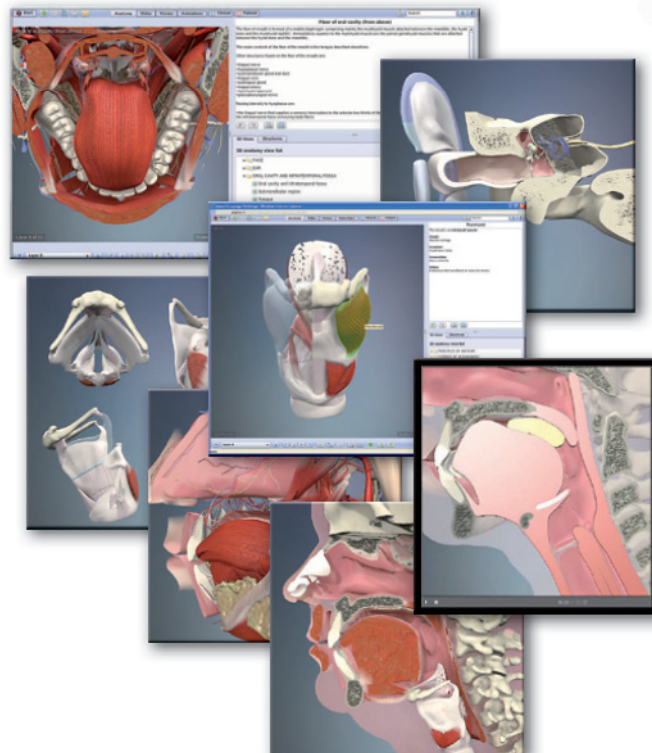
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The Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) is the only national body that supports and represents the professional needs of speech-language pathologists, audiologists and supportive personnel inclusively within one organization. Through this support, CASLPA champions the needs of people with communication disorders. The association was founded in 1964 and incorporated under federal charter in 1975. CASLPA's periodical publications program began in 1973.

The purpose of the *Canadian Journal of Speech-Language Pathology and Audiology* (CJSLPA) is to disseminate contemporary knowledge pertaining to normal human communication and related disorders of communication that influence speech, language, and hearing processes. The scope of the Journal is broadly defined so as to provide the most inclusive venue for work in human communication and its disorders. CJSLPA publishes both applied and basic research, reports of clinical and laboratory inquiry, as well as educational articles related to normal and disordered speech, language, and hearing in all age groups. Classes of manuscripts suitable for publication consideration in CJSLPA include tutorials; traditional research or review articles; clinical, field, and brief reports; research notes; and letters to the editor (see Information to Contributors). CJSLPA seeks to publish articles that reflect the broad range of interests in speech-language pathology and audiology, speech sciences, hearing science, and that of related professions. The Journal also publishes book reviews, as well as independent reviews of commercially available clinical materials and resources.

The *Canadian Journal of Speech-Language Pathology and Audiology* is supported by a grant in Aid to Scholarly Journals, provided by the Canadian Social Sciences and Humanities Research Council (grant # 651-2008-0062), for the period January 2009 to December 2011.

## CASLPA Vision and Mission

### Vision

The Canadian Association of Speech-Language Pathologists and Audiologists ...the national voice and recognized resource for speech-language pathology and audiology.

### Mission

The Canadian Association of Speech-Language Pathologists and Audiologists ...supporting and empowering our members to maximize the communication and hearing potential of the people of Canada.

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University of Toronto

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and Alice Eriks-Brophy, Ph.D.

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Joël Macoir, Ph.D.  
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(Speech & Language,  
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### Assistant Editors

Candace Myers, M.Sc.  
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Glen Nowell, M.Sc.  
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### Review of translation

Benoît Jutras, Ph.D.  
Université de Montréal

Translation  
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## Objet et Portée

L'Association canadienne des orthophonistes et audiologistes (ACOA) est l'association professionnelle nationale reconnue des orthophonistes et des audiologistes du Canada. L'Association a été fondée en 1964 et incorporée en vertu de la charte fédérale en 1975. L'Association s'engage à favoriser la meilleure qualité de services aux personnes atteintes de troubles de la communication et à leurs familles. Dans ce but, l'Association entend, entre autres, contribuer au corpus de connaissances dans le domaine des communications humaines et des troubles qui s'y rapportent. L'Association a mis sur pied son programme de publications en 1973.

L'objet de la *Revue canadienne d'orthophonie et d'audiologie* (RCOA) est de diffuser des connaissances relatives à la communication humaine et aux troubles de la communication qui influencent la parole, le langage et l'audition. La portée de la Revue est plutôt générale de manière à offrir un véhicule des plus compréhensifs pour la recherche effectuée sur la communication humaine et les troubles qui s'y rapportent. La RCOA publie à la fois les ouvrages de recherche appliquée et fondamentale, les comptes rendus de recherche clinique et en laboratoire, ainsi que des articles éducatifs portant sur la parole, le langage et l'audition normaux ou désordonnés pour tous les groupes d'âge. Les catégories de manuscrits susceptibles d'être publiés dans la RCOA comprennent les tutoriels, les articles de recherche conventionnelle ou de synthèse, les comptes rendus cliniques, pratiques et sommaires, les notes de recherche, et les courriers des lecteurs (voir Renseignements à l'intention des collaborateurs). La RCOA cherche à publier des articles qui reflètent une vaste gamme d'intérêts en orthophonie et en audiologie, en sciences de la parole, en science de l'audition et en diverses professions connexes. La Revue publie également des critiques de livres ainsi que des critiques indépendantes de matériel et de ressources cliniques offerts commercialement.

La Revue canadienne d'orthophonie et d'audiologie est appuyée par une subvention d'Aide aux revues savantes accordée par le Conseil de recherches en sciences humaines du Canada (subvention no. 651-2008-0062), pour la période de janvier 2009 à décembre 2011.

## ACOA : VISION ET MISSION

### Vision

L'Association canadienne des orthophonistes et audiologistes : porte-parole national et ressource reconnue dans le domaine de l'orthophonie et de l'audiologie.

### Mission

L'Association canadienne des orthophonistes et audiologistes appuie et habilite ses membres en vue de maximiser le potentiel en communication et en audition de la population canadienne.

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### Rédacteur en chef

Tim Bressmann, Ph.D.  
University of Toronto

### Rédactrices en chef invitées

Elizabeth Kay-Raining Bird, Ph. D.  
et Alice Eriks-Brophy, Ph. D.

### Directrice de la rédaction / mise en page

Olga Novoa

### Directrice des communications

Angie D'Aoust

### Rédacteurs en chef adjoints

Andrea MacLeod, Ph.D.  
Université Laval

(Langage, soumissions en anglais)

Vincent Gracco, Ph.D.

McGill University

(Parole, soumissions en anglais)

Navid Shahnaz

University of British Columbia

(Audiologie, soumissions en anglais)

Joël Macoir, Ph.D.

Université Laval

(Parole et langage, soumissions  
en français)

Benoît Jutras, Ph.D.

Université de Montréal

(Audiologie, soumissions en français)

### Rédacteurs adjoints

Candace Myers, M.Sc.

CancerCare Manitoba

(Évaluation des ressources)

Glen Nowell, M.Sc.

Hamilton Health Sciences

(Évaluation des ouvrages écrits)

### Révision de la traduction

Benoît Jutras, Ph.D.

Université de Montréal

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# From the Guest Editors

SUMMER ISSUE



## INTRODUCTION TO THE SPECIAL ISSUE ON SERVICE DELIVERY TO FIRST NATIONS, INUIT AND MÉTIS IN CANADA: PART 1

### Conceptualization of the special issue

In Canadian society, health and education service differences exist for First Nations, Inuit and Métis people. These differences are due in part to “social and economic inequality, prejudice, and systematic bias” (Johnson, Saha, Arboleaz, Beach and Cooper, 2004, p. 101) that exists in our society. There is a critical need for more information to assist speech-language pathologists and audiologists in supporting a more equitable and appropriate service delivery system for First Nations, Inuit and Métis people across Canada. This need was recognized in 2009 when a group of CASLPA members formed a special interest group to discuss speech, language and hearing service delivery to First Nations, Inuit and Métis people. It was in this first meeting of the group that the idea for a special issue was born, spear-headed by Elizabeth Kay-Raining Bird and Alice Eriks-Brophy, co-editors on the project, and Sharla Peltier, the initiator of the special interest group. It was also at this first meeting that the general framework of the special issue emerged, with the expectation that it would include several overview articles as well as a number of descriptions of practices being implemented across Canada. Like any worthwhile project, this one has had its labour pains. It has taken longer than we would have liked to come to fruition. As well, due to severe illness, one of the co-editors, Alice Eriks-Brophy, had to reduce her participation in Part 1 of the Special Issue.

### Terminology

One issue that all authors in the special issue have grappled with is terminology, but the choices made are not unanimous. This is because there is not consensus in the field. The Constitution Act of Canada (1982) recognizes three groups; First Nations, Inuit and Métis. In the act, these groups are referred to under the umbrella term, Aboriginal. The Constitution also uses the term “Indian” as an alternate name for First Nations. In Canada, the term “Indian” is generally considered derogatory and offensive and was purposely avoided by all authors in this special issue. Some authors have opted to be consistent with the Constitution and use Aboriginal when referring to First Nations, Inuit and Métis together. However, the term Aboriginal is also considered offensive by some and is therefore avoided by several authors. These authors, instead, have chosen to use Indigenous or First People instead of Aboriginal, or to use First Nations, Inuit and Métis separately or together as appropriate in place of any overarching term. Internationally, Native American is an accepted term in the United States; elsewhere, Indigenous is frequently used.

As practitioners or researchers, in your contacts with First Nations, Inuit or Métis people, you must determine in discussion with them how best to refer to their community and their people. There will be inconsistency in what is decided, across individuals and communities. The goal, of course, is to strive to be respectful and appropriate given the specific circumstances you encounter. In keeping with this principle, the authors of the special issue have chosen their own words carefully and some have also felt it necessary to explain their choices to you.

### Cultural Competence and Cultural Safety

The *National Center for Cultural Competence* defines the term cultural competence as the capacity to a) value diversity, b) conduct self-assessment, c) manage the dynamics of difference, d) institutionalize cultural knowledge, and e) adapt to diversity and the cultural contexts of the communities served. Cultural competence is developed at both an individual and institutional level. The process of developing cultural competence is never complete but is something to work towards. As we act in more culturally competent ways, the outcome for the people we work with is cultural safety. Tangible evidence of culturally safe practices includes people accessing our services more, interacting with us more, becoming more actively involved in assessments and interventions, and having fewer feelings of anger or frustration and an enhanced self-worth. It is hoped that this special issue assists its readers in moving along their paths towards cultural competence and thereby increases the cultural safety of the First Nations, Inuit and Métis people we encounter.

## Overview of Special Issue, Part 1

We hope that you find this special issue clinically useful and that the articles stimulate thought, discussion, further research and clinical innovations. Topics are varied and include a general overview article (Kay-Raining Bird); research articles including a survey of current practice (Ball), the development and testing of a screening tool (Dench et al.) and an analysis of the efficacy of English as a Second Dialect funding in British Columbia (Battisti et al.); a description of a university course designed to develop cultural competence and safe practices (Bernhardt et al.); a description of a clinical practice setting that provides services as well as practicum experiences (Moosa & Shurr); an article describing relationship building with one First Nations community (Zeidler); and two clinical practice articles (Peltier; Wawrykow). Three of the articles in Part 1 of the Special Issue focus on aspects of First Nations English dialects. This is an important topic for our field, however readers should not infer from this focus that questions regarding dialect use are the only challenge we currently face. Part 2 of the Special Issue will include articles that address other urgent considerations in the provision of service to First Nations, Inuit and Métis communities.

Elizabeth Kay-Raining Bird, Ph.D.,  
School of Human Communication Disorders,  
Dalhousie University, Halifax, N.S., Canada.  
[rainbird@dal.ca](mailto:rainbird@dal.ca)

Alice Eriks-Brophy, Ph.D.,  
Associate Professor  
Department of Speech-Language Pathology  
University of Toronto,  
Toronto, ON, Canada.  
[a.eriks.brophy@utoronto.ca](mailto:a.eriks.brophy@utoronto.ca)

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# Mot des rédactrices en chef invitées

NUMÉRO D'ÉTÉ



## PRÉSENTATION DU NUMÉRO SPÉCIAL SUR LA PRESTATION DE SERVICES AUX PREMIÈRES NATIONS, AUX INUITS ET AUX MÉTIS DU CANADA : PREMIÈRE PARTIE

### Conceptualisation du numéro spécial

Dans la société canadienne, les services de santé et d'éducation ne sont pas les mêmes pour les membres des Premières Nations, les Inuits et les Métis. Ces écarts sont attribuables en partie « à des inégalités sociales et économiques, à des préjugés et à des biais systématiques » (Johnson, Saha, Arboleaz, Beach et Cooper, 2004, p. 101, trad.) qui prévalent dans notre société. Il y a un urgent besoin d'information pour aider les orthophonistes et les audiologistes à soutenir un modèle de prestation de services plus équitable et approprié pour les Premières Nations, les Inuits et les Métis des quatre coins du Canada. Ce besoin est ressorti quand des membres de l'ACOA ont formé un groupe d'intérêt spécial en 2009 pour discuter de la prestation de services d'orthophonie et d'audiologie aux Premières Nations, aux Inuits et aux Métis. Dès la première rencontre de ce groupe, l'idée de publier un numéro spécial a germé, sous l'impulsion d'Elizabeth Kay-Raining Bird et d'Alice Eriks-Brophy, co-rédactrices dans ce projet, ainsi que de Sharla Peltier, initiatrice du groupe d'intérêt spécial. De cette rencontre est aussi né le cadre général du numéro spécial, à savoir plusieurs articles faisant un tour d'horizon ainsi qu'un certain nombre de descriptions de pratiques mises en œuvre partout au Canada. À l'instar de tout projet digne d'intérêt, celui-ci a connu sa part de difficultés. Il a fallu beaucoup plus de temps que nous l'aurions souhaité pour en voir la concrétisation. Aussi, en raison d'une maladie grave, l'une des rédactrices, Alice Eriks-Brophy, a dû considérablement réduire sa participation à la première partie du numéro spécial.

### Terminologie

Tous les auteurs du numéro spécial se sont butés aux termes à employer. Les choix ne sont pas unanimes, parce qu'il n'y a pas de consensus dans le domaine. La Loi constitutionnelle du Canada (1982) reconnaît trois groupes : Premières Nations, Inuits et Métis. Dans cette loi, ces trois groupes sont désignés par le terme général de « peuples autochtones ». La Constitution utilise aussi « Indiens » comme terme de rechange à Premières Nations. Or, au Canada, ce terme est généralement jugé comme méprisant et offensif, ce qui fait que tous les auteurs de ce numéro spécial l'ont sciemment évité. Certains auteurs ont choisi de s'aligner sur la Constitution et d'employer « Autochtones » pour faire référence à la fois aux Premières Nations, aux Inuits et aux Métis. Toutefois, ce terme est aussi jugé offensif par certains et, en conséquence, plusieurs l'ont évité. Ceux-ci ont plutôt choisi de mentionner le nom de chacun des groupes, Premières Nations, Inuits et Métis, séparément ou ensemble, lorsque jugé approprié, au lieu d'utiliser un seul terme englobant. Sur la scène internationale, l'expression « Native American » (Amérindiens) est acceptée aux États-Unis, tandis qu'ailleurs on trouve souvent « Indigènes ».

En tant que cliniciens ou chercheurs, dans vos échanges avec les Premières Nations, les Inuits et les Métis, vous devez discuter avec eux pour déterminer comment appeler leur communauté et leurs gens. Il n'y aura pas d'homogénéité dans ce qui sera décidé, ni d'une personne à l'autre, ni d'une communauté à l'autre. Évidemment, cet exercice vise à faire preuve de respect et de pertinence compte tenu des circonstances particulières dans lesquelles vous vous trouverez. En partant de ce principe, les auteurs du numéro spécial ont choisi leurs propres mots avec soin et certains ont aussi senti le besoin d'expliquer leurs choix aux lecteurs.

### Savoir-faire culturel et préservation culturelle

Le *National Center for Cultural Competence* définit l'expression « cultural competence » (savoir-faire culturel) comme étant la capacité (a) à valoriser la diversité, (b) à mener une auto-évaluation, (c) à prendre en compte la dynamique de la différence, (d) à institutionnaliser le savoir culturel, et (e) à s'adapter à la diversité et aux contextes culturels des communautés desservies. Le savoir-faire culturel s'acquiert tant à l'échelle de la personne que d'une organisation. Il ne s'agit pas d'une finalité en soi, mais plutôt d'une démarche vers un objectif. En agissant d'une manière de mieux en mieux adaptée à la culture, nous favoriserons la préservation culturelle des personnes avec qui nous travaillons. On trouve des exemples tangibles de préservation culturelle quand les personnes accèdent davantage à nos services,



interagissent davantage avec nous, participent davantage aux évaluations et aux interventions, éprouvent moins de colère ou de frustration, et ont une meilleure estime d'elles. Nous souhaitons que le présent numéro aide les lecteurs à cheminer vers le savoir-faire culturel et à ainsi accroître la préservation culturelle des Premières Nations, des Inuits et des Métis que nous rencontrons.

### Survol du numéro spécial, première partie

Nous espérons que vous trouverez le présent numéro spécial utile sur le plan clinique et que les articles stimuleront la réflexion, la discussion, la recherche et les innovations cliniques. Les sujets sont variés et comprennent un survol général (Kay-Raining Bird); des recherches, y compris une enquête sur la pratique actuelle (Ball), l'élaboration et la mise à l'essai d'un outil de dépistage (Dench et coll.), et une analyse de l'efficacité des fonds affectés à un programme d'anglais dialecte second en Colombie-Britannique (Battisti et coll.); une description d'un cours universitaire conçu pour favoriser le savoir-faire culturel et la pratique sûre (Bernhardt et coll.); une description d'un milieu clinique qui offre des services et une expérience pratique (Moosa et Shurr); un article sur l'établissement de relations avec une communauté des Premières Nations (Zeidler); et deux articles sur la pratique clinique (Peltier; Wawrykow). Trois des articles de la première partie du numéro spécial portent sur des aspects des dialectes anglais des Premières Nations. Ce sujet revêt une grande importance dans notre domaine, mais il ne faut pas pour autant conclure qu'il s'agit là du seul défi auxquels nous sommes actuellement confrontés. La seconde partie comprendra des articles portant sur d'autres enjeux touchant la prestation de services aux communautés inuites, métisses et des Premières Nations.

Elizabeth Kay-Raining Bird, Ph. D.  
École des troubles de la communication humaine  
Université Dalhousie, Halifax (N.-É.) Canada  
[rainbird@dal.ca](mailto:rainbird@dal.ca)

Alice Eriks-Brophy, Ph. D.,  
professeure agrégée  
Département d'orthophonie  
Université de Toronto  
Toronto (Ont.) Canada  
[a.eriks.brophy@utoronto.ca](mailto:a.eriks.brophy@utoronto.ca)

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- ▶ **Health, Education, Language, Dialect, and Culture in First Nations, Inuit, and Métis Communities in Canada: An Overview**
- ▶ **Santé, éducation, langue, dialecte et culture des Premières Nations, des Inuits et des Métis au Canada : un survol**

Elizabeth Kay-Raining Bird

**KEY WORDS**

|                           |
|---------------------------|
| FIRST NATIONS             |
| INUIT                     |
| MÉTIS                     |
| CANADIAN ABORIGINAL       |
| HEALTH                    |
| EDUCATION                 |
| SPEECH-LANGUAGE PATHOLOGY |
| SERVICE DELIVERY          |

**Abstract**

First Nations, Inuit and Métis are the Indigenous people of Canada and the descendents of Canada's original inhabitants. Like all Canadians, First Nations, Inuit and Métis have need of speech-language pathology services. To date, however, access to such services has been limited, and when accessible, they are not always culturally or linguistically relevant. In order to positively support First Nations, Inuit and Métis people, speech-language pathologists must educate themselves about many historical and contemporary factors that need to be taken into account in the design and delivery of services. The intent of this article is to provide a broad overview of some relevant information in the areas of health, education, culture, social interaction, and language. The information is intended to stimulate further exploration by the reader about the distinctive features, needs and goals of First Nations, Inuit and Métis clients and families. It is important to note that there is no monolithic Aboriginal culture or language. Any practitioner working in a First Nations, Inuit or Métis community or with First Nations, Inuit and Métis individuals will need to inform themselves about the particular beliefs, experiences, culture(s), language(s) and socialization practice(s) relevant to that specific community or individual.

**Abrégé**

Les Premières Nations, les Inuits et les Métis constituent les peuples autochtones du Canada et les descendants des premiers habitants du pays. Il arrive que les membres des Premières Nations, les Inuits et les Métis aient besoin de services d'orthophonie, au même titre que tous les Canadiens. Or, jusqu'à maintenant, leur accès à de tels services est limité et les services offerts ne sont pas toujours adaptés à la culture ou à la langue. Afin d'aider les membres des Premières Nations, les Inuits et les Métis, les orthophonistes doivent connaître les facteurs historiques et contemporains à prendre en considération avant de concevoir et d'offrir des services. Le présent article vise à brosser un tableau de certains renseignements pertinents dans les domaines de la santé, de l'éducation, de la culture, de l'interaction sociale et de la langue. Cette information vise à inciter le lecteur à poursuivre sa recherche sur les caractéristiques, besoins et buts propres aux clients et familles inuits, métis et des Premières Nations. Il est important de noter qu'il n'y a pas qu'une seule culture ou langue autochtone. Tout orthophoniste travaillant dans une communauté inuite, métisse ou des Premières Nations ou avec un membre des Premières Nations, un Inuit ou un Métis devra s'informer des croyances, expériences, cultures, langues et pratiques de socialisation particulières à cette communauté ou personne.

Elizabeth Kay-Raining Bird, Ph.D.  
 School of Human Communication Disorders, Dalhousie University, Halifax, N.S., Canada

First Nations, Inuit and Métis people are descendants of Canada's original inhabitants. These three "Aboriginal"<sup>1</sup> groups are recognized in the Constitution Act of Canada (Minister of Justice, 1982). First Nations people include both "status" and "non-status" individuals. "Status" individuals are those who are registered under the Indian Act (Minister of Justice, 2009) and therefore have defined rights accorded by the federal government. First Nations people may live on (~40%) or off reserves, which are designated lands set aside for First Nations use through the Indian Act. These designated lands are only a fraction of the original territories that First Nations people occupied and much of that land is still under dispute (see Figure 1 for the location of reserves in Canada in 2006). As Charland (2007) states, "First Nations acquired legal status as they were recognized as distinct nations under the Crown and ceded territories

in exchange for reserved areas, traditional hunting and fishing rights, and a government commitment ('fiduciary obligation') to provide for their education and welfare" (p. 25). In 2005, approximately 56% of status First Nations people lived on reserve (Raham, 2007). There are currently about 633 First Nations communities or bands in Canada representing over 50 distinct language and cultural groups (Indian and Northern Affairs Canada, INAC, 2009). Each band is a government-recognized administrative body. The political structure was imposed by the federal government and is not traditional. Some First Nations bands have treaties with the federal government, others do not.

Approximately 51% of First Nations people on-reserve report speaking an Indigenous language, in contrast to 12% off reserve. First Nations communities are located across Canada, with the largest populations

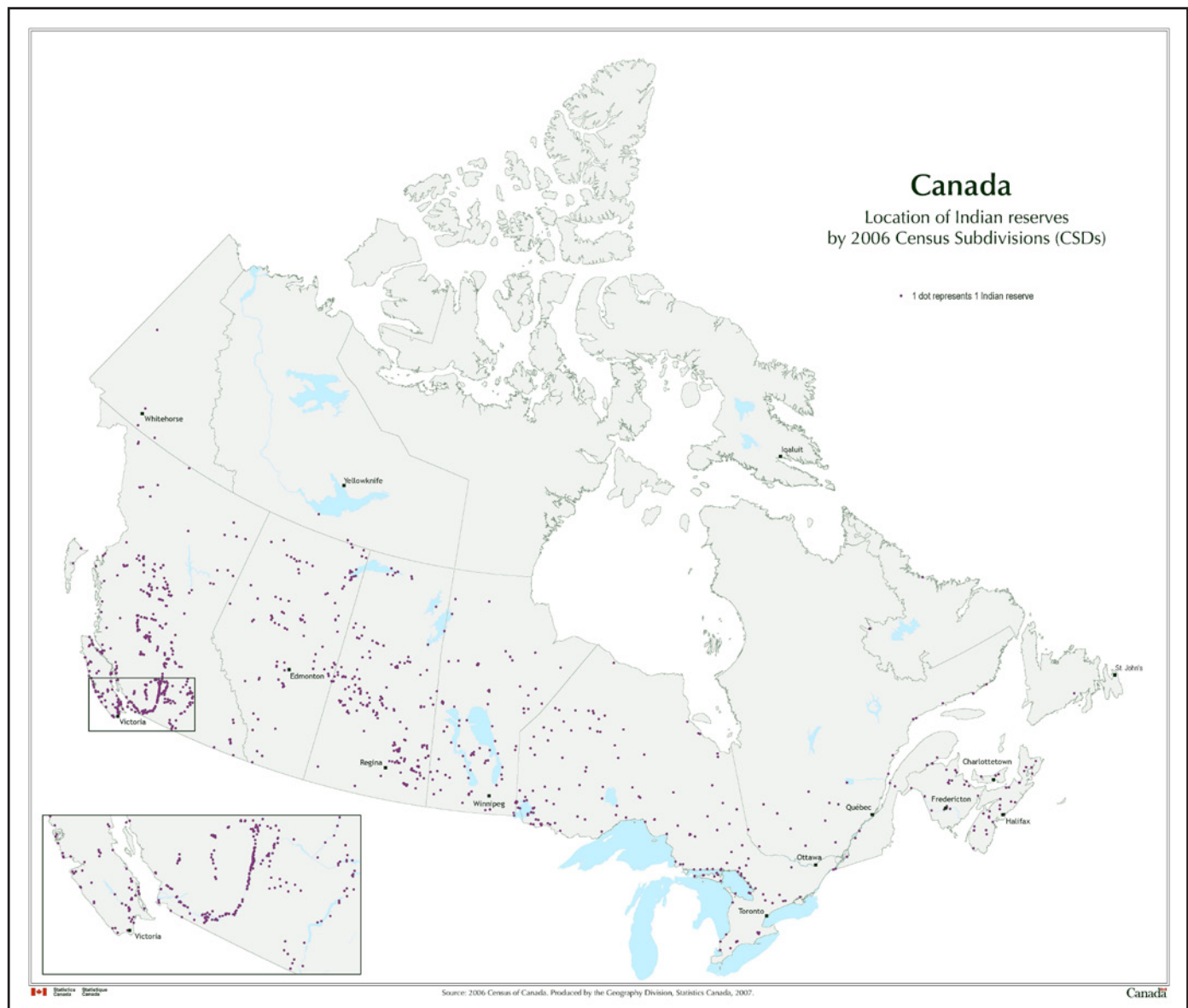


Figure 1: Location of First Nations reserves, 2006 Source: Statistics Canada, Location of Indian reserves by 2006 Census Subdivisions (CSDs), Thematic Maps, 92-173-XIE2006001, July 2008. Retrieved from <http://www.statcan.gc.ca/bsolc/olc-cel/olc-cel?lang=eng&catno=92-173-X>

in Ontario, British Columbia, Alberta, Manitoba, Saskatchewan and Quebec (in descending size). First Nations are the largest Indigenous group in Canada, constituting approximately 67% of the Indigenous population (Statistics Canada, 2005).

Though somewhat contested, Métis identity is generally understood as a mix of First Nations and European descent. Canada's constitution (Department of Justice, 1982) recognizes the Métis as a separate and distinct Indigenous group with some rights (Charmand, 2007). The traditional languages of the Métis are Cree and Michif, the latter a language derived from the creolization of Cree and French. Currently, only about 4% of Métis report speaking an Indigenous language. The Métis live primarily in the prairie provinces of Alberta, Saskatchewan and Manitoba (Métis National Council, 2009) and comprise approximately 29% of the Canadian Indigenous population (Statistics Canada, 2005).

The Inuit of the Canadian Arctic live primarily in 53 northern communities in the Inuit Nunangat or homeland. These are distributed across four major areas: Nunatsiavut in Labrador, Nunavik in Northern Quebec, Nunavut, and the Inuvialuit Settlement Region of the Northwest Territories. The traditional language of the Inuit is the Inuit language which continues to be spoken by an estimated 69% of the population. Inuktitut is an official language of Nunavut. The Inuit constitute approximately 5% of the Canadian Indigenous population (Indian and Northern Affairs Canada, INAC, 2009). Approximately half of all First Nations, Inuit and Métis people in Canada live in urban centres.

### The Department of Indian and Northern Affairs Canada (INAC)

The Department of Indian and Northern Affairs Canada "is responsible for two mandates, *Indian and Inuit Affairs and Northern Development*, which together support Canada's Aboriginal and northern peoples in the pursuit of healthy and sustainable communities and broader economic and social development objectives" (p. 1, INAC, 2008). INAC is responsible for "fulfilling the lawful obligations of the federal government to Aboriginal peoples" in Canada (Raham, 2007, p. 19). Its activities are governed by more than 50 acts and regulations, the most significant being the Indian Act. The Indian Act (Minister of Justice, 2009) is a statute that regulates registered First Nations individuals, bands, band councils and reserves. No similar statute regulates the Métis or Inuit in Canada. Various sections of the Indian Act directly address health and education. For example, the Act stipulates that reserve monies are to be used to "prevent, mitigate and control the spread of diseases on reserve" (Section 66.3.b), to prevent over-crowding (Section 66.3.d), and to provide

sanitary conditions (Section 66.3.e). Section 75.3 gives the Governor in Council power to make regulations in these areas as well as to provide medical treatment and health services (75.3g), and to provide compulsory hospitalization and treatment for infectious diseases (75.3h). In addition, the Office of the Federal Interlocutor provides funding to support representative Métis, non-status "Indian" and off-reserve Indigenous organizations (INAC, 2009). Despite these provisions, Indigenous leaders in Canada consistently cite inadequate funding from the federal government as a primary problem when attempting to meet the health and educational needs of First Nations, Inuit and Métis communities. Indeed, Loppie Reading and Fein (2009) have characterized the impact of policies such as the Indian Act, which are manifestations of the colonization efforts of the Canadian government, as "patently deleterious to the lives and health of First Nations" (p. 2).

### Health of Indigenous Peoples in Canada

Census data for First Nations, Inuit and Métis people are considered unreliable because of incomplete enumeration in these communities. The most current estimate of the number of people in Canada who report having a First Nations, Inuit or Métis identity is 1,172,790, or 3.8% of the Canadian population (Statistics Canada, 2006). Between first contact and the late 20<sup>th</sup> century, the population of First Nations, Inuit and Métis is estimated to have been reduced by 90 to 95%. Today, the population is 10 to 20 times smaller than it was before European contact (Miller, 2002). Statistics Canada (2003) characterizes the First Nations, Inuit and Métis population as young, relative to other Canadians, and notes that it has been growing since the 1960s. The relative youth and growth of the First Nations, Inuit and Métis population is attributed in part to an improvement in health care and a consequent reduction in infant mortality rates and increase in overall life-span, as well as a high birth rate. However, according to a 2001 study, infant mortality rates were higher and life spans shorter for Indigenous people relative to the general population of Canada. Thus, in 2001, there were 16.9 deaths per 1000 live births in Nunavut (largely Indigenous), 7.2 deaths per 1000 live births for registered First Nations peoples, and 5.2 deaths per 1000 live births for non-Indigenous Canadians. Life expectancy rates were on average 6.6 years lower for Indigenous peoples than for the general Canadian population (Minister of Indian and Northern Affairs, 2005).

The social determinants of health in Indigenous peoples are complex. Loppie Reading & Wein (2009) define distal (e.g., colonialism, racism, social exclusion, repression of self-determination), intermediate (community infrastructures, resources and



capacities), and proximal (health behaviors, physical and social environment) components that interact and impact health cumulatively over time. Richmond and Ross (2009) argue that environmental dispossession is an important factor that negatively impacts health, especially the social environment of First Nations, Inuit and Métis communities. Child poverty is epidemic, with rates for Indigenous children reported to be 40% in 2001 as compared to 18% of all Canadian children (Census, 2001). Chronic poverty has well-understood correlates (Anderson, 2007; Baumeister, Kupstas, & Klindworth, 1991; Loppie Reading & Wein, 2009; Roseberry-McKibbin, 2008a). These include:

- Increased stress in individuals and families;
- Hunger and malnutrition;
- Compromised basic safety;
- Reduced knowledge of and access to primary and preventive health care;
- Higher risk for exposure to communicable diseases (e.g., the H1N1 outbreak);
- Reduced access to educational opportunities;
- Compromised environmental conditions (lower access to clean water, poor housing, overcrowded conditions, higher risk of exposure to environmental toxins);
- Diminished social supports;
- Increased substance abuse.

Indicators of general well-being on First Nations reserves are lower, even when compared with non-Indigenous communities carefully matched for geographic location and population size, with well-being decreasing as distance from a large city centre increases (White & Maxim, 2007). Similar decrements in health and well-being are reported for the Inuit (Guèvremont & Cohen, 2001; Strategic Research and Analysis Directorate, 2006) and Métis populations (Statistics Canada, 2006) relative to the general Canadian population. Other indicators also speak to considerable health challenges in First Nations, Inuit and Métis communities in Canada. For example, the prevalence of adolescent mental health and substance abuse problems are reported to be at a “crisis level” on some reserves (Hoyt, Yu, & Walls, 2008).

The hearing status of First Nations, Inuit and Métis has been of concern for many years. In particular, research often has shown high prevalence rates of otitis media (OM) in children of First Nations, Inuit or Métis descent. In addition, these children often have more frequent and more prolonged episodes of OM and the period in which they experience frequent episodes is extended in

comparison to other Canadian children (Boyd, 2005). To the extent that hearing is impacted, chronic extended untreated episodes of OM with concomitant middle ear effusion have been associated with language and learning delays (Friel-Patti & Finitzo, 1990), although findings are variable (Paradise et al., 2000, 2001).

The health concerns of First Nations, Inuit and Métis communities receive frequent news coverage. For example, recent stories have variously highlighted long term problems with accessing clean, potable water on more than 90 reserves, inadequate housing on various reserves, reduced access to health care, inadequate preventive and direct medical care during the H1N1 crisis, and a resurgence of tuberculosis cases (CBC News, February, 2006; November, 2008; August, 2009). Indeed, the plight of First Nations, Inuit and Métis communities in Canada has attracted world attention. On September 13, 2007, the United Nations General Assembly adopted *The Declaration on the Rights of Indigenous Peoples* (United Nations, 2008). The *Declaration* identifies basic rights and fundamental freedoms that should be extended to Indigenous populations of any country and delineates the responsibilities of states to take effective measures to ensure that these rights and freedoms are available and protected. Canada was one of only four nations (the others were US, Australia and New Zealand) that voted against adoption of the *Declaration*. Currently, Canada is the only member state in the United Nations that has not endorsed the *Declaration* (the US did so in December, 2010), potentially because of the monetary implications of endorsement. In February 2009, Canada’s human rights record was reviewed under the United Nations Human Rights Council’s Universal Periodic Review process. One key area of identified concern was the welfare of First Nations, Inuit and Métis people. Canada was urged to act immediately, in concert with First Nations, Inuit and Métis communities, to improve their living conditions (Cosentino & Kirkey, 2009).

## EDUCATION IN FIRST NATIONS, INUIT, AND MÉTIS COMMUNITIES

First Nations, Inuit and Métis students are at high risk for illiteracy and academic failure. In 2002 – 2003, only 29% of First Nations students who were enrolled in Grade 12 graduated (Minister of Indian and Northern Affairs, 2005). Fifty-nine percent of Inuit adults 20 years and older did not graduate from high school (Inuit Tapiriit Kanatami, 2005). Only 23% percent of registered First Nations people 15 years of age and older hold a post-secondary certificate, diploma, or degree as compared to 38% of Canadians as a whole (Minister of Indian and Northern Affairs, 2005). The negative correlates of school

failure are well known and include unemployment or underemployment, a reduction in life time earnings, higher rates of incarceration and higher rates of substance abuse (Roseberry-McKibbin, 2008a).

### History of Education

Prior to contact with Europeans, First Nations and Inuit educated their children through incorporating and mentoring them in the activities of daily living. Post-contact, educational policy towards Indigenous peoples in Canada has had a strong and destructive assimilationist thrust. Mission day schools, first formed in the early 17<sup>th</sup> century by European missionaries, were a primary mechanism for the spread of Christianity. These schools were replaced largely by residential schools starting in 1879 and continuing until 1996 when the last school was closed. By 1930, almost 75% of First Nations school-aged children were in residential schools (Fournier & Crey, 1997). Residential schools were often repressive institutions that did little to educate but much to disrupt cultural patterns in Indigenous communities (Kirkness, 2000). Children were frequently forcibly removed from their homes and placed in these institutions, often without parental approval and against their wishes. In residential schools, use of Indigenous languages and cultural practices was “vigorously suppressed” (p. S17), mainstream hair cuts and dress were imposed, care provided was often substandard, and abuse and neglect were systemic (Gerlach, 2007; Kirmayer, Simpson, & Cargo, 2003). The legacy of these practices includes language loss, loss of cultural identity, disruption and disintegration of child socialization practices, and loss of confidence, knowledge and trust (Ball, 2008). Approximately twenty percent of adults living on First Nation reserves in 2002 - 2003 attended a residential school (Loppie Reading & Wein, 2009). In the 1950s, residential schools began to be replaced by day schools, often public and located off Indigenous lands. More recent educational policy has seen a shift towards self-determination and self-management in education, resulting in an increasing number of schools on Indigenous land and controlled by Indigenous communities.

### Preschool Education

Ball (in press) describes progress that has been made in early childhood education initiatives for First Nations, Inuit and Métis in recent years. Over the past 15 years, federal investments have supported a groundswell of Indigenous early childhood education capacity, including many promising culturally based program innovations. Human Resources and Social Development Canada (HRSDC) funds a First Nations and Inuit Child Care Initiative (FNICCI) which, in 2010, supported 462 sites

in First Nation and Inuit communities, providing child care to 8,538 children of parents who are working or training for the labour market. Federal spending on FNICCI has increased from 41 million in 2000 to 57.1 million in 2010. Indian and Northern Affairs Canada (INAC) funds child care across Canada. As an example, this includes approximately 812 child care spaces in 18 First Nations in Alberta and approximately 2,850 child care spaces in 52 First Nations in Ontario. From 1995, the Public Health Agency of Canada has funded the delivery of Aboriginal Head Start in Urban and Northern Communities (AHS-UNC) for First Nation, Inuit, and Métis children living in urban and northern communities, including approximately 140 preschool programs in 2010. Since 1999, the federal government has funded Health Canada's Aboriginal Head Start On Reserve program (AHSOR) for First Nation children living on reserves and Inuit children, delivered in 383 communities in 2010. Even with this progress, currently only 28% of First Nations children are served by Head Start programs and very few Head Start programs are available in Inuit communities.

Although different from Aboriginal Head Start, Head Start outcomes in the US have been studied extensively and positive results have been demonstrated in both the short (Zill et al., 2003) and long terms (Brooks-Gunn, 2003). Despite this, US Head Start children's academic performance continues to lag behind that of non Head Start children (Zill et al., 2003). Extensive study of preschool programs has demonstrated that the most efficacious programs are intensive, integrated, of high quality and continuous with high quality school programs (Brooks-Gunn, 2003). While research is lacking on Aboriginal Head Start programs, authors have called for the use of holistic, culturally appropriate, collaborative, community development models (Ball, 2008) and for family-focused, strengths-based approaches that are integrated with other available community resources (Gerlach, 2007).

### Primary and Secondary Education

Off reserve, First Nations children attend provincial or independent schools. On reserve, the Indian Act provides three options for the education of First Nations children: a) agreements with provincial or territorial governments; b) agreements with individual school boards or religious organizations (Section 114.1); or c) the establishment, operation and maintenance of First Nations managed schools (Section 114.2; Minister of Justice, 2009). In 2003 - 2004, 120,400 students, or approximately 60% of INAC funded First Nations students were enrolled in schools on reserve. Of these, the majority (85%) were elementary school students while only 45% of grade 12 students went to school on reserve as most schools on reserve do not have secondary classes. In 2007, Raham reported that 507

schools were on-reserve in Canada, 500 of which were under First Nations control. Funding for schooling of reserve children provided by INAC may not be keeping pace with provincial funding. Fulford et al. (2007), for example, reported that the schools funded by INAC in their study were funded on average 3% less per student than nearby provincial/territorial schools and that the 10 schools they studied were collectively funded 17% below the national average of \$8,000 per pupil.

While the language of instruction in provincial schools across Canada is either English or French, efforts to provide courses in Indigenous languages and cultures within the curricula are increasingly evident. One important initiative, for example, involved a coalition between Alberta, British Columbia, Manitoba, Saskatchewan, the Northwest Territories, and the Yukon which resulted in the development of *The Common Curriculum Framework for Aboriginal Language and Culture Programs: Kindergarten to Grade 12*, released in October 2000. Provinces and territories have adapted the framework for their individual contexts. Manitoba, for example, used the framework and other documents to develop, in collaboration with Indigenous communities, the *Curriculum Framework of Outcomes* (Manitoba Education, Citizenship and Youth, 2007), which is intended to “standardize learning experiences regarding the teaching of Indigenous languages and cultures in Manitoba” (p. 4).

On-reserve schools also provide training in First Nations languages and cultures to varying degrees. In several provinces, Indigenous communities have jurisdiction over the education of their people. For example, in British Columbia, since 2006, First Nations communities can opt into an agreement with the provincial and federal governments which results in, among other things, “Jurisdiction over education, including the provision of education to all members and non-members who choose to receive it, education law making powers, Community Education Authorities to manage education systems, and First Nation Education Authorities to establish standards in curriculum/exams and teacher/school certification processes.” (First Nations Education Steering Committee, 2009, p.4). The infusion of Indigenous language and culture into curricula has typically followed such initiatives, through a variety of models including teaching in the Indigenous language or teaching the Indigenous language as a second language with class credit provided (Taylor, Crago, & McAlpine, 2001).

In many Inuit communities, the Inuit language is the language of instruction in elementary grades. In Quebec for example, instruction is completed in Inuktitut until 3<sup>rd</sup> grade, when English or French languages replace it. While instruction in Inuktitut continues after 3<sup>rd</sup> grade,

the time spent in Inuktitut instruction is considerably reduced and core academic classes are no longer taught in this language (Kativik, 2009; Wright, Taylor, & Macarthur, 2000). Several studies have provided evidence that early instruction of this type can provide an important buffer to language loss (Wright et al., 2000), especially if continued until children are able to read to learn, around grade 5 (Cummins, 1986; Thomas & Collier, 2002).

## Indigenous Cultures

First Nations, Inuit and Métis people often experience a culture that is distinct in many ways from that of the dominant culture. In a recent chapter, Goodnow (2010) highlighted the difficulty of defining “culture” by describing four conceptual approaches that have been used to study it.

“[T]hree focus on ways of describing content. The first emphasizes the nature of ideologies, values and norms—ways of viewing the world that are often summarized by the term “cultural models.” The second emphasizes what people do—the practices, activities, or routines that mark a social group. The third emphasizes what is available to people in the form of paths, routes, or opportunities. The fourth cuts across these descriptions. Regardless of whether the focus is on values, practices, or paths, this kind of account emphasizes the extent to which a context is marked by homogeneity or heterogeneity—by uniformity or by competition and “contest” among diverse ways of thinking and acting.” (p. 4).

Goodnow focuses attention upon the necessity to understand both the generalizations that can be made about a particular cultural group and the variability that exists within that group and across cultural communities. There is no monolithic Indigenous culture in Canada. Instead, there are multiple cultures with distinct histories, values, beliefs, practices, activities and paths to different goals. As well, within each First Nation, Inuit or Métis community, cultural diversity exists, and not all members live and think the same way. There are differences in individual adherence to traditional Indigenous beliefs and practices, for example, and differing degrees of acculturation into mainstream Canadian culture (Roseberry-McKibbin, 2008). Culture is not a static phenomenon. Rather, it evolves over time as it is impacted by external and internal beliefs, pressures, needs and goals. There are components of any cultural community that are distinctive and other components that are shared with other communities. The commonality of some past and present experiences (i.e., a “history of European colonization and an ongoing struggle aimed at countering its long-term consequences” Pesco & Crago, 2008, p. 274) and current



beliefs and goals across Indigenous communities, have resulted in pan-Indigenous movements and political alliances. These have also impacted cultural beliefs, activities and paths over time, and had a homogenizing effect on Indigenous cultures.

### Socialization Practices

One critical component of culture is the practices communities use to socialize their children. Key to these practices is language use in social interactions between adults and children. Gauvain and Parke (2010) state: “Cultures differ in what knowledge they consider important to pass on to children, how this knowledge is conveyed, and when children should acquire it” (p. 241). Nonetheless, while certain types of learning processes are more prevalent in some cultures than others, Gauvain and Parke (2010) argue that all cultures use a variety of learning processes to socialize their children. The application of each process, they suggest, varies with the type of learning that is required. For example, didactic processes, they suggest, tend to be used across cultures to teach rules and codes of conduct, implicit and gradual learning processes to teach routines, and scaffolding to teach activities that need to be carried out error-free. Johnston and Wong (2002) also highlight similarities as well as differences in child socialization practices, in their analysis of survey responses of Chinese (Chinese-speaking with a Chinese surname) and Western (English-speaking, Canadian or European born) mothers.

In many First Nations, Inuit, or Métis communities, extended families are important in child rearing. Multiple generations may live in the same household and care of children is often shared (Roseberry-McKibbin, 2008b). As a consequence, primary caregivers of Indigenous children are less likely to be restricted to parents. As well, daycares and preschools may be less frequently accessed. A number of researchers have suggested that socialization practices of Indigenous adults to children differ from that of the mainstream culture (Pesco & Crago, 2008). For example, Crago, Annahatuk, and Ningiuruvik (1993) observed that four Inuit adults used the following strategies when interacting with their 12- to 24-month-old children:

- A change in voice quality and word complexity;
- Frequent repetition routines to teach greetings, and in the case of the younger mothers, to teach English;
- Frequent imperatives;
- Few questions.

These mothers also expected their children not to question adults.

Instructional discourse patterns used by Inuit educators in elementary schools have been found to differ from mainstream patterns. While both Inuit and non-Inuit educators spent much of their time eliciting verbal productions from their students, the Inuit educators were less likely to evaluate the responses students made. Instead they used strategies such as repeating, recasting, modeling, requesting clarification or acknowledging (Eriks-Brophy & Crago, 1994; 2003). Eriks-Brophy and Crago also reported that Inuit educators requested group rather than individual responses more often, explaining that children needed to learn from each other. The authors noted that mismatches between Inuit student and non-Inuit teacher discourse patterns resulted in “serious communicative difficulties for students in the classroom” (Eriks-Brophy & Crago, 2003, p. 413), although they also suggested these difficulties resolved over time with increasing student familiarity with the classroom routines of non-Inuit teachers. The impact of instructional discourse mismatches between students and teachers is discussed in more detail by Crago, Eriks-Brophy, Pesco and McAlpine (1997).

As stated previously, cultures are dynamic and change with time. Crago et al. (1993) have documented shifts in the way that young children are socialized in two Inuit communities in Northern Quebec. Specifically, they reported that some traditional socialization practices were being used less often if at all by younger as opposed to older mothers, such as employing Aqausiit (rhythmic chants using nonsense words) in interactions with children and excluding children from participation in adult-adult conversations until they were “mature enough” (p. 215).

Cultures have different beliefs, attitudes or “ethnotheories” that impact socialization practices such as beliefs about child development patterns, when and how to care for children, desirable and undesirable child behaviors, and familial roles and responsibilities in child rearing (Bornstein & Lansford, 2010). Studies of Indigenous parenting beliefs in Canada are sparse. One such study, Jonk (2009), reported that Dene mothers of 2 to 6-year-olds living in a Winnipeg community more often strongly agreed that their child’s spirituality was important, that children learned best through instruction, and that grandparents gave good advice in comparison to low-income mothers of Western origin. The Dene mothers were also less likely to agree that baby talk hurt their children and reported that they almost always followed their child’s topic of conversation, changed words to facilitate their child’s understanding, and asked their child to repeat when they did not understand.





**Figure 2:** Aboriginal language families in Canada from the 16th to 18th centuries. Reprinted with permission from: The Canadian Encyclopedia (including the Encyclopedia of Music in Canada) Retrieved from <http://www.thecanadianencyclopedia.com/index.cfm?PgNm=Copyright&Params=A1>

## INDIGENOUS LANGUAGE USE

### Indigenous Languages in Canada

Estimates are that 6,000 or more languages are spoken in the world today (Crystal, 2002; Garry & Rubino, 2001). At the time of first contact with Europeans, it was estimated that approximately 450 Indigenous languages were spoken in North America. By 1992, Krauss estimated that only 187 remained. In Canada, between 50 and 60 Indigenous languages are currently spoken (McIvor, 2009; Norris, 1998).

By definition, different languages are not mutually intelligible. Each has its unique lexicon, morphology, syntax and pragmatics. Some languages, however, are more similar than others. This is in part because some languages share a common language origin and have developed from the same parent language. Language relationships can be thought of as branches on a tree. The closer two languages are represented on the tree, the more related they are structurally and the closer in time their historical connections. The tree itself represents a language family. For example, English is on the Germanic branch of the Indo-European family tree. German, Dutch and Gaelic are also on the Germanic branch. Therefore, English is considered historically closer to these languages than to, for example, French or Spanish which are on the Romance branch of the Indo-European family tree (Crystal, 1987).

Eleven Indigenous language families exist in Canada today: Algonquian, Athapaskan, the Inuit language (Eskimo-Aleut), Iroquoian, Salishan, Siouan, Tsimshian, Wakashan, Haidan, Kutenaiian, and Tlingit (Foster, 2007; Leavitt, 1997; Norris, 1998). The latter three families are considered “isolates”, meaning they are comprised of a single language (Norris, 1998). Figure 2 maps the

geographic boundaries of Indigenous language family use in Canada in the 16<sup>th</sup> to 18<sup>th</sup> centuries. In a detailed study of language use conducted in 1993 by Statistics Canada, 36% of 388,900 Indigenous participants regularly spoke an Indigenous language and a further 17% did not speak, but understood, one. Table 1 presents the relative frequency of use of each language family in Canada in 1996 (Norris, 1998), with comparison data from 2006 (Statistics Canada, 2006). In 1996, the Algonquian language family was spoken most frequently in Canada, with Cree the language most frequently used. A similar distribution of use across major language families was observed in 2006 as in 1996: 69% of those who reported an Indigenous language as their mother tongue spoke an Algonquian language in 2006 (70% in 1996), 15% (compared to 13% in 1996) an Inuit language, and 9% (compared to 10% in 1996) an Athapaskan language. However, a general decline in the percentage of First Nations, Inuit and Métis who reported an Indigenous language as their home language occurred between 1996 and 2006. Thus, only 18% of First Nation, Inuit and Métis respondents to the Canadian census in 2006 identified an Indigenous language as their mother tongue (compared to 26% in 1996; Norris, 1998), while 73% reported English and 8% reported French as their mother tongue in 2006. Status First Nations people are the majority of the speakers of an Indigenous language (Norris, 1998) in Canada.

It is clear that there is a diversity of language experiences and knowledge among Indigenous people in Canada. An individual may be monolingual, bilingual or multilingual. If a single language is spoken, the language may be an Indigenous language or not. If two languages are spoken, both languages may be experienced from birth (simultaneous bilingualism or bilingual first), or input may have been received in one language in the home prior to exposure to a second language, typically in daycare or school (sequential bilingualism or second language learning). The home language of sequential bilinguals could be an Indigenous language or another language, usually English or French. Many Inuit children, who are first exposed to English in third grade, are sequential bilinguals (English Language Learners), although the frequency of early exposure to English is increasing. With language revitalization efforts, many children are acquiring an Indigenous language as their second language. Even when an individual speaks only one language, they may speak a distinctive dialect of that language.

## DIALECTS

Dialects are mutually intelligible variants of a single language. The distinction between languages and dialects is one of degree and it is not always clear where the line

**Table 1**

Number and percentage of persons who reported speaking an Indigenous language as their mother tongue in the 1996 and 2006 census, by family and languages within family.

| Language families<br>Languages | 1996<br>Number of Speakers | 1996% | 2006% |
|--------------------------------|----------------------------|-------|-------|
| <b>Total speakers</b>          | 208,610                    | 26%   | 18%   |
| Algonquian                     | 146,635                    | 70%   | 69%   |
| Cree                           | 87,555                     |       |       |
| Ojibway                        | 25,885                     |       |       |
| Montagnais-Naskapi             | 9,070                      |       |       |
| Mi'kmaq                        | 7,310                      |       |       |
| Oji-Cree                       | 5,400                      |       |       |
| Attikamek                      | 3,995                      |       |       |
| Blackfoot                      | 4,145                      |       |       |
| Algonquin                      | 2,275                      |       |       |
| Malecite                       | 655                        |       |       |
| Algonquian                     | 350                        |       |       |
| Athapaskan (Na-Dene)           | 20,090                     | 10%   | 9%    |
| Den                            | 9,000                      |       |       |
| South Slave                    | 2,620                      |       |       |
| Dogrib                         | 2,085                      |       |       |
| Carrier                        | 2,190                      |       |       |
| Chipewyan                      | 1,455                      |       |       |
| Athapaskan                     | 1,310                      |       |       |
| Chilcotin                      | 705                        |       |       |
| Kutchin-Gwich'in               | 430                        |       |       |
| North Slave                    | 290                        |       |       |
| The Inuit language             | 27,780                     | 13%   | 15%   |
| Iroquoian                      | 590                        |       |       |
| Mohawk                         | 350                        |       |       |
| Iroquoian                      | 235                        |       |       |
| Salishan                       | 3,200                      |       |       |
| Salish                         | 1,850                      |       |       |
| Shuswap                        | 745                        |       |       |
| Thompson                       | 595                        |       |       |
| Siouan                         | 4,295                      |       |       |
| Tsimshian                      | 2,460                      |       |       |
| Gitksan                        | 1,200                      |       |       |
| Nishga                         | 795                        |       |       |
| Tsimshian                      | 465                        |       |       |
| Wakashan                       | 1,650                      |       |       |
| Wakashan                       | 1,070                      |       |       |
| Nootka                         | 590                        |       |       |
| Haidan                         | 240                        |       |       |
| Kutenaiian                     | 120                        |       |       |
| Tlingit                        | 145                        |       |       |
| Other Aboriginal Languages     | 1,405                      |       |       |

Notes: 1996 data is from Norris (1998); 2006 data is from Statistics Canada, 2006; \* = % of self-identified First Nations, Inuit and Métis who speak an Indigenous language as their home language.

should be drawn. For example, Mandarin and Cantonese, while often referred to as dialects, are distinctive enough to be considered two different languages by many scholars. In Canada, perhaps the best recognized vernacular English dialect patterns are those found in Newfoundland, where distinct varieties of English have been documented between small outposts in close proximity but historically linked only by boat. Dialects can vary in their pronunciation of words and in the words and phrases that are used. Vowels are typically more variable than consonants; morphology and syntax can also vary across dialects (Small, 2005; Wolfram, 1986; e.g., “I gets to go”), and pragmatic rules vary, resulting in language use patterns that can be quite dissimilar.

Pragmatic aspects of language use that can vary across dialects include pitch and intensity shifts, the frequency and length of speech overlaps, the frequency of interruptions, persistence in seeking a turn, talking speed, and the pause times between turns (Tannen, 1985). Scollon and Scollon (1989) discussed poignantly how pragmatic dialect differences can lead to misinterpretations of speaker intent and subsequently, negative views of a conversational partner. They analyzed interactions between dyads where one speaker was of Athapaskan, the other of European descent. To illustrate with a simple example, the Athapaskan speakers required longer pause times than the persons of European descent to pragmatically signal a turn transition point in conversation. In conversation this mismatch in pragmatic rules resulted in Athabaskan speakers taking fewer turns and being interrupted more frequently with the consequence that Athabaskan speakers felt they were not provided enough opportunities to talk. The speakers of European descent, on the other hand, felt that when they offered a turn to talk (through pause cues) the offer was not accepted and consequently they were being required to carry too much of the conversational load. Both conversational partners, perceived the other as acting rudely and in an uncooperative manner. This example illustrates the degree to which we are unaware of the pragmatic rules we use and how they may differ across cultures. When we do not take such differences into account in our interactions, miscommunications occur.

### Dynamic nature of language

Both language internal forces (i.e., tendencies towards regularization, generalization and redundancy reduction) and language external forces (social) lead to language change as well as dialect differentiation (Wolfram, 1986). The social history of a speech community has strong explanatory power. Some dialects are more socially favored than others (Wolfram, 2007). Power elites institutionalize their own dialect, and the dialect, in turn, becomes socially favored and “standard”. These

are the dialects heard most frequently in the media and typically taught in the schools. Power differentials between Indigenous and English communities and pressure towards integration or segregation shapes attitudes and beliefs about Indigenous English dialects and Indigenous languages, in both Indigenous and non-Indigenous communities (Wolfram, 1986; 2004; Wolfram & Shilling-Estes, 2006). Speakers of both mainstream and non-mainstream dialects have been socialized to view speakers of vernacular (non-mainstream) forms as having “bad speech” or linguistically inferior ways of talking (Wolfram, 2004). Despite social pressures of this type, language variation is both natural and legitimate—and no dialect should be considered inherently better or more correct than another (Wolfram, 2004).

### Dialects of Indigenous languages

Many Indigenous languages have dialectal variants. Cree, for example, has at least six dialects that are spoken in Canada, each separated by geographic region and speaker group (Foster, 2009). In Manitoba, the predominant Cree dialects are Swampy Cree and Woods Cree (Manitoba Education, Citizenship and Youth, 2007). The other Cree dialects are Plains, Moose-Eastern Swampy, Western Swampy, and Attikarnek. Ojibway (Chippewyan) has at least seven dialects, spoken primarily in central Canada while the Inuit language has at least six, all spoken in the far north (Aivilik, South Baffin, Tarramiut, North Baffin-Iglulik, Itivimmiut, and Labrador). Other examples of Indigenous languages with dialect variants are: Blackfoot (2), Gwich'in (2), Slavey (3), Cayuga (2), Bella Coola (3), and Mohawk (Foster, 2009). Only a single dialect of some Indigenous languages is spoken in Canada (e.g., Delaware and Siouan), although these same languages have additional varieties spoken in the US. Some Canadian Indigenous languages, typically those spoken by a small number of people in a geographically limited area, have only a single recognized variety.

### Indigenous dialects of English and French

Indigenous English and Indigenous French dialects are also spoken in Canada, either as a first or a second language. Ball and Bernhardt (2008) trace the history of Indigenous English dialects to pidgins which emerged in the early period of contact with English speakers to support communication between language communities. A common pidgin (derived probably from English and Cree) is thought to have been used quite broadly across Canada as the language of trade. Over time, the pidgin creolized and then standardized to become much more similar to current mainstream forms of Canadian English. This history may account, in part, for a considerable similarity in



Indigenous English usage currently observed across Canada. Another factor that may have contributed to this homogenization of Indigenous English dialects was the policy of residential schooling that was widespread in the 1800 to 1900's. Typically, instruction in residential schools was in English and use of Indigenous language(s) was forbidden and punished. As well, children from a variety of language backgrounds were brought together in the same school. Thus, the language of communication was necessarily English. These factors, combined with the young ages at which children were compelled to enter the residential school system, resulted in a convergence of the types of English spoken. Other convergent forces such as the expansion of communication and transportation networks (Wolfram & Shilling-Estes, 2006) and the standardization of educational practices are likely to be contributing to further reductions in dialect variation in recent years. Despite these influences, several factors have a divergent effect on Indigenous English (or French) dialects. Most notably, typological differences in Indigenous languages that are in contact with English or French will result in phonological, morpho-syntactic and lexical variations in the English and French dialect, and language-specific usage will result in pragmatic variation in the English and French dialect as well.

There are currently very few published descriptions of Indigenous English dialects in Canada although there have been some analyses of Native American language influenced dialects of English from the United States (Ball & Bernhardt, 2008; Peltier, 2009; Sterzuk, 2008). Ball and Bernhardt (2008) provided a useful demonstration of how the phonological features of an Indigenous language could be used to predict spoken English patterns. For example, Plains Cree has fewer consonants than English, with no voiced-voiceless cognates and no liquids /r/ and /l/ and fewer fricatives (e.g., /f, v, θ, δ, and ʃ/ are absent). Therefore, Ball and Bernhardt predicted that: (a) Plains Cree-influenced English would have a smaller phonetic inventory; (b) English fricatives that did not exist in Plains Cree would be substituted by stops; and (c) voicing would vary with phonetic context. These English production differences would be evident in speakers of English whose first language is Plains Cree, but could also come to define the English dialect spoken in Plains Cree communities. Rosen (2008) referred to these points of language difference as "conflict sites", and also suggested they were probable sources of dialectal variation. Ball & Bernhardt (2008) used information that emerged from two fora held in British Columbia to begin to explore "First Nations dialects and their implications for speech-language pathology" (p. 575) to illustrate a number of conflict sites and their potential English dialectal consequences, at

phonological, morpho-syntactic and pragmatic levels.

## LANGUAGE LOSS, LANGUAGE DEATH

While new languages are still being identified around the world (Garry & Rubino, 2001), the actual number of spoken languages is declining. Indeed, language death is occurring at an alarming rate, especially in Indigenous communities (Crystal, 2002), including those in Canada (Ball & Bernhardt, 2008; McIvor, 2009; Norris, 1998, 2007). Health of a language is difficult to quantify, but is impacted by a variety of interacting factors such as the size of the geographic area where a language is spoken, the number of speakers of that language, the average age of the speakers, where the language was learned (e.g., home, school), from whom the language was learned (e.g., parent, grandparent, teacher), and the language proficiency of the speaker. In general, languages that are spoken in "isolated or well-organized communities" (Norris, 1998, p. 16), by a larger number of speakers, by more proficient speakers, by a younger cohort of speakers, and by speakers who have learned the language in the home from older family members tend to be healthier languages (Crystal, 2002; Norris, 1998).

When comparing Indigenous language use in Canada from 1981 to 1996, Norris (1998) found that language vitality (the ratio of the number of people who speak a language at home to the number of people who learned the language at home) declined over the period of study while the average age of speakers who reported an Indigenous language to be their mother tongue increased. Moreover, the average age of speakers who had an Indigenous language as their mother tongue was high. Only about 18% of children between 0 – 4 years of age were reported to have an Indigenous language as their mother tongue, while approximately 50% of adults between the ages of 80 and 84 years did. Norris documented a shift in the languages used at home by the same speakers over time. Individuals who were children in 1981 tended to speak Indigenous languages less as adolescents in 1996, and women who were young adults (20 to 24 years of age) in 1981 had reduced the frequency of their use of Indigenous languages in their homes by 1996 (35 to 39 years of age). Norris (1998) concluded that Indigenous languages in Canada are some of the most endangered in the world, with the health of many Indigenous languages declining rapidly. She argued that only three of the fifty Indigenous languages she studied exhibited healthy profiles of use. These were Inuktitut, Cree, and Ojibway, and even these relatively flourishing languages showed declines in language vitality over time (Norris, 1998).



## LANGUAGE REVITALIZATION

In response to the decline in use of Indigenous languages, considerable efforts are currently focusing on language maintenance and revitalization within Indigenous communities (Ball & Bernhardt, 2008; Kirmayer, Simpson, & Cargo, 2003; McIvor, 2007; Norris, 2007). McIvor (2007) reviewed preservation and revitalization work in North America, Australia and New Zealand and identified four major strategies that are being implemented in this regard:

1. **Documentation and preservation of languages, dialects, and cultures.** These efforts include researching, describing, collecting, and cataloging Indigenous languages. One notable example is First Voices (<http://www.firstvoices.com>). This on-line project archives Indigenous languages across Canada. Information about the speakers of a language and their culture is provided along with written and spoken words, phrases, stories and songs in each language.
2. **Language Engineering.** Includes the development or expansion of written systems for existing languages as well as the modernization of Indigenous languages (e.g., creation of modern words in an Indigenous language).
3. **Educational programs.** These include culture and/or language classes at all educational levels (early childhood, elementary, secondary and post-secondary). Models include immersion, bilingual and core language programs, with current evidence suggesting that immersion models are the most effective for language revitalization. As mentioned in the education section, curricula and materials to meet these educational goals are being developed. Teacher training programs are also being created to enhance the quality of Indigenous language teaching.
4. **Policy.** Efforts to develop legislation at the provincial and national levels to preserve, revitalize and promote Indigenous languages are on-going across Canada. Notably, Indigenous languages are now official languages in the Northwest Territories and Nunavut.

Language is a central and integral component of culture. For both individuals and communities, cultural experiences are mediated by, framed within, and to a certain extent formed by the languages we speak. Clearly, language loss negatively impacts cultural integrity and efforts to stem the tide are critical to the well-being of Indigenous communities.

## Speech-language pathology services to First Nations, Inuit and Métis

In general, First Nations, Inuit and Métis people typically have less contact with health professionals than the larger Canadian community. Access to any professional is lower on than off reserve and diminishes with increasing distance from a large city centre (Statistics Canada, 2007). By extension, access to speech-language pathology services is impacted by these same factors. In 2006, the Canadian Institute for Health Information (CIHI) estimated that there were 6,661 speech-language pathologists (S-LPs) in Canada. To date, however, there is little information available regarding the extent to which speech-language pathology services are available to Indigenous peoples, especially for adults with communication disorders. A recent survey of speech-language pathologists and audiologists conducted by CASLPA (CASLPA, 2011) identified over 500 respondents who had provided some service to First Nations, Inuit or Métis individuals between the ages of 0 to 6 years over the past five years. However, the survey did not capture the extent to which Indigenous individuals were receiving services. Only a very small percentage of these S-LPs served First Nations, Inuit and Métis people on Indigenous lands or within Aboriginal Head Start settings (which would be ideal locations for collaborating with local professionals and families). Not surprisingly, given the challenges of providing services in remote settings, the more remote the setting, the less access First Nations, Inuit and Métis appeared to have to S-LP and audiology services (CASLPA, 2010) and the services that were provided were often itinerate in nature. In an informal survey of S-LPs in professional organizations across the country conducted by this author (Kay-Raining Bird, unpublished), many S-LPs stated that they were mandated to serve Indigenous people, but often reported that they have no First Nations, Inuit or Métis clients on their case loads. Issues of jurisdiction (who pays), fundability (are S-LP services designated services?), accessibility (distance, no phone), exclusionary policies (e.g., “three strikes and you are out”, a policy in which clients are dropped from caseload after they have missed three sessions) all complicate access to S-LPs by Indigenous peoples, especially on reserve or in Northern communities. In a survey of 70 S-LPs who had a minimum of 2 years experience working with Indigenous clients, Ball (this issue) identified a need for more S-LPs across Canada as well as a fundamental change to the way current service delivery is conceptualized.

The cultural and linguistic diversity of First Nations, Inuit and Métis communities presents additional challenges to S-LP service delivery. Guidance regarding provision of appropriate services to culturally and

linguistically diverse populations can be found in the 1997 CASLPA position paper entitled “Speech-Language Pathology and Audiology in the Multicultural, Multilingual Context” (Westernoff & Crago, 1997). The position paper states that speech or language disorders are optimally diagnosed through careful assessment of an individual’s first (home or dominant) language, as well as their second language. The implication is that all languages must be considered in the assessment of a multilingual individual. Optimally, treatment would be provided in the first language, with bilingual interventions also supported. As well, diagnosis and intervention must take into account the particular dialect of each language that is spoken to avoid pathologizing non-standard usages. Further, the cultural beliefs and practices of individuals and specific communities must be understood and used to construct appropriate assessments and interventions (Johnston & Wong, 2002; van Kleeck, 1994). Practices that violate cultural beliefs will not yield valid results, will not result in “buy-in” or “up-take”, and will not accurately distinguish speech and language disorders from speech and language differences. Zeidler (this issue) stresses the importance of collaboration in order for speech-language pathologists to develop sensitivity and the deep understanding necessary to act appropriately and effectively with individuals and within a community. Perhaps above all, flexibility is needed, as optimal practices in Indigenous communities and for Indigenous people in Canada are still not well researched or understood and are largely still to be developed.

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## ENDNOTE

<sup>1</sup>In this article the term “Indigenous” is used to refer collectively to individuals across Canada who are descendents of the country’s original inhabitants. The term “Aboriginal” is considered objectionable by some, because of its colonial roots, and is therefore not used.

## AUTHOR’S NOTE

Correspondence should be sent to Elizabeth Kay-Raining Bird, Ph.D., School of Human Communication Disorders, Dalhousie University, 5599 Fenwick Street, Halifax, Nova Scotia, B3H 1R2, Canada. E-mail: [rainbird@dal.ca](mailto:rainbird@dal.ca) ▶





- ▶ **Providing Culturally Sensitive and Linguistically Appropriate Services: An Insider Construct**
- ▶ **Offrir des services adaptés à la culture et à la langue : vue de l'intérieur**

Sharla Peltier

**KEY WORDS**

CULTURALLY SENSITIVE

LINGUISTICALLY APPROPRIATE

FIRST NATIONS ENGLISH DIALECT

THERAPEUTIC PROCESS

ABORIGINAL

**Abstract**

This article is written by an Aboriginal speech-language pathologist to provide an insider perspective on assessment and intervention practices relevant to Aboriginal communities, in particular the Ojibway-speaking Anishinaabe people of the Great Lakes region of Ontario. The author presents information about dialect differences in these communities and describes a therapeutic approach for working with children who speak a First Nations English Dialect (FNED). Culturally sensitive practices are also outlined with specific suggestions for appropriate service delivery to this population.

**Abrégé**

Le présent article, signé par une orthophoniste autochtone, donne un point de vue de l'intérieur sur les pratiques d'évaluation et d'intervention visant les communautés autochtones, surtout le peuple anishinaabe de la région des Grands Lacs en Ontario qui parle l'ojibwe. L'auteure y présente de l'information sur les différences de dialectes dans ces communautés et décrit une démarche thérapeutique menée auprès d'enfants qui parlent un dialecte anglais des Premières Nations. Elle y fournit des suggestions précises pour offrir des services adaptés à cette population.

Sharla Peltier B.Sc, M.Ed.,  
Loon Clan,  
Chippewas of Rama,  
(Mnjikaning),  
First Nation,  
Ontario, Canada  
B.Sc., S-LP(C) Reg  
CASLPO,  
Speech Language  
Pathologist,  
Rainbow District School  
Board, Sudbury, Ontario,  
Canada

The purpose of this article is to provide an insider perspective on speech-language pathology assessment and intervention practices relevant to Aboriginal<sup>1</sup> communities based on my clinical experiences as a speech-language pathologist (S-LP) and my life experiences as an Aboriginal woman. As a certified S-LP and a member of the Loon Clan, Chippewas of Rama Mnjikaning First Nation, Ontario, I have a personal understanding and knowledge of the experiences of First Nations<sup>2</sup> communities. Over the years I have arrived at certain insights and understandings that stem from my personal and professional roles and responsibilities within the Aboriginal community. I also continually seek to learn more and to share what I have learned to support mutual respect and understanding for all. I recently completed a Master of Education thesis which investigated the oral narratives of Anishinaabek<sup>3</sup> children. It is my hope that the speech and language pathology profession will be informed by my experiences and insights. My intent for writing this article is to support my colleagues to be better service providers in our helping profession.

Since 1986 I have worked as a S-LP with all age-groups in the health and education sectors of Anishinabe communities in the Lake Huron Region of Ontario including the Ojibway communities on Manitoulin Island (which include the Wikwemikong Unceded Indian Reserve; M'Chigeeng First Nation; Sheguiandah First Nation, Aundeck Omnikaning First Nation, Sheshegwaning First Nation, and Ziibahsing First Nation) as well as the North Shore (Sagamock Anishnawbek). I have also worked with the Ojibway communities of Atikameksheng First Nation, Nipissing First Nation, Chippewas of Mnjikaning Rama First Nation and Walpole Island First Nation. In addition, I have provided clinical services to urban Ojibway, Cree and Métis elementary students. My roles in direct service provision, program development and management, family/ community capacity-building, and advocacy have provided me with extensive experience and many opportunities to learn and reflect.

The viewpoints that I wish to present are specific to the areas of Ontario delineated above and are particularly relevant to the Anishinabe people (Ojibway-speaking). I cannot stress enough that Aboriginal peoples of Canada do not represent a homogeneous group. Each region and First Nation community in particular has distinct languages, social customs, political and historical affiliations and experiences.

This article illustrates a therapeutic process that is inclusive of the Aboriginal world view as it relates to contemporary times. Specific language socialization

practices and speech-language pathology assessment outcomes will be discussed to enhance the reader's knowledge, understanding and development of clinical judgment. Particular attention is given to a process I have developed for assessing and treating children speaking a First Nations English Dialect (FNED). The therapeutic approach I use for working with FNED children in schools is presented as a framework for other clinicians when working with FNED clients.

## THE THERAPEUTIC ENVIRONMENT

In my experience, specialized service providers including S-LPs frequently describe Aboriginal people as 'hard to serve' or 'high risk'. This perspective may be based in part on observations that parents and families do not always show up for scheduled appointments. As well, when families do attend intervention sessions, family engagement in the therapeutic process may be perceived as limited and home program assignments may not be completed as recommended.

I have come to understand that this perceived difficulty in service provision may stem from a mismatch between professional attitudes on one hand and the community values and ways of doing and knowing among Aboriginal peoples on the other hand. As well, each family and community has a distinct history that should be considered. Early learning background and experiences with medical and educational institutions significantly influences client receptivity. Trust may frequently be an issue during interactions with medical or education practitioners. As parents perceive the speech language pathologist as an authority figure, they may lose confidence in their own ability to decide what is right for their child and may defer to the professional, believing that the professional knows best (Westernoff, 1991). This can impede family roles that otherwise could have effectively supported language and communication skill development within the therapeutic process.

Most S-LPs in Canada are not of Aboriginal descent and many clinicians have limited experience with Aboriginal populations. Furthermore, S-LPs often use western-based philosophy and clinical evaluation tools and approaches in their assessment of family-child interactions and the communicative behaviors of the child. Western assessment tools are not designed to be used specifically with Aboriginal populations and usually do not have Aboriginal children represented in their standardization samples. Therefore, their validity and reliability for Aboriginal populations may often be questionable. Biased assessment instruments can lead to misdiagnosis of these children (Sterzuk, 2008). Their use has the potential to result in both the under- or over-

identification of communication disorders in Aboriginal children and the imposition of communicative goals for the child that may be incongruent with Aboriginal discourse and socialization practices and values (Ball, 2005). The identification of typical patterns as dysfunctional or inappropriate may lead to the “therapization” of the parent-child interaction. This is illustrated by the situation where an Aboriginal parent of a child receiving speech and language services is expected to change their natural speech, language, and discourse behaviors to comply with clinical recommendations that are contrary to their cultural norms, such as leading the child in speech and language activities and modeling “standard” English (Zeidler, this issue).

The therapeutic process is further complicated by the fact that some Aboriginal parents and caregivers had childhood experiences themselves that were not optimal. For example, many experienced the trauma of residential schooling, and they may now lack knowledge, parenting skills and support systems to pass on traditional Aboriginal values and practices in the home. When a professional sheds light on areas of improvement related to their parenting or their interactions with their child, they experience shame. Parents want to help their children, but when the process does not validate their situation and the option of seeking parenting wisdom from within the Aboriginal community is not offered, the optimum situation of achieving wellness by engaging the family and community in the therapeutic process remains unattainable. Many First Nation communities are striving to achieve a more community-based and holistic approach to wellness. In fact, Aboriginal people participate more often in talking circles, ceremony, Elder contacts and traditional medicine than parenting skill sessions and Western therapies (Aboriginal Healing Foundation, 2006).

When an Aboriginal child enters school, their language and discourse practices may differ from those of the mainstream community, and when language differences are interpreted as language deficiencies, this results in miseducation (Heit & Blair, 1993). For example, in the First Nation communities where I have worked, Aboriginal parents typically value good listening skills rather than superfluous talk in the young child and Aboriginal children are not encouraged to question adults. In mainstream schools, however, children are expected to readily talk and engage in question-answer exchanges with the teacher to demonstrate their knowledge. Aboriginal children may not be comfortable in with these discourse expectations, especially initially, and their silence may be misinterpreted as disinterest, noncompliance, or a sign of a language problem (Kanu, 2002).

## FIRST NATIONS ENGLISH DIALECTS

Language use patterns of children vary within and across Aboriginal communities. Some students have an indigenous language as their first language and English or French as a second language. Other students do not speak an Indigenous language but may speak either “standard” English, “standard” French, or a local dialect of English or French. The local dialect may result from the influence of the Indigenous language or mother tongue upon the English or French language (Heit & Blair, 1993). An English dialect of this type is referred to as a First Nations English Dialect (FNED) and it is distinct from that spoken by the mainstream society in terms of both its phonology and grammar (Bernhardt, Ball & Deby, 2007).

FNEDs are often evident in the home and community talk of many Aboriginal people whether they reside on a First Nation territory or in a rural or urban setting. They are evident not only among Aboriginal people who speak their ancestral language, but also people who no longer speak their ancestral tongue (Peltier, 2009). First Nation children who use FNED and discourse patterns that differ from the mainstream prior to school entry are nevertheless typically expected to use “standard English” language and speech patterns when they come to school. As the child is exposed to Standard English usage in the classroom, most do acquire this dialect as well, especially in situations where oral language programming explicitly contrasts and respectfully discusses specific features of the FNED and standard English difference (Epstein & Xu, 2003). These children become bi-dialectal.

Parents may lack knowledge about the benefits of bi-dialectal learning for their child and in particular, many Aboriginal parents themselves may not know about dialect variation and FNEDs. When their children are exposed to or taught to use another dialect, parents may feel that their speech patterns are not “good” or “right”. This may place them in a position to concur with faulty speech and language assessment findings that their child’s speech and language skills and their communication practices at home are “substandard” when they are simply different.

FNEDs are legitimate, systematic, and rule-governed variations of the English language with different and distinct pronunciation, vocabulary, grammar, discourse and pragmatic usage. As a consequence, bi-dialectal curricula are becoming more common in schools. They are used to teach about cultural and linguistic diversity, to encourage “code switching” and the acquisition of Standard English as a second dialect, and to maintain the students’ FNED and Indigenous language (Cummins, et. al, 2006, Ontario Ministry of Education, 2007, Fadden & LaFrance, 2010). It is beneficial for a FNED-speaking individual to become bidialectal and to code-switch



according to the context of the communicative exchange. An Aboriginal person uses his or her FNED to speak with First Nation community members and is certainly accepted there. The FNED serves as an important aspect of self-identity and connection to the community of origin. However, the use of Standard English may be critical for school and professional success. As Standard English is acquired, the Aboriginal person gains competence as a communicator in the mainstream society where the dialect is used for formal education and employment. “Code-switching maintains the Aboriginal person’s individual and social integrity and supports pragmatic and semantic bridges for living in two worlds” (Peltier, 2010, p. 126).

### FEATURES OF ANISHINAABE FNED

Culture and language play key roles in defining a person’s perception and worldview. Today, linguists agree that language shapes the way people perceive the world as well as how people describe it (Nevins, 2004). It is through Aboriginal languages and their tradition of orality that the Aboriginal worldview is expressed. Use of FNED is an important area of socialization for Anishinaabe children in First Nations families and communities.

My own clinical experience and observations over the past 20 years serve as the basis for the following profile of communicative behaviors of FNED used in the Anishinaabe communities of the Lake Huron region of Ontario. Analysis of children’s English grammar (syntax and morphology) consistently shows several features, relative to “standard” English dialect.

1. Omission of the regular past tense verb marker “-ed” or use of a past tense irregular form not used in Standard English (e.g., “jamp” for jumped).
2. Substitution of gender pronouns (e.g., he/she, her/him) is also common, since the Ojibway language does not differentiate males and females by pronoun the way that the English language does.
3. Aboriginal people in the Anishinaabe communities of the Lake Huron region tend not to state the obvious unless the situation calls for such elaboration and it is uncommon for a speaker to describe exactly where an object is. For example, if a family is getting ready to take the boat out, conversation would include specifics such as wind and weather conditions and time and where the boat is. In general, however, topics such as the weather would not routinely be a part of conversation.

4. Substitution of “there” or “here” for a prepositional phrase may be frequent (e.g., “Put the shoes there”/Put the shoes on the shelf under the stairs.) These language features (past tense verb forms, pronouns, and prepositions) are evaluated by standard assessment tools but errors should not be interpreted as problematic since they are legitimate features of FNED for Anishinaabe Aboriginal children who use FNED.

FNED in Anishinaabe children also differs from Standard English in the sounds that are used. For example, this FNED dialect does not include the “f, v, th, r, l” sounds and these sounds are typically not in the phonetic repertoire of Anishinaabe FNED speakers when they start school. Therefore, the speakers acquire these sounds during their primary school years. These sounds enter their phonetic repertoire over a number of years as they are exposed to Standard English in the classroom. Students also make substitutions (e.g., p/f, b/v, n/r, w/l) and certain consonants are not contrastive as they are in standard English (e.g., p-b, d-t, k-g, ch-j, s-sh-z). This means that an Ojibway or Cree student when speaking English may use certain sounds interchangeably. For example: “My dad got a shiwfen bash.” (My dad got a silver bass.) As well, the vowel repertoire of Standard English is much larger than that of the Ojibway language, and this impacts both pronunciation and spelling of words such as “tape” versus “top”, “kite” versus “kit”, and “soon” versus “sun”. Articulation assessment tools routinely identify significant differences in the speech sound production of these children. I do not routinely recommend speech therapy for children who demonstrate these speech sound differences, but instead adopt a “wait-and-see” approach. I provide information to the teacher about FNED dialect differences and recommend re-assessment in one year. Upon case review, I have seen a few instances in which the Anishinaabe child’s phonetic repertoire has not aligned more with Standard English. The provision of direct articulation intervention is therefore indicated and provided.

The following scenario is offered to illustrate how consideration of the young Anishinaabe child’s cultural and linguistic background is taken into account in the services that I provide as a clinician. Another dialect difference I have observed is related to the use and understanding of directions. Direction-following is often evaluated in tests of language development and screening tests (since this language skill is considered to be a robust indicator of early language capability according to Western perspectives). However, in testing that I have completed, I have found that many four and five year old

Anishinaabe children did not correctly follow two-step directions. This led me to investigate further. I observed the daycare and home settings and interviewed staff and parents. I came to understand that direction-following tasks were novel for many of these children. In all of the First Nation communities that I have worked and resided in, some Aboriginal parents engage in traditional parenting practices and these culturally relevant practices are promoted by social and health programs within the community. For example, observational learning is supported by placing the baby in a cradleboard for the first year or so of life and cooperative sharing of daily life activities continues throughout the lifespan. This presents opportunity for the young child to observe and come to understand the entire procedure for virtually all activities of daily living such as getting and preparing food, doing the laundry, and packing for trips such as cultural gatherings and camping. Once out of the cradleboard, the toddler or young child engages as helper at his/her own level of ability and adults support this self-directed learning of the child. In such communities, consistent with community patterns of teaching and interacting, Aboriginal daycare staff may arrange the environment for the child, but may not tend to give the young child explicit directions about how to conduct themselves in their environment. Thus, at home and in daycare settings many of Anishinaabe children are not socialized to listen to, follow through with, or produce explicit instructions. These expectations are only introduced once they enter school.

Hearing loss in Aboriginal populations is an important area to consider as well. Research shows that First Nation students in the Primary grades often have a mild to moderate hearing loss associated with otitis media. First Nations children have a higher incidence of ear infections than students of other cultural backgrounds (Scaldwell and Frame, 1985; Langan et al., 2007; Bowd, 2004).

### MY APPROACH FOR WORKING WITH CHILDREN WHO USE FNED

Acknowledging and coming to understand key differences in socialization practices within various environments such as the home, community, daycare, and elementary school has become a major focus for me as I strive to provide more culturally relevant and effective services to the Aboriginal population. Prior to my awareness of these issues, I used to provide direct intervention to the children transitioning into school. This intervention was based on screening results. Where the parents shared my concern about their child's school readiness, I recommended a home program of parent-led structured language practice activities that most often included a direction-following component. Today, I

respond to the situation by engaging in consultation and training. As I reflect on my engagement in investigative and learning processes, I see how this has supported me to develop and apply the crucial skill of clinical judgment. I believe that my professional ethics and integrity as a person have been stimulated and I feel more satisfied today about my work as a speech-language pathologist than I did earlier in my career. Blending western-based and Anishinaabe perspectives to help people overcome communication difficulties is challenging but doable. I choose to frame it within an educational framework more so than as a deficit-based clinical approach. This is more in line with the Aboriginal world view as I know it, which appreciates the strengths that each of us possesses and the nurtures children to best enhance their gifts. This approach has proven to be rewarding and empowering for the children and parents. "Current research indicates that building on the language knowledge of learners enables them to use their linguistic understandings to access Standard English as a language of power in the educational and political realms without relinquishing their local language, a language of power in community" (Battiste, et. al, 2010, 8). I would like to stress that I take this approach with children that do not present with language impairment and that I recommend that a speech-language pathologist monitor progress in a year so that the child has the opportunity to receive direct intervention if necessary. Based on my experience, this approach seems to be effective and appropriate.

### Daycare, Preschool and Primary Grade Settings

In childcare and Primary grade classroom settings, I demonstrate dialect differences in naturally occurring contexts within the environment, and teach child care providers and teachers how to facilitate the development of direction-following abilities in Aboriginal children, through purposeful exposure and practice. This approach also includes other dialect-learning goals such as building comprehension and expressive use of gender pronouns as well as building each child's phonetic repertoire to include the speech sounds of Standard English. In my work, I often make reference to "the language of the classroom" so that Aboriginal parents' awareness of the expectations around language skills and language development in schools is enhanced without devaluing their own ways, their dialect and culture. I explain that as their young Anishinaabe child transitions from daycare to school they will experience an environment different from the one they are used to. In school, certain components of language that they do not use at home or daycare are relevant and therefore they will acquire these Standard English language skills quite naturally, without individual speech and language

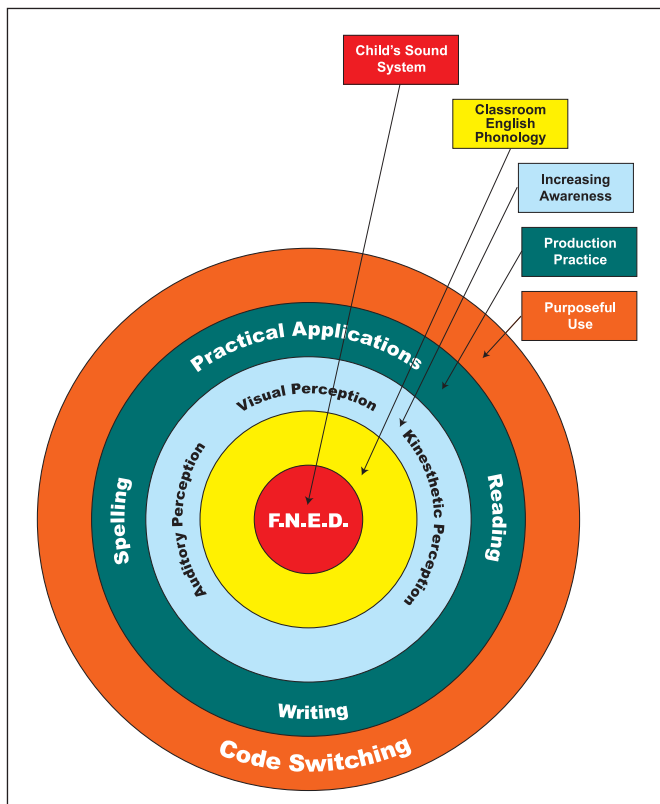


Figure 1. Therapeutic Approach for FNED in a School Setting

sessions from a S-LP. Aboriginal parents in general respond favorably to discussions around FNED and acquisition of new skills for school success.

### School settings

The schematic in Figure 1 illustrates the therapeutic approach that I use to assist students who use FNED with the acquisition of Standard English at school, and to gradually apply code-switching appropriately in different situations. The focus of the schematic is upon the sound system. Instead of pulling a child out of the class and working one on one, I work in the classroom, leading groups, and providing training to the classroom teacher to utilize materials and teach all children about phonological awareness, oral language and bi-dialectal education. First, the Anishinaabe student presents at school with FNED which is represented by the inner circle. The next circle represents the English sound system of the classroom. Although the phonology systems overlap, there are significant differences and so the two sound systems are depicted separately. From here, the next circle shows the awareness phase where the student learns to discriminate FNED sounds from those of Standard English using visual, auditory and kinesthetic perceptual skills. The next phase or circle represents practical applications of learned skills such as perceiving and producing minimal pair words and applying Standard English in phonics,

spelling, and other reading and writing tasks. At this point, the Anishinaabe student becomes aware of FNED and Standard English pronunciation differences and written examples are provided for practice in the classroom. The teacher illustrates examples of Standard English sentences in written form and gives verbal examples of the sentence as it would be spoken, highlighting FNED sound patterns and morphological and grammatical differences (e.g., “Please loan me some money” becomes “Borrow me some zhone.” Zhone refers to zhoniiyaa, meaning money). Students are made aware of the contexts in which either FNED or Standard English are used. For example, school contexts such as delivery of formal speeches and writing tasks call for standard English whereas FNED is appropriately used when conversing with friends and family, and is especially relevant to community settings. This phase of programming is meant to provide the student with opportunities to engage in code-switching, with reinforcement. This approach is used to teach children from Primary through Intermediate grades. Code-switching becomes more frequent in the Intermediate and Secondary grades where FNED students have acquired sufficient Standard English language skills and writing skills so that both dialects are readily accessible in the learning environment.

I work with small groups of Aboriginal students during language classes in the regular classroom. As the schematic illustrates, the approach I have taken to assist young First Nation students is to increase their awareness of the speech sound system differences between their FNED and Standard English, followed by practice with production in practical classroom activities. A multi-sensory approach to speech sound identification, discrimination, and production is crucial to ensure that the students, especially those experiencing fluctuating hearing loss associated with otitis media, receive the relevant information about how a sound is made by the articulators, how it looks (the child sees him- or herself making the sound in a mirror, watches me, the teacher, and peers as they produce the sound), feels (tactile-kinaesthetic feedback), and sounds. Offering multiple modalities also ensures that the student’s individual learning preference can be accommodated. Particular emphasis is placed on production and discrimination of vowels and consonants that are novel or that the student did not know as distinctly different in their FNED. Minimal pairs are used to emphasize differences (e.g., big/pig, cab/cap, sip/ship/chip/zip, bus/buzz, fat/Pat, laugh/lap, vet/bet, thought/tot, bath/bat, there/dare, lathe/laid, loon/noon, pal/paw, bid/bed, pin/pen). The children are asked to describe sounds by how they are made or how they feel, look, or sound. Some children, for example, have referred to the novel /r/ sound as “the starting your car when it’s thirty below sound”, the “zh” sound as “the air guitar



sound”, the /e/ sound as “the Mrs. A sound”, and the /æ/ sound as “the crying baby sound”. Pocket wall charts and pictures, printed words or sentence strips are used so that students can manipulate the materials to sort, re-arrange and make comparisons.

The student is also taught to blend and segment newly introduced sounds in words. Following this, print examples are used as a means of formalizing the Standard English sounds and structures. The notion that Standard English is used for all print and writing tasks in the classroom is reinforced. One or two targets at a time are set for each FNED student so that they receive consistent feedback on their written work (e.g., regular past tense verb, prepositional phrases, gender pronouns, spelling corrections.) Throughout the teaching of Standard English, reference is made to “how you say it at home or in your community” versus “how we write it and say it at school.”

Although my work experience within the intermediate grades with FNED students has been somewhat limited, I have observed that they will code-switch to FNED when verbally interacting with me, because they identify me as an Aboriginal person. I reinforce with them that in our language program sessions, we want to practice and improve the use of “school talk and Standard English of the classroom” but when we visit informally, our home talk is good to use. I emphasize that I am there to help them do well at school. I do not evaluate FNED as being less correct or inferior at any time. I do believe that many Aboriginal people, myself included, live in two worlds and it is important to be able to code-switch in order to function at our best whether at work in the mainstream society or within the First Nation community where they have been socialized and where they feel belonging. I feel that the profession of speech language pathology has afforded me the opportunity to expand my Standard English skills and come to understand, maintain and value my FNED skills. The combination of clinical experience and personal learning empowers me to help and educate other Aboriginal people, clinicians and educators so that FNED features and usage patterns are accepted as a normal communicative behaviour that is essential and valuable for the individual’s cultural competency and identity.

Teachers have an important role in the intervention process. Students are not “corrected” in the classroom if they use FNED pronunciation or grammatical forms (such as omission of regular past tense verb “-ed”, pronoun substitutions, omission or substitutions of prepositions) during verbal interactions. Teachers are encouraged to avoid making direct requests for the student to change his or her sentence to reflect Standard English grammatical or semantic elements, but instead to note

these dialectal differences within the context of written work. Teachers are mindful of the dialectal differences and provide purposeful, frequent modeling during oral language activities and games in the classroom on a daily basis. This provides the Anishinaabe FNED student with increased opportunities to hear the novel pronunciation and grammatical features of standard English in the language of the classroom as it is used by his or her peers and teachers (e.g. words with r, l phoneme targets are displayed on the word wall and highlighted whenever they arise in the classroom; prepositional phrases and pronoun forms are used in Teacher-created routines and everyday activities).

In intermediate level classrooms, it has been my experience that teachers of FNED children are extremely interested in understanding their speech and language differences and will readily point out differences at the written level for these students to help increase their awareness and ability to code-switch more purposefully to Standard English. Teachers intuitively know that this is an appropriate approach and as I engage them in discussions about the topic of FNEDs they appreciate the value of their role with students. Trust in the teacher-student relationship sets the tone for the intervention process and helps ensure that it is appropriately addressed within the classroom.

### **A CULTURALLY SENSITIVE LENS IS FUNDAMENTAL TO WORKING WITH ABORIGINAL POPULATIONS**

“Culturally sensitive practice honors and supports a family’s goals for a child’s language development and acknowledges and supports the system of cultural signs and forms of interaction, thus securing a child’s attachment and sense of belonging to his or her speech/social community and fostering acquisition of the desired language or language variety” (Bernhardt, et al., 2007, p. 104). Beyond the specific techniques for working with FNED speakers, I suggest use of the following culturally sensitive practices when working with children from First Nations communities.

First, it is important to get to know the people that we have opportunity to engage with along the trail: the Aboriginal clients, health care professionals, social workers, early childhood development practitioners, educators, and service providers in the community. There is always a way for us to expand our own learning. Establishing partnerships across service sectors is beneficial for S-LPs to obtain guidance regarding culturally appropriate practice that informs and ensures equitable and appropriate assessment and treatment practices.



Second, regardless of where the children we work with reside, whether on or off reserves, in cities and towns, it is important to understand that ties to the Aboriginal community may be strong and must be understood.

Third, it is important to understand historical factors that impact current actions and feelings today that result in strained relationships with Western therapeutic processes. Since first European contact, Aboriginal people have faced extreme challenges to their survival in Canada. Sustained colonization and assimilation efforts by the Canadian government have had strong negative impacts upon the social fabric of Aboriginal communities. It is therefore difficult for Aboriginal people to trust individuals from mainstream society, and initially, they may not welcome the speech-language specialist into their community or home. It is crucial that relationship-building be the focus of initial contacts so that the clinician is valued as a caring and respectful individual. From here, the Aboriginal family or community will begin to trust the S-LP and open up.

Fourth, it is easy to empathize with my colleagues who try to 'make do' with existing assessment and intervention tools that are available, but these are often inappropriate for working with First Nations populations. We are a committed and creative group, and our profession needs to develop more culturally appropriate tools and methods for working with Aboriginal people.

Fifth, it behooves us as clinicians to initiate our own learning and to identify sources of knowledge at our disposal. The Aboriginal clients and their home communities represent a rich source of information. S-LPs can visit their client's homes and communities and can also access information through urban Aboriginal settings such as Friendship Centers and Health and Recreation facilities. Linkages with cultural informants and recognized Elders can be established once community members see the clinician as having genuine concern and interest in learning more to hone their skills as a "helper" and advocate (Westernoff, 1994). Community gatherings represent another ideal setting for an S-LP to learn about interaction styles, discourse practices, the Aboriginal language(s) used, and First Nations English Dialect. As relationships are built with families and community service providers, questions can be formulated and posed at the appropriate time to facilitate understanding. An approach that initially exemplifies listening, observing and sharing is best before an interview and formal assessment process is undertaken. The establishment of mutual respect and trust is essential in facilitating the process of learning and working together.

When an S-LP is known in the Aboriginal community, parents and family members will likely feel

more comfortable in a clinical setting that places them in a cultural informant role. It will be easier for them to feel valued as contributors within a collaborative process aimed at identifying their child's communicative strengths and weaknesses and establishing relevant speech and language goals for their child at home and at school. As well, professional development opportunities and professional journals provide information about culturally and linguistically appropriate assessment and treatment practices, Aboriginal languages, First Nations English Dialects, the cultural and social practices of Aboriginal people that influence parenting roles, communicative discourse patterns, and Aboriginal language preservation and revitalization efforts.

Finally, a service delivery model that presents more than one chance for assessment and offers multiple visits and appointments in the home and clinic can also facilitate engagement and support the development of an assessment and intervention approach that best meets the needs of the client. This is especially relevant to members of the Aboriginal population who seasonally move back to their traditional territory for hunting, ceremonial purposes or visits with family since these communities are often a long distance away.

## CONCLUSION

It is critically important that all S-LPs working with Aboriginal people in Canada advocate for enhanced S-LP services and improved language outcomes. This article provides the perspective of one Aboriginal S-LP with extensive experience working with Anishinaabe people in Ontario. A model of service delivery is presented for working with children who speak a FNED. It is stressed that FNED is a difference, not a disorder and should not be treated as one. Culturally sensitive practices are advocated.

Speech and language pathologists' perceptions of Aboriginal clients' and their needs are changing in a positive way across Canada. In the past several years, for example, CASLPA has created a special interest group to discuss service delivery to Aboriginal groups and partnered with Health Canada, the Assembly of First Nations and Inuit Tapiriit Kanatami to study service delivery to these populations. These are critical steps towards understanding the needs of Aboriginal communities and providing more culturally sensitive practices to these communities across Canada.

Establishing a practice where service providers initiate contact and develop relationships within the Aboriginal community will prove to be fruitful. As mutual respect and understanding are gained, our professional services will better meet the needs of Aboriginal communities.

Customizing speech and language interventions that are appropriate to each client's situation is the essence of speech and language service provision. With culturally relevant speech and language services comes an atmosphere of cultural safety and Aboriginal people will respond favorably. Clinician awareness of the issues and means of enhancing the communicative competence of Aboriginal clients is paramount to effective services.

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## ENDNOTES

<sup>1</sup>Aboriginal: belonging to North American Indian, Métis, or Inuit groups of peoples.

<sup>2</sup>First Nations community - North American Indian reserves, of which there are more than 600 in Canada.

<sup>3</sup>Anishinaabe: referring to the group of Anishinaabe/Ojibway people from 43 First Nation communities around the Lake Superior and Lake Huron regions of Ontario.

## AUTHOR'S NOTE

Correspondence should be sent to Sharla Peltier B.Sc., M.Ed. 126 Bonnie Drive, Lively, Ontario, P3Y OA2, Canada. E-mail: [sharlap@sympatico.ca](mailto:sharlap@sympatico.ca) ➤



- ▶ **Building A Relationship:  
Perspectives From One First Nations  
Community**
- ▶ **Nouer une relation : le point de vue d'une  
communauté des premières nations**

Deanne Zeidler

#### KEY WORDS

COMMUNITY DEVELOPMENT

CULTURAL SAFETY

RELATIONSHIP

FIRST NATIONS

#### Abstract

Community development and cultural safety models are helpful in describing services that developed in one First Nation. These models can guide professionals towards a place of shared learning and meaning in working with Aboriginal peoples. When professionals build genuine relationships, the open dialogue that emerges can lead to the development of services that are relevant and responsive to community needs. Eight community members in one British Columbia First Nation were interviewed and asked to identify information they felt was important and helpful for a non-Aboriginal professional to know before working with their people. Community members shared their personal experiences and suggestions to assist non-Aboriginal professionals wishing to develop connections in their community. In the process, interviewees also pointed to specific information that they wanted professionals to know about their community's past and current situation to help them support and work with families and the broader community. Professionals who want to engage in a respectful and mutually beneficial collaborative learning process with Aboriginal people may wish to consider the ideas and insights provided.

#### Abrégé

Les modèles de développement communautaire et de préservation culturelle sont utiles pour expliquer les services mis sur pied dans une communauté des Premières Nations. Ces modèles peuvent amener les professionnels à l'apprentissage mutualisé et à un sens commun dans leur travail auprès des Autochtones. Quand des professionnels nouent de véritables relations, le dialogue libre qui en découle peut mener à l'élaboration de services pertinents et réceptifs aux besoins de la communauté. On a demandé à huit membres d'une communauté des Premières Nations de la Colombie-Britannique de déterminer, selon eux, l'information qu'il était nécessaire et utile de posséder pour qu'un non-Autochtone puisse travailler avec leur peuple. Les membres de la communauté ont partagé leur expérience et des suggestions pour aider les professionnels non autochtones qui souhaitent tisser des liens avec leur communauté. Cet exercice a mené les personnes interrogées à cibler des renseignements précis qu'à leur avis les professionnels devraient posséder au sujet de l'histoire et de la situation actuelle de leur communauté. Ces renseignements pourraient aider les professionnels à soutenir et à travailler avec les familles et la communauté. Les professionnels voulant mener une démarche d'apprentissage mutuellement bénéfique et respectueuse avec les peuples autochtones pourraient examiner les idées et points de vue présentés dans cet article.

Deanne Zeidler, M.H.Sc,  
RSLP Registered Speech  
Language Pathologist,  
Whistler, B.C.  
Canada



## INTRODUCTION

Research data in Canada suggest that Aboriginal children show a higher prevalence of language delay than non-Aboriginal children. According to a survey of children in Aboriginal Head Start programs, a diagnosis of 'language delay' made up the largest category of special need by a wide margin (Public Health Agency of Canada, 2001). A recent investigation of First Nations dialects leads us to question the relevance and validity of traditional tools and methodologies used to identify language delay and disorder in Aboriginal children (Bernhardt, Ball & Deby, 2006). Nonetheless, health, education and First Nations organizations are increasingly interested in the services of speech-language therapists.<sup>1</sup>

Non-Aboriginal service providers, however, are not always prepared for cross-cultural care and may find it difficult to form partnerships with First Nations people to support the hopes and dreams they have for their children, family and community. Cultural safety and community development models offer useful starting points and frameworks for professionals committed to building partnerships in Aboriginal communities.

## COMMUNITY DEVELOPMENT

Social models of health focus on well-being and emphasize the importance of the individual's and the community's experience and knowledge in improving health related outcomes. Such models are particularly relevant in the Aboriginal context as the traditional Aboriginal concept of health is holistic and incorporates mental, physical, spiritual, emotional and social aspects. The health and well-being of individuals and communities are viewed as interdependent and equally important (National Aboriginal Health Organization, 2007).

Speech-language pathology services have traditionally been rooted in a biomedical model where 'health' is defined as the absence of disease. Services may be offered on a continuum of care which can range from services narrowly focused on assessment and intervention provided to an individual to services which are more inclusive and family-centered. Health promotion activities are generally related to the specific training and skills of the profession and may be aimed at such areas as the development of communication skills or the reduction of risks for developing communication difficulties. For speech and language professionals, as for other health and education specialists working in Aboriginal communities, the challenge is to expand the scope of services and approaches so they become community-focused and community-centered.

Community development is a process where community members come together to take collective

action and generate solutions to common problems (Frank & Smith, 1999). In this model, top-down 'expert' driven change is replaced with community driven control and decision-making. Professionals may successfully participate in a community development approach and build capacity when they commit to working in a broader way to support the Aboriginal community's strengths and goals. According to this model, the health professionals engage in a collaborative process where they listen to and consult with the community before responding to a need.

## CULTURAL SAFETY

For therapists and other service providers who are committed to working with Aboriginal peoples, there are a multitude of terms and ideas (e.g., cultural awareness, sensitivity, responsiveness and competence) that may guide or confuse those seeking to bridge cultural gaps. Cultural safety is a concept that originated in New Zealand in the 1980's in response to Maori people's negative experiences with health care and issues with access to health services. The work of a Maori nurse, Irihapeti Ramsden (Papps & Ramsden, 1996), provides an important foundation for this idea, which "moves beyond the concept of cultural sensitivity to analyzing power imbalances, institutional discrimination, colonization and relationships with colonizers, as they apply to health care" (p. 1, National Aboriginal Health Organization, 2006.) Ball's (2007) discussion of cultural safety describes five principles that are key to working toward the development of shared knowledge and respect. These principles have particular relevance to speech and language professionals. They are paraphrased below:

1. Knowledge of protocols. What do we know about the culture and cultural forms of engagement? How do we show respect for them?
2. Personal knowledge. Are we aware of our own cultural identity and socio-historical location? How do these affect our thinking and interactions with Aboriginal partners?
3. Partnerships. Are we dedicated to collaborative practice and do we value the knowledge and skills of our partners?
4. Process. Do we place value on mutual learning and encourage ongoing dialogue to ensure that the direction and goals are appropriate?
5. Positive purpose. Can we be sure that what we are doing will have a real benefit for the people we work with?

A definition of cultural safety developed by Williams

(1999) highlights the importance of shared knowledge and the relational aspect in “an environment, which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening” (p. 213).

## THE IMPORTANCE OF RELATIONSHIP

Based on the data from a survey, speech and language professionals with practice experience among Aboriginal peoples in Canada called for “an altogether different approach” (Ball & Lewis, 2005). Respondents were consistent in recognizing “the importance of establishing positive and trusting relationships with Aboriginal caregivers of Aboriginal children, and with people who are trusted within the Aboriginal community to which the child belongs” (Ball & Lewis, 2005, p. 33). However, historical and current realities for Aboriginal people may present significant barriers to developing a genuine relationship and there may be hesitation or reluctance on both sides - from community members as well as professionals. While it is clear that a new approach is needed, there is no set formula because peoples and communities are unique. Consequently, even professionals who are genuinely motivated to ‘do the right thing’ and want to build partnerships and trust with Aboriginal people may be uncertain how to move towards the goal of helpful partnerships within communities.

## SETTING THE STAGE

This paper reports insights gained from interviews conducted with community members from one First Nation, Mount Currie, in British Columbia. Mount Currie is the fourth largest on-reserve community located in a rural and mountainous area north of Whistler, B.C. First European contact came over 200 years ago when Alexander Mackenzie arrived overland at the Pacific. Miners, traders and settlers continued to arrive “without an invitation” (p. 3, Lil’wat Nation: A Fact Book 2005). The Lil’wat were stripped of their land, rights and resources and confined to 10 tiny reserves that amounted to a mere .004 percent of their traditional territory.

The Lil’wat are a resilient people with a strong commitment to their language and traditions. Supporting the health and development of the Nation’s children and families is a priority to them. Established in 1996, the Mount Currie Health Centre is an important hub for community services and includes the Pqusnalhcw Daycare, Elders’ services, Community Health Nurses, dental services and other health and wellness practitioners. The Xit’olacw Community School is Band-

operated with over 248 students from K4 to Grade 12 and offers an early immersion program in Ucwalmicts. The Cultural Centre, co-located in the community school, is a resource centre that develops and implements a wide variety of initiatives to support the revitalization of the Lil’wat language and culture in the traditional territory.

As part of their commitment to children and families, the Band contracted the services of a speech-language therapist, a physiotherapist and an occupational therapist over a decade ago. Therapists in these three professions have provided services to the Xit’olacw Community school, the Pqusnalhcw daycare, as well as to Elders, children and families in the wider community. Connections between the therapists and the community were built gradually over a period of years. Today, an early intervention team consisting of Aboriginal early childhood professionals, social service and school staff, community health nurses, a speech and language therapist and a physiotherapist meets regularly to collaborate and support individual children and families as well as focus on broader community initiatives. The specific activities and services evolve in response to ongoing discussion with colleagues and community members. Written materials on cross cultural issues and training in areas such as cultural safety are relatively recent developments and were not as easily accessible a decade ago to support professionals working with First Nations.

*“For fourteen years, I have had the opportunity to work with and learn from community members of the Lil’wat Nation. When I first arrived in Mount Currie in 1995, First Nations issues were not widely reported in the press and I was unaware of the history of First Nations people. I did not initially understand the level of distrust and lack of acceptance for a therapy process that seemed to work elsewhere. There was little information to guide and assist in establishing connections. Relationships were gradually formed through a long-term commitment to the community. The shared learning is an ongoing process and dialogue with community colleagues continues to guide my professional practice.” (Author)*

This paper is intended to provide the opportunity for therapists and other professionals to hear the voices of the Lil’wat people, to give them a chance to think about the points that community members raise and to consider whether these same issues may be reflected in their own personal interactions with Aboriginal people.

## METHOD

### Participants

Semi-structured interviews were conducted with eight community members of the Lil'wat Nation in Mount Currie, B.C. Many of the individuals who agreed to participate had extensive experience working with non-Aboriginal professionals both in and out of their community. They provided written consent to have their perspectives included anonymously in this publication. Interviewees were all women. Seven participants were siblings, parents or grandparents of children who have required ongoing support from health and education professionals. The professional roles of these women in the community were maternal child health program staff member (one participant), early childhood educators (four participants) and staff members of the First Nations Xit'olacw Community School (two participants). Participants ranged in age from 24 to 65 and had between 3 and 35 years of experience in their current professions. Since these participants were co-workers of the author, they are referred to as colleagues in this paper.

### Data Collection and Analysis

The semi-structured interviews took place at various locations in the community over a period of 1 month. They were conducted individually, and in one case, in a small group. Respondents were advised of the questions prior to the actual interviews, which ranged from 20 to 45 minutes in length. Interviewees were asked two questions:

1. What would you want a professional who is new to the community to know about your community that would help them to develop connections?
2. What quality do you think is most important in a non-Aboriginal professional wanting to work in your community?

The questions selected arose from ideas that were implicit in many conversations that had occurred over the years. Participants were invited to expand on points that were raised in their responses. All interviews were audio-recorded, transcribed and shared individually with the participants to ensure that the interpretation was reliable and accurate. The comments were then organized thematically and distributed to participants who were invited to provide feedback and further elaboration.

The themes and categories that were derived from the semi-structured interviews were generated using qualitative data analysis strategies that have their basis in ethnographic research and grounded theory (Agar, 1986; Strauss & Corbin, 1990). Through this process, interview responses were broken down into relevant

properties and dimensions for the purpose of identifying and interpreting major themes in the data. Once the main themes were identified by the researcher, respondents were invited to verify and elaborate on them, providing important information regarding the validity of the results. In the presentation of the results, each of the themes that characterized the data will be discussed and supported through illustrative quotes. In the citations below, each colleague's comments are numbered in Ucwalmict's, the language spoken by the Lil'wat people, to ensure anonymity.

## RESULTS

### Connect with the People and the Place

All the Aboriginal colleagues agreed that professionals should start by listening to people in the community. Connections may not develop quickly and professionals should be patient, comfortable in silence, and not so focused on their own goals that they miss the opportunity to connect in ways that are meaningful for community members.

*"Don't just come in and tell me what you know, work with me and listen to me." (xw7útsin)*

*"The person that is coming in is obviously someone who would want to be here. That would be their number one thing. And in order to want to be here they want to know more about us, so that's the start. As soon as you see that connection you know that this person is here and wants to be here with us and you would know it and that's how you would build relationships." (t'áqemkst)*

Wanting to know who the people are is the first step for a professional who is new to the community. A genuine desire to find out about the people and the place creates a level of comfort in interactions and lays the foundation for respectful relationships. As one colleague recounted, individuals who are unable or unwilling to learn about the people and their ways do not 'connect' and often leave.

*"Because over the times, I have come across people that came, at least for me anyways, I could feel that there was no connection and you would know soon enough and then that person just moves on because they know it's not their place, they don't fit in, and it's hard for them. Because they're used of the way they live and they can't get used of the way we live. Kind of like two different worlds." (t'áqemkst)*

Professionals need to take the time to listen and get to know the people in the community and the community as a whole. A willingness to change and adapt to the community if needed is essential.



## Be Aware of the Impact of Past Experiences

As is the case for many Canadian Aboriginal communities, the legacy of the residential school system continues to impact families and community. One colleague recalled how the knowledge and history of residential schooling impacted her and affected the efforts of therapists to support her child and family.

*"They need to know our background - where we came from. Even though it's been generations for residential school, it's still affecting our kids. (ánwas) You guys were trying to come into my home but I am scared to let you in because I am scared you were going to take my kids away... You probably wouldn't think that but we watch it left and right and so even our parents were taken away to residential schools. It goes back... We still really watch ourselves on reserve because it's always non-native people taking native kids away. It always has been and that's the big picture." (pala7)*

Several colleagues stated that it was critical that professionals not only know about the history of residential schools but also become more sensitive to the way these and other experiences continue to affect families.

*"Some people take longer to speak to and choose their words or they're unsure how to put it into words - the kind of information that they're going to give you because, with a lot of people on reserve, the fear is judgment. Scared they'll get in trouble for doing something wrong when they think they're doing something wrong or they're afraid that they'll get in trouble because there's so much children getting taken away - so that's a huge fear." (pál7upst)*

Non-Aboriginal outsiders may be viewed with distrust as a result of activities that are unrelated to the services they deliver. The impact of traumatic events in the community may be so pervasive that even families without any direct experiences may still find it difficult to connect with non-Aboriginal health and education professionals.

One colleague suggested that families may become more comfortable accessing services when professionals clearly and explicitly communicate their purpose.

*"You kind of have to set it out clear to who you're working with that you're not going to take the kids away. Right from the day one. I'm not here to judge you. Make it clear. That way you might be welcomed into the home." (pala7)*

Many families are uncomfortable with outsiders in their home. Community colleagues have assisted by accompanying professionals to home visits. Alternatively,

they have arranged or encouraged family visits in neutral and 'safe' locations such as a school, health centre meeting rooms, or during regularly scheduled wellness clinics or events in the community.

## Learn about The History and Traditions of the People

Responses of all Aboriginal colleagues were consistent in emphasizing the need for non-Aboriginal health professionals to know about the history and culture of the people before starting to work in the community. Colleagues' comments reinforced that it is not just general knowledge of the history of Aboriginal people that is important. They also want professionals to know about their community today. Professionals should pay particular attention to the events, the places, the families and the relationships that have shaped the present.

*"I would like them to know our history." (ánwas)*

*"And they also need to know our traditions." (t'áqemkst)*

*"...be aware of the cultural background and the traditions, I think. Not meaning just cultural traditions but what generally the community is about - understanding where the community is coming from. I think that's very important." (tsilkst)*

Knowing what the community is about goes beyond knowing only the past. The professional who is able to listen and learn is able to contribute to the current plans and aspirations of the community.

## Take Time and Let the Community Know Who You Are

All colleagues recommended that professionals should have a patient attitude. Rather than focusing immediately on the 'work to be done' they should slow down in interactions with community members and remember that it takes time to make connections that lead to positive relationships.

*"Professionals should not jump right into business but start to earn the community's trust. And you know not poking and prodding on certain things they do - like a health nurse wouldn't just go in and say your child needs immunization shots, see you - but building that relationship first." (tsúlhaka7)*

*"Just get out into the community - like even not having to do with anything professional that's going on and just let people know okay, I'm here. This is how I am and this is what I do..." (ánwas)*

Several colleagues recommended that professionals 'be present' in the community beyond their job and



participate in community activities. Traditional gatherings and celebrations of culture, sporting events and other activities provide opportunities to be involved in the wider community. Invitations to take part may emerge slowly over time. A long-term commitment to the community supports the development of trust and understanding that is necessary to working effectively together.

### Learn from Colleagues to Understand Families

A real or perceived lack of interest in understanding how each child or family's personal history affects their current situation can lead to misunderstandings or misinterpretations that affect the ability to work together. Community colleagues know and understand family circumstances, and while respecting family confidentiality, may be able to provide critical support and information for non-Aboriginal professionals.

*"If a new staff, for instance, comes on board and doesn't really know the background of staff or students and then they're wondering why they can't connect or there's a breakdown of relationship because the new person doesn't understand where they're coming from. For us that have been here and live here, we know." (t'áqem'kst)*

*"I think for us as Aboriginals, it's like knowing background and some parents may not always be willing to give that background and be on the defensive side or the denial side. It goes right back to... all the trauma that these parents have gone through and they don't want to dig up these past issues... For people to come into an aboriginal community, I can see the families parents shutting down because of that." (kalhás)*

Listening and learning from colleagues in the community is essential for professionals who want to make positive connections with individual children and their families. Community members know the people in their community and their personal histories and they expect professionals to possess an openness to understanding "the struggles of each family and the community" (xw7útsin).

### Know the Community Before Providing Assessments

Several colleagues recommended that professionals establish a relationship with a family before attempting to move forward with assessments or interventions. Making connections with community colleagues, attending community events and just spending time around families is important to the development of a relationship of trust, confidence and understanding.

*"Just try and build a relationship with a parent before actually trying to make a diagnosis or an assessment." (ánwas)*

*"I didn't know you and I guess too I didn't know what you were supposed to be doing... I just felt that you didn't understand our native children and that's what I guess upset me." (xw7útsin)*

Without an underlying relationship and mutual understanding, assessment and intervention services may be unnecessarily stressful. Community members expressed an interest in knowing more about professional roles and services, but equally important is getting to know who that professional is – as a person.

The trust that develops by building relationships heightens community awareness, and makes services and interventions more relevant and appropriate as families are more confident in partnering and providing real input.

Assessment processes can have unintended and lasting harmful effects. Aboriginal people are frequently confronted with negative statistics and information about their well-being and their ability to parent and to live healthy lives. Professionals need to be sensitive to the effect that diagnostic labels, such as those that speech-language therapists would apply to describe children's language skills, can have on family members. Developing a critical and self-reflective attitude about what we have been trained to do, and what we believe we know, is necessary if we are to make positive contributions in the community.

*"Back then I always think of how upset I was. Even today I would really feel like they were labeled and to this day I feel they were struggling because of that. I still get upset about it." (xw7útsin)*

### Be Community-Centred

*"Listen to the community... not only thinking of the child but the community and the family." (kalhás)*

This colleague's recommendation to listen to the community is echoed in many responses. In Mount Currie, the speech and language therapist participates in a team that is involved in planning and delivering events that are of interest to the broader community. *Celebrating our Children* is one example of a community event that brings together school, daycare, health and wellness centre staff, Elders and others to promote culture, support children's health and recognize the importance of families. Professionals involved in this event get to know and talk to families and become known by the community in a non-threatening venue. The yearly themes (from family literacy to healthy eating with a focus on traditional

foods) are the result of a collaborative process that reflects community goals for families and children as well as the community's aspiration to support the personal growth and development of children.

*"I think the children will be more successful if we are working towards that all children get equal services, not just people at risk or special needs or a single child – not narrowing it down. But have the same for everyone." (tsúlhaka7)*

Several colleagues mentioned the value of collaborative efforts that will support all children in the community. Therapists and other professionals often have limited time but the importance of general health promotion activities should not be underestimated. While the participating colleagues knew and understood that some children require individual supports, there was a stated need for better opportunities to work together and explore ways to share knowledge benefiting all children.

### Support Traditional Culture and Language

Professionals were encouraged to show respect for and interest in the traditional language and culture.

*"The main thing is to... focus on the culture." (xw7útsin)*

Professionals who want to incorporate traditional language in a variety of activities, general as well as child and family focused, can partner with community members who are fluent and knowledgeable. Speech and language therapists, in particular, with specialized training in communication and language development can support traditional language in both specific and general ways. For example, families can be shown that language strategies that support development of English may be equally helpful in supporting traditional language learning. Child specific speech and language materials may be developed for traditional language targets. When non-Aboriginal professionals encourage traditional language and make an effort to learn and use it, this shows respect for the culture and the people.

### Maintain a Supportive Attitude and Develop Genuine Understanding

When colleagues were asked about community-specific information that should be shared with professionals who were new to the community, responses often focused first on the personal characteristics that they valued in service providers. Professionals were expected to maintain confidentiality, be reliable and "keep their word" (táqemkst). Compassion, caring and kindness were also highly valued, but all the Aboriginal colleagues stated that the most important quality in any professional was a non-judgmental and unbiased attitude.

*"Compassionate, understanding and not quick to judge and that they have good listening skills and that they have a lot of patience." (tsúlhaka7)*

*"Trustworthy would be my biggest one. If you don't have that there is nothing to build on." (táqemkst)*

*"Non-judgmental. Kindness and be willing to accept whatever comes forward." (Pál7upst)*

Historical and current experiences contribute to feelings of mistrust and suspicion, which need to be overcome. This requires a non-judgmental and accepting attitude on the part of the non-Aboriginal professional.

Merely knowing about the history, culture, traditions and current situation of Aboriginal people is not enough. There is the expectation that this knowledge will result in a deeper understanding of the difficulties and hardships as well as the successes and achievements that the community and families have experienced and may continue to experience. Colleagues stressed that it is the move to genuine understanding and acceptance that is fundamental to establishing relationships of respect and recognition. Without understanding and acceptance, few insights into the past or the present are available and the future hopes of the people for their community and children may not be shared.

*"Understanding of how we're trying to bring back our culture. How we are struggling with not knowing our language. There are a lot of things going on... The main thing is to be understanding of our people. (xw7útsin)"*

## CONCLUSION

This paper brings together the perspectives of eight community members from the Lil'wat Nation and outlines points that may guide professionals who want to deliver services that are meaningful and relevant to the Aboriginal community. Many of the ideas expressed in the interviews have been heard in conversations between the author and colleagues over a period of years. Established relationships have facilitated an openness and willingness to ask and respond on both sides, which might not have been possible a decade earlier. The interview process provided the opportunity for open discussion with community members and their views on the essentials for fostering productive relationships with non-Aboriginal professionals working in their community. While the responses provided by the participating colleagues may have some limitations in terms of their generalizability to other Aboriginal communities who may be experiencing different challenges related to service delivery, they nevertheless provide important directions for the establishment of

collaborative, community-based speech and language and other therapy services.

Past experiences, institutionalized discrimination and power imbalances have and continue to impact Aboriginal people and create barriers for non-Aboriginal professionals trying to make connections and develop relationships in the Aboriginal community. In contrast, culturally safe services may develop through the process of relationship building. In Mount Currie, safety in accessing services is enhanced by the relationships of respect and trust that have developed between the professionals and the community. Professionals in Mount Currie have had the opportunity to participate in community development initiatives, which have included mentoring, and supporting a variety of early childhood programs as well as advocating for social support projects designed for children with special needs in the community.

All the Aboriginal colleagues who participated in the interviews agreed that relationships of trust and genuine understanding are necessary for mutually beneficial partnerships and services. Within trusting relationships, professionals come to know the community and are able to move forward in partnerships that are in keeping with the aspirations of the people in the community. Speech and language professionals may have to adjust their service delivery model and move beyond the traditional focus on parents and children to the advancement of community-identified goals.

Building a relationship may be challenging and takes time but along the way “you begin to understand each other and become family” (*pál7upst*). Listening and sharing with community members shapes and challenges ideas about who we are as individuals and our assumptions around people from different cultural backgrounds. Authentic relationships built on trust and understanding are not just the key to establishing professional services that contribute positively to children, families and community. They are fundamental if we are to move together towards social change and greater social equity and justice.

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## ENDNOTE

<sup>1</sup>It is standard practice in Canada and elsewhere to refer to professionals trained in speech and language as Speech-Language Pathologists. However, the emphasis on “pathology” created a barrier to access in the community. Speech and Language Therapist is a title that more accurately reflects the helping services and partnering that are provided.

## AUTHOR'S NOTE

Correspondence should be sent to Deanne Zeidler. 2269 Brandywine Way, Whistler, B.C., V0N 1B2, Canada. E-mail: [dd@informationdesigned.com](mailto:dd@informationdesigned.com) ►



- ▶ **“An altogether different approach”: Roles of Speech-language Pathologists in supporting Indigenous children’s language development**
- ▶ **« Une démarche complètement différente » : le rôle des orthophonistes pour faciliter l’acquisition du langage chez les enfants autochtones**

Jessica Ball  
Marlene Lewis

#### Abstract

Indigenous children are a rapidly growing population that has unmet needs for programmatic supports to ensure optimal language development outcomes and for assessment and intervention to address speech and language delays and disorders. Seventy members of the Canadian Association of Speech-Language Pathologists and Audiologists who had at least two years of practice experience with young First Nations and/or Inuit children completed an original questionnaire asking for their perspectives on the relevance and utility of their professional preparation, goals, tools, and funding for meeting the needs of young Indigenous children. Among respondents, 79% (n=55) called for “an altogether different approach.” Statistical analyses of quantitative data showed almost complete agreement among speech-language pathologists (SLPs) on rated items. They uniformly emphasized, for example, an urgent need for repeat screening of Indigenous children from birth through age five, and the perceived importance of creating new screening tools specifically for Indigenous children. This article focuses on content analyses of S-LPs responses to open-ended questions in which they expanded upon their ratings, explaining their views of the need for distinctive areas of emphasis when S-LPs work with Indigenous children. Respondents identified the need for greater investments in community-based, capacity-building activities compared to individual-focused clinical treatment, and greater use of observation, criterion-referenced and dynamic assessment methods and language facilitation strategies that are customized with reference to the child’s home language environment. They emphasized understanding the cultural context of practice, building and calling upon collaborative relationships with family and community members, and situating practice within infant and child development programs that facilitate culturally congruent communication skills of all children and caregivers in a family or community.

#### Abrégé

Les enfants autochtones forment un groupe de la population en rapide expansion, mais qui ne bénéficient pas de programmes pour lui assurer un développement du langage optimal ni de programmes d’évaluation et d’intervention pour prendre en charge les retards et les troubles de la parole et du langage. Soixante-dix membres de l’Association canadienne des orthophonistes et audiologistes qui possédaient au moins deux années d’expérience auprès de jeunes enfants inuits ou des Premières Nations ont répondu à un questionnaire sur la pertinence et l’utilité de leur préparation professionnelle, des buts, des outils et du financement pour répondre aux besoins de cette population. Parmi les répondants, 79 % (N=55) ont réclamé « une démarche complètement différente ». Les analyses statistiques de données quantitatives ont montré un consensus presque unanime chez les orthophonistes pour les éléments évalués. Par exemple, ils ont uniformément fait ressortir le besoin d’un dépistage répété de la naissance à 5 ans chez les enfants autochtones et l’importance de créer de nouveaux outils de dépistage expressément pour ces enfants. L’article s’attarde à analyser le contenu des réponses des orthophonistes aux questions ouvertes pour lesquelles ils ont précisé des domaines particuliers auxquels les orthophonistes doivent s’attarder dans leur travail auprès d’enfants autochtones. Les répondants ont relevé le besoin d’investir davantage dans des activités axées sur la communauté pour renforcer les capacités au lieu de mettre l’accent sur le traitement clinique axé sur la personne. Ils ont ciblé la nécessité d’avoir davantage recours à l’observation, à des méthodes d’évaluation critique et dynamique ainsi qu’à des stratégies d’acquisition du langage adaptées au milieu linguistique de l’enfant chez lui. Ils ont souligné la nécessité de comprendre le contexte culturel de la pratique, de nouer et de tirer profit des relations de collaboration avec les familles et la communauté, et d’orienter la pratique vers des programmes de développement de l’enfant mettant l’accent sur des aptitudes à communiquer, adaptées à la culture chez les enfants et les intervenants dans le milieu familial ou communautaire.

#### KEY WORDS

CHILDREN

INDIGENOUS

FIRST NATIONS

INUIT

CULTURE

COMMUNITY

SPEECH AND  
LANGUAGE DEVELOPMENT

CULTURAL COMPETENCE

COMMUNITY-DRIVEN

ENGLISH DIALECTS

LANGUAGE SOCIALIZATION

HERITAGE LANGUAGE

PRACTITIONER SURVEY

Jessica Ball, MPH, Ph.D.  
School of Child & Youth  
Care, University of  
Victoria, Victoria, B.C.,  
Canada

Marlene Lewis, M.A., RSLP,  
ACCESS Speech-Language  
Services, Victoria, B.C.,  
Canada



## INTRODUCTION

This article reports findings of a survey to assess knowledge and skills of speech-language pathologists (SLPs) and to expand ideas about how best to support young Indigenous children's speech and language development. In 2006, 1.17 million people in Canada identified themselves as Indigenous people, representing 3.8% of the Canadian population. These included 64.6% First Nations, 30.3% Métis, 4.2% Inuit, and .9% other Indigenous peoples (Statistics Canada, 2006)<sup>1</sup>. Indigenous families continue to struggle with the effects of historical and ongoing Canadian government policies and interventions designed to disrupt Indigenous communities, cultures, languages, and family life and force the elimination or cultural assimilation of Indigenous peoples (Dion Stout & Kipling, 2003). Inequities persist with respect to Indigenous children's housing, food security, health, academic achievement, social well-being, and subsequent employment, income, and life expectancies (Adelson, 2005; Ball, 2008; Battiste, 2005; Salee, 2006; Stephens, Porter, Nettleton, & Willis, 2006). Indigenous families and communities in Canada are seeking ways to ensure that their own goals for their children's development drive government and agency agendas and determine allocations of resources for Indigenous children (Royal Commission on Aboriginal Peoples, 2006). This is true for child development services in general, and in relation to Indigenous children's language development in particular.

## BACKGROUND TO THE STUDY

How best to support young children's speech and language development is a complex and politically sensitive topic for many Indigenous parents and communities, and a challenge that often confounds SLPs. The goals that Indigenous parents set for their children vary across a wide spectrum: some want their young children exposed to bilingual and bicultural experiences; some want their toddlers to develop a solid grounding in their Indigenous mother tongue exclusively before learning English or French as a second language in primary school or even later; others want their children first to develop skills in English or French language communication (Ball & Lewis, 2006). Indigenous language retention and revitalization are priorities in many First Nations and Inuit communities and in national Indigenous organizations such as the Assembly of First Nations, Congress of Aboriginal Peoples, and Inuit Tapiriit Kanatami (Royal Commission on Indigenous Peoples, 1996). Preferences regarding speech and language development in the early years are complicated by prescriptive demands for young children to become 'school ready,'

including having functional communication skills and emerging literacy in English or French (Janus & Offord, 2000; Rock & Stenner, 2005).

The Indigenous population in Canada is young (47.8% are under 25 yrs.) and growing significantly, primarily as a result of a birth rate that is over one and a half times that of the non-Indigenous population (Statistics Canada, 2006). As a result, the number of Indigenous children of preschool age and entering formal schooling has doubled in some areas and will continue to grow for years to come (Steffler, 2008). There is an almost complete absence of epidemiological or other data upon which to base estimates of the extent and nature of speech and language difficulties among Indigenous children, necessitating a reliance on proxies in order to gauge the extent and nature of Indigenous children's service needs. For example, the Standing Committee on Human Resources Development and the Status of Persons with Disabilities (2003) reported that a significant proportion of Indigenous infants and young children have special needs, including speech and language delays and disorders. An evaluation of Aboriginal Head Start sites in the Northwest Territories concluded that many young Indigenous children came into the programs with language deficits (Chalmers, 2006). It has also been reported by community-level S-LPs and managers of community health services and early childhood programs that Indigenous children are disproportionately represented among referrals for screening, assessment and intervention for speech and language delays and disorders (Ball, 2005a).

Although some schools have reported some success of innovative approaches to supporting Indigenous children's educational engagement and academic achievement (Bell, Anderson, Fortin, Ottoman, Rose, Simard, & Spencer, 2004), as a group, Indigenous children have a persistent high rate of early school failure and premature school drop-out (Canada Council on Learning, 2007; Mendelson, 2008). Speech and language services are not a benefit covered by the National Health and Medical Services Branch for First Nations children living on reserves. Children in First Nations that do not have discretionary funds to contract S-LP services or that have higher priorities often never receive services. Many Indigenous children wait years to receive services. It is very unlikely that existing service resources can effectively meet the demand for clinical services. Some have called into question whether clinical services to individuals, using mainstream tools and intervention strategies, are the most effective way to support optimal speech and language development and remediate speech and language disorders among Indigenous children.

Current strategies for assessing and promoting language facilitation by caregivers have drawn largely on accounts of how children of European-heritage living in middle-class, urban families learn language from adult language input. Indigenous leaders in Canada have argued that the lack of services, as well as culturally inappropriate education, specialist services, and assessment procedures, result in serious negative consequences for Indigenous children. They have pointed to the possible over- and under-recognition of children with developmental challenges, undermining of culture-driven goals for development, and failure to support Indigenous children's learning in ways that are developmentally appropriate within the cultural contexts of Indigenous children's socialization. Across North America, there is growing concern about the disappointing impacts of existing models of service delivery for young Indigenous children and families (B.C. Aboriginal Network for Disabilities Society, 1996; Canadian Centre for Justice, 2001; Royal Commission on Aboriginal Peoples, 1996).

Cultural values and belief systems are reflected in the organization of the home, the priorities and decisions of families, and the goals for infants and children in community-based programs (Cole, 1998; Greenfield & Suzuki, 1998; Levine & New, 2008; Rogoff, 2003; Super & Harkness, 1997). Values about language communication and approaches to language socialization in childhood are at the heart of how people transmit their culture (Pesco & Crago, 2008). In different cultures, different communication skills are considered important, different approaches to their teaching are valued, and different situations and people are available to teach them. Different cultures hold widely different values and beliefs on how to raise children, including social organization issues such as who talks to young children, about what topics and in what contexts (Schieffelin & Eisenberg, 1984; Wigglesworth & Simpson, 2008), interaction rules around turn-taking, the value of talk, how status is handled in interactions, interpretations of intentionality, and beliefs about teaching language (van Kleeck 1994). For example, among Northern Canadian Athabascans who were studied by Scollon and Scollon (1981), "children who do not begin to speak until five years or older are interpreted as growing up respectfully, not as being language delayed" (p. 134). Crago (1990) reports how she described to an Inuit teacher a young Inuit boy who was very talkative and who she thought was very bright. The teacher replied, "Do you think he might have a learning problem? Some of these children who do not have such high intelligence have trouble stopping themselves. They don't know when to stop talking" (p. 80). Clinicians need to understand and build on the positive cultural values of the children and families they serve, and within that framework,

clarify what goals, supports, and language development activities are most appropriate (Ball, 2002; Crago, 1992; Girolametto, Weitzman, Wiigs, & Steig Pearce, 1999; Johnston & Wong, 2002; Reeders, 2008; Schieffelin, 1990; Schieffelin & Ochs, 1986; van Kleeck 1994).

Over the past decade, there has been growing momentum and capacity to define and develop early childhood care and development programs that are culturally-based and culturally reinforcing for young Indigenous children and their families (Ball, 2005b; Greenwood, 2007). This context seems to be a promising one within which to bridge gaps between specialist training, specialist services and the language support needs of young Indigenous children. Within the growing field of community-based programs customized for Indigenous infants, young children, and families, these issues are being deliberated by practitioners and parents, including the question of what roles speech-language pathologists can play in supporting optimal development of Indigenous children.

A note about two related studies by the research team helps to provide relevant context for the study reported in this article. The first study involved conversational interviews with 60 First Nations parents and Elders about their understandings of and goals for children's language development (Ball & Lewis, 2006). Overall, these caregivers were receptive to early intervention services if a child was not developing typically with reference to normative expectations within their home community. While these First Nations parents and Elders acknowledged that specialist services, including those provided by SLPs, might be one source of support for speech-language development of young Indigenous children, most had little idea of what an S-LP does or how to engage in a working relationship with an SLP. This finding points to a need to raise awareness, through community gatherings, plain language print material, and allied professionals working with Indigenous families, about what S-LPs can do and how parents can collaborate effectively with SLPs. A second study explored First Nations English dialects and implications for Indigenous children's language development, assessment of language proficiency and school readiness, and intervention (Bernhardt, Ball & Deby, 2006). These two studies, plus the study reported in this article, were conducted within the Early Childhood Development Intercultural Partnerships program ([www.ecdip.org](http://www.ecdip.org)) at the University of Victoria's School of Child and Youth Care. The unifying goals of the projects within this partnership program were: (1) to ensure cultural continuity for Indigenous children; (2) to prevent the mislabelling of cultural difference as individual or group 'pathology'; (3) to promote collaborative approaches to

professional practice in Indigenous communities; (4) and to strengthen family and community capacity for supporting Indigenous and other minoritized children's development.

## METHOD

### Participants

Survey respondents were recruited in part through a notice published in *Communiqué*, a newsletter for members of the Canadian Association of Speech-language pathologists and Audiologists (CASLPA), the national professional association for S-LPs in Canada. Respondents were also recruited through notices about the survey circulated by agencies that deliver programs for Indigenous children living in urban areas (e.g., Friendship Centres, Aboriginal Head Start in Urban and Northern Communities), agencies that deliver programs for children living on reserves (e.g., Aboriginal Head Start On-Reserves, Indian and Northern Affairs Canada), and Indigenous organizations that were known by the investigators to have contracted for S-LP services to Indigenous children. Respondents were offered either an online or a mail-in process for receiving and completing consent forms and surveys. Of the respondents, 82% (n=58) submitted online and 18% (n=12) submitted by mail (n=12). Plans and procedures for recruiting participants and for obtaining, analyzing and reporting data were reviewed and approved by the University of Victoria Human Research Ethics Committee.

Respondents were 70 certified S-LPs across Canada who reported working for at least two years as an S-LP with First Nations and/or Inuit children under nine years of age in Canada. Two respondents identified themselves as First Nations. The remainder identified as non-Indigenous. More than one-third (39%; n=27) reported spending 'all' or 'a majority' of their time working with Indigenous children. An additional 29% reported spending 'some' of their time in the past two years working with Indigenous children. Most respondents (87%; n=61) had worked 'primarily' with Indigenous children 0-5 years. All provinces and territories were represented in the sample with the exception of Prince Edward Island. Seventy-eight per cent of the respondents had worked with Indigenous children in the four western provinces. Two-thirds had gained their experience in an Indigenous school, agency or health centre.

### Questionnaire

An original questionnaire was created with 59 main topic items, each with a number of follow-on questions. The questions were developed initially by the co-authors, and then were revised on the basis of feedback

requested from six S-LPs who had worked extensively with Indigenous children, including one First Nations SLP. These professionals helped to refine the wording of questions to ensure clarity and to generate some of the questions used to follow-up respondent's ratings.

The first eight questions asked for respondents' ethno-cultural identity, the type of organization where they currently worked, and the nature and extent of their work with Indigenous children (e.g., location, years, age ranges, and roles). Remaining questions asked for the respondent's perceptions and recommendations in regards to the following topics:

- Usefulness of their professional education in preparing them to serve indigenous children;
- Level of knowledge and preparedness to work with the indigenous children and families whom they have encountered in their practice;
- Indigenous children's access to services in the region where they work;
- Appropriateness of commonly used assessment methods and service delivery models;
- Service effectiveness;
- Indigenous children's needs for speech and language supports or interventions;
- Useful roles for S-LPs in relation to indigenous goals for young children's speech and language development;
- Views on language development in an indigenous language, english or french;
- Views on S-LPs roles in supporting indigenous language learning and providing therapy when the child's first language is an indigenous language;
- Observations about social language usage by indigenous children or families with whom the S-LP had worked that seem distinctive;
- Any speech or language characteristics that seem indicative of an indigenous dialect of english or french;
- People who have been helpful to the S-LP for gathering local norms or cultural expectations for children's speech and language development;
- Recommendations for improving training and services in canada to support optimal speech and language development outcomes of indigenous children.

Question formats included 4 closed questions about work history, 19 items asking for yes/no responses, 19



items asking for ratings on five points scales (e.g., never/always; most/least suitable/strongly agree/disagree), and 17 open-ended written commentaries about practice with Indigenous children, families, and/or groups. In addition, for nearly all items that respondents were asked to rate, there were also follow-on requests to expand upon or explain their answer, to give examples, and/or to make recommendations. For example, "Rate how important it is for new diagnostic tools to be created to improve practice with Indigenous children: If you rated this as important or very important to you, describe how a new diagnostic tool might be different than what is available to you already." As well, several questions were entirely open-ended. One example is the following question: "If you have noticed any features of social language usage which seem to you to be especially prevalent or unique to the Indigenous children or families with whom you have worked, describe these with reference to: (a) preschool age; (b) school age)." Another example is: "Describe any challenges that you have seen Indigenous children facing in learning to understand and use language in their home or school or community." Participants reported that completing the questionnaire took from one to three hours.

### Data Analyses

Non-parametric statistical analyses were performed on the ratings. There was very little variability among respondents on virtually all of the items asking for ratings. For example, all of the respondents rated 5 ("strongly agree") advocating for a population-based rather than an individual focused clinical approach. All of the respondents rated 1 ("strongly disagree") on the statement that standardized assessment tools are appropriate for use with most Indigenous children. While it could be speculated that the questions were not sufficiently detailed to elicit more differentiated responses, more likely these S-LPs who were quite experienced in working with Indigenous children encountered very similar challenges and arrived at very similar recommendations for practice.

Respondents were generous in their written responses to open-ended questions, enabling content analyses to identify recurrent observations and to characterize frequently occurring interpretations and recommendations. An approach to coding originated by Strauss and Corbin (1990) was used. For each item with responses provided in words as well as in numbers, a coder developed a thematic code for each new idea in a respondent's answer, compared this with another respondent's answer. She constructed a new thematic code each time a response could not be represented by a previously formulated theme. This generated a large

number of discrete themes that were very closely related to the original data. A second coder then reviewed these codes with reference to the original responses and formulated slightly more abstract themes that subsumed more varied responses. This process continued until the coders had constructed summary themes that adequately represented the data. Reliability of coding was established by both coders independently coding a randomly selected sub-sample of 10 completed questionnaires. Inter-coder reliabilities using Cronbach's alpha ranged from .78 to .97 across questions and respondents.

Because the statistical analyses of quantitative data was not informative beyond showing the general trend towards a high level of agreement on key issues, rather than present these quantitative data, a series of topics have been constructed to summarize both the qualitative and quantitative data. Quotes from respondents have been chosen on the basis that they express what many respondents said about a topic.

## RESULTS AND DISCUSSION

Respondents offered detailed, generally consistent characterizations of Indigenous children's language behaviours, Indigenous parents' language socialization practices, the challenges that respondents had faced trying to respond to high rates of referral and large case-loads of Indigenous children, and the perceived inadequacies of their pre-service training, tools, and funding levels. Respondents generated many practical recommendations focused on how to work collaboratively in support of Indigenous parents' goals for children's speech and language development.

Key themes, including recommendations, are presented subsequently, along with brief commentary drawing upon relevant literature in the field. A caution, reiterated by many respondents, is that there are many different Indigenous populations in Canada (605 registered First Nations, many culturally and linguistically different Inuit communities, and a diverse and growing population of Canadians who identify as Métis). Respondents pointed out that Indigenous parents vary in their developmental goals for children's language development, and Indigenous children vary in their exposure to languages and to non-Indigenous social settings and institutions. Generalizations must be taken cautiously. The themes presented here provide talking points for dialogue with Indigenous family members, early child development advocates, community leaders, and educators to develop clearer ways to recognize and respond to the language development needs of specific Indigenous children in specific (and diverse) Indigenous cultural contexts.



### “An Altogether Different Approach”

The superordinate theme summarizing respondents' perspectives on S-LP roles was the need for “an altogether different approach” to serving Indigenous children, compared to serving children of dominant cultural groups (e.g., European heritage).

*“An altogether different approach is needed that would include taking the time to learn about the specific community, their values and hopes for their children, making the link between this information and already known professional information.”*

Fully 79% (n=55) of respondents expressed in various ways the need for a re-orientation of S-LPs roles including: (a) re-ordering priorities from direct clinical intervention to a community-based approach; (b) re-constructing professional identity from expert to collaborator or partner; (c) creating new processes for assessment based on understanding community-specific goals and norms and relying primarily on observation rather than on standardized tools; and (d) devoting a majority of time to interventions that facilitate speech and language development through communication strategies introduced at the level of the family or community-based program, reserving individually-focused, clinical treatment approaches only for a minority of cases (such as physiological impairments including-- dysphagia or neuromotor problems).

Across all of these domains, respondents emphasized the importance of: (a) understanding the cultural context in which they are practicing; (b) building and calling upon collaborative relationships with family and community members; and (c) becoming an advocate for greater investments of funding for community-based services, specialist services, research, and Indigenous representation in provincial policy and program decision-making. These themes are elaborated below.

#### Understanding The Culturally Specific Nature Of Communication

Seventy-one per cent (n=50) of respondents emphasized that specialists need to learn culturally based values about language specific to the Indigenous families they serve. Examples from one cultural context were provided by one of the First Nations respondents.

*“We don't tend to state the obvious. We don't talk about weather. Only if it were important, such as when getting ready to go fishing (wind) or cutting some wood, if we need the skidoo or snowshoe we would talk about the snow.”*

*“Children don't tend to use spatial relationship words, such as prepositions. They would say 'over there' with a gesture to the positional reference.”*

*“In social greetings, they will tell people how they really are, at length. They will describe how they are feeling – not just a casual 'hi, how are you? Fine.' There are no words for goodbye because we know we will see that person again.”*

*“Most children come out as having a vocabulary delay. In our language the vocabulary is extremely descriptive and rich in descriptions such as how a thing is made or what it is used for.”*

Sixty-seven per cent (n=47) of respondents pointed to the inadequacies of their pre-service training and continuing education opportunities in helping them to understand and respond appropriately to Indigenous perspectives on speech and language communication. While most described having learned on the job, fewer than half reported feeling well prepared, even after several years of experience, to serve Indigenous children and families effectively.

#### Culturally Appropriate Facilitation And Intervention Methods

Lack of fit between Indigenous families and mainstream practice approaches was noted by 70% (n=49) of respondents. Striking a similar chord, investigators of S-LP practice have identified Euro-centric cultural bias as a potential problem in the use of many models of early language facilitation, early intervention, and parent education, and have offered suggestions for culturally responsive practices (Johnston & Wong 2002; Van Kleeck, 1994; Warr-Leeper, 2001). Seventeen (24%) respondents gave examples of this lack of fit.

*“I began to feel silly asking parents to strike up conversations with their child about nothing in particular, just for the sake of talking. Although it might build some vocabulary, it goes against the grain of how First Nations families that I've met communicate with children.”*

Sixty-six per cent (n=46) of respondents perceived differences between Indigenous and non-Indigenous children and families with regards to rules governing verbal communication.

*“Check your assumptions at the door. Pragmatics in particular is a big issue. You need to learn about appropriate interaction patterns.”*

For example, several respondents commented that, in the First Nations families with whom they had worked, talk often seemed to be reserved for important matters

in social interactions involving Indigenous children and adults. A lot of talking, or 'talkativeness', on the part of both children and adults seemed to be discouraged. In contrast, European-heritage parents are generally considered to be effective parents if they use a lot of conversation, including rhetorical, display-type questions with their children and encourage their child to initiate conversation and generally to be talkative. "Unlike some of the Anglo families I work with, it just isn't comfortable to encourage talking without some good reason for talking, even if encouraging it is for a therapeutic reason." Typical child assessment situations and classroom situations involve question and answer sequences that may not be familiar to many Indigenous children. As one of the First Nations S-LPs remarked: "We just wouldn't ask a child the colour of the sky when the child knows that the adult can see as well as he can what colour the sky is. It would be rude for a child to give information to an adult that the adult already clearly knows for themselves."

Four respondents explained how S-LPs need to take their lead from the particular family or community with regards to the values and styles of language interaction that their culture holds as ideal, and to build upon their language facilitation strengths and preferences. Investigators have also advocated that strategies to promote optimal speech and language development take into account the family's or community's receptivity to various approaches (Ball, 2002; Crago, 1992; Girolametto, et al., 1999; Guralnick, 2001; Heath, 1983; Johnston & Wong, 2002; Reeder, 2008; van Kleeck, 1994).

Twelve (17%) respondents gave various examples of how they had sought guidance from community members in order to "bootstrap" or "devise" methods of language stimulation and support that were culturally appropriate. For example, two described helping to organize storytelling activities, and one described creating multi-age learning situations where younger children can hear and use language in the context of observing, listening, and doing. Six respondents noted that Indigenous children tended to respond with more spontaneous speech during interactions involving doing things together with the S-LP and with peers. Two respondents noted that Indigenous children with whom they had worked demonstrated better language skills when the S-LP used slower talk, with more pausing, more sharing of information back and forth, and storytelling.

Nine (13%) respondents variously expressed their concerns that the content, goals and fast-paced atmosphere in mainstream preschool and school settings seem mismatched with the experiences, understanding and expressive styles of the Indigenous children with whom they had worked.

*"Programs for preschoolers assume a value of normative development along majority culture lines and teach towards advancing children according to those values. Indigenous children's experiences, understanding, and expression often seemed, in my experience, mismatched with the preschool content and goals."*

There is little substantial evidence about the language socialization or learning styles of Indigenous children and families, and a great deal of conjecture and stereotyping based on limited anecdotes. A study by Moses and Yallop (2008), which gathered evidence that challenges beliefs that Indigenous people in Australia do not make use of questions as a teaching or learning tool, underscores the importance of acknowledging not knowing and needing to ask questions about each Indigenous child's speech and language learning strengths and challenges. A distinction made by Hall (1976) may be relevant here. Hall described as 'high context cultures' those cultures that rely heavily on physical context and non-verbal contextual cues to convey information. In high context cultures, teaching is accomplished primarily by demonstration and learning primarily through observation. In contrast, Hall characterized as 'low context cultures' those cultures that rely heavily on talking and verbal explanations during teaching and shared activities.

The possibility of a mismatch between some Indigenous children's early learning experiences and the strong emphasis in mainstream schools on verbally mediated teaching and learning could account for some Indigenous parents' and Elders' wariness about sending their children to mainstream schools, speech and language programs, and other services, and why they may seem resistant to certain kinds of recommendations or interventions. In Australia, educational difficulties faced by Indigenous children, and a disaffection towards mainstream schools by some Indigenous parents, have been linked to cultural and linguistic differences between the home and school (Moses & Wigglesworth, 2008; Walton 1993). The specific cultural practices of Indigenous families with regards to language socialization and the pragmatics of communication need to inform the design and delivery of programs based in the home, school or community (Crago, 1992; Gillis, 1992). These practices vary from one family and one cultural group to another. Currently, there is no research on most Indigenous language groups in Canada that can usefully guide S-LPs understandings or preparation for work with an Indigenous child or community. This means that S-LPs must become skilled at working dialogically and flexibly with each Indigenous child, family or community. It is hoped

that they will also contribute their experiences to the professional literature.

Seven (10%) respondents pointed out that Indigenous peoples' experiences in Residential Schools have no doubt resulted in unique challenges facing some Indigenous parents. As some survey respondents pointed out, these historical antecedents must be addressed in a discrete and sensitive manner. Efforts to involve parents in stimulating or remediating a child's speech and language skills may need to encompass activities to strengthen the parents' confidence and capacities as caregivers and communicators. One S-LP urged clinicians to take extra steps to ensure that parents know that their language and voice is valued and that they can play important roles in facilitating and reinforcing their children's communication skills. Another S-LP suggested that lunches or coffee hours can be helpful to promote parents' appreciation of the importance of their role and active involvement. She added that these events need to be structured in ways that both mothers and fathers find comfortable and that are easy to fit into their daily routines. Another S-LP reported building rapport with parents and early childhood educators in community based agencies by inviting them to gatherings conducted in their communities, in homey rather than institutional settings, within small groups, with food and a social aspect to make the situation relaxed and enjoyable.

Specialized support may be needed by parents who experienced poor modelling and/or abuse in residential school, as well as 'second generation' parents raised by residential school survivors. Some of the parenting challenges that have been reported by Indigenous scholars include not knowing how to play with children, not seeing the value in providing books or pre-literacy materials to children, feelings of inadequacy, and being fearful or intimidated by schools, teachers, and professionals (Hackett, 2005; Smolewski & Wesley-Esquimaux, 2003). In particular, the prohibition against speaking one's language and speaking freely at all has led many Indigenous adults to question their competence and worth as communicators (Chrisjohn & Young, 1997).

### Supporting Indigenous Languages

Based on data from the census and various surveys of Aboriginal peoples, Norris (2006) reports that about 12% of Indigenous children under 15 years old speak an Indigenous language as a first language and another 5% speak an Indigenous language as an additional language. Approximately two-thirds of these are Inuit children, while one third is comprised of First Nations children living on reserves. According to Norris (2006), the Indigenous languages that are spoken most by children in Canada, from greater to fewer numbers of speakers,

are Cree, Inuktitut, Montagnais-Naskapi, Oji-Cree, Dene and Ojibway.

In a study of Indigenous communities, Gillis (1992) found that the number of Indigenous language speakers is a community benchmark for its cultural continuity and strength. In the current study, 70% (n=49) of respondents indicated that, although Indigenous language is not typically incorporated into their services, S-LPs can play a useful role in supporting children to learn and use their Indigenous language. Fully 90% (n=63) of respondents 'agreed' or 'strongly agreed' with the statement that Indigenous parents should be encouraged to maintain whatever is the dominant language used at home. Four respondents cited the positive contribution that learning a heritage mother tongue can make to a child's sense of connection to community and to self-esteem. Seventy per cent (n=49) of S-LPs reported wanting to support children learning their Indigenous language if they were given direction from speakers of the language. Where families value a child learning their Indigenous language, some respondents recommended that the S-LP needs to work collaboratively with the family to plan how to maintain the child's Indigenous language while developing facility in the language of school. This is consistent with professional practice guidelines and directions for S-LPs working in a multi-lingual and multi-cultural context (CASLPA, 1997; ASHA, 2004; Genesee, Paradis, & Crago, 2004).

### Differentiating Varieties of the Majority Language from Disorders

Eighty-three per cent (n=58) of respondents reported that they had observed unique features of Indigenous children's expressive English. As a group, respondents described a variety of social, phonological, grammatical and semantic differences in the ways that English language is spoken and used by Indigenous children. Many of the differences referred to syntax and morphology, for example, in the use of gender pronouns, negative forms, possession, third person singular marker, past tense, sentence length, syntax complexity and use of auxiliary and copula verbs. Nineteen per cent (n=13) of respondents expressed their view that these apparent dialect differences need to be understood as aspects of the home dialect of English and not necessarily as evidence of a language delay or disorder. This point has been underscored by Ball and Bernhardt (2008) following a review of the (sparse) literature on First Nations English dialects in Canada. The authors also used information from two fora involving S-LPs and investigators who explored the implications of dialect differences for screening, assessment and intervention. The importance of distinguishing language difference from language disorder has also



been underscored with reference to Indigenous children in Australia (Gould, 2008).

In Australia, S-LPs and educators have described the needs of Indigenous children whose home language is either a non-standard variant of the majority (colonial) language, a creole or mixed language, or another language altogether. They have advocated bridging or transition support to prepare them to succeed in school and also to prepare schools to receive them appropriately (Kral & Ellis, 2008; Malcolm, Haig, Konigsberg, Rochecoste, Collard, Hill, & Cahill, 1999). They report that this support is particularly important for children whose home cultures value listening, observing and doing as major modes of learning and who are likely to be marginalized in school or program settings that place a high value on verbal explanations and oral participation (Walton, 1993; Wilgosh & Mulcahy 1993).

### Working Collaboratively

Eighty-one per cent (n=57) of respondents agreed that time must be provided to build authentic relationships with family members, and where possible, with community members. They described various efforts they had tried in order to demonstrate caring and respect for the values and wishes expressed by parents, as a foundation for education, support or intervention. Some respondents emphasized that relationship building requires a long-term engagement with a child or family, and a consistent presence in the community, as well as patience, flexibility, understanding and a desire to learn. Learning through listening and observing without asking a lot of questions were encouraged.

*“What worked for me was behaving as the “invited guest” – being quietly present, playing with children, chatting with Elders, Band Councillors, parents, early childhood educators, etc. and asking what I could do – what kind of service they would like and then making a plan together. I rarely pulled a child for “one on one.” I received many verbal compliments for that. Practices that are not helpful include trying to work quickly, telling them what you would like to do before they’ve stated their needs and requests; not taking time to build trust; removing children from a group.”*

Six respondents described how people who are involved with a child who has been referred can often offer helpful feedback about tools, methods, and messages that are likely to be accepted and useful in various families or community-based programs that a child attends. Seventy-four per cent (n=52) of respondents gave high ratings in favour of an approach in which the S-LP works collaboratively with community members to determine optimal approaches to promotion, prevention, and in-

tervention. Consultation with community members was often described favourably by respondents in comparison to an expert-driven or strictly clinical service orientation.

*“Non-helpful practices include telling the adults you’ll show them what to do, giving written handouts, or inviting the community to a lecture or presentation. It is not helpful to assume that you know what to do and by virtue of your knowledge you have the right to tell Indigenous people how to communicate with, teach, or raise their children.”*

Community advisors may be early childhood educators, teachers, community health managers, nurses, or Band administrators. These people may be willing to provide knowledge of cultural protocol, cultural values, and culturally conditioned goals for children’s development, the social and linguistic organization of their language and the role of language. This approach is consistent with guidelines of the Canadian Association of Speech-Language Pathologists and Audiologists as well as Speech Pathology Australia. These guidelines urge S-LPs to work collaboratively with one or more community members who share the cultural identity of the client, and preferably, who know the Indigenous language and/ or dialect (CASLPA, 2002; Speech Pathology Australia, n.d.).

### Increasing and Re-Directing Funding for S-LP Services

Ninety per cent (n=63) of respondents agreed that funding for services provided by S-LPs are both ‘inadequate’ and largely misdirected. Referring to their experience of high rates of referral of Indigenous children for assessment and therapy, combined with the geographic dispersion of these children across rural, remote, urban, and northern locations, 74% (n=52) of respondents expressed that funding allocations need to support more involvement of S-LPs in community-capacity building and working to strengthen language stimulating environments for all Indigenous children.

### Strengthening Community-Based Capacities

Respondents uniformly rated as ‘most appropriate’ education and intervention approaches that involve education, training and mentoring of caregivers, working as allies and as professional resource advisors to practitioners in infant development, child care, and Aboriginal Head Start programs, and educating oneself about Indigenous cultures and language socialization practices. Eight respondents described how, whenever and however possible, in their practice they find ways to increase community members’ awareness about S-LP services, to enhance their capacity to identify developmental concerns, to advocate, to partner in service



delivery, and to promote language rich environments in the home and community for all children.

*“Practitioners can make an important contribution at the community level, building awareness and understanding of language development, how it progresses, how to support it, why it matters.”*

The two First Nations respondents offered some specific suggestions related to the theme of capacity building that are reproduced here with their permission.

- The whole family, including the extended family, should be involved in service planning if possible;
- Older siblings may make excellent mediators of communication programming, as they are often responsible for the younger children;
- Frequent consultation sessions and short assessment sessions work best;
- SLPs can be employed to act as indirect mediators whose role is the education of other agency workers and support for parents’ language facilitation efforts;
- Standardized testing or use of lengthy questionnaires early on is not helpful;
- If attendance is an issue, it is important to problem-solve and possibly change the service delivery model - connect with other services, community workers and/or family members. Terminating services is not useful;
- Referrals to other agencies outside of the community should be postponed until rapport is established. Attendance at outside agencies is more likely if the referring individual mediates.

Respondents’ characterization of the scope and priorities for services to Indigenous children closely resembled the continuum of programs and services conceptualized by Warr-Leeper (2001). Their emphasis on community capacity building supports the goal of many Indigenous communities to strengthen knowledge and skills within families and among members who are leading health and human service initiatives for their community (Aboriginal Healing Foundation, 2006; Ball & Pence, 2006; Ten Fingers, 2005).

### A Population-Based Approach

Related to capacity-building, seventy-nine per cent (n=55) of respondents endorsed the view that speech and language issues need to be addressed in the context of all children in a family, program or community, and not as isolated needs.

*“Practitioners need to engage in preventive programs that are not necessarily tied to specific children on the caseload. Caseload sizes need to be kept small so that practitioners can be more present and available to the community and to work in programs that reach all children or parents.”*

While nearly all respondents endorsed the view that all approaches common to the profession are potentially helpful in their work with Indigenous children and families, depending on assessed needs, 74% (n=52) of respondents strongly recommended that services to Indigenous children use a more community-wide, capacity building approach than is currently typical. They rated as ‘least suitable’ direct therapy with individual children, suggesting that clinical work be reserved for a minority of referred cases.

When cultures have been disrupted and individuals have been displaced, as has happened to most Indigenous communities, individuals often experience problems that are in part contextual or communal, rather than strictly personal. In these situations, contextual and communal responses can help tremendously (Stover & Weinstein, 2004). However, as respondents in the current study repeatedly noted, early intervention strategies predominantly used by S-LPs in Canada are based on individual deficit and remediation models. In response to questions about the circumstances surrounding their engagement with Indigenous children and families, 71% (n=50) of respondents reported that they usually became engaged in providing services as a result of referrals of individual children. Correspondingly, more than half of S-LPs reported that the majority of their time spent with Indigenous children and families was devoted to delivering services to individual children with communicative disorders and weak language skills. The trend for S-LPs to be deployed primarily in individual-level remediation services is multiply determined by factors such as how S-LPs are trained, scheduled, and reimbursed. No doubt, the tendency to engage S-LPs to treat individual disorders reflects in part a lack of information to Indigenous communities and limited community-based understanding about the potential contributions that S-LPs can make at a community level.

Consistent with respondents’ emphasis on community-wide interventions, Schuele (2001) recommended that S-LPs participate in a collaborative process of developing early child development curricula that enhance the language and language related skills of all children. To do so, S-LPs can work towards combining their language expertise with the early childhood educators’ curricular

expertise and the Indigenous community practitioner's cultural expertise as well as their familiarity with the children and families.

### Culturally Fitting Screening And Assessment

Seventy-six per cent (n=53) of respondents asserted that assessments and interventions that have been developed and validated with a European-heritage orientation are generally not appropriate for Indigenous children. Seventy-one per cent (n=50) of respondents called for new tools for screening and assessing Indigenous children using experientially relevant materials and tasks and showing pictures of Indigenous people. Rather than using norm-referenced assessment, five respondents recommended greater use of criterion-referenced assessment, where individual children's change can be measured against their own baseline, much like a physical height and weight growth chart, rather than comparing children to one another or to norms imported from outside the community.<sup>2</sup> If locally valid norms are available, children's development and growth could also be measured against those.

One of the First Nations respondents suggested story and legend re-telling activities as well as crafts using local woods, clay, or leather, followed by asking a child to re-tell the steps involved. She also recommended community outings with photos to use for re-telling the journey later on. In Canada, Indigenous early literacy investigator Hare (2005), speech-language investigator Johnston (2006) and others advocate story-telling approaches to monitoring, screening and assessing Indigenous children's development. These investigators also emphasize the need to take into account dialect differences to ensure that children are not over-diagnosed, as did some of the survey respondents discussed earlier.

Johnston encourages the use of dynamic assessment, involving a test-teach-test sequence aimed at separating out the effects of children's prior language experience and their current language learning potential (Johnston, 2006; Gutierrez-Clellen & Pena, 2001). Dynamic assessment draws on Vygotsky's notion of the zone of proximal development, and can be useful as an assessment strategy that also points to the areas where a child is most receptive to guidance and ready to expand their repertoire. In Australia, practitioners working with Indigenous children are also struggling with the lack of published research on valid and practical assessment strategies. Jones and Nangari (2008) suggest that assessment of receptive language skills can offer a relatively accurate and useful picture of children's language skills.

In other studies, Indigenous parents, early childhood development program providers, and educators expressed

frustration about culturally inappropriate assessments (Ball, 2006; Ball & Lewis, 2006). Some practitioners questioned whether it is the content and structure of screening and assessment tools that are culturally biased or the often impersonal, authoritarian process surrounding the practice of assessment that is so culturally unfitting. They have also pointed to the test-like context of screening and assessment, where a child may be sequestered in an unfamiliar setting with a stranger, which may hamper a child's ability to demonstrate his or her full speech and language competence. Some respondents argued that timed tasks are biased against Indigenous children who may be hesitant to respond around unfamiliar adults, and who may have been taught to take their time to critically review the question posed to them and their possible responses, rather than to blurt out a response. A First Nations respondent commented:

*"When my people are asked a question, they seriously consider that question. If it is someone she is comfortable with, she might give an answer within a minute or two. Usually it takes a longer time, sometimes many days! In analyzing dialogue, you would see a very long pause in the conversation. I will weigh it out looking at every possible viewpoint and how it relates to her point in her life cycle."*

Thirty per cent (n= 21) of respondents in the current study emphasized that it is critical to build trusting relationships, ensure that parents understand the nature of their engagement with an SLP, and involve them in every step of a screening-assessment-treatment process.

*"Meet with First Nations parents in a social group first, and present yourself in a casual way that they are not likely to mistake you for a police officer or a social worker who may be coming for their children. Staying away from professional jargon is also really important. Schools are not typically seen as safe or comfortable settings for meetings because many parents have negative associations with schools. I have found over time that parents are less threatened if I say I am going to do a speech and language screening versus an assessment, that I am a speech and language teacher versus a speech-language pathologist or therapist, and where I say that I am offering an English skills development program that will help their child talk in groups, understand and follow spoken directions, and understand what they are reading"*

Eleven respondents (16%) recommended seeking advice from Indigenous community members or community-based practitioners in order to sort through their toolkit of screening, assessment, and intervention approaches to find culturally appropriate, child-friendly

approaches that bring the child's developmental context and functional demands into focus.

*“For assessment, it would be helpful for the practitioner and community members to sit together and discuss: What skills does the child need to communicate effectively at home, school and in the community? How close is the child coming to accomplishing those? What bridges can be built to support the child in meeting the demands of educational language in the school? How should the curriculum be changed at preschool and school to respond to the information obtained?”*

The very concept of “testing” and ranking the developmental levels of children is offensive to many Indigenous parents, who may be threatened by its judgmental aspects or find it antithetical to a culturally-based value of appreciating each child for who they are, accepting differences, and waiting until children are older before making attributions about them (Gerlach, 2007; Greenwood, 2007; Stairs, 2002). Many Indigenous parents have had extremely negative encounters with professionals, often with disastrous consequences, particularly during the ‘60s Scoop’ (Fournier & Crey, 1997). During the 1960s, as the government began to realize that residential schools were failing to de-culturate Indigenous children, there were massive apprehensions of Indigenous children who were then placed permanently in foster homes or placed for adoption in non-Indigenous homes. Indigenous parents may sometimes fear that, by having their child assessed or by revealing challenges at home, they could inadvertently contribute to social workers making a case for removing their children from their care.

## IMPLICATIONS FOR TRAINING, POLICY, PRACTICE, AND RESEARCH

Research, training, policy and practice are interrelated in that they inform one another and provide impetus for change. Implications derived from the current study are outlined subsequently.

### 1. Ensure Indigenous consent, support and cultural appropriateness of S-LP services goals and approaches.

Family consent for individual-based services and community consent for community-based services needs to be obtained before using tools and approaches for testing and intervention with children. This is particularly important in the area of assessment given that there are many important inter and intra-cultural differences between the beliefs, values and experiences of

Indigenous peoples and the populations upon which existing tools for measuring language and communication skills have been developed.

### 2. Increase professional training of Indigenous S-LPs.

There are fewer than 20 Indigenous S-LPs in Canada. Strategies to remove barriers to access and success in training programs and incentives to increase Indigenous capacity need to be explored with representatives of government, Indigenous groups and universities.

### 3. Create pre-service and in-service training curriculum to better prepare S-LPs to work with Indigenous peoples.

### 4. Dialogue and partner with Indigenous community leaders.

Through existing Indigenous early childhood development advisory structures and personnel in provinces and territories, Indigenous community leaders should be informed of available S-LP services. The help of practitioners in Indigenous infant, early childhood, and family development programs should be sought to work alongside the S-LP in planning culturally appropriate, respectful services to a child, family or community program.

### 5. Increase resources for speech and language services to Indigenous young children.

Targeted funding for a continuum of speech and language services to Indigenous children needs to be made available both for First Nations children living on and off reserves. Health Canada should create mobile teams of specialists to ensure that First Nations, Inuit and Métis children in rural and remote areas have access to diagnostic and ancillary health services including speech and language and audiology in their home communities (Leitch, 2008). Such an initiative would reduce wait times, and enable some innovative and collaborative roles of S-LPs in community-based programs in addition to clinical services focused on individuals.

### 6. Create Indigenous provincial and territorial advisors for speech and language development programs serving Indigenous young children.

### 7. Support research partnerships with Indigenous communities to develop and evaluate promising efforts to demonstrate ‘an altogether different approach.’



Improvements in S-LPs practices and investments in innovative training, service, and research programs can lead to more collaborative approaches to professional practice with Indigenous families and communities (White, Maxim & Beavon, 2003). Findings of the current study call for redressing the balance of investments of limited S-LP services to support more community-wide and less individual clinical practices.

The study reported in this article encourages innovations that ensure cultural continuity, avoid pathologizing cultural difference, strengthen family and community capacity for supporting child development, and ultimately enhance the development, literacy, and school success of all Indigenous children.

## CONCLUSION

A clear and compelling case for re-thinking the content, manner of delivery, and distribution of efforts by S-LPs can be construed from the detailed responses of 70 members of CASLPA to a survey about their years of experiences serving First Nations and Inuit children. These S-LPs strongly agreed that more time needs to be spent by practitioners developing relationships with leaders in child and family affairs in First Nations and Inuit communities and community-based programs. S-LPs should also engage at a community level in public education about how to facilitate infants' and young children's speech-language development and about the roles that S-LPs can play. They emphasized the value of engaging First Nations or Inuit community members as advisors on cultural protocols and appropriate practices. Community advisors can also accompany children and caregivers who may not be immediately comfortable with a stranger or with speech-language interventions and/or who may primarily speak an Indigenous language. Community-based collaborators can also advise on the materials or examples used in test items, and help with the development of screening, assessment and intervention strategies that fit local circumstances, goals and needs.

Taken together, the survey results indicate a need for the introduction of curriculum content across pre-service education and professional development addressing issues of diversity and cultural safety in general, and considerations for practice with Indigenous children in particular, since this population appears to have high needs and has been underserved. The findings indicate a need for research to identify and provide meaningful support for Indigenous children with speech-language difficulties. The overall thrust of S-LPs extensive commentaries on their view of the field resonates with similar conclusions reached in other professions, including education (Battiste, 2005; Bell et al., 2004), child

and youth care (Ball, 2005b; Stairs, 2002), social work (McKenzie & Morrissette, 2003), and nursing (Smye & Brown, 2002). All point out that the middle-class, Euro-Western basis of mainstream theory, research and practice, and underscore the need to increase the relevance and effectiveness of services to Indigenous populations.

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## ENDNOTES

<sup>1</sup>The terms Indigenous and Aboriginal are used somewhat synonymously in Canada to refer to people who identify themselves as descendants of the original inhabitants of the land now called Canada. The term 'Aboriginal' was coined in the 1800s by the Canadian government as a catch-all label for the original peoples of the land now called Canada. Some people refrain from using this term because of its colonial origins. Many people prefer the term Indigenous because of its connection to a global advocacy movement of Indigenous peoples who use this term, notably the Maori in Aotearoa/New Zealand. First Nation is a term that can apply both to individuals and to communities. First Nations communities are culturally distinct, federally registered entities comprised mostly of Registered Status Indians living on lands reserved for them by the federal government. Unlike all other Canadians, their health care services are a responsibility of the federal government. Generally, clinical ancillary services, including speech and language services, are not provided.

<sup>2</sup>These distinctions, along with dynamic assessment, have been discussed by Freeman and Miller (2001).

## AUTHOR'S NOTE

Correspondence should be sent to Dr. Jessica Ball, School of Child and Youth Care, University of Victoria, P.O. Box 1700, STN CSC, Victoria, B.C., V8W 2Y2, Canada. E-Mail: [jball@uvic.ca](mailto:jball@uvic.ca); [mmlewis@shaw.ca](mailto:mmlewis@shaw.ca) ►



- ▶ **Reflections on a Northern Ontario Placement Initiative**
- ▶ **Réflexions sur une initiative de stage dans le Nord de l'Ontario**

Taslim Moosa  
Susan Schurr

#### KEY WORDS

FIRST NATIONS  
CLINICAL PLACEMENT  
SPEECH-LANGUAGE  
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Taslim Moosa, M.Cl.Sc.,  
S-LP (C) Reg. CASLPO,  
Clinical Lecturer/  
Supervisor,  
The University of  
Western Ontario, School  
of Communication  
Sciences and Disorders,  
Elborn College,  
London, Ontario,  
Canada

Susan Schurr, M.Cl.  
Sc., S-LP Reg. CASLPO,  
Clinical Education  
Coordinator/Lecturer,  
The University of Western  
Ontario, School of  
Communication Sciences  
and Disorders, Elborn  
College, London, Ontario,  
Canada

#### Abstract

This paper discusses a novel initiative in clinical education developed at the School of Communication Sciences and Disorders at the University of Western Ontario. The project is a coordinated effort between clinical education faculty at the university and hospital and school representatives in Moose Factory, Attawapiskat and Kashechewan. It describes a supervised clinical experience for students in the Speech-Language Pathology program that integrates clinical education needs with the provision of services in a culturally diverse, remote, and under-served population. Project background, program development, and logistical planning required for this kind of clinical fieldwork experience are reviewed. Elements of the clinical training provided to the students are outlined. Learning based on these experiences, including the need for culturally sensitive assessment and treatment protocols are discussed. Challenges of service provision to First Nations communities are examined. Future directions including considerations for sustainability are proposed.

#### Abrégé

Le présent article discute d'une initiative nouvelle en formation clinique conçue par l'École des sciences et des troubles de la communication à l'Université Western Ontario. Cette initiative est le fruit d'efforts concertés entre les chargés de formation clinique à l'université ainsi que des représentants du milieu hospitalier et scolaire de Moose Factory, d'Attawapiskat et de Kashechewan. Il décrit une expérience clinique supervisée destinées aux étudiants en orthophonie qui intègre les besoins de la formation clinique et la prestation de services auprès d'une population hétérogène sur le plan culturel, éloignée et mal desservie. L'article passe en revue le contexte de l'initiative, ses étapes d'élaboration et la planification logistique nécessaires pour ce genre d'expérience clinique sur le terrain. Il souligne les éléments de la formation clinique offerte aux étudiants, aborde les leçons tirées d'une telle expérience, y compris la nécessité d'avoir des évaluations et des protocoles thérapeutiques adaptés à la culture, et examine les défis liés à la prestation de services à des communautés des Premières Nations. Enfin, il propose des orientations, y compris des éléments à prendre en considération, pour assurer la viabilité d'une telle formation.



## INTRODUCTION

Since 2008, clinical faculty and Speech Language Pathology students from the School of Communication Sciences and Disorders at the University of Western Ontario have participated in a week-long clinical education opportunity in three remote First Nations communities along the James Bay Coast in Northern Ontario (Moose Factory, Attawapiskat, and Kashechewan).

One of the clinical training objectives of the School of Communication Sciences and Disorders (CSD) at the University of Western Ontario (UWO) has been to ensure that students participate in unique and enhanced clinical education experiences that reflect the needs within the province. The speech and language needs of First Nations communities in Northern Ontario have been well documented (Brown, 2005) and these communities were therefore selected for this project.

Contact with the Weeneebayko General Hospital in Moose Factory led to the identification of key hospital and school partners in all communities. All three were interested in collaborating to offer a clinical placement for students as a means of obtaining speech-language pathology services.

Moose Factory, Attawapiskat, and Kashechewan are Cree communities that lie along the western coast of James Bay. Attawapiskat, Kashchewan and most of Moose Factory are reserve lands, each with populations less than 3,000. Moose Factory is an island in the Moose River accessible by boat in summer months, ice roads in winter months, and by helicopter during winter 'freeze-up' and spring 'break-up'. Transportation between the other two communities is by air only, except in winter when some transport by winter ice road is possible. The closest non-reserve communities are Timmins (pop. 45,000) and Cochrane (pop. 5,500). Timmins is accessible by air from Moosonee (one hour). Cochrane requires an additional commute of about 200 kms. If more advanced medical and educational services were required, patients flew to North Bay, Thunder Bay, or Kingston. Medical consultants also traveled to the communities from these larger centres. Schooling in both Attawapiskat and Kashechewan was further compromised by community evacuations due to flooding, resulting in loss of teaching days. Loss of school facilities due to contamination and fire damage, and the slow replacement of these facilities along with repeated evacuations have resulted in students losing entire academic years.

The remoteness of these communities resulted in both logistical and financial barriers to this clinical placement. These small communities had limited accommodations and services for visiting groups. As

well, flight schedules to reach these communities were infrequent and very costly. Initially, the Faculty of Health Sciences at the University of Western Ontario provided financial support sufficient to cover travel expenses to Moose Factory. Subsequent placements were funded through the School of CSD's Clinical Education Fund, provided by the Province of Ontario to support innovative and expanded clinical education opportunities for students. The Weeneebayko General Hospital was generous in the provision of the remaining flights to and from Attawapiskat and Kashechewan and in the provision of student housing in Moose Factory. In Kashechewan, where no housing options were available for visitors, nursing and school staff shared their homes with both students and faculty. All other expenses were borne by the students who provided \$300.00-\$500.00 of personal funds to support this venture.

## OBJECTIVES

With the primary objective of creating high quality and innovative clinical placements for our Speech-Language Pathology (S-LP) students, this initiative intended:

- To use these clinical opportunities to provide S-LP services in areas that were in clear need of these services;
- To ensure that the clinical training of future generations of S-LP service providers fostered a sense of social consciousness and responsibility, as well as an awareness of, and an ability to work effectively within the diverse and multicultural context that exists in Canada;
- To provide students with an opportunity to build on their training, encouraging them to question the validity and applicability of their assessment and treatment approaches when faced with populations that are not adequately serviced using traditional methods, and
- To build and strengthen collaborations with these communities, in order to ensure sustainability of the placement and service provision.

## PROGRAM DEVELOPMENT

Contact was made with the Weeneebayko General Hospital. The hospital offered support for a program to be developed and facilitated contact with the Learning Support Teachers (LSTs) in Kashechewan and Attawapiskat. LSTs are teachers who work with children who have identified special learning needs. These key informants, as well as other S-LPs who previously provided

services in these areas, guided the development of the speech-language pathology services to be offered.

## CLINICAL PLANNING

A selection process was developed to identify the students most suited for participation. All second year S-LP students were provided with the opportunity to apply for this clinical placement. This formal application process allowed us to select students based on:

- First nation status;
- Demonstrated interest in working in rural and remote or low-resourced areas;
- Demonstrated research interests in this area of service;
- Clinical placement evaluations that identified strong professional and ethical conduct, exceptional interpersonal communication skills, rapid integration of feedback, independent problem solving, critical thinking skills, and
- Strong academic record.

Students were asked to carefully consider their ability to manage the challenges that this experience imposed with respect to motion sickness, cold weather, dietary limitations, and other risks associated with remote travel.

Clinical teaching and preparation began a year in advance of the placement. During 50 hours of instruction, students were required to investigate Cree culture, to explore the history and challenges faced by the three communities selected, and to learn from the experiences of other S-LPs who previously provided contractual services to these and other remote communities. These consultants provided information regarding assessment protocols used, challenges to assessment and intervention, cultural and social information regarding the communities, information on children identified for follow-up services, logistical challenges, and resources available. Other published resources were reviewed to provide further background information (Ball, 2002; Ball, 2007; Ball & Bernhardt, 2008; Ball & Elliot, 2005; Ball & Lewis, 2005; Ball & Simpkins, 2004; Gerlach, 2000; Langan, Sockalingam, Caissie, Corsten, 2007; Smylie, 2000; Smylie, 2001).

Under the guidance of the clinical supervisors, the S-LP students developed the services and resources requested by the communities, and the programming materials to be shared with the school and hospital staff. These teaching clinics resulted in in-depth discussions about the value and applicability of traditional assessment approaches and served to facilitate the development of alternatives that better informed programming

recommendations. Supervisors organized and planned the caseload management and created templates for documentation, for consent and release of information, and for gathering information before and after the placement.

## ST. ANDREWS SCHOOL, KASHECHEWAN AND J.R. NAKOGEE SCHOOL, ATTAWAPISKAT

The LSTs were the primary co-ordinators at these sites. The number of referrals they received ranged from 24-36 children. They assisted in every aspect of the service delivery by:

- Obtaining required consent forms;
- Seeking referrals from the teachers;
- Selecting and prioritizing appropriate students for referral and making referral information available when possible, prior to our arrival;
- Arranging teacher and parent meetings;
- Scheduling sessions, arranging rooms, accompanying each student to and from the session, and
- Providing feedback and discussing future possibilities.

## WEENEEBAYKO GENERAL HOSPITAL, MOOSE FACTORY

This 35 bed, acute care hospital used approximately half of the beds for long-term care. Typically, during our placement, 14 -18 beds were occupied and 9 -14 referrals were received for speech, communication, and swallowing services. The physiotherapist was the primary contact for this placement. She facilitated introductions to other key participants. Over the three placements, the following assistance was provided by the physiotherapist, the occupational therapist, and the registered dietician:

- Co-ordination of the referrals with the nursing unit and the on-call physician;
- Organization of the hospital staff in-services, patient rounds, and grand rounds presentations;
- Participation in inter-disciplinary assessment and treatment sessions, and
- Participation in debriefing meetings to provide feedback and discuss future possibilities.

## PROGRAM DESCRIPTION

At each school site, LSTs were provided with referral forms and assisted classroom teachers in selecting clients

for referral. The LSTs then prioritized clients and gathered any other relevant information.

Following a 45 minute session, student clinicians were required to develop at least two recommendations suitable for implementation by classroom teachers and/or LSTs. Resources to support these recommendations were selected from a previously developed resource binder. Student clinicians did their best to meet with teachers regarding specific clients. Each family was provided with the opportunity to attend their child's session. Specific family programming was provided. If required, additional resources were mailed upon the team's return to the University of Western Ontario.

Initially, attempts were made to provide general speech and language information to teachers and families in a group forum but this was not found to be successful during the 2008 visit. Parents and teachers reported that they would prefer individual meetings. We abandoned

the group format (with consent from school officials) and directed our efforts to more individualized teacher and parent offerings.

For the hospital portion of the placement, patient information was available prior to our arrival and student clinicians had an opportunity for advance preparation. Chart reviews were completed in the evening prior to the assessment day. Students were responsible for assessing and documenting information about each patient referred. Recommendations were discussed and/or demonstrated to attending nurse(s) and other allied health professionals. Students also attended patient rounds to present their findings to the larger clinical team. In all three placements, students were invited to present on the topic of dysphagia management at Grand Rounds.

Details summarizing the clinical services provided at each site for each year are provided in Table 1.

**Table 1**

| Clinical service provision over three years. |                             |                                    |                                     |  |   |
|--|-----------------------------|------------------------------------|-------------------------------------|--|---|
| YEAR   | ASSESSMENT/<br>INTERVENTION | PARENT<br>MEETINGS/<br>IN-SERVICES | TEACHER<br>MEETINGS/<br>IN-SERVICES | JOINT<br>BED-SIDE<br>CONSULTS with<br>Nursing, OT, PT,<br>RD | STAFF<br>TRAINING Pt.<br>Rds., Grand<br>Rds., In-services |
| 2008<br>5<br>S-LP<br>students                | Moose Factory<br>11         | N/A                                | N/A                                 | 10   | 9   |
|  | Attawapiskat<br>16          | 7                                  | 2                                   | N/A  | N/A   |
|  | Kashechewan<br>30           | N/A                                | 2                                   | N/A  | N/A   |
| 2009<br>4<br>S-LP<br>students                | Moose Factory<br>11         | N/A                                | N/A                                 | 11   | 5   |
|  | Attawapiskat<br>16          | 9                                  | 9                                   | N/A  | N/A   |
|  | Kashechewan<br>30           | N/A                                | 3                                   | N/A  | N/A   |
| 2010<br>4<br>S-LP<br>students                | Moose Factory<br>11         | N/A                                | N/A                                 | 11   | 3   |
|  | Attawapiskat<br>16          | 7                                  | 4                                   | N/A  | N/A   |
|  | Kashechewan<br>30           | N/A                                | N/A                                 | N/A  | N/A   |

Notes: N/A=Not Applicable  
 OT=Occupational Therapist  
 PT=Physical Therapist  
 RD=Registered Dietician  
 Pt.=Patient  
 Rds.=Rounds

The information from the 4<sup>th</sup> (February 2011) placement is currently being compiled and not included in this Table.

## DISCUSSION

As we reflect on this project, the following emerge as issues for consideration.

### Understanding the Role of Communication and Communication Development within these Communities

As SLPs, our assessment and intervention plans are based on a shared notion of the role that communication plays in social and educational development. This role and its importance are based on cultural values. These values, for these specific communities, were unknown to us. Over the course of the placements, it became clear to us, as evidenced by the referrals we received from our community partners, that communication development and communication abilities were valued life skills. However, we suspected that each of our communities defined communication and promoted communication development differently. For example, it seemed that, unlike the preschoolers with whom we worked in Southern Ontario, young children in these northern communities were rewarded more for becoming good listeners, observers and 'doers' than talkers. Identifying these kinds of differences and generating normative data that accurately reflect these developmental differences will be crucial in our ability to develop valid assessment and treatment protocols. Further complicating this issue is the fact that differences exist between communities, regardless of their geographical proximity or shared linguistic environment.

In mainstream S-LP practice, we operate on the premise that parents are the key to early communication development. Much time and many resources are invested in parent training and education. We acknowledge that all parents play an important role in fostering their children's communication development. However, we need specific information on what this role is and how it is expressed in the families we serve in these northern communities.

### Speech and Language Assessment of School-Age Children

English assessment protocols administered by English-speaking S-LPs were used to assess children in the communities visited. We did not have access to Cree speech and language assessment protocols, Cree-speaking S-LP students, or Cree translators. No resources were found specific to speech and language development in Cree children and bilingual English/ Cree children.

Most students entered the school system speaking both English and Cree with varying levels of proficiency. We noted that phonological development was affected by the length and type of exposure as well as the practical use of both languages. For example, we suspected that a

child who had exposure to both Cree and English since birth would enter school with a different pattern of sound and phonological development than a child who was first exposed to English at 5 years of age.

In preparation for articulation evaluation and treatment, available Cree phonology information was reviewed in order to compare and contrast it to English phonology. This allowed us to identify phoneme differences and sound production differences between the English and Cree languages and to adjust articulation protocols accordingly, more accurately identifying articulation delay, disorder and difference. Student clinicians administered either the Goldman Fristoe Test of Articulation (GFTA) or the Structured Photographic Articulation Test – D II (SPAT-D II) in English. These were administered with the knowledge that the Cree language does not have the same phonetic repertoire as English. S-LP students were expected to apply this information when examining a child's errors to delineate between articulation difference and articulation delay. Student clinicians also considered the fact that these children were functioning within an English-speaking school system and would need to acquire these 'new' sounds for spoken and written English proficiency.

When we assessed the English expressive language skills of these children using the Clinical Evaluation of Language Formulation – Primary 2 (CELF-P2), the Clinical Evaluation of Language Formulation – 4 (CELF-4), and informal language sampling, we noted regular omissions of the personal and possessive pronouns he/ she/ his/ her. In discussion with Cree speaking teachers, we learned that there are no male and female pronouns in Cree. Thus, a child's lack of use might have represented a language difference rather than a language delay. This insight indicated that differences in language formulation and conceptualization must be considered in language assessment and intervention.

Differences in language formulation and language conceptualization were also evident in our receptive language assessment attempts (CELF-P2, CELF-4). Many children did not make the distinction between ideas such as beside, between, in front of, and behind in object manipulation tasks, as typically assessed in traditional English receptive language protocols. Cree speaking teachers reported that referencing of spatial prepositions is significantly different than what our test protocols assessed. In Cree, of greater importance is whether an object/person is with or not with another object/person.

### On-going Challenges

Each year, we were challenged to modify our processes and procedures, and each year, we confronted basic



fundamental struggles related to our specific project. Regardless of site of service, no local staff was available to accompany us or to participate in our assessment and treatment sessions. We were able to ask teachers and hospital staff specific questions, however, there were no resources for integrative and collaborative sessions.

As described above, we provided a teacher/ parent checklist that served as our referral form. This was completed collaboratively at the schools prior to our arrival. It was a challenge to develop a referral form that provided specific detail that allowed us to prioritize our focus in the short time that we had with each child. Since the schools had very limited contact with speech-language pathology services, it was difficult for them to select those students for whom we could make the greatest difference. Training for classroom teachers in the use of the referral form was limited to the guidance of the LSTs. However, the LSTs had only limited consultation with us regarding this process.

Initially, we anticipated that it would be possible to gather a short language sample from each child. However, we quickly realized that this was not an easy task given the limited time spent per session. We were rarely successful in engaging children expressively or receptively during the time available. We suspected that both our tasks (toys, games and books) and our interactional styles were different than what these children typically experienced with adults within their own communities. Our inability to engage these children and elicit robust language samples, forced us to rely on receptive picture pointing tasks, receptive object manipulation tasks, and expressive fill-in-the-blank strategies. These tasks limited what we were able to observe and measure.

It is important to note that the service providers in this project are student clinicians who often require longer periods of time to complete assessment protocols and formulate recommendations and suggestions in the most typical of circumstances. The on-line problem solving and critical thinking skills that this placement requires are challenging for even the most seasoned clinicians.

Following completion of our assessments, the student clinicians were guided in their selection of two or three recommendations based on their immediate relevance to a child and specific challenges as identified by the LST and teacher. This was a very challenging process because we were developing these recommendations based on very limited clinical information, limited understanding of English/Cree speech and language learning, and limited understanding of the cultural context. The impact of this inadequate knowledge base affected both the relevance of the targets we selected and the resources and materials we developed, gathered, and provided to both the schools

and the hospitals. This also affected the quality of the training we were able to provide to teaching and hospital staff. Only one to two hours were available to provide demonstrations of techniques and to clarify treatment recommendations to LSTs and support personnel, such as Education Assistants and Personal Support Workers. In addition, we were only able to meet with available classroom teachers or nurses for 15-20 minutes. This very brief training time compromised the successful implementation of the programming recommendations and their integration into the classroom or bedside setting. There was also minimal opportunity to provide further consultation, to answer questions, or to clarify recommendations. These remote communities were not yet equipped with reliable access to video conferencing, which limited our follow-up to occasional phone calls and emails.

We acknowledge the value of collaborating with community leaders and service providers when developing any service delivery approach. Early in the project, we met with community partners in an effort to discuss and modify our project. Although we appreciated the strong commitment we received from both hospital and school leaders, which allowed this project to move forward, regular contact with community leaders was difficult to establish and maintain.

The remoteness of the three communities caused further logistical challenges to service provision. Access to the communities was time-consuming, costly, and not always reliable. Weather conditions further complicated access. It was difficult to accommodate even small groups of visitors in these small communities.

Despite these challenges, our students gained insight into issues that encompass much more than speech-language pathology. The placement allowed them to develop an awareness of the complexities of bilingual and multicultural service provision. This allowed them to critically appraise the efficacy and validity of current assessment and treatment protocols and to develop an appreciation of the challenges and importance of developing culturally valid and sensitive indicators. The students were encouraged to consider the impact that history has had on the communities and on the relationships that have developed as a result. Our hope is that this experience fostered a sense of responsibility in our students and challenged them to take an active role in developing resources and services that are sensitive to these communities.

Feedback from the community partners was gathered from debriefing meetings and post project surveys. Feedback was overwhelmingly positive. School and hospital personnel expressed that they appreciated the

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enthusiasm, willingness, professionalism, and flexibility of the students. They appreciated the collaboration and requested that more time be dedicated to each placement site and that greater community involvement be encouraged.

Student feedback was gathered via pre and post placement questionnaires and face-to-face feedback meetings. When asked before preparing and participating in the placement about their concerns, students identified a lack of knowledge and understanding of Cree language and culture, and were uncomfortable with the uncertainty of not knowing, in advance, who they would be seeing. Upon reflection after the placement, students identified several areas of growth. They commented on their growth as professionals, on the need for strong on-line problem solving skills, and on the importance of having respect for cultural differences.

## CONCLUSION AND FUTURE DIRECTIONS

We continue to offer a one-week, mixed adult/paediatric placement for our S-LP students for as long as funding allows (confirmed for the period 2008-2012). We continue to explore avenues for more successful collaboration with potential community partners such as CASLPA, Aboriginal Head Start, Healthy Babies, Healthy Children, James Bay Hospital (Attawapiskat), and the community nursing station in Kashechewan. Additionally, we plan to engage in further conversation with Elders and community members to ensure that the program develops in a manner that is respectful. We await improved video conferencing and tele-health capabilities to allow for the provision of follow-up support from London to clients assessed in their home communities, their families, and teachers. In April 2010, our placement expanded to include one clinical faculty member from audiology and one audiology student. This additional service was highly valued by the community and we anticipate that it will continue and expand.

With each passing placement, adjustments are made to the materials we use and to our expectations of what we might accomplish. Each trip identifies more gaps in our knowledge base, and as we prepare for our next placement, it is clear to us that we will continue to struggle to provide appropriate and relevant services in the communities we are visiting. Despite the learning that has taken place over all of these placements and the intensive preparations, we lack fundamental information to assist us in ensuring that the services we provide are valid and culturally relevant. It is encouraging that we can now take advantage of multiple learning opportunities that are emerging as a result of a more recent focus on and interest in service provision in First Nations communities.

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### **AUTHORS NOTE**

Correspondence should be sent to Taslim Moosa, Clinical Lecturer/Supervisor Susan Schurr, Clinical Education Coordinator/Lecturer, School of Communication Sciences and Disorders, Room 1510, Elborn College, The University of Western Ontario, London, ON., N6G 1H1, Canada. ▶

- ▶ **The Development of an Inuktitut and English Language Screening Tool in Nunavut**
- ▶ **Élaboration d'un outil de dépistage des compétences en inuktitut et en anglais au Nunavut**

Catherine Dench  
 Patricia L. Cleave  
 Jane Tagak  
 Janice Beddard

#### KEY WORDS

INUKTITUT

BILINGUAL  
 LANGUAGE SCREENING

BILINGUAL ASSESSMENT

Catherine Dench M.Sc.,  
 Qikiqtani School  
 Operations and Kativik  
 School Board,  
 Montreal, Quebec,  
 Canada

Patricia L. Cleave Ph.D.  
 Dalhousie University,  
 Halifax, Nova Scotia,  
 Canada

Jane Tagak, Cert. Ed, Dip.  
 Sp.Ed,  
 Joamie School  
 Iqaluit, Nunavut,  
 Canada

Janice Beddard M.Ed.  
 Nakasuk School,  
 Iqaluit, Nunavut,  
 Canada

#### Abstract

One of the challenges of providing speech and language pathology services to Indigenous communities is the lack of culturally appropriate screening and assessment tools. This paper describes the process used in the development of the *Inuktitut and English Language Screening Tool* intended for use in the Qikiqtani region of Nunavut, Canada. The project involved collaboration among teachers and the speech-language pathologist from Qikiqtani School Operations, a university faculty member, and several speech-language pathology students. The development of the instrument was informed by the social context and the features of the Indigenous language Inuktitut, and an understanding of ways to evaluate local language screening instruments.

#### Abrégé

La difficulté d'offrir des services d'orthophonie à des communautés autochtones repose en partie sur le manque d'outils de dépistage et d'évaluation adaptés à la culture. Le présent article décrit l'élaboration de l'*Inuktitut and English Language Screening Tool* (outil de dépistage de l'évaluation du langage en inuktitut et en anglais) destiné aux Opérations scolaires de la région Qikiqtani du Nunavut, au Canada. Cette initiative a demandé une collaboration entre les enseignants et l'orthophoniste des Opérations scolaires de la région Qikiqtani, un professeur d'université et plusieurs étudiants en orthophonie. L'élaboration de cet outil s'est faite à partir du contexte social et des caractéristiques de l'inuktitut et a aussi tenu compte des façons d'évaluer les outils de dépistage locaux.



Working as a speech-language pathologist in Indigenous communities presents many challenges. One of these is the valid assessment of a child's language skills. Tests and assessment methods that have been developed for use with English or French speaking monolingual children are not appropriate and their use can lead to inaccurate judgments about a child's language abilities (Ball, 2007; Kohnert, 2008; Silliman, Wilkinson, & Brea-Spahn, 2004). However, linguistically and culturally valid assessment tools are rarely, if ever, available. One solution to this problem is to develop a test locally. In her report on language and literacy development among young Canadian Aboriginal children, Ball (2007) recommends "the development of valid, reliable screening and diagnostic assessment tools in relevant languages" (p. 55) as an important step to support the provision of effective, culturally appropriate speech and language services. There may be further advantages to these assessment tools. McGroarty, Beck and Butler (1995) and Jones and Campbell Nangari (2008) argue that an accurate assessment of oral language skills may also raise the status of the Aboriginal language by formalizing the skill, help protect an endangered language, and improve the focus on and quality of educational programming and language teaching methods.

The purpose of this article is to describe the process used to develop an early elementary language screening tool which was intended for use in the Qikiqtani region of Nunavut, Canada. The project involved collaboration among teachers and the speech-language pathologist from Qikiqtani School Operations, a university faculty member, and several speech-language pathology students. The development of the instrument was informed by the social context and the features of the Inuit language Inuktitut, and an understanding of ways to evaluate local language screening instruments (Ball, 2007).

## THE QIKIQTANI CONTEXT

Nunavut was founded in 1999 when the former Northwest Territories were divided into two. The culture is based on the Thule civilization, nomadic hunters who travelled by dogsled and kayak (Crago, Allen, & Hough-Eyamie, 1997). The communities have embraced modern technology, but traditional practices remain strong. The official languages of Nunavut are Inuktitut, Inuinnaqtun (a dialect of Inuktitut spoken in western Nunavut), French and English. The official vision is of a "fully functional bilingual society, in Inuktitut and English..." by the year 2020 (Government of Nunavut, 2000). Although Inuktitut is one of the few Aboriginal languages in North America regarded as having a chance of long-

term survival (Norris, 2007), recent census data showed a slight reduction in the number of people who identified Inuktitut as their mother tongue as well as the percentage of Inuit who used the language in the home (Statistics Canada, 2008).

The Qikiqtani region comprises the eastern third of Nunavut including Baffin Island, with a population of nearly 16,000. The 13 communities in the region vary in terms of their size and language influence from the South. Most communities have fewer than 1,500 residents, the vast majority of whom are Inuit. Across the region, Inuktitut is the language of the home in over 80% of households (Statistics Canada, 2006). Iqaluit, the capital of Nunavut, has some unique features. It is larger, being a community of just over 6,000 inhabitants, and it has the largest proportion of non-Inuit residents (ca. 40%; Statistics Canada, 2006). Language loss is a particular concern in Iqaluit. In contrast to other communities in the region where the percentage of Inuit is much higher (90+ %), more English (and to a lesser extent French) is spoken in Iqaluit. For example, according to the 2006 Aboriginal People's Survey, 49% of the Inuit population of Iqaluit reported using Inuktitut all or most of the time at home (a decrease from 64% during the 2001 census), as compared to 95% in the more remote hamlet of Arctic Bay (Statistics Canada, 2006).

An early foundation in Inuktitut instruction has been found to have an important positive impact on the development of academic language skills in Inuktitut and English (Wright, Taylor, & Macarthur, 2000), and in most communities in the Qikiqtani region, schooling is conducted mainly in Inuktitut until at least Grade 4. The Inuit teachers of these classes are native speakers of Inuktitut, strongly embedded in their community and culture. Most are graduates from the Nunavut Teacher Education Program, while some possess formal teaching qualifications from southern institutions. From Grade 4 onwards, classes are generally taught by English-speaking teachers from the South, although there continue to be classes delivered in Inuktitut. The system in Iqaluit is different. There, programs in Inuktitut, English and French are offered from Kindergarten onwards, with classes in English as a second language offered where appropriate from Grade 1 on. Regardless of the initial language of instruction, English is increasingly used as the language of education as the student reaches upper elementary, middle and high school. In Iqaluit, as elsewhere, students are also exposed to English in the community and in the media (Allen, 2007).

## FEATURES OF INUKTITUT

Inuktitut has a number of features that differenti-



It is sometimes not possible to do a full evaluation of psychometric properties such as reliability, validity, and sensitivity. This is particularly true when working with a relatively small population. McCauley (2001) recommends a minimum of 50 participants per age group for standardized tools. If no sufficiently large population is available for testing, there are alternative ways to gauge a proposed instrument's usefulness and appropriateness as a screening instrument of a particular skill. McCauley (2001) describes various ways to evaluate assessment instruments. For instance, reliability can be assessed using test-retest reliability, inter-rater reliability, or measures of internal consistency such as split-half reliability.

Validity can also be assessed in a number of ways. Content validity can be assessed by having experts review the items to determine their relevance. When working with culturally or linguistically distinct communities, including Inuit communities, it is important that cultural informants, native speakers of the language, be used as experts to ensure linguistic and cultural appropriateness. Item analyses examine how each test item performs. Point biserial correlations can be used to determine the extent to which individuals' performance on a given item reflects their performance on the whole test. For example, individuals who achieved a high score on the test would be expected to respond correctly to a specific item more often than individuals who scored poorly on the test. Performance on specific test items can also be used to order them in terms of difficulty and to remove or reword items which do not differentiate students. For example, an item which all pass or which none pass would not differentiate the students. It is also important to establish construct validity. This entails showing that performance on the instrument relates to the construct (i.e., language) as expected. For instance, it would be expected that older children would perform better than younger children. There may also be groups for which there is a prediction of differences (e.g., those with typical development versus those with language impairments, or those from communities where the Indigenous language is considered strong versus those where it is considered weak). A final type of validity is criterion-referenced. Typically, this is established by correlating children's performance on the new instrument with an established one. With Inuit and other minority groups, an appropriate comparison test is not available generally. However, it is possible to correlate performance on the new instrument with teacher ratings or some other judgement of the children's performance.

## THE DEVELOPMENT OF THE INUKTITUT AND ENGLISH SCREENING TOOL

The genesis for the development of a culturally

appropriate Inuktitut and English early elementary screening tool for use in the Qikiqtani region of Nunavut came from several different stakeholders. Inuit and non-Inuit teachers in Iqaluit were concerned about the quantity and quality of oral language skills of children entering the Inuktitut and English Kindergarten programs and noted that students who were weaker in their first language, whether Inuktitut or another language, were later having difficulty with Inuktitut and English literacy and academic skills. Such observations are in keeping with a relationship between oral and written language that has been well established in studies of English-speaking children (Stothard, Snowling, Bishop, Chipchase, & Kaplan 1998; Catts, Fey, Zhang, & Tomblin, 2001). Inuit teachers in particular reported that incoming students were not as fluent in Inuktitut as they had been in the past. Teachers and administrators were also interested in knowing the relative strength of Inuktitut or English in students, so parents could make informed decisions about the language of schooling and education staff could provide appropriate educational supports, such as special Kindergarten language classes, immersion educational approaches and/ or referrals to speech language pathology services. In addition, the speech-language pathologist involved with the project was interested in developing some local norms, so that children with speech and language impairments could be identified with more confidence. As a screening tool, the assessment needed to be a reliable and valid measure of oral language development, as well as quick and straightforward for teachers and support personnel to administer.

Several language screening tools already existed for Inuktitut-speaking children. The first was an undated "Screening of Speech and Language" that consisted of a culturally appropriate toy- and picture-based assessment with different tasks described for each of the grades from Kindergarten to Grade 3, and which formed part of a "Speech and Language Kit" of therapy materials originally produced by the Baffin Divisional Board of Education. Although the screening was available in every Nunavut school, it was rarely used, due to its length, complexity, and lack of norms or criteria to interpret the results. The Ages and Stages Parent Questionnaire (Bricker et al., 1999) had been translated into Inuktitut in the Nunavut community of Igloolik, but conversations with elders and others suggested that the focus on colour names, sentence length and morphemes, etc. was inappropriate given Inuit language structure and child-rearing priorities. With their input and traditional knowledge, a more culturally appropriate adaptation had been made. However, the revised communication section of the questionnaire included several items on written language, thinking, and fine motor skills rather than simply oral communication



skills. Again, no norms or criteria for interpretation were available. The third was a research-based Inuktitut-English-French language assessment, developed in the Nunavik region of Northern Quebec (Wright et al., 2000). According to the study's authors, the evaluation took approximately 45 minutes to deliver in one language. It focused on vocabulary, especially school-based items such as colours, shapes, and letters/syllabics with little emphasis on other aspects of receptive and expressive language. In summary, none of the existing tools appeared to fit the desired criteria for a culturally appropriate, quick, easily administered, reliable and valid assessment of Inuktitut and English oral language skills.

As a result, the development of an in-house screening tool was begun. Native Inuktitut-speaking teachers and non-Inuit staff from elementary schools in Iqaluit, all with several decades of teaching experience in the North, met with the first author, a speech-language pathologist who had worked in Qikiqtani schools for four years, to discuss the ways one could identify a strength or weakness in the Inuit language and how this could be assessed in an appropriate fashion. In addition, published reports detailing the features of Inuktitut, including the grammar and morphology were reviewed, as well as the available literature on language development in Inuktitut and the language socialization experiences of Inuit children (e.g. Allen & Crago, 1996, Crago & Allen, 1998; Crago et al., 1993; Swift, 2004; Swift & Allen, 2002).

Potential screening items were developed by the first author based on this research and discussion. The items were reviewed by the screening development team to ensure that they were culturally relevant and changes were made as needed. For example, receptive language items which possessed different meanings in different Inuktitut dialects, were changed. Several picture stimuli were modified or replaced when cultural informants stated that they were not prototypical images from an Inuit perspective. The Inuktitut for the screening items was checked and translated from English into Inuktitut with input from several cultural informants. When there were disagreements, discussions were held until consensus was reached. Because one goal was to evaluate relative language strength in Inuktitut and English, a parallel assessment was subsequently developed in English, using different items, but evaluating similar language skills (e.g. negatives, following instructions, question words, etc.) Materials, including objects and pictures, were selected to be familiar and appropriate to northern students (Jones & Campbell Nangari, 2008; McGroarty et al., 1995). Test administration instructions were written in both Inuktitut and English.

## THE SCREENING TOOL

The *Inuktitut and English Language Screening Tool* consists of four components reflecting language assessment tasks suggested by Inuit language socialization studies and published reports from clinicians and researchers who have developed oral language screenings with other Indigenous communities (Crago et al., 1993; Carter et al. 2005, Jones & Campbell Nangari, 2008; McGroarty et al., 1995). The first section, *Following Directions*, evaluates the student's ability, after a demonstration, to follow six instructions. This requires the comprehension of increasingly long instructions containing spatial concepts using common objects such as a cup, toy dog and shoe. The task reflects the way older Inuit mothers judge language development (Crago et al., 1993) and requires "acting out," as suggested by Jones and Campbell Nangari (2008). Pictures of the desired outcomes of the instructions are provided after each instruction has been responded to, so that students can self-correct and be successful, whether or not they understand the verbal command. The second section, *Comprehension of Affixes/Sentences*, assesses the student's oral comprehension of grammar, basic concepts and affixes, an important feature of Inuktitut. The 25 items consist of a choice of four pictures about which the administrator reads a phrase or question. For example, "ᑎᐱᑎᑦᐱᑦᐱᑦᐱᑦ" (transliteration "nanuqjuaq") targets the basic concept of attribute-object, "big bear". In contrast, "ᑭᐱᑭᑦᐱᑦᐱᑦᐱᑦ ᐃᑎᑦᐱᑦᐱᑦᐱᑦ" (transliteration "qimmiq angujaangujuq inungmut"; "the dog is followed by the person") screens for an understanding of passive sentences. Pictures for this section were designed to be culturally relevant for communities in the region, and were created using material from several electronic picture libraries. Such picture selection tasks are also suggested by Jones and Campbell Nangari (2008). The third section, *Picture Naming*, assesses the student's expressive vocabulary by having them label 18 pictures of nouns and verbs, initially ordered from easy to difficult based on the perceived order of difficulty from the perspective of a northern child (Carter et al., 2005). The final section of the initial version of the screening tool was an informal language sample and rating. The tester recorded the student's five longest sentences produced during a story retelling task supported by pictures. The stories were about themes familiar to children in the Baffin region. The examiner rated the child's quantity of speech, vocabulary, and grammar skills compared to children of the same age, using a five-point scale. Narratives have been recommended as a less biased method of language assessment for bilingual children (Laing & Kamhi, 2003; Peña, Summers, & Resendiz, 2007; Rojas & Iglesia, 2009). In this screening, the children's sentences were examined for vocabulary and



sentence structure but not for narrative structure skills, which would have required a fuller transcription of the child's utterances and more complex coding.

## ADMINISTRATION

Five examiners were trained in the screening administration by the speech-language pathologist and teachers involved in the project. It usually took about 45-60 minutes to describe the procedure and scoring, and to give demonstrations of the screening administration. In addition, new administrators were observed during the first few screenings to ensure that they delivered them consistently. Eventually, the two elementary schools in Iqaluit screened almost all incoming Kindergarten students and those entering Grade 1, resulting in a total of about 150 students. The majority of the children received both the Inuktitut and English versions, although when a child spoke only one language based on parental report, just one version was administered. In order to provide a measure of validity, the students' classroom teachers were asked to provide a separate rating of strong, average or weak for the students' oral language development in the language of instruction.

Providing an example of the community-university research partnerships recommended by Ball (2007), the results of these first administrations of the screening were analysed by students of Speech-Language Pathology at Dalhousie University under the supervision of the second author. Specifically, the reliability and validity of the screening test were assessed. The story retell subtest was not included in the analysis because of concerns about the language samples and ratings obtained. The examiners expressed uneasiness about their ability to be consistent in the ratings. They also reported that some children seemed "too shy" or were otherwise reluctant to speak. This is in keeping with Gould (2008), who found that this type of picture-supported story retelling was an ineffective method of eliciting language samples from Australian Indigenous children. She hypothesized that this was due to differences in the purpose of Aboriginal storytelling, such as the apparent futility of telling a story to somebody who already knew it.

## RESULTS AND DISCUSSION

Significant correlations were found between the remaining subtests in both the Inuktitut and English versions indicating that the subtests were indeed measuring a common construct (i.e., language). An item analysis was used to determine the relative difficulty of the items and if all items performed as expected. Validity was demonstrated in two ways. In both languages, it was found that the children's screening scores were correlated

with their teacher's independent ratings of their language skills. The tests were developmentally sensitive in that children entering Grade 1 performed better than those entering Kindergarten. Finally, it was found that for those children who were screened in both Inuktitut and English, the vast majority performed better on the English version. This raised the concern that the Inuktitut and English versions of the screening test might not have been equivalent in difficulty, or that the tasks did not adequately assess language competency and development in Inuktitut. Alternatively, the lower scores in Inuktitut might have reflected Inuktitut language loss in Iqaluit. The observation that children newly arrived from more remote communities where little English was spoken performed very well on the Inuktitut screening provided some tentative initial evidence that the second possibility was more likely.

Based on statistical examinations and conversations with the staff at the schools, certain changes were made to the screening tool. These included changes to some of the picture stimuli, a reordering of subtests based on the performance of the students, and the removal of items which did not appear to contribute to the overall result. Equivalent items were removed from both English and Inuktitut versions. The major change was the addition of a sentence repetition section to replace the story retell task. As previously noted, the examiners had expressed serious concerns about the reliability and validity of the language samples obtained from the story retell and their ability to rate the samples consistently. For the sentence repetition task, Inuktitut sentences of increasing length and complexity were adapted from a sentence repetition task devised by Inuit special education teachers of the Kativik School Board in Nunavik, Quebec. The sentence content was evaluated and deemed appropriate by cultural informants from the Qikiqtani region of Nunavut. The sentences were modified to reflect the different dialects of Inuktitut in the area, and an English version of the sentences was developed.

In general, school staff reported that the screenings were straightforward and took about 20 minutes to administer to a student. The results proved helpful in identifying students with language and/or learning difficulties, and students who might need extra support or immersion educational approaches. The screening also flagged students for a follow-up with Speech and Language services, which are a very limited resource in the region. Most parents were interested in participating and receiving the results, and were at times surprised by their child's strength or weakness in a particular language.

During the second and third years of the project, the original versions of the screening test were readministered

to about sixty of the same students in Iqaluit as part of an end of year assessment by the school. The analyses revealed that the children received statistically higher scores a year later. Thus, the sensitivity to development that had been shown cross-sectionally was confirmed using a longitudinal sample. In addition, the Inuktitut screening tool was administered by school staff to a total of about eighty children in Kindergarten and Grade 1 in three remote communities where the Inuit language is used more frequently in daily life: Kimmirut, Arctic Bay, and Clyde River. Since there were concerns about whether the screening adequately assessed language skill in Inuktitut, we were particularly interested in determining how children who lived in more remote hamlets would perform on the Inuktitut version. As expected, the students in these three smaller communities performed much better on the Inuktitut screening than their peers in Iqaluit, suggesting that the screening measured differences in language development in Inuktitut. Construct validity was confirmed as children in Grade 1 performed better than those in Kindergarten. Subsequent evaluations have replicated this finding with cross-sectional data.

## CONCLUSIONS

We have described the process of the development of the *Inuktitut and English Language Screening Tool*. Our aim was to develop a culturally appropriate language screening tool for use in the Qikiqtani region of Nunavut. The screening test needed to be quick and easy to administer so staff could deliver it reliably and independently. Qualitatively, school staff reported that it fulfilled these characteristics and that it has been useful for a variety of purposes in Qikiqtani schools. Administrators and clinicians in other parts of Nunavut have expressed interest in adapting it for local needs and norming. Quantitatively, analyses demonstrated that the screening is developmentally sensitive as shown both cross-sectionally and longitudinally. The correlation between the children's scores and teacher ratings of language ability provided additional evidence of validity, as did the fact that performance on the Inuktitut screening conformed to predicted community differences, and incidentally provided tentative evidence about Inuktitut language loss in Iqaluit.

The development of such a screening tool continues to be a work in progress, as screenings in different communities are used to develop local norms and to suggest changes to the assessment itself. In one community, for example, a teacher administered the *Inuktitut and English Language Screening Tool* to all the students from Kindergarten to Grade 3. Analyses of the results from these four classes suggested that the screening results were not informative

after the Grade 2 level, confirming the informal opinion of the project team on this subject and resulting in the request for an adaptation for use with older age groups. Several schools in the region regularly use the screening to identify incoming students for referral for oral language assessment, to provide information to parents and teachers about the oral language skills of students, to measure progress and to help guide decisions about support, including language classes, as well as referrals to other services. In Iqaluit, the results prompted reflection on the need for a different educational approach, one that incorporated principles of immersion education, to be used with students who were entering Kindergarten without fluency in the language of instruction. Other schools have been less interested in screening entire classes, due in part to time constraints and/or lack of resources and knowledge about how to help those identified. The first author regularly uses the screening as part of her evaluations in Nunavut schools, and where there has been interest, provides training and resources about how to help students who are identified as having weaknesses in one or both languages. In some schools, language groups have been organized to allow additional opportunities to develop oral language skills in Inuktitut.

Despite these successes, there are limitations to this tool, which should be kept in mind. As a screening, the tool is not a comprehensive assessment of oral language skill and care must be taken to ensure that it is not used as such. Specifically, evaluation of a child's language use in naturalistic contexts such as conversational or narrative samples would be an important part of a comprehensive assessment. Given the lack of alternative tools, there is a danger that the screening may be used with older students with whom it lacks validity, or to make major decisions about changing a student's primary language of instruction, which requires a more holistic evaluation of the student and the educational environment. The screening may not adequately reflect the inter-community differences in the region. For example, tasks and materials that are appropriate for a traditional community, such as a seal-hunting topic, may not be familiar to students living in Iqaluit. Changes have been made to the Inuktitut versions to reflect local dialectal differences. The simple pass/ fail scoring may miss relevant features in the student's response. Finally, on a practical level, as the tool is used in more communities and as the school staff changes, it is difficult to monitor administration of the tool. Examiners may not always achieve or maintain consistency in their delivery and scoring.

There are a number of factors that helped to make this endeavour successful. One was the serendipitous identification of the need for a screening tool by different

stakeholders, including teachers, the speech-language pathologist, and administrators, all of whom were willing to give time, energy and even financial support to the project. Native speakers of Inuktitut were involved from the beginning of the process to ensure the cultural and linguistic appropriateness of the tool. A university faculty member and speech-language pathology students were willing to work on evaluating the tool's properties. The opportunity to participate in the development of this clinical tool allowed the students to apply their knowledge of principles of assessment and working with linguistically diverse populations in a 'real world' context. By working collaboratively and being mindful of the goals and perspectives of all partners, the development of the *Inuktitut and English Language Screening Tool* has proved to be a valuable experience for all parties involved.

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## AUTHOR'S NOTE

Correspondence should be sent to Catherine Dench, Qikiqtani School Operations, 3824 de Bullion, Montreal, Quebec, H2W 2E1, Canada. E-mail: [catherine.dench@kativik.qc.ca](mailto:catherine.dench@kativik.qc.ca) ▶





- ▶ **Course Development at The University of British Columbia Concerning Audiology and Speech-Language Pathology for People of First Nations, Métis and Inuit Heritage**
- ▶ **Élaboration d'un cours à l'Université de la Colombie-Britannique pour l'audiologie et l'orthophonie auprès de personnes d'origine autochtone, métisse ou inuite**

B. May Bernhardt  
 Erynne Green  
 Amita Khurana  
 Tiare Laporte  
 Shannon Osmond  
 Halen Panchyk  
 Navid Shahnaz  
 Heather Campbell Wood

#### KEY WORDS

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B. May Bernhardt, Ph.D.  
 Erynne Green, M.Sc.  
 Amita Khurana, B.A.  
 Tiare Laporte  
 Shannon Osmond, B.Sc.  
 Halen Panchyk, B.Ed.  
 Navid Shahnaz, Ph.D.  
 Heather Campbell Wood,  
 M.Sc.

School of Audiology and  
 Speech Sciences (SASS),  
 University of British  
 Columbia, B.C.,  
 Canada.

#### Abstract

Although many speech-language pathologists (SLPs) and audiologists are providing service to people of First Nations, Métis and Inuit heritage in Canada, most have received minimal training concerning culturally competent (safe and relevant) practice in this context. As a first step in addressing this educational gap, the School of Audiology and Speech Sciences (SASS) at the University of British Columbia inaugurated a course for final year students in audiology and speech-language pathology in 2009. This paper outlines the background for the course and the course itself, as it has developed in response to student and community evaluations.

#### Abrégé

Même si bon nombre d'orthophonistes et d'audiologistes desservent des personnes d'origine autochtone, métisse ou inuite au Canada, la plupart n'ont qu'une formation minimale sur une pratique (sûre et pertinente) adaptée à la culture dans un tel contexte. Pour tenter de corriger cette lacune de la formation, l'École d'audiologie et des sciences de la parole de l'Université de la Colombie-Britannique a lancé un cours en 2009 pour ses étudiants de dernière année en audiologie et en orthophonie. Le présent article donne un aperçu de la toile de fond et du cours lui-même, qui a été mis sur pied en réaction à des évaluations d'étudiants et de la communauté.

Although many speech-language pathologists (S-LPs) and audiologists are providing service to people of First Nations, Métis and Inuit heritage in Canada, most have received minimal training concerning practice in such contexts. The School of Audiology and Speech Sciences (SASS) at the University of British Columbia (UBC) inaugurated a required course for final year students in audiology and speech-language pathology in 2009. The current paper describes the background, development, implementation and evaluations of the course as it enters its third year.

## BACKGROUND LITERATURE AND PROCESS RELATIVE TO COURSE DEVELOPMENT

Two major concepts have been discussed in the past decade concerning service delivery in multicultural contexts, particularly for indigenous peoples. These are cultural competence (e.g., Fortier & Bishop, 2003) and cultural safety (Hart-Wasekeesikaw, 2009; Johnstone & Kanitsaki, 2007; Ramsden, 2002). The latter term originated in New Zealand and initially concerned nursing with the Maori. The definition of such terms varies somewhat. A British Columbia Ministry of Health website provides a basic definition of cultural competence, as “an internalized process of adapting one’s knowledge, attitudes, behaviours, and skills to people of another culture. It alters the way people view the world around them which in turn changes the way they interact with people from other cultures.” (B.C. Ministry of Health, 2011).<sup>1</sup> In a study in Australia concerning *cultural safety*, Johnstone and Kanitsaki (2007) suggest the following definition: A culturally safe health care/education environment is one “which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening” (Williams, 1999, p. 213). Both Johnstone and Kanitsaki (2007) and Hart-Wasekeesikaw (2009) suggest that cultural competency training (which involves development of new knowledge, skills and attitudes) is the foundation for development of culturally safe practice. Hart-Wasekeesikaw points out that the concept of cultural safety goes beyond development of new knowledge, skills and attitudes to include the acknowledgement of power imbalances between service providers and recipients. Both the agency and the individual providing service are responsible for redressing power imbalances through practices and models of service delivery that promote trust (Hart-Wasekeesikaw, 2009; Ramsden, 2002). The establishment of trust is key in the context of service provision for Canada’s First Nations, Métis and Inuit

communities, where colonial and post-colonial practices have resulted in language and cultural losses, poverty, ill health and inadequate and even culturally and physically unsafe education institutions or programs (e.g., Corrigan & Barkwell, 1991; Kelm, 1998; Legacy of Hope Foundation, 2011; Wagamese, 2003). Through cultural competency and safety training, practitioners can become aware of their own social conditioning, their (often privileged) status, and how their conditioning and status can affect their interactions with clients. Although on-the-job training is becoming available in Canada (e.g., British Columbia Ministry of Health, 2010), it is our opinion that universities share the responsibility for providing basic training in this regard.

Culturally competent service provision entails development and use of culturally relevant technical knowledge and skills. However, in S-LP and audiology, the literature is relatively sparse in this regard. Reports from other countries may provide relevant background knowledge, e.g., from the USA concerning clinical practices with African-American speakers (Stockman, Boulton & Robertson, 2008; Washington & Craig, 2004; Wolfram, 2003) or Spanish-American English speakers (Goldstein, 2004; Gutiérrez-Clellen & Peña, 2001), and from Australia, on audiology, speech-language pathology and education with Aboriginal people (e.g., Coates, Morris, Leach & Couzos, 2002; Gould, 2008; Simpson & Wigglesworth, 2008). Related to Canada, there are reports of other multicultural contexts (Crago & Westernoff, 1997; Johnston, 2007; Johnston & Wong, 2002; Paradis, Crago, Genesee & Rice, 2003). There is also a slowly growing body of literature directly relevant to speech-language pathology and audiology, particularly with respect to child development. For example, Ball and Pence (2006) describe a partnership program between First Nation communities and service providers for general support of child development. Jonk’s (2009) dissertation provides some insights into perspectives of Manitoba Dene mothers on child language development, e.g., the importance of grandparents in child rearing and of native language preservation. Crago (1990) discusses language skills in Inuit children. Further to language skill development, Ball and Bernhardt (2008), describe a preliminary qualitative investigation concerning First Nations English Dialects, and stress the need for further research to help distinguish dialect difference from language impairment. In this regard, Kramer, Mallett, Schneider and Hayward (2009) recently noted that dynamic assessment (which employs a test-teach-test paradigm) may be useful in helping distinguish dialectal difference from language impairment. With respect to hearing and child development, studies have suggested that there may be proportionally larger numbers of

children with otitis media in First Nations communities, which can potentially compromise language development (e.g., Ayukawa, Lejeune & Proulx, 2003; Julien, Baxter, Crago, Ilecki, & Therien, 1987; Thomson, M., 1994; Woods et al., 1994). These recent studies provide a starting point for development of culturally relevant technical knowledge and skills for S-LP and audiology. Much remains to be learned, however, about speech, language and hearing of people in First Nations, Métis and Inuit communities, and the implications for clinical practice. A 2010-2011 Health Canada funded CASLPA survey of Canadian S-LPs and audiologists working with First Nations children from 0-6 years of age indicated both notable gaps in service, and for half of the respondents, a perceived lack of preparedness at profession entry in terms of this topic.

One way to address the perceived gap in preparation is to provide training during the clinical programs. At UBC, the impetus for the inauguration of a course arose from a collaboration of the first author with Dr. Jessica Ball of the University of Victoria, which involved two forums on First Nations English dialects and implications for speech-language pathology. The forums (Ball & Bernhardt, 2008) pointed to the need for a course specifically on the topic of approaches to speech-language pathology and audiology for people of First Nations, Métis and Inuit heritage in Canada. Consequently, two curriculum retreats on the topic were held in 2006 and 2007 (one for each discipline) with participants from the SASS faculty and student body, community practitioners working in a First Nations context and First Nations community representatives. Those discussions led to the development of a course that was inaugurated in 2009.

## COURSE DEVELOPMENT

A UBC Teaching and Learning Enhancement (TLEF) grant supported the development, implementation and evaluation of the course “Approaches to audiology and speech-language pathology for people of First Nations, Métis or Inuit heritage” from 2009-2011.<sup>2</sup> The words of the TLEF project coordinator Tiare Laporte provides the background for the philosophy underlying the course:

*“I was born and raised, one of six daughters, to an Anishinabe mother and a German father, in a small town in Saskatchewan. I would not meet my family on the reserve until I was an adult. It was about the same time that I moved to Vancouver, at which time I took a job as an Aboriginal support worker in the schools, where my service was to a reserve population. I believed, at the time, that the fact that I was of Aboriginal descent would make me easily accepted by the community. So I took on the job knowing little of the community’s*

*traditions, customs or value system. What I found out, very quickly, was that I needed to develop strong relationships if I were to be of value in my new position. At the very core of the functioning of Aboriginal peoples is relationship: Relationship based on trust and respect. For generations, Aboriginal peoples acquired the goods and services from people within their communities. These services included, amongst others, medical services that were, traditionally, delivered by healers in the community, a position that relied on the gaining of respect and trust of all members. Relationships between individuals and families flourished as all members involved knew and practiced the value system inherent to their communities.*

*When service providers from outside a community deliver services to a community, which is often the case in current medical and educational practices, it is imperative that these service providers do so with some knowledge of how that community operates and functions. And yet, there is little training in place to equip students with the knowledge and skills needed to carry out these tasks. Often, the students in Canada are of Asian or European ancestry, with little or no exposure to Aboriginal cultures. If practitioners are to be successful serving Aboriginal communities, then awareness must be raised of the needs of Aboriginal people. Furthermore, as is described below in the course description, students need opportunities to meet people of Aboriginal heritage in the communities. Through community visits, students can be given an opportunity to start to develop the skills needed to build relationships.”*

The following activities were initiated during the TLEF project and are continuing:

- (1) Partnership development with Aboriginal people and agencies and others working in Aboriginal contexts;
- (2) Organization of Aboriginal community experiences for students;
- (3) Database searches, material compilation and creation;
- (4) Detailed course evaluations.

To establish partnerships ((1) above), an advisory group was considered essential for course planning and guest presentations because the current course instructors are not Aboriginal nor do they work professionally in an Aboriginal context. This group (continuing in 2011) includes both First Nations academic and community representatives and practitioners who work with people of First Nations, Métis or Inuit heritage. In addition, a project



coordinator with Anishinabe heritage (co-author) and 11 part-time student assistants were hired (five students with First Nations or Métis heritage, including two co-authors of this paper). The project coordinator (with the first author) further developed partnerships to enable student short-term community visits in a variety of communities and agencies ((2) above), with the perspective that the visits should entail reciprocity in some way (e.g., hearing screening, language development information, hearing health information for elders). Student assistants on the project had a number of tasks:

- (1) Development and procuring of materials, website searches;
- (2) Activity development for their peers (hosting of an Aboriginal Film Series, invitations to other students to attend events at the First Nations Longhouse);
- (3) In-depth course evaluations.

Funding supported collection of relevant fiction and non-fiction articles and books, DVDs<sup>3</sup> and clinically oriented materials ((3) above), which are now housed either in the School of Audiology and Speech Sciences (SASS) Reading Room or on the Web CT Vista site associated with the course. Funding also supported creation of practice-oriented DVD sets (one set for audiology and one for speech) for student and faculty viewing. These include (1) case scenarios with First Nations and non-First Nations actors, and (2) interviews with First Nations service providers in health and education and audiologists/SLPs working in or with First Nations communities.

Course development necessarily entails evaluation and modification. The evaluations have included focus groups with students, detailed course evaluation questionnaires, interviews with community site personnel and faculty questionnaires. Course implementation, evaluations and subsequent course modifications are described more fully below.

### COURSE IMPLEMENTATION: GENERAL

The course is currently in its third year of implementation. Many aspects of the course have remained the same over its three instantiations and thus we discuss components that have remained stable here, namely, goals and objectives, general components, timing and schedule. The following section will briefly outline evaluations of the course in 2009 and 2010 and modifications made as a result of evaluations.

### COURSE GOALS AND OBJECTIVES

In the introduction, the primacy of the concepts of cultural competence and safety, and the need for culturally relevant practices were emphasized. The goals for the course in its first three offerings have been (1) for learners to take steps along the path to cultural competence (with the aim of developing culturally safe practices), and (2) for learners to develop new technical knowledge and skills relevant for working with people of First Nations, Métis and Inuit heritage. The theoretical underpinnings are based on the 4R framework developed by Verna Kirkness, Founder of the First Nations House of Learning (Kirkness & Barnhardt, 1991). The 4 R's are Respect, Relevance, Reciprocity and Responsibility. This framework provides guidance for learners in the various components of the course: community visits, writing and discussion. Although all four aspects are considered paramount throughout the course, reciprocity is encouraged specifically in the community visit course component.

The first goal has had several specific objectives for learners:

- (1) To further develop a sense of one's own identities;
- (2) To consider oneself in relation to people of different cultural backgrounds, with specific focus on the diverse groups of First Nations, Métis and Inuit people in Canada (necessarily entailing learning more about the history and current contexts of these peoples);
- (3) To learn and work within the 4R framework, especially during the community visit.

Specific objectives for the learners' second goal (development of culturally relevant methods) have been:

- (1) To gain information on heritage languages, colonial dialects and their implications for communication with Aboriginal people;
- (2) To gain information on the health and education issues of Aboriginal people that affect communication;
- (3) To reflect on and develop culturally safe and relevant assessment and treatment methods for Aboriginal people in Canada.

### COURSE TIMING AND COMPONENTS

The one-credit course is taught over an 8-month period, from the end of the second academic term on campus, through the summer externships, and to the end (2009, 2010) or near-end (2011) of the second year

fall term. A one-credit tutorial/ lab-style course at UBC typically has 26 hours of tutorial time, and the same amount of out-of-class time. There are several reasons for the extended period for the course: (1) the path to even incipient cultural competence is inherently long, (2) the course was introduced into an already intensive program, and (3) the course entails some community visits, which require time-intensive organization.

Components of the course have been (1) a small number of face-to-face class meetings (half-day or full day), (2) student community visits (10-14 hours), (3) student assignments, and (4) a Web CT Vista site through UBC for on-line posting of relevant articles and announcements, plus a discussion forum. The perspective of the main course instructor has been that the course is about self-learning, not just for students, but for the School of Audiology and Speech Sciences, including associated clinical educators. The more faculty and clinical educators participate in some way, the stronger the learning opportunities can be for students in their other courses and externships. Thus, all faculty, interested clinical educators and consultants to the course have access to the Vista site. Several faculty and advisory group members also attend at least one face-to-face class meeting, as presenters, supporters and/or learners.

The class meetings entail: (1) guest presentations, (2) small and large group discussions on identity or history, (3) community visit oral reports by students, specifically without computers, (3) film presentations about service delivery or cultural knowledge and issues, and (4) arts events. The First Nations House of Learning (Longhouse) has graciously agreed for the past three years for us to hold one of our inaugural class meetings in the great hall, the Sty-Wet-Tan (Hun'q'umin'um for "Spirit of the West Wind"). We have been honoured to have the course opened by a Musqueam elder, which is particularly meaningful because UBC is situated on the unceded Musqueam traditional territory (continuously inhabited for at least 4000 years). Additional guest presentations in the inaugural class meetings have provided an introduction to the First Nations languages of Canada, and the political and historical contexts of First Nations peoples in Canada.

The second component of the course, i.e., the community visit, has varied in both locations and settings (urban and rural). Students are provided with opportunities to have a minimum of 10-12 hours of contact time. For some students, these visits take place during their externships, either as integral aspects of their externship or as one to two days away from their externship in a related agency or program (9 students in 2009, 15 in 2010). Others have visits arranged by the

project coordinator on free days during the academic terms. Visit sites include reserves, Aboriginal Head Start programs or other First Nations preschools or daycares, First Nations programs in schools or hospitals, a First Nations cultural camp or audiology or speech-language pathology sites with a First Nations component. Depending on the site, students may visit in small groups or individually. The students gain culturally relevant knowledge rather than technical audiology or speech-language pathology skills, although if that happens, it is considered a bonus. Students are encouraged to "roll up their sleeves" and be active in their visit. Depending on the site, there may be specific activities (such as speech-language stimulation activities, hearing screening, helping with breakfast at the daycare) or observations and discussions guided by the Aboriginal workers on site (more typical in the hospital setting).

The assignments for the course have varied slightly across the three instantiations of the course but have all included (1) a project which relates to the first course goal and concerns identity (reflection journal or, in 2010 and 2011, optionally an arts project), (2) student oral presentations and discussions about their community visits, and (3) a short written project relating to the second goal concerning technical knowledge and skills (on paper or on Web CT Vista, as individuals or groups).

## ACTIVITIES RELATING TO CULTURAL COMPETENCE

As noted, the first and major goal of the course is for learners (students and faculty) to take steps on the path to cultural competence. Many activities can facilitate these steps, although what the 'best' ones are is open for discussion. The main course developer and instructor is a Canadian-born S-LP with British heritage, who grew up in a primarily Caucasian neighbourhood. As an adult, her personal life led her to have profound multicultural family experiences. However, her education about the First Nations, Métis and Inuit in Canada was negligible until the First Nations English dialects project with Dr. Jessica Ball, during which time she gained an incipient understanding of what it might possibly mean to embark on the path to cultural competence. The co-instructor for the course and audiology professor is of Farsi heritage and has personal insight into the issues of intercultural relationships.

All components of the course have the potential to facilitate steps on the path to cultural competence: community visits, discussions, guest speakers, films/ DVDs, readings (fiction/non-fiction), written assignments, arts events or activities. We focus here on two of our major activities from all three years of the course

relative to the topic: the first class meeting(s) and small group discussions which took place at that time, and the assignment options.

In the three years of the course, instructors have tried different alternatives for the opening class small group discussions for the course. In 2009, the day began at the Longhouse, with the guest speakers from Musqueam, the First Nations Languages Program and the Department of Anthropology. With this background, small group discussions were held in the afternoon, concerning the concept of location and identity, and facilitated by various volunteer faculty members in SASS (untrained relative to this topic area for group facilitation). Students and faculty (of different heritages and races) introduced their own heritage and background and commented on any interaction of their culture/identity with society in general. In 2010, a new resource became available to SASS through the UBC First Nations Studies program, "What I learned in Class Today: Aboriginal Issues in the Classroom" (First Nations Studies, 2009). This set of video interviews with First Nations UBC students was used as a starting point for discussion in 2010 and opened all of our eyes to incidents of prejudice and racism concerning First Nations students at UBC. Faculty feedback was that the second year learning activity resulted in an overall greater engagement in and personal connection to the discussions. Before the 2011 launch of the course, the faculty became aware of the "Where are the Children" website (Legacy of Hope Foundation, 2011). A few students in 2010 had sat in a small group discussion concerning this residential schools on-line resource and commented on its power as a learning experience. The faculty deliberated and decided to use this second resource to launch the course. The background for prejudice described in the UBC classroom video is rooted in Canadian history, and thus in 2011, the course began with the "Where are the Children" website as a catalyst for identity and location discussions. The "What I learned in Class Today" video remains available for student viewing at any time. The 2011 activity also resulted in strong connections to the content area. Cognizant of the emotional impact, the afternoon ended with a drumming song by the project coordinator with a positive healing message. Students have not yet evaluated the 2011 opening, but did comment in the small groups on the power of the 2010 video experience.

Concerning the major student assignment for the first course goal, in the first year of the course there was only a reflection journal option, whereas an arts option was introduced in 2010 as an alternative. The reflection journal option requires students to reflect respectfully on three cultural experiences or events over the 8-month period in order to (1) safely and constructively help

address any fears, guilt, anger, confusion, dilemmas, questions, strengths, and strategies that the student may have when learning about cultural identities, colonialism, racism and race-based privilege, and (2) to think about how these feelings and issues may affect methods in service provision in audiology or speech-language pathology. The main instructor for the course verifies that students include a discussion of three time-points but does not read the actual entries unless invited to do so. Her perspective is that each individual's journey is her or his own, and the material diary-like, hence private. Given that not all people like to write 'journals,' but may prefer to express themselves in other ways, in 2010 and 2011, arts projects have also been encouraged as options (visual, music, fiction, theatre; original or borrowed work for performance). Several students opted for this in both 2010 and 2011 and one of the student paintings is now hanging in the reading room over our First Nations book collection. In 2010, scenes from a play by a Canadian Aboriginal author were read and performed in the last class meeting. In 2011, a similar informal staging will take place.

## COURSE EVALUATION

Three major evaluation methods provided feedback about the course, namely, (1) the evaluation protocols used for all courses in the SASS (visible to the instructors and department head), (2) the additional optional student evaluations for the TLEF project (paper and focus groups), visible to the project assistants, instructors and coordinator, and (3) the evaluations by community visit sites (short questionnaire or interview), visible to the project coordinator and instructors. Paper evaluations were completely anonymous. The focus group participant identities were hidden from the course instructors and project coordinator, both on the days the groups took place, and through the assigning of numbers for speakers in the transcripts. In the following sub-sections, specific feedback from the 2009 and 2010 cohorts and the community visit sites is presented, with key course revisions highlighted.

## 2009 STUDENT FEEDBACK

In 2009, 18 of 31 students voluntarily completed the additional optional course evaluation questionnaires during the final class. The questionnaires had both rating scales (5-point scale with 5 always the most positive option) and open-ended questions. The forms covered all major aspects of the course. Ten ratings concerned the class meetings, the assignments, course resources and course structure, and three ratings the community visits. The questionnaires also invited commentary and



suggestions about what changes students think would enhance learning. Comments given on the questionnaire forms are integrated into the discussion below because they were almost identical to comments from the focus groups. Average ratings for all areas were above 3, meaning most students completing the evaluations were neutral or positive about all topics. Community visits had the highest rating, and the reflection journal and small group discussion about identity the lowest.

Attendance at the focus groups was voluntary and the meetings occurred after the last meeting of the class. Two focus groups were conducted with eight students in each (mixed audiology/S-LP). These audio-recorded focus groups were led and transcribed by student assistants not taking the course. The leaders included two first year audiology students, one post-graduate student with a degree in First Nations Studies and one student in the Native Indian Teacher Education Program (three of the four discussion leaders had First Nations heritage). Questions to be asked during the focus group sessions were developed beforehand and covered such areas as course content and structure, what students learned, and suggestions for future implementations of the course. The focus group leaders received a basic introduction to process in focus group leadership from one of the qualitative researchers in SASS, Barbara Purves. In both the questionnaire and the focus groups, students commented that they found the assignments, including the identity journal, to be thought-provoking, enlightening and challenging. In the focus groups, students mentioned that they had learned a lot from listening to other students' community visit presentations. Some general tips they had gathered were (1) to dress casually rather than 'professionally', (2) to be flexible in scheduling and practice, (3) to work without judgment alongside the First Nations community families and professionals, using a community- and family-centred approach. Two suggestions for future courses that came up repeatedly were (1) to have guest speakers such as speech-language pathologists or audiologists who work with First Peoples, or health care professionals of Aboriginal heritage, and (2) to have more small group discussions about service delivery and cultural safety, face to face. A number of students requested that more content about First Nations be incorporated into other courses, with more faculty members involved overall. Finally, in terms of the on-campus aspects of the course, they indicated that their preferred instructor would be an S-LP or Audiologist who works with First Nations communities (Aboriginal or non-Aboriginal).

The community visits were discussed at length. Most students agreed that the community visit increased their

understanding of First Peoples' cultures in Canada and stimulated them to think about service delivery methods. Some students commented that they felt uncomfortable during their community visits. They found it difficult to explain to site coordinators why they were there, and what they wanted to get out of the visit. Other students responded that this discomfort was part of the process and actually contributed to the experience.

An unexpected tangential theme concerned local cultural opportunities on campus. Several students regretted not taking part in First Nations activities on campus, such as going to the Longhouse, attending First Nations events, and using the Xwi7-Xwa library, a branch of the UBC library which houses collections focusing on First Nations in British Columbia and elsewhere. Many students said that they had felt reticent about taking part in such activities on their own.

As a final overall reflection on the 2009 course, we present the words of one of the TLEF assistants and focus group leaders here (also a co-author):

*"As a first year Audiology graduate student of Métis (Plains Cree and French) descent, I was excited at the opportunity to share my culture and experiences with students and faculty. I was born and raised in the northern community of The Pas, Manitoba, and decided to pursue a Bachelor of Science (Communication Disorders), after observing an S-LP in my senior year of high school. I had the opportunity to be an assistant to an (Itinerant) Audiologist who mentored, encouraged, and supported me in my pursuit of becoming a licensed Audiologist in order to provide services to my home community. Through my experiences as a graduate student assistant with this TLEF project, I realized how many students were beginning to learn, understand and appreciate First Nations, Métis, and Inuit culture, and begin to think about how culture might impact services delivered. It is crucial that present and future healthcare providers have some knowledge and understanding of Indigenous cultures, so that the most effective services are provided."*

## 2009 COMMUNITY SITE FEEDBACK

A short one-page questionnaire was developed by the project coordinator, which included six questions, five specifically on the student visit, and one open-ended question for any other feedback. The option was given to the sites for a written evaluation, or a telephone or in-person interview. Due to the fact that the coordinator received only two written responses, she decided to contact the other sites via telephone for the purpose of obtaining feedback. This resulted in two additional evaluations. The fifth evaluation was done informally



when she attended a forum on Aboriginal Health at the Vancouver Friendship Centre. The people who responded (either on the phone or on paper) were those who interacted directly with the students during the visit. Of the five sites that responded:

- All felt that the experience raised the student's awareness of the needs of aboriginal people in healthcare or education settings;
- On the general feedback question comments were positive, with one evaluator adding that they felt the visits could be longer;
- All agreed to take students the following year.

The three that did not respond nevertheless also agreed to take students in 2010, which suggested that they felt positive about the first experience in 2009.

## 2010 COURSE IMPLEMENTATION

For the continuation of the course in 2010, the instructor, along with the TLEF coordinator and consultant group (including other SASS faculty and students) worked on course revisions in response to student feedback. Feedback about the results of the student evaluations was given in two meetings to the audiology and then the S-LP faculty, together with the request for greater involvement both in the course and for the topics. Many of the original components were maintained, because of positive student, faculty and community feedback. The course coordinator requested that an audiology professor be assigned as co-instructor, both to give more input relevant to audiology students in general, and to grade student papers in the technical areas of audiology. Students in 2009 had indicated a preference to have instruction from more practitioners working in an Aboriginal context; thus, additional guest speakers were invited to present, with one pair providing a culturally informative presentation on the "4 Rs" and the Longhouse, where this additional presentation also took place. By hosting this second event at the Longhouse, it was hoped we could pave the path for voluntary student involvement there (and several did go on their own to other events in 2010). As an option, students could attend a free workshop concerning a First Nations-oriented speech-language development program, "Moe the Mouse" (Chesterman & Gardner, 2006), hosted by SASS. In addition, the TLEF-funded practice-oriented DVDs and other new resources (print and digital) became a focus for student assignments. The reflection journal was made an option rather than a requirement, with arts projects the alternative. Additionally, as discussed above in the section on cultural competence, the first day of the course was changed to

provide a different impetus for the identity and location discussions. Unfortunately, timing and the 1-credit ceiling did not allow for more class meetings, although most of the oral presentations on community visits were in smaller groups, allowing ample opportunity for discussion.

In 2009, students had commented that they would have liked more information in the topic area to be integrated into their other courses. Thus, in 2010, a number of efforts were made by faculty to address this. The "Moe the Mouse" material was incorporated into the main instructor's course, "Case Studies in Phonological Intervention". Moe and his friends provided the framework for one child's intervention program during the course in 2010 (and also, incidentally, in 2011). In addition, three students helped conduct "Moe the Mouse" workshops in their placements in schools and daycares as follow-up in 2010 (another five or six students are scheduled to do the same in summer and fall 2011). An additional four students assisted in other "Moe the Mouse" workshops around Vancouver. Concerning audiology, the following statement by an audiology student shows transfer and application of content from this course to another course:

*"As a student in this (First Peoples focus) course, I have had the benefit of seeing how quickly some of the issues and dialogue related to this course has filtered into other courses. One such example occurred during a lecture in our Hearing and Aging course. The class was discussing different theories on psychosocial changes that take place during the aging process. This topic sparked a discussion of how different theories seem to reflect differing cultural perspectives and diverse ways of viewing human development and aging. Several students began to contribute thoughts on materials that they had read from the 2010 First Nations course or for their own interest, as well as meaningful community experiences that they had had. Our professor allowed class time to let us explore these ideas and contributed some of her own thoughts from her recent experience giving a presentation on hearing to elders on a local reserve. The discussion developed into a dynamic and insightful dialogue about the roles of elders in First Nations, Inuit and Métis communities and their perspectives on aging, societal roles and contributions of people of all ages and capacities. It was a great experience to see how the understanding fostered in this (First Peoples' focus) course was applied outside of the context of the course, to help us develop as thoughtful practitioners with a foundation for a culturally relevant and safe perspective on client relationships and care."*

The community visits included reciprocity as a focus wherever possible. For example, students provided a

hearing screening in one “headstart” program, a talk to elders at a reserve that provides community visits, and two “Moe the Mouse” presentations in daycares and schools.

### 2010 STUDENT FEEDBACK

The same type of evaluation process was used in 2010 as in 2009, with two additions. The optional course evaluation forms contained a “Not Applicable” option within the rating scales and had questions specific to the new audiology co-instructor. Completion of the questionnaire was again voluntary and took place during the students’ exam period in December, 2010, instead of during class-time. Eleven of the 35 students completed the questionnaires (less than the first year, possibly because of pressures during the exam period). Eight students participated in each of the focus groups, this time organized as audiology-only or SLP-only groups because of scheduling constraints. The focus groups were again run by students who were not in the course. One focus group was led by a facilitator from the previous year, and the second had new first year student assistants as leaders. All three focus group leaders had Aboriginal heritage and worked on the project in other capacities.

There was a significant amount of positive feedback from the 2010 course, obtained through the questionnaire and the focus groups. With regard to the questionnaire, the average rating was positive (no less than 3.9/5, with most scores at 4.0 or above) and slightly higher than the year before (although it should be noted that there were fewer respondents in 2010). Combining comments from the questionnaire and the focus groups, the following results were noted:

- (1) Students stated that they gained cultural understanding from this course, as well as a broader knowledge base on working as professionals with First Nations communities;
- (2) Students valued the class meetings because they felt that these meetings prepared them for professional service with First Nations populations by discussing issues relevant to clinical practice and First Nations communities. Some students gave feedback relative to course improvement.
  - (1) One student remarked that it might have been beneficial to have this course continue throughout the program;
  - (2) Similar to the 2009 course evaluation questionnaires, a few students suggested that more small group discussions would be useful for learning;

- (3) A majority of students expressed the opinion that they would benefit from having a community Speech-Language Pathologist or Audiologist on staff and would appreciate more First Nations speakers in the course;
- (4) Finally, a few audiology students requested that there be more specific information relative to audiology in the course and that the timing of the course be more sensitive to their heavy fall term in second year.

Regarding community visits, the lowest rating out of 5 was 3.8 for one item asking about longer community visits. The other items received positive ratings from 4.6 to 4.8. There were a number of positive qualitative comments in response to the open-ended questions on the questionnaire and in the focus groups.

- (1) One student appreciated learning about the importance of First Nations culture directly from the people themselves;
- (2) Another student said s/he felt privileged to have gained hands-on experience;
- (3) For course improvements, some students felt that they would have liked to have had more time in First Nations communities, while others were content with the visit amount of time allotted (as the mean rating value of 3.8 showed);
- (4) Others suggested that the community visit supervisors be provided with more information about the goals of the UBC course in order to further enrich the students’ experience and to provide a more comfortable atmosphere for all. (Note that the project coordinator does provide both oral and written information to both students and sites and that this is evolving as a process.)

### 2010 COMMUNITY SITE FEEDBACK

Similar methods are in the process of being used for soliciting community site feedback from the 2010 visits. An additional question addresses reciprocity, giving examples and soliciting further ideas for how SASS could reciprocate, either during the student visit (e.g., a “Moe the Mouse” demonstration or hearing screening) or at some other time. Three of the 11 sites have responded so far (one in writing and two by phone), and all have agreed to host students again for 2011, reflecting a positive view of the experience. Regarding reciprocity, guest speakers from the SASS faculty have been requested, as well as “Moe the Mouse” demonstrations and hearing screenings. Of those who have

responded to date, all have said that the experience raised the student's awareness of the needs of Aboriginal people in healthcare or education settings. All sites so far have agreed to take another student this fall, which we consider to be the best indicator of a positive response. Some have indicated that they would like the visits to be longer.

## 2011 COURSE

The third iteration of the course commenced March 1, 2011 and will run until November 1, 2011. This timing will better accommodate the fall curriculum, which is very heavy, particularly for audiology students. As per the suggestion of students and in accordance with faculty reflection (as noted previously), the first class meeting brought history (particularly the residential schools issue) to the forefront. In 2011, due dates for assignments have been moved up by weeks or months, to lessen the workload in the heavy fall term. More options have been made available for assignments, because the instructors wanted to provide students with options that suit a variety of interests, individual learning styles, and time available. For example, in response to a request for more small group discussions, students have been invited to participate in optional small discussion groups, where students and faculty will be able to share and discuss First Nations books and watch DVDs together for purposes of the reflection journal assignment. In accordance with the wish to have a community S-LP or audiologist associated with the course, the "Moe the Mouse" workshop was again hosted, with attendance by most of the students. Audiology students now have an assignment option to design a preschool hearing screening program utilizing "Moe the Mouse's" principles. If time and budget allow, further speakers will be invited.

Due to time constraints of the course, additional class meetings are not possible. However, the web component of the course includes more specific topics for discussion, and faculty again have volunteered to mentor the discussions. In addition, in the fall, the class will be divided into two groups for all community visit presentations, in order to accommodate students' requests for smaller discussion groups, while still ensuring that students can hear and learn from as many of their peers as possible. Finally, the community visit component of the course now includes a mandatory written assignment for posting on Vista, with the aim of encouraging students to reflect on their overall impressions from the visit and to allow other students to learn about different perspectives.

## OTHER COURSE SPIN-OFFS

The course and TLEF project have had a number of other unanticipated positive outcomes. In both 2010

and 2011, there have been CASLPA presentations on the teaching and learning project (Bernhardt, Osmond, Khurana, Laporte & Panchyk, 2011; Green, Bernhardt, Wood & Laporte, 2010). In addition, one of the speech-language pathology student authors (Heather Campbell) and project assistants has completed a Master's thesis on the topic of Standard English as a Second Dialect (SESD) in four British Columbia school districts. Data were collected through semi-structured interviews with several speech-language pathologists (S-LPs), resource teachers and other educators who were involved in their district's SEDS programs and were interpreted using constant comparative analysis to identify key themes within a qualitative research paradigm. In the realm of audiology, a number of students and faculty are working towards revision of the "Speech Banana" audiogram to include spectral information from First Nations languages. In addition, two of the co-authors (Shannon Osmond, Halen Panchyk) participated in the creation of a DVD for parents with children diagnosed with hearing loss and the revision of a pamphlet for First Nations people with the B.C. Early Hearing Screening program.

## FUTURE OF THE COURSE

The course now has become established in the UBC SASS program. It will continue to require funding for a community visit coordinator who has First Nations, Métis or Inuit heritage. Although it has run under a Directed Readings number, an application is being made to have it instantiated as its own course and number. Interdisciplinary opportunities may also be sought within UBC for aspects of the course. For now, the framework is reasonably robust, with revisions being sought on a continuous basis to best meet the needs of students, within the constraints of budget and time. However, there is a need to develop new relationships with sites and to nurture the sites that are already participating.

We feel that the groundwork has been laid for a course that is beneficial to students. The continuation of this course will ensure that SASS students graduate with a feeling of competency in delivering services to Aboriginal people and communities, or at least with less apprehension than if they had not taken the course.

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## END NOTES

<sup>1</sup>We would like to acknowledge the high level of diversity of the First Peoples in Canada and the need for culturally sensitive practice in communication. In this paper, the terms “First Peoples” and “Aboriginal” denote people in Canada with First Nations, Métis or Inuit heritage. We feel that it is very important to find out how individuals and communities would like their heritage designated, whether (a) as First Nations, Métis or Inuit, (b) by the name of their specific community or language or (c) by general terms such as Aboriginal, Indigenous or Indian.

<sup>2</sup>The TLEF is financed by tuition fees and was created to “enrich student learning by supporting innovative and effective educational enhancements” (<http://tlef.ubc.ca>). The Teaching and Learning Enhancement guidelines require all projects to have active student participation, continuing benefit to students and outcome-based criteria for evaluation. The course was inaugurated one month before the TLEF funds came through, but students were involved in the development as soon as the project began.

<sup>3</sup>The interviewees and actors have signed release for use of these DVDs in the SASS course, in other relevant courses at UBC and for conference presentations. At the moment, they are not available for viewing outside of these contexts.

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### **AUTHOR'S NOTE**

Correspondence should be sent to B. May Bernhardt, Ph.D., School of Audiology and Speech Sciences, 2177 Wesbrook Mall, Vancouver, B.C., V6T 1Z3, Canada. E-mail: [May.Bernhardt@audiospeech.ubc.ca](mailto:May.Bernhardt@audiospeech.ubc.ca) ▶

► **Non-Standard English Dialects and the Effect of Supplementary Funding on Educational Achievement**

► **Les dialectes non courants de l'anglais et l'incidence de fonds supplémentaires sur les résultats scolaires**

Michele Battisti  
 Mark Campbell  
 Jane Friesen  
 Brian Krauth

**KEY WORDS**

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Michele Battisti, M.Sc.,  
 Centre for Education  
 Research and Policy,  
 Simon Fraser University,  
 Burnaby, B.C.,  
 Canada

Mark Campbell, M.P.P.,  
 Centre for Education  
 Research and Policy,  
 Simon Fraser University,  
 Burnaby, B.C.,  
 Canada

Jane Friesen, Ph.D.,  
 Department of Economics  
 and Centre for Education  
 Research and Policy,  
 Simon Fraser University,  
 Burnaby, B.C.,  
 Canada

Brian Krauth, Ph.D.,  
 Department of Economics  
 and Centre for Education  
 Research and Policy,  
 Simon Fraser University,  
 Burnaby, B.C.,  
 Canada

**Abstract**

British Columbia provides school districts with supplementary funding to support the language development of students who speak a non-standard English dialect. Many of the students who attract this supplement are Aboriginal. We describe this policy, and record a striking increase in uptake of the funds on behalf of Aboriginal students over the last decade. We describe the results of an evaluation study that measured the effects of supplementary funding on test score gains between grades 4 and 7. The study found that the funding supplement substantially improved the reading scores of the average Aboriginal student.

**Abrégé**

La Colombie-Britannique offre un financement supplémentaire aux arrondissements scolaires pour favoriser le développement langagier d'élèves parlant un dialecte non courant de l'anglais. Bon nombre d'élèves qui bénéficient de ces fonds sont autochtones. Nous décrivons cette politique et soulignons la croissance remarquable de la part de ces fonds affectés à des Autochtones au cours de la dernière décennie. Nous présentons les résultats d'une étude qui a mesuré l'incidence de ces fonds supplémentaires sur l'amélioration des résultats de la 4e à la 7e années. L'étude révèle que ces fonds ont considérablement amélioré les résultats en lecture de l'élève autochtone moyen.

## INTRODUCTION

School may be particularly challenging for students from communities that speak non-standard forms of the language spoken at school, such as African American Vernacular English in the United States, Aboriginal English in Australia, and First Nations English in Canada. When dialects spoken by some students differ from the English used for classroom instruction, the instruction may be less effective. In some cases, students who speak a non-standard dialect are misdiagnosed with language impairment and inappropriately placed in remedial education programs (Wolfram, 1993). Teachers may confuse some dialects with weaker intellectual ability or low educational aspirations, and students in turn may lower their own academic expectations (Adger, Wolfram & Christian, 2007). Children and youth who are criticized and corrected for speaking in their own dialect may develop oppositional attitudes towards school (Delpit, 2006) or to the majority culture (Ogbu, 1999).

Some sociolinguists and educators have argued that educational programs could support language development by drawing the student's attention to differences between their own dialect and the standard school dialect (e.g., using 'contrastive analysis'), helping them to recognize situations in which each dialect is appropriate, and providing opportunities for them to learn the grammar and phonology of the standard dialect (Baugh, 1995, 1999; Rickford, 1999; Ball, Bernhardt & Deby, 2006).

However, while the educational challenges surrounding dialect diversity have been recognized for some time, policy responses have been slow to develop. The Canadian province of British Columbia began funding specialized services for speakers of non-standard English in the 1980's (British Columbia Ministry of Education, 1985, 2009), followed by Australia in the 1990's (Eades & Siegel, 1999). In the United States, program development has been hampered by funding limitations.<sup>1</sup>

A growing literature surveys the implications for educational and speech-language pathology practice of First Nations English dialects (Ball & Bernhardt, 2008; Peltier, 2009), and the potential role of dialects in Aboriginal education (Epstein & Xu, 2003). However, despite the critical importance of improving the literacy skills of under-achieving students, the potential value of offering specialized services to speakers of non-standard dialects, and the controversy that sometimes surrounds attempts to do so, we are not aware of any systematic evaluations of such policies.

The effects of overall education funding levels on academic achievement have been much discussed in the literature (e.g. Guryan, 2001). The research reported

here focuses on supplementary funding intended to benefit a specific group of students, an area that is yet to receive attention from quantitative researchers. Literature in economics evaluates the effects of specific programs or pedagogical practices (e.g. Angrist & Lavy, 2001; Hanushek, Kain & Rivkin, 2002; Lavy & Schlosser, 2005; Machin & McNally, 2008). However, the research reported here evaluates a funding policy that has enabled or stimulated a variety of specific programs and practices, rather than evaluating those programs and practices individually or directly.

Students who speak Standard English as a second dialect exhibit relatively poor Standard English language skills on average, and although factors other than dialect are doubtlessly implicated, several studies suggest that the failure to specifically address dialect diversity may be contributing to their underachievement (Labov, 1972; Eades, 1995; Leap, 1993). Evidence from a number of programs in Australia and the United States indicates that when specific 'English as a Second Dialect' (ESD) support and services are provided, these students do appear to improve their reading ability in Standard English (Ball, Bernhardt & Deby, 2006, pp. 24-39). Although the specific supports and services provided as a result of B.C.'s English as a second language policy are not directly evaluated in our study, an examination of the policy's effects is motivated by this literature.

## ENGLISH AS A SECOND DIALECT POLICY IN BRITISH COLUMBIA

B.C. has a longstanding policy, under its English as a Second Language (ESL) policy framework, of allocating supplementary funding to support students who "speak variations of English that differ significantly from the English used in the broader Canadian society and in school" (B.C. Ministry of Education, 1999). This policy currently adds \$1,340 to the per capita base grant for every student who is designated as eligible by their school district. This supplement is subject to a five-year limit. It is separate from and additional to an Aboriginal education supplement allocated to school districts for every student self-reporting as Aboriginal. Students can be designated at any stage in their school careers.

It is not possible, in the data available, to identify with any confidence those non-standard dialect speakers who actually have ESL designations, with the exception of Aboriginal students. Non-Aboriginal students with an ESL flag who are also described in the data as speaking English at home may well be non-standard dialect speakers, but not necessarily – home language and first language do not always correspond. When Aboriginal students have an ESL flag in the data, however, they can safely be identified

as 'English as a Second Dialect' (ESD) learners.

Districts receiving funding for ESD students have substantial discretion in terms of the services to be provided, subject to meeting several broad criteria (B.C. Ministry of Education, 1999). For each designated student, districts are required to conduct an annual assessment of proficiency in Standard English, and to design an annual instruction plan that lists specific services the student will receive in order to improve that proficiency. An ESL specialist must be involved in service planning and delivery, and districts are encouraged to use culturally relevant resources to provide services (B.C. Ministry of Education 1999). The Ministry does not specify which services must be provided, and there is no requirement that the funding be dedicated exclusively to services for the designated student.

This flexibility allows districts to use these funds in a variety of ways. Examples include supporting the use of specific pedagogical strategies for vocabulary development (Nechako Lakes, 2006), hiring specialist teachers that provide support to classroom teachers and develop program materials (Cariboo-Chilcotin, 2009), offering specialized oral language instruction on a weekly pull-out basis and acquiring reading materials with Aboriginal content (Vancouver Island North, 2008), and integrating strategies for oral language development into regular literacy programs (Haida Gwaii/Queen Charlotte, 2008).

Given this sort of latitude on the implementation side, it is inevitable that the mandate will be interpreted in different ways by local administrators. The rationale for the supplementary funding policy – that dialect diversity per se may constitute a specific academic barrier to some students – does not necessarily guide and inform the design of the services to be delivered. Indeed, we understand that in some districts 'ESD' is used to denote 'English Skills Development', indicating that the ostensible rationale for the policy is much less salient for some local programmers than the general objective of improving language skills among vulnerable students. In many cases, educators do draw upon English as a Second Dialect theory and resources, but in some cases it is likely that these play no substantial role.

The relatively low academic attainment of Aboriginal students in Canadian K-12 systems is a source of serious concern to educators and policy makers. In the 2006 Census, for example, 40 per cent of Canadian Aboriginal people aged 20-24 were without a high school certificate, compared to 13 per cent of others. In B.C., where self-reported Aboriginal students comprise around ten per cent of the public school population, their graduation rate is below 50 per cent, compared to over 80 per cent for non-Aboriginal students (B.C. Ministry of Education

2007). Understanding the effectiveness of policies and programs that are intended to improve these outcomes is critical to overcoming these gaps.

Although supplementary ESL funding for non-standard dialect speakers was available to school districts beginning in the 1980s, few took advantage of it until the late 1990s. The early 2000s then witnessed a considerable increase in uptake. The proportion of Aboriginal students in B.C. public schools who were designated for ESL funding tripled between 1999 and 2004 – from about five to about fifteen per cent of Grade 4 Aboriginal students, and from about three to about eleven per cent of Grade 7 Aboriginal students (Authors' calculations from B.C. Ministry of Education data).

In 1999, four out of 59 public school districts were identifying at least 5 per cent of grade 4 Aboriginal students as eligible for ESL funding. By 2004, this number had expanded to 16. Of the twelve districts that crossed the 5% threshold during this period, nine saw jumps from fewer than 5% to more than 20% in a single year. In Nisga'a and Stikine, the proportion leapt from fewer than 5% to over 60% from one year to the next. In Nisga'a, designation rates proceeded to range between 45-60% of all Grade 7 Aboriginal students. Gold Trail designated virtually no students until 2004, when it designated over 40% of Aboriginal students as ESL.

Even in districts with more established programs, considerable year-to-year variation is evident. Vancouver was one of the four districts already designating over 5 per cent of Aboriginal students in 1999. It designated between 10 to 20 per cent of Grade 7 Aboriginal students for ESL in each year of the period 1999 to 2004, but with some sharp year-to-year jumps within those limits, and exhibiting no clear trend.

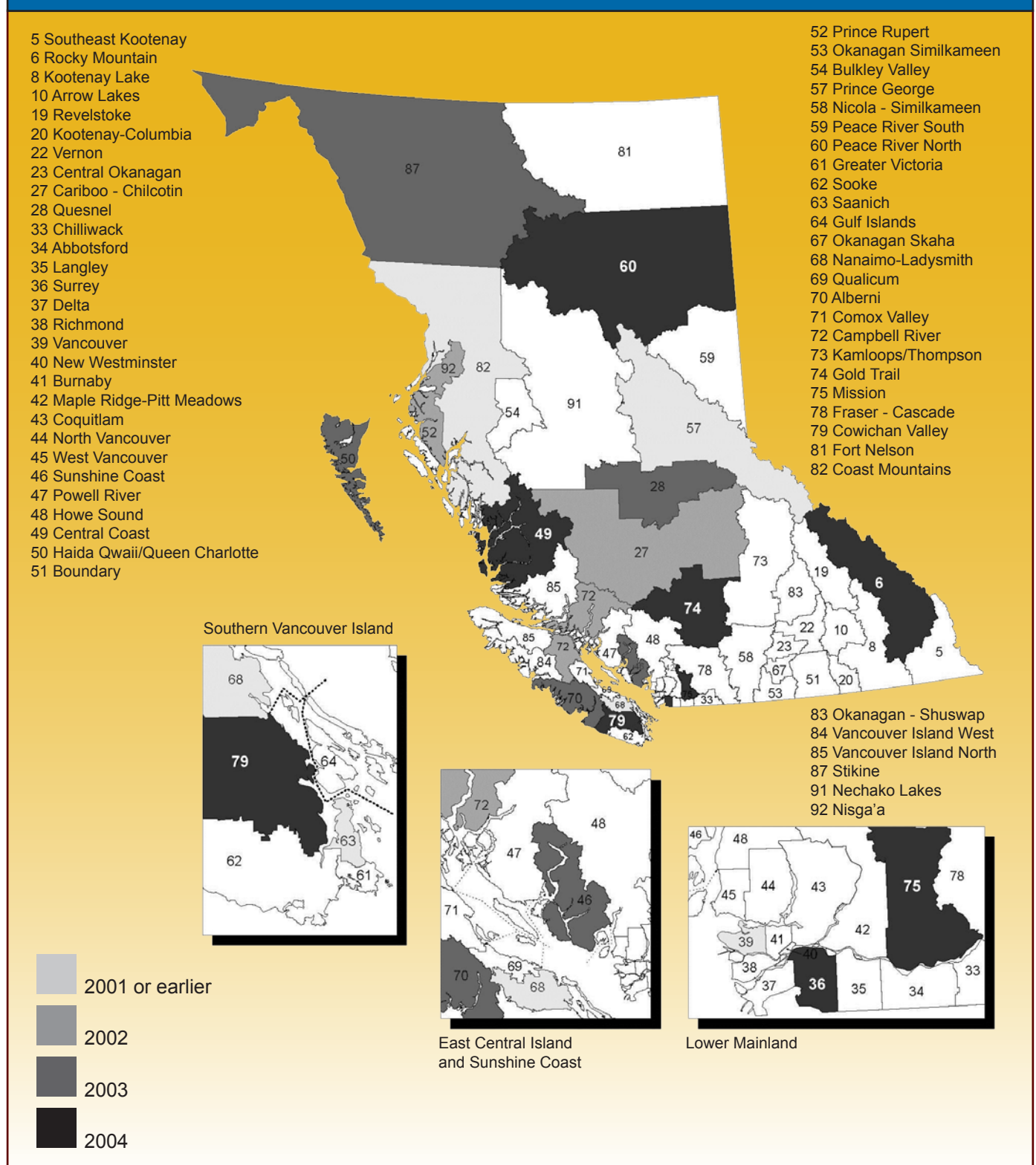
The dynamics that drove the rather sudden expansion of these designations – both for districts that had not previously availed themselves of the opportunity, and within districts with longstanding designation practices – remain obscure to us. Figure 1 illustrates the absence of any particular geographic pattern. The motivation to pursue ESL supplements for Aboriginal students did not spread from a district to neighbouring districts, for example. Anecdotally, it appears that both word-of-mouth networking between educator interest groups and the availability and local acceptability of diagnostic tools may have had a share of influence. It is also possible that different districts pursued different language skills development strategies due to different perceived populations, priorities, or capacities, or that differences in dialects across B.C. may affect the process by which dialect characteristics are documented and recognized. The reasons why some districts became enthusiastic about



this source of funding, and why other districts have not taken it up, merit further study. Similarly, we are unclear about the diagnostic techniques and assessment processes deployed by those districts that began to identify students in this category. A better understanding of this topic would be useful.

However, the large and abrupt variations in uptake do permit one important question to be explored. Has the ESD funding supplement produced any positive effect on educational outcomes? In what follows, we summarize the method and findings of an econometric investigation of this question (Battisti, Friesen & Krauth, 2009).

**Figure 1: Year when B.C. school districts first designated  $\geq 5\%$  of grade 7 Aboriginal students for ESL**



## MATERIALS AND METHODS

To discover what difference the supplementary funding policy has been making, it does not help to compare designated students with non-designated students. Students tend to be designated because of the educational challenges they face, and therefore will differ from other students in terms of the educational outcomes one would expect to observe. Focusing on the progress students make, in the form of test score gains across time, can help abstract from the differences between different groups of students at the starting point. However, different groups of students tend to have different educational trajectories, as well as different starting points. One should expect to observe different patterns of progress, other things equal.

During the period reviewed, Aboriginal students in ESL scored almost 1 standard deviation lower in grade 7 reading Foundation Skills Assessment tests (see below) than non-Aboriginal students, and over 0.4 standard deviations lower than other Aboriginal students. They also fell further behind other students between grades 4 and 7. The “value-added” gap with non-Aboriginal students was 0.13 standard deviations, and with other Aboriginal students it was 0.05 standard deviations. Because designation is not random, these comparisons cannot reveal anything about the effect of the policy. The question is whether the gaps would have been even wider had the supplementary funding not been received.

Although different districts introduced or escalated ESL designations for Aboriginal students at different times, a simple comparison of how students achieved in different districts would be prone to bias. Districts often serve quite different populations; in such a comparison, the effect of the policy could not be reliably distinguished from pre-existing differences between students in different districts.

Our solution was to calculate how year-to-year changes in the size of ESL enrolment of Aboriginal students within school districts affected achievement. This approach avoids comparing different districts to one another, and instead compares districts to themselves, with only the frequency of ESL designations varying. It separates the effect of the supplementary funding from other things that can affect achievement, and that may vary across districts.

B.C. administers Foundation Skills Assessments (FSAs) in reading and numeracy to all students in Grades 4 and 7. The Ministry of Education’s FSA database records the student’s score on each test, with flags indicating whether the student was excused from test participation. Its enrolment database records the student’s current grade, school and district identifiers, year, gender, self-reported

Aboriginal identity, enrolment in language or special needs programs, and self-reported language spoken at home. Encrypted identification numbers were used to link these databases, and a longitudinal data set was constructed covering every student who was in grade 7 from 2002 through 2004 and in grade 4 three years earlier.

We compared the grade-4-to-grade-7 test score change of the average Aboriginal student in a given district to that of the average Aboriginal student in the same district who is in grade 7 in a different year – when more or fewer Aboriginal students had ESL designations. As successive cohorts reach the end of grade 7 and take the FSA, each will show a different average test score gain, representing the progress students have been making through grades 5, 6 and 7. Meanwhile, each cohort was exposed to a different average rate of ESL designations in those grades, representing the resource inputs created by the supplementary funding policy. Therefore we can compare the test score gains of different cohorts as a function of district average ESL rates among Aboriginal students. Because district-level changes in designation rates were large and abrupt, they cannot be correlated with changes in student characteristics, which evolve much more gradually. Changes in the characteristics of designated versus undesignated students therefore cannot explain any effect that may be detected.

We repeated this process for every district, and averaged across districts (weighted by district size). We used the large variation in uptake across districts to abstract from anything that may be changing at provincial level from year to year, such as background trends in test scores. Each district’s change in enrolment differed from that of every other district in any given year.

It is possible that undesignated students may have benefitted from the policy indirectly. Indirect effects could take the form of general resource spillovers (since districts receive additional funds for each ESL student), program spillovers (since district ESD programming may include development of new learning materials that benefit all students), or peer effects (since academic improvements by high-risk students may improve the classroom learning environment). The overall effect of the policy is therefore best evaluated by looking at the outcomes of all Aboriginal students, rather than only of those with the ESL designation.

## RESULTS AND DISCUSSION

The results suggest that ESL funding for Aboriginal students who speak non-standard English has been used in B.C. to support services that are notably effective. The supplementary funding policy has produced significant benefits for the literacy development of B.C.’s Aboriginal

students. The reading test score gain of the average Aboriginal student was greater when the district received ESL funding for a greater proportion of its Aboriginal students, all other things being equal.

The estimated effect was quite substantial. If a district designated 22 per cent of its Aboriginal students for ESL funding, the average rate across districts over the time period studied, it would have increased the reading test score gain of Aboriginal students by around 0.11 standard deviations compared to a district with no students designated. This corresponds to 18 per cent of B.C.'s grade 7 reading gap between Aboriginal and non-Aboriginal students.

An additional step was to investigate the effects of ESL funding across the distribution of test score gains of Aboriginal students. Specifically, since the policy is intended to support students with weaker Standard English skills, one might expect the documented improvements in reading outcomes to appear primarily in the lower end of the outcome distribution. We used quantile regression, which measures effects at different percentiles of achievement, to develop some evidence on this question. The results suggest that the effects on reading skills were strongest at the bottom of the reading test score gain distribution. The improvement for the bottom 25 per cent of students appears to have been almost twice as large as the improvement for the top 25 per cent. Since ESL-designated Aboriginal students are concentrated at the lower end of the achievement distribution, this may shed some light on the question of how much of the improvement has accrued directly to ESL-designated Aboriginal students, and how much to other Aboriginal students as a result of beneficial spillovers. However, our quantile regressions do not identify causal effects, so differences in the effect size across the test score distribution should be interpreted as suggestive, rather than definitive.

Since the policy is intended to support language development, its effects on reading outcomes present the central focus of investigation. There is much less reason to expect any positive effects on numeracy, which is also tested by Foundation Skills Assessments. However, some components of the numeracy test do make demands on students' reading comprehension. The problem-solving component is frequently cited in this context. We therefore investigated whether the policy produced any change in numeracy attainment. We found no effect of district Aboriginal ESL-designation rate on numeracy test score gains.

Without access to item-level test score data, which might provide a basis for an in-depth analysis of performance on different components, the absence of an effect on numeracy is open to different interpretations.

We argue that this finding corroborates the main findings. If the ESL rate change had been accompanied within districts by other, simultaneous policy or population changes that tended to raise test scores, this would have been expected to show up in numeracy scores, as well as in reading scores. The fact that it did not indicate that the relationship between targeted funding input and reading improvement is authentic. The fact that no relationship was found between ESL designation rates among Aboriginal students and the achievement of non-Aboriginal students may be taken as additional confirmation.

A richer range of indicators could have yielded more sensitive and productive insights into the effects of the supplementary funding policy. However, the present study was limited to FSA scores in terms of the outcomes that could be evaluated province-wide. The exception is the effect on test participation itself. Test participation may reveal something about the academic engagement and school attachment of students, or about their educators' impressions of their general academic progress and capability. Aboriginal students are much less likely to take the FSA test than non-Aboriginal students, and Aboriginal students with ESL designations are much less likely to take the FSA test than the average Aboriginal student.

We replaced test score growth with test participation as the outcome of interest in the empirical model. Higher district ESL designation rates among Aboriginal students were found to have produced no statistically significant change in the probability that Aboriginal students participate in grade 7 exams, with the exception of students who had not participated in the grade 4 numeracy exam, whose participation in the grade 7 numeracy exam actually increased (by 0.28 standard deviations,  $p < 0.1$ ).

This result is useful from another perspective. A potential problem with the use of test scores to measure achievement is that it restricts attention to students who participate in the tests. If the change in ESL designations coincided with changes in patterns of test participation, the credibility of our findings might be undermined. For example, if there was a tendency to excuse designated students from participation, which intensified as ESL designations grew, this might partly explain the observed effect of the ESL funding, rather than any genuine improvements in academic achievement.

Since we observed an increase, and not a decrease, in Aboriginal participation when the ESL designation rate was higher, we can rule out the possibility that designated students were systematically discouraged from taking tests. This indicates that the positive effect of the supplementary funding policy was not an artifact of changes in exam participation patterns.



## CONCLUSION

Funding supplements provided through the ESL funding policy have produced impressive benefits for the literacy development of B.C.'s Aboriginal students. In their absence, the reading achievement gap between Aboriginal and non-Aboriginal students would be larger than it is at present. The findings should be of considerable interest to policy makers in any jurisdiction who are concerned with improving the educational outcomes of vulnerable groups of students, particularly those from communities that speak non-standard English dialects.

The impressive size of the positive effect compares well to the effects associated with other ambitious educational interventions. For example, the Head Start program in the US produces an average effect size of about 0.2 standard deviations on measures of literacy development during the first year of treatment (US Department of Health and Social Services, 2010); reducing class size by about a third produces an effect size for test scores estimated at around 0.25 standard deviations (Finn & Achilles, 1990). Indeed, academic analyses of the overall effect of increasing education funding levels have sometimes reached quite pessimistic conclusions (e.g. Betts, 1995; Hanushek, Rivkin & Taylor, 1996; Hanushek, 2002). However, these have typically been based on data from the United States. Canadian K-12 education institutions, and the populations they serve, differ from those in the United States in many important ways, and this study is a reminder that it is vital for Canadian educators and policymakers to have access to research based on Canadian data. It is also essential to study the effects of specific, targeted funding programs as well as overall funding levels.

Several further questions are raised by this research. What drove the increase in take-up of this funding, and why it is utilized more by some districts than by others? Why have several districts, including some with sizeable Aboriginal populations, not availed themselves of this funding stream at all? In districts that do designate Aboriginal students for the ESL supplement, how are the assessments being made?

ESL designations for Aboriginal students have not been without controversy, and it is worth noting that the actual practices enabled by ESL funding may be consistent with a variety of philosophies regarding how best to support Aboriginal learning (Ball and Bernhardt (2008) convey some of the difficult issues surrounding Canadian First Nations English dialects). While our method produces a clear result with respect to the success of the policy, it does not reveal the mechanism through which that success is achieved. We cannot identify all the different local strategies implemented thanks to ESL funding, or distinguish between their effects. Our

results therefore provide little guidance to educators who are developing specific programs and services for non-standard dialect speakers. This is another area that calls for further investigation. It would be valuable to know more about how the resources released by this policy have been employed by educators.

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## ENDNOTE

<sup>1</sup>In the US, African Americans have normally been excluded from receiving funding for language minority students because English is their native language (Baugh, 1995). An attempt by the Oakland Unified School District to access federal funds by recognizing African-American Vernacular English (AAVE) as a distinct language (Oakland Unified School District, 1997) failed spectacularly while sparking the acrimonious “Ebonics debate” in the late 1990’s (see Ramirez et al., 2005). Several districts have developed programs without federal support, the leading example being the Los Angeles Unified School District’s Academic English Mastery program ([http://www.lausd.k12.ca.us/95th\\_Street\\_EL/aemp.html](http://www.lausd.k12.ca.us/95th_Street_EL/aemp.html)).

## AUTHOR’S NOTE

Correspondence should be sent to Jane Friesen, Department of Economics, 8888 University Drive, Burnaby, B.C., V5A 1S6, Canada. ►

- ▶ **Standard English Difficulties and Helpful Intervention Strategies for Aboriginal Students**
- ▶ **Difficultés à maîtriser l'anglais courant chez les élèves autochtones et stratégies d'intervention utiles**

R. Colleen Bovaird Wawrykow

**KEY WORDS**

NON-STANDARD ENGLISH DIALECT

PHONOLOGICAL AWARENESS

VOCABULARY

CULTURAL DIFFERENCES

FIRST NATIONS

INDIGENOUS PEOPLES

ABORIGINAL PEOPLES

SPEECH-LANGUAGE PATHOLOGY

**Abstract**

This paper provides a reflective account of difficulties and differences that may cause Aboriginal Canadian students to struggle with Standard English. Special considerations for Aboriginal students and strategies for intervention are described. These clinical reflections are based on twenty years of cultural and working experience as an Aboriginal Speech-Language Pathologist in Central Vancouver Island, B.C., as well as personal observations and interactions with Aboriginal people from across Canada.

**Abrégé**

Le présent article rapporte le fruit de réflexions sur les difficultés et les différences qui pourraient expliquer le fait que les enfants autochtones du Canada ont de la difficulté à maîtriser l'anglais courant. Il décrit les éléments particuliers à prendre en considération pour les élèves autochtones et des stratégies d'intervention. Ces réflexions cliniques sont fondées sur vingt ans d'expérience culturelle et professionnelle à titre d'orthophoniste autochtone au centre de l'île de Vancouver, en Colombie-Britannique ainsi que sur des observations personnelles et des interactions avec des Autochtones de partout au Canada.

R. Colleen Bovaird Wawrykow, MSPA, RSLP  
Registered Speech-Language Pathologist,  
Certified in Speech-Language Pathology by CASLPA,  
Student Support Services,  
School District 69,  
Qualicum, B.C.,  
Canada

Aboriginal youth have poor high school graduation rates in British Columbia (B.C.). A study by the B.C. Ministry of Education (2009) states that only 49% of Aboriginal youth are graduating from high school with B.C. Certificates of Graduation, compared to 73% of non-Aboriginal youth in the province. These findings may in part reflect the fact that many Aboriginal youth speak a dialect other than Standard English. Passing B.C. provincial English exams and school coursework is in part dependent on the use of “conventions of language” (B.C. Government, 2009). Since English classes and exams in B.C. and across the country require the use of Standard English, it is important to help Aboriginal students who do not speak Standard English to learn this dialect, even when they are competent in using an Aboriginal English dialect. This paper discusses issues of dialect difference and how Speech-Language Pathologists (S-LPs) might become important facilitators if they can offer early assessment, identification and intervention in key aspects of Standard English to Aboriginal students. If S-LPs were to offer such services to Aboriginal students who are speaking non-standard dialects of English, they would promote academic success for Aboriginal students in public schools, institutes of higher learning, work environments, and mainstream communities where Standard English is spoken.

The author of this paper has Aboriginal ancestry (Interior Salish, member of the Skuppah Band, Lytton, B.C.) and is an S-LP with over 20 years of experience in the Speech-Language or English as Second Dialect (ESD) programs of the public elementary schools in the Central Vancouver Island region of B.C. I have assessed many First Nation and Métis students, and a few Inuit elementary students living in Central Vancouver Island, B.C. In my experience, many of these children struggled with the acquisition of Standard English. Some lived on-reserve (Nanosee or Nanaimo First Nations) and spoke English as their first language, although the ancestral language for their tribe was Hul'qumi'num. Most of the Aboriginal, Métis and Inuit students I have worked with lived off-reserve, away from their ancestral tribal groups. They studied in mainstream classrooms where their teachers and student peers were Standard English speakers of non-Aboriginal descent. Whenever students lived on-reserve in a more segregated area and attended a school where Aboriginal students were the majority, non-standard dialect use was more noticeable. This is not surprising, as Aboriginal students living in more integrated communities, are likely to have more verbal interactions with Standard English speakers and therefore have more opportunities to learn the standard dialect.

## ABORIGINAL ENGLISH DIALECTS

Aboriginal English dialects developed from contact between an ancestral language and English, geographic isolation of communities of speakers and infrequent interactions with Standard English speakers. The first varieties of non-standard English dialects (pidgins) developed as a contact language when Aboriginal people began utilizing English without formal instruction and applied rules and patterns of their ancestral languages (Ball, Bernhardt & Deby, 2006). As new generations spoke the pidgins as their first language, creoles developed where language patterns became more consistent and regular. Over generations and with continued contact with English speakers, these creoles became increasingly similar to Standard English. In more recent Canadian history, Aboriginal children were taken from their families and put in residential schools. In these schools, children from different Aboriginal language and cultural background were grouped together. Children were penalized for speaking their native language. In this way, the residential school system may have inadvertently served to consolidate Aboriginal English dialects.

As noted by Labov and Harris (1986) and Ball et al. (2006), non-standard dialects can remain distinct even in urban settings due to social, economic and political barriers that cause segregation or divergence. Dialectal variations of English should not be treated as pathological (Crago & Westernoff, 1997) by labeling them as language delays or word-retrieval difficulties. Ball, et al. (2006, p. 27) quote Russell's (2002) statement that practices which treat Aboriginal English dialects as a disorder are a “vestige of the earlier, blatantly racist educational system that undermined, eradicated” and “marginalized native people's cultures.”

Ball et al. (2006) argue that students speaking non-standard English perform less well in school without specialized support. Such support would teach specific forms that distinguish their dialect from the standard dialect. Ball et al. (2006) argue that this type of intervention is very different from what is generally offered by English as a Second Language programs. It has been argued that the failure to specifically address second dialect issues may be the cause of limited oral and written Standard English skills in American students speaking English as a Second Dialect (Eades, 1995; Labov, 1972; Leap, 1993, Smitherman, 1977; Wolfram et al., 1999). I would therefore argue that it is appropriate to teach second language skills to children who speak a second dialect, including children with Aboriginal English dialects. Because S-LPs are speech and language specialists, they may be the best prepared members of school teams to assess dialect differences and determine whether lack of

knowledge of Standard English is impeding a Aboriginal, Inuit or Métis student's academic performance. In B.C., S-LPs may also have more teaching resources and staff time that can be allotted to assisting such students in school districts or schools where Standard English as a Second Dialect (ESD) programs are not available.

### AREAS OF DIFFICULTY EXPERIENCED BY ABORIGINAL DIALECT SPEAKERS IN STANDARD ENGLISH CONTEXTS

Aboriginal children who speak a second dialect have been observed to exhibit a variety of difficulties in Standard English contexts. Some of these difficulties may be due to cultural mismatches between discourse patterns used in the home and the classroom (Ball et al. 2006; Eriks-Brophy & Crago, 2003; Kent, Davis & Shapiro, 1978). Other confusions may be due to a lack of understanding of, or experience with, vocabulary or dialectal differences.

In my practice, I have often noted difficulties following verbal instructions. Aboriginal students in the early elementary grades often do not understand school readiness (e.g. letter identification, number symbols, counting, shape, comparison), direction, position, quantity, temporal and sequential concepts. In my experience, primary and intermediate school children seem to have difficulty with key concepts such as defining, comparing, contrasting and categorizing. When students are given specific instruction in these areas, teachers report a marked improvement in abilities to understand directions and verbally participate in class.

Less participation in discussions with classroom teachers or peers, individually or in groups, is also frequently observed, as are difficulties answering questions. Classroom discourse rules already known by mainstream peers are unfamiliar to children speaking Aboriginal dialects.

When these students speak, they often use features of an Aboriginal English Dialect. I have noted various patterns of morphological difference in the children I have worked with in B.C. These include:

- Pronoun confusion, deletion, or substitution;
- Deletion of inflectional endings for regular past tense, superlatives, or comparatives;
- Deletion of copula or auxiliary verbs;
- Limited use of conjunctions or *wh*- questions.

Ball et al. (2006) describe cultural discourse differences in patterns of asking and answering questions in a number of Aboriginal tribal groups such as the Northern Ute, Lakota and Cree. Peltier (2006) reported that Ojibway

people sometimes give answers that they think their interlocutor wants to hear rather than a factually correct answer. It is not uncommon to take an extended period of time to answer a really important question (e.g., up to three days), and see the need for communicating something that is obvious.

### CULTURAL DIFFERENCES

Some Aboriginal students have a tendency to speak with a reduced voice volume, or make less frequent eye contact with interlocutors in group interactions. These tendencies may be reported as concerns at school team meetings by teachers who are not of Aboriginal descent. This behavior may reflect Aboriginal students' concern about their ability to understand or communicate effectively in Standard English, or it may reflect different cultural patterns. I have noted several cultural patterns used by Aboriginal students and their families that may be misunderstood by individuals from the mainstream culture. These include verbal response time lags, eye contact differences, and hand-touching constraints. Each of these will be discussed below.

#### Response time lags

Some Aboriginal students or adults I have interacted with would not respond to Standard English communication partners for up to five or ten seconds, even after many years of living and working in an urban environment with a majority of Standard English Speakers. I have noticed this tendency in males from my tribal areas (e.g., Interior Salish tribes from Chilliwack to Lytton, B.C.). I have since observed this in male and female Aboriginal children in the Central Vancouver Island region, who descend from a variety of Canadian tribal groups. When this pattern is observed, main-stream teachers report that the child never speaks, even when multiple questions are asked. These response time lags may be due to different cultural rules for discourse. The child may leave a longer period of silence if they are waiting for a group response, showing respect or waiting their turn to begin. McLaughlin & Cody (1982) state that mainstream conversational partners in North America expect interlocutors to take an offered turn in less than three seconds, and that they generally are uncomfortable with waits of more than three seconds. When answers are not given in the expected time period, listeners feel uncomfortable and judge conversational partners as having limited competence. Slow or absent responses to questions may also reflect gender- and context-specific cultural differences. Peltier (2006) reported that Ojibway males are more talkative and have shorter response times to questions when they are outside or when children are watching them do an activity.

Cultural differences in learning styles may also ac-



count for differences in response time to questions. Little Soldier (1997) and Nuby & Oxford (1997) have found that Aboriginal students tend to have more reflective and cooperative personality types. Reflective personalities take time to stop and consider various options before responding, and depend less on feedback from external sources when making a decision. Cooperative personalities may become uncomfortable when singled out (Little Soldier, 1989; Nuby, Ehle, & Thrower, 2001).

### Eyegaze

Cultural differences in eye-gaze patterns (e.g., reducing eye contact to show respect to authority figures) may also be observed. Differences in use of eye contact are noticeable in large group discussions (e.g., whole class) or with authority figures. I have noted that many of the Aboriginal people from Central Vancouver Island or the Interior of British Columbia (e.g., Chilliwack to Lytton) appear uncomfortable with sustained eye contact as a speaker or listener, even when they demonstrate high competence with Standard English. Many students tend to look away when they are thinking and become uncomfortable when adults ask them to look at them. Some adults have reported that looking away helps them block out visual distractions and allow them to visualize and think about their ideas while they formulate answers. Some Aboriginal Elders have wondered whether this pattern first developed in residential schools when Aboriginal students looked down to avoid punishment and avoid being seen as “rebellious” (Bovaird, personal communication September 2006). On a personal note, I have a tendency to do the same when I pay particular attention to a response and want to minimize visual distractions.

### Hand touching

I have noticed that many Aboriginal, Inuit, or Métis people are unused to and uncomfortable with handshakes or other gestures involving hand touching. Some tribes, such as the Ojibway, believe that a person's spirit is transferred to another through hand touching (Peltier, 2006). I have often observed or received hugs or gentle over and under handshakes in greetings from Aboriginal peoples, rather than firm one-handed handshakes. These hugs or gentle handshakes are only used with people who deserve them because of familiarity, trust, or respect.

## ASSESSMENT AND INTERVENTION STRATEGIES WITH ABORIGINAL DIALECT SPEAKERS

I have identified a number of assessment and intervention strategies that are helpful to students who speak an Aboriginal dialect when I provide services that

teach Standard English. I believe that these practices promote Aboriginal student academic success and support their communication with non-Aboriginal peers and teachers.

### Assessment

When assessing children who speak an Aboriginal Dialect, a number of English standardized tests or subtests can be useful for comparing a student's performance to same-age Standard English speakers and identifying patterns of difference. The S-LP must not interpret such differences in performance as an indication of delays. I have found the following tests useful for this purpose: *Bracken Basic Concept Scale-Third Edition: Receptive* (BBCS-3: R, Bracken, 2006), *the Test of Oral Language Development-Primary: Third Edition* (TOLD-P:3, Newcomer, 1997), *the Clinical Evaluation of Language Fundamentals, Fourth Edition* (CELF-4 Wiig, Semel, & Secord, 2003), and *the Language Processing Test, Third Edition* (LPT-3, Richard & Hanner, 2005). Phonological awareness errors may be evident on the *Phonological Awareness Test 2* (Robertson & Sate 2007) or when informal probes are completed with tools like *Phonological Awareness Chipper Chat-PACC Quick Test* or *PACC word-lists*.

### Intervention—second dialect learning

Demonstrating the contrasts between Aboriginal vs. Standard English dialect to students and their families is a good place to start intervention. Most families and students are not aware that they speak a different version of English at home compared to the dialect of English spoken at school. It is emphasized that no one version of English is better than the other but that, at school, people are graded based on use of Standard English. Terms such as “non-standard dialect”, “dialect”, or “bidialectal” are readily understood by students who are eight years or older. For younger children, terms like “the home way” and “the school way” are used instead. Feedback regarding when to use of the “home way” versus the “school way” is given during naturalistic interactions to promote bidialectalism. In school, the child is encouraged to practice Standard English. “Home ways” are not actively practiced in Standard English as a Second Dialect (ESD) lessons or classroom settings because the present mandate of B.C.'s Educational System and ESD Programs is to help the student learn Standard English forms rather than using a bidialectal teaching approach.<sup>1</sup>

### Intervention—discourse strategies

When working on cultural discourse differences such as eye contact or vocal volume, I consult first with the child's family to ensure that there are knowledge,

interest and support for an intervention in these areas. When an intervention is offered, cultural differences and mainstream expectations are discussed so that the child becomes aware of how the mainstream culture may be interpreting lack of eye contact and low voice volume, and how working on these areas could help them adapt to their mainstream classes.

### Intervention—general strategies

Evidence from researchers such as Das, Kirby, & Jarman (1992) and Irvine & Darlene (1995) supports the notion that many Aboriginal people may be holistic (global) learners. Holistic learners have a harder time breaking wholes down into parts or identifying important details in a busy background, but are aided when the overall concept is first presented. Setley (1995) suggests that moving from the whole to part helps holistic learners with the instruction of parts. Other literature suggests that many Aboriginal people may also be visual learners (e.g., Lipinski, 1989; 1990). Visual learners benefit from pictures, graphs, and demonstrations when they are acquiring new information. A concrete learning style was also identified in some Aboriginal people. Concrete learners benefit from examples that can be heard, touched, or seen and from contextual learning (e.g., More, 1990). McLeod-Shannon (personal communication, September 2006) reports use of a technique called the Total Physical Approach (Asher, 1969) by Aboriginal groups in the Sushwap area of B.C. This technique adds visual aids and movement to language training on reserves.

I have found intervention with Aboriginal students in central Vancouver Island most successful when context or overview is supplied. We work from the “whole” to the “part” and then back to the “whole”. This is especially helpful with grammar training. Another helpful strategy is to use visuals that integrate multiple experiences from the child’s school or community environment. This can be done by creating drawing templates on software like Boardmaker Plus v. 6 (2010). Concrete examples from the child’s school environment can be introduced and reinforced with *visuals and accompanying sentences using the target word with semantic webs, followed by hand-drawings by the child*. Visuals such as flip cards and high-lighting of morphological structures in written sentences draw attention to “parts” of sentences. When teaching sentence structures, adding directional arrows or hand-points in written sentences aids some Aboriginal children in understanding and learning grammatical rules of Standard English. Use of movement has also proven helpful.

### Grades K to 2

Letter identification can be aided through the use of

rote memory, the Alphabet song, and Alphabet puzzles and Alphabet books. If the Alphabet song needs to be learned, combining visuals and movement is helpful. This can be done by pointing to each target while singing the alphabet song, by pausing just before the target, or by holding up and placing puzzle pieces in an alphabet puzzle as the alphabet song is sung. If the helper pauses just as the target letter space is pointed to, the child can often come up with the letter name. This type of training can often easily be done by an educational aide (e.g., Aboriginal worker), parent helper, class teacher, or parent once the S-LP has offered consultation.

When teaching vocabulary concepts, visuals (e.g., semantic maps or webs) can be created using hand-drawings by students or software like Board-maker. Providing multiple concrete examples of the target words within the child’s school or home environments aides a child’s understanding and use of vocabulary. Adding hand-drawings involves the students and makes them more willing to take vocabulary sheets home to show parents. The sheets created can then be reviewed and expanded by adults in the classroom (e.g., educational assistants, First Nation liaison workers, student teachers, parent helpers or after-school care workers). Peers (buddies) from an older grade can also be helpful in carry-over work.

When an Aboriginal child has limited comfort or involvement with Show and Tell, class discussions or class journal entries, I have found that the child’s comfort level and the quantity and quality of their contributions can be increased if they first engage in small group practice (e.g., describing functional use, key parts, usual location, category membership, or answering Wh- questions). This training can be given from either the S-LP or an S-LP-trained adult helper, followed by carry-over support from the classroom teacher. Pictures of objects or people in action and game boards also aid instruction of both expressive vocabulary and grammar. I support abilities to talk about home and community events by organizing information into Who, What, Why, Where and How question headings. Picture icons can visually cue each of these question types. I also draw on social stories (Gray, 1994; 2000) to explain the meaning of each question type. While S-LPs frequently use social stories to teach pragmatic skills to students with Autism Spectrum Disorders, I have found social stories helpful for Aboriginal students answering question forms. Other useful materials include the Wh-Chipper Chat materials (Crist, Sheedy, & Parks, 2002) or simply pictures of Aboriginal events in local publications.

Supported carry-over of the social story visual cues into the classroom by teachers has been helpful for both

class discussions and reading comprehension activities.

When teaching and practicing Standard English morphology and syntax, I recommend the use of picture cards and text sentence frames with high-lighted target structures. Picture cards are used interactively with the sentence frames. Movement can be used to help teach morphology (e.g., showing picture cards face up to teach present progressive forms in sentences followed by turning them face down to teach past tense form). I also like to create practice sheets with fold-over flaps. Picture icons for each target are placed on the tops of the flaps with the printed targets underneath. Students can practice the structure and then open the flaps to check their accuracy. These flap sheets are useful for home practice.

There are materials available that have Aboriginal people in them including "All Around the Village," (Guebert, McInnes, Upper, & Burnaby, 1985), "Rosie's Visit" or "Come Back Snow," (Upper, 1985), "Rosie's Feast," (Upper, Guebert, McInnes, & Burnaby, 1985). Useful category picture wordbooks include "First Thousand Words" (Amery & Cartwright, 1995), "Good Morning Words" (Foresman, S, 1990), and the "MacMillian Picture Wordbook" (Macmillian, 1990) Useful interactive picture kits are available for playground or classroom settings (Uniset 1986).

### Intermediate Students (Grades 3 to 5)

I have found that intermediate Aboriginal students may benefit from training of serial vocabulary (e.g., first, second, last), serial orientation, left-right orientation, and compensatory strategies to remember key words and sequence steps. Knowledge of counting rules and serial vocabulary is often absent or confused. Training in these areas has helped Aboriginal students perform better with serial orientation directions on the Bracken Basic Concept Scale (BBCS-3: R, Bracken, 2006) and "Concepts & Following Direction" subtest of the CELF-4 (Wiig, Semel, & Secord, 2003). Classroom teachers have also reported that row and column training reinforces eye tracking for reading in the classroom.

Left-right orientation training may start with "Left" vs. "Right." It is helpful to determine whether the student is Left or Right handed. Training visuals are created to go along with the appropriate mnemonic phrase of: "You write with your right hand," or "Make a picture frame with your fingers. The side that makes an 'L' is your left hand." Next, the student identifies which side of the body the helper is moving as the helper changes orientations from the student. The student is made aware how different walls are being faced. If the student has difficulty, they are encouraged to move to the same orientation, move the same body part and say their mnemonic phrase. Finally,

training moves to identifying left-right orientation in action pictures. Processing of complex oral instructions is aided by strategies of identifying key words, repeating key words and developing visual or tactile cues to remember these key words or chunks of information. Practicing clarification questions or checking the student's written assignments is also helpful.

Expressive vocabulary can be improved with primary and intermediate students using pictures and objects along with a Venn Visual Graphic Organizer (Irwin-Devitis, Bromley, & Modlo, 1999), picture cards of objects, and game boards. I would argue that aboriginal students may also benefit from phonological awareness training. Classroom teachers report that many students at this level have reading and spelling difficulties and phonological awareness testing by the S-LP often reveals phonological awareness difficulties. Ideally, this should be done in earlier grades, but I have noticed that some intermediate children also need support in this area. Visual graphics, kinesthetic cuing, and mnemonic phrases are helpful in this training for both long and short vowels. The long vowels "A," "E," "I," "O," "U" can be written on separate fingertips and "sometimes Y" on the center of the palm of a hand visual. Students can tap their fingers and palm as they say the above pattern. Mnemonics that give kinesthetic cues can be helpful for teaching short vowels. Syllabication rules are also often not learned without active intervention. Arranging for syllabication instruction by learning assistants or class teachers is helpful. I have found Sounds-A-Bounds interactive software (Catts, & Williamson, 2008) and Phonological Awareness Chipper Chat (Sheedy & Crist, 2004) useful and interesting to Aboriginal students for the above mentioned areas.

Discussing possible cultural differences can be beneficial to Aboriginal students, their teachers, and their families. Discussing these differences may also be useful with student peers if scheduling allows. The Aboriginal student can be taught about differences and encouraged to practice Standard English. The Standard English communication partners often increase tolerance for delayed verbal responses when coached to smile, look expectantly, then silently count to ten if they are waiting for a response from an Aboriginal student. When Aboriginal students have difficulty with sustained eye contact, they can be encouraged to practice compensatory strategies that will facilitate communication with their Standard English interlocutors (e.g., face their mouths towards the listeners' ears and look at their foreheads or noses). They can also be encouraged to at least make intermittent eye contact so listeners know they are attentive and interested.

Insisting on handshakes is not recommended initially. Training "Give me five" gestures instead of handshakes can



be useful. This is perceived as less threatening and allows an Aboriginal student to control how much of their hand is touched and how hard a hit is made. Offering more information about ourselves when meeting students (e.g., heritage, place you grew up, where you live, important family members) seems to make Aboriginal students and families more comfortable.

## CONCLUSIONS

In this paper, I describe some of my observations and insights about difficulties with Standard English experienced by Aboriginal students. I hope that other S-LPs will find my suggestions for intervention helpful. Since English classes and programs across the country require the use of Standard English, it is important to help Aboriginal students learn this dialect, even when they are competent in using a Non-standard English dialect. By supporting this training, higher rates of high school graduation may be achieved. Obviously, the observations shared here are personal and individual and may not extend to other Aboriginal populations. The Aboriginal students I have worked with live primarily in semi-urban settings where they are a minority culture. Some are geographically separated from their ancestral tribes and extended relatives. I hope that by sharing my observations, I will inspire other S-LPs to examine dialect patterns in the Aboriginal individuals and communities they work with and to develop interventions. Future study is needed to establish the possibility of developing formal S-LP test instruments for the assessment of Aboriginal Canadian students. I hope that through future research we can ensure that S-LPs will correctly recognize Aboriginal dialects of English and formulate effective strategies of intervention that will maximize a student's ability to perform in the classroom. Finally, future efficacy research is critical in order to test the validity of the intervention strategies with Aboriginal children.

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## ENDNOTE

<sup>1</sup>There are other approaches: The Australian school system recognizes the validity of non-standard dialect use by Indigenous peoples and has developed a bidialectal approach to classroom teaching (Ball et al., 2004). classroom teaching (Ball et al., 2004).

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## AUTHOR'S NOTE

Correspondence should be sent to Ms. R. Colleen B. Wawrykow, MSPA, RSLP, Errington Elementary, Box 80, 1390 Fairdowne Rd., Errington, B.C., V0R 1V0, Canada. ►

## Book Reviews Évaluation des livres

**Title:** Brain-Based Communication Disorders

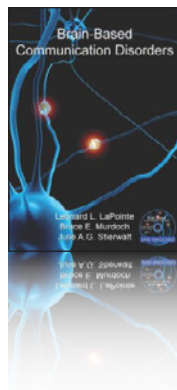
**Author:** Leonard L. LaPointe,  
Bruce E. Murdoch,  
Julie A.G. Stierwalt

**Date:** 2010

**Publisher:** Plural Publishing Inc.

**Cost:** \$98.50

**Reviewer:** Bjanka Pokorny,  
University of Toronto



### BRAIN-BASED COMMUNICATION DISORDERS

LaPointe, Murdoch and Stierwalt's book is designed to introduce the reader to the "major clinically recognised types of acquired speech/language, cognitive, and swallowing disorders encountered by clinicians working with child and adult neurologic cases." Already in the preface, the reader is drawn to the fascinating history of brain and language disorders as the authors pay tribute to the groundbreaking work of Paul Broca. The reader's attention and interest are maintained throughout the subsequent twelve chapters, with each presenting a substantial but not overbearing amount of content.

Sprinkled throughout the book are engaging case studies of disorders that serve to flesh out the content of the different chapters. An additional benefit is the included DVD which features videoclips of a number of patients. As some language impairments are difficult to illustrate through writing, including a DVD to demonstrate the full extent of different disorders was a fantastic idea.

The first chapter entitled The Neurologic Basis of Speech and Language provides the reader with an introduction to the gross anatomy of the nervous system. The chapter concludes with an introduction to the speech and language centres of the brain. Chapter two, Basic Anatomy and Physiology of the Speech Mechanism, summarizes respiration, phonation and articulation. The discussion of the vocal tract is supplemented with detailed figures. Chapter three, entitled Neurological causes of Communication Disorders, includes developmental as

well as acquired aetiologies, with information on paediatric as well as adult populations.

Aphasia is the topic covered in the fourth chapter. An introduction to the characteristics and risk factors of aphasia precedes a discussion on assessment and treatment of this disorder. In chapter five, Nonfocal Brain Damage: Communication Disorders and a World of Other Problems, the authors discuss traumatic brain injury and the accompanying physical, cognitive and communication changes individuals can exhibit. The chapter concludes with an overview of treatment options.

Right hemisphere syndrome is covered in the sixth chapter. Historical perspectives are summarized as well as causes. This chapter includes numerous useful images depicting the performance of affected individuals on a number of cognitive tasks, which serves to further illustrate impairments of this group.

Next, the authors present a short chapter on Acquired Aphasia in Childhood, discussing clinical features and different aetiologies. The paediatric theme recurs in chapter nine, Motor Speech Disorders in Childhood, with an overview of the causes of acquired childhood dysarthria, such as traumatic brain injury and brain tumours.

Motor Speech Disorders in Adults: Dysarthrias and Apraxia of Speech are reviewed in chapter eight. The chapter concludes with an examination of assessment tools for motor speech disorders.

Acquired Neurologic Swallowing Disorders in Children and Adults is the title of the tenth chapter. The reader learns about the normal swallowing process before diving into a detailed discussion of clinical features and treatment options for swallowing disorders. This chapter is supplemented with videofluoroscopic images, demonstrating how swallowing disorders are assessed and treated.

The eleventh and twelfth chapters discuss Principles of Assessment of Child and Adult Neurologic Speech-Language Disorders and Principles of Treatment for Neurologic Communication Disorders respectively. Introducing the assessment tools at the end of the book turns out to be a logical step as it allows the learner to acquaint him- or herself with the necessary background knowledge in order to fully understand current treatment principles.

Certain helpful features that would make studying with this book significantly easier are absent. The authors fail to consistently provide chapter summaries and recommended reading lists. Furthermore, key concepts are not highlighted within the chapter text, nor is there a glossary at the end of the book. Finally, many of the illustrations that accompany the text are unusual and at times almost unrelated to the content of the chapter, such

as, to give but one example, an image of a hamburger (accompanied by a caption that specifies that the image shows a hamburger).

These criticisms notwithstanding, the book presents contemporary content about communication disorders and also provides some historical background. This allows student readers to gain a solid understanding of the development of the discipline across time. In summary, the authors have succeeded in covering a large amount of content and presenting it in a manner that would be easily understood by learners. ▶



CASLPA-ACOA

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**Expositions scientifiques :** Ces activités seront incorporées aux affiches. Lors de périodes établies à l'avance, les exposants devront être présents pour décrire leur exposition et en discuter avec les participants. Les exposants auront accès à une table mesurant environ 1,8 m par 0,75 m et à une affiche de 2,4 m x 1,2 m. Les exposants sont responsables d'apporter tout autre équipement nécessaire.

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- Enjeux multiculturels
- Modèles de prestation de services
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## INFORMATION FOR CONTRIBUTORS

The Canadian Journal of Speech-Language Pathology and Audiology (CJSLPA) welcomes submissions of scholarly manuscripts related to human communication and its disorders broadly defined. This includes submissions relating to normal and disordered processes of speech, language, and hearing. Manuscripts that have not been published previously are invited in English and French. Manuscripts may be tutorial, theoretical, integrative, practical, pedagogic, or empirical. All manuscripts will be evaluated on the basis of the timeliness, importance, and applicability of the submission to the interests of speech-language pathology and audiology as professions, and to communication sciences and disorders as a discipline. Consequently, all manuscripts are assessed in relation to the potential impact of the work on improving our understanding of human communication and its disorders. All categories of manuscripts submitted will undergo peer-review to determine the suitability of the submission for publication in CJSLPA. The Journal has established multiple categories of manuscript submission that will permit the broadest opportunity for dissemination of information related to human communication and its disorders. The categories for manuscript submission include:

*Tutorials:* Review articles, treatises, or position papers that address a specific topic within either a theoretical or clinical framework.

*Articles:* Traditional manuscripts addressing applied or basic experimental research on issues related to speech, language, and/or hearing with human participants or animals.

*Clinical Reports:* Reports of new clinical procedures, protocols, or methods with specific focus on direct application to identification, assessment and/or treatment concerns in speech, language, and/or hearing.

*Brief Reports:* Similar to research notes, brief communications concerning preliminary findings, either clinical or experimental (applied or basic), that may lead to additional and more comprehensive study in the future. These reports are typically based on small “*n*” or pilot studies and must address disordered participant populations.

*Research Notes:* Brief communications that focus on experimental work conducted in laboratory settings. These reports will typically address methodological concerns and/or modifications of existing tools or instruments with either normal or disordered populations.

*Field Reports:* Reports that outline the provision of services that are conducted in unique, atypical, or nonstandard settings; manuscripts in this category may include screening, assessment, and/or treatment reports.

*Letters to the Editor:* A forum for presentation of scholarly/clinical differences of opinion concerning work previously published in the Journal. Letters to the Editor may influence our thinking about design considerations, methodological confounds, data analysis, and/or data interpretation, etc. As with other categories of submissions, this communication forum is contingent upon peer-review. However, in contrast to other categories of submission, rebuttal from the author(s) will be solicited upon acceptance of a letter to the editor.

## SUBMISSION OF MANUSCRIPTS

Contributors should use the electronic CJSLPA manuscript submission system at <http://cjslpa.coverpage.ca> to submit articles. If you are unable to use the electronic system, please send a file containing the manuscript, including all tables, figures or illustrations, and references in MS Word or WordPerfect format via e-mail to the Editor at: [tim.bressmann@utoronto.ca](mailto:tim.bressmann@utoronto.ca).

Along with copies of the manuscript, a cover letter indicating that the manuscript is being submitted for publication consideration should be included. The cover letter must explicitly state that the manuscript is original work, that it has not been published previously, and that it is not currently under review elsewhere. Manuscripts are received and peer-reviewed contingent upon this understanding.

The author(s) must also provide appropriate confirmation that work conducted with humans or animals has received ethical review and approval. Failure to provide information on ethical approval will delay the review process. Finally, the cover letter should also indicate the category of submission (i.e., tutorial, clinical report, etc.). If the editorial staff determines

that the manuscript should be considered within another category, the contact author will be notified.

All submissions should conform to the publication guidelines of the Publication Manual of the American Psychological Association (APA), 6th Edition. A confirmation of receipt for all manuscripts will be provided to the contact author prior to distribution for peer review. CJSLPA seeks to conduct the review process and respond to authors regarding the outcome of the review within 90 days of receipt. If a manuscript is judged as suitable for publication in CJSLPA, authors will have 30 days to make necessary revisions prior to a secondary review.

The author is responsible for all statements made in his or her manuscript, including changes made by the editorial and/or production staff. Upon final acceptance of a manuscript and immediately prior to publication, the contact author will be permitted to review galley proofs and verify its content to the publication office within 72 hours of receipt of galley proofs.

## ORGANIZATION OF THE MANUSCRIPT

All copies should be typed, double-spaced, with a standard typeface (12 point, noncompressed font) on high quality 8 ½ X 11 paper. All margins should be at least one (1) inch. An electronic copy of the manuscript should be submitted directly to the editor. Author identification for the review process is optional; if blind-review is desired, the documents should be prepared accordingly (cover page and acknowledgments blinded). Responsibility for removing all potential identifying information rests solely with the author(s). All submissions should conform to the publication guidelines of the most current edition of the Publication Manual of the American Psychological Association (APA). The APA manual is available from most university and commercial bookstores. Generally, the following sections should be submitted in the order specified.

**Title Page:** This page should include the full title of the manuscript, the full names of the author(s) with academic degrees, each author's affiliation, and a complete mailing address for the contact author. An electronic mail address also is recommended.

**Abstract:** On a separate sheet of paper, a brief yet informative abstract that does not exceed one page is required. The abstract should include the purpose of the work along with pertinent information relative to the specific manuscript category for which it was submitted.

**Key Words:** Following the abstract and on the same page, the author(s) should supply a list of key words for indexing purposes.

**Tables:** Each table included in the manuscript must be typed double-spaced and placed at the end of the document. Tables should be numbered consecutively beginning with Table 1. Each table must have a descriptive caption. Tables should serve to expand the information provided in the text of the manuscript, not to duplicate information.

**Illustrations:** All illustrations to be included as part of the manuscript must also be submitted in their original file format separate from the manuscript. High resolution (at least 300 dpi) files in any of the following formats must be submitted for each graphic and image: JPEG, TIFF, AI, PSD, GIF, EPS or PDF. For other types of computerized illustrations, it is recommended that CJSPLA production staff be consulted prior to preparation and submission of the manuscript and associated figures/illustrations.

**Legends for Illustrations:** Legends for all figures and illustrations should be typewritten (double-spaced) on a separate page with numbers corresponding to the order in which figures/illustrations appear in the manuscript.

**Page Numbering and Running Head:** The text of the manuscript should be prepared with each page numbered, including tables, figures/illustrations, references, and appendices. A short (30 characters or less) descriptive running title should appear at the top right hand margin of each page of the manuscript.

**Acknowledgments:** Acknowledgments should be typewritten (double-spaced) on a separate page. Appropriate acknowledgment for any type of sponsorship, donations, grants, technical assistance, and to professional colleagues who contributed to the work, but are not listed as authors, should be noted.

**References:** References are to be listed consecutively in alphabetical order, then chronologically for each author. Authors should consult the most current edition of the APA publication manual for methods of citing varied sources of information. Journal names and appropriate volume number should be spelled out and italicized. All literature, tests and assessment tools, and standards (ANSI and ISO) must be listed in the references. All references should be double-spaced.

### **Potential Conflicts of Interest and Dual Commitment**

As part of the submission process, the author(s) must explicitly identify if any potential conflict of interest or dual commitment exists relative to the manuscript and its author(s). Such disclosure is requested so as to inform CJSPLA that the author or authors have the potential to benefit from publication of the manuscript. Such benefits may be either direct or indirect and may involve financial and/or other nonfinancial benefit(s) to the author(s). Disclosure of potential conflicts of interest or dual commitment may be provided to editorial consultants if it is believed that such a conflict of interest or dual commitment may have had the potential to influence the information provided in the submission or compromise the design, conduct, data collection or analysis, and/or interpretation of the data obtained and reported in the manuscript submitted for review. If the manuscript is accepted for publication, editorial acknowledgement of such potential conflict of interest or dual commitment may occur within the publication.

### **Participants in Research Humans and Animals**

Each manuscript submitted to CJSPLA for peer-review that is based on work conducted with humans or animals must acknowledge appropriate ethical approval. In instances where humans or animals have been used for research, a statement indicating that the research was approved by an institutional review board or other appropriate ethical evaluation body or agency must clearly appear along with the name and affiliation of the research ethics and the ethical approval number. The review process will not begin until this information is formally provided to the Editor.

Similar to research involving human participants, CJSPLA requires that work conducted with animals state that such work has met with ethical evaluation and approval. This includes identification of the name and affiliation of the research ethics evaluation body or agency and the ethical approval number. A statement that all research animals were used and cared for in an established and ethically approved manner is also required. The review process will not begin until this information is formally provided to the Editor.



## RENSEIGNEMENTS À L'INTENTION DES COLLABORATEURS

*La Revue canadienne d'orthophonie et d'audiologie* (RCOA) est heureuse de se voir soumettre des manuscrits de recherche portant sur la communication humaine et sur les troubles qui s'y rapportent, dans leur sens large. Cela comprend les manuscrits portant sur les processus normaux et désordonnés de la parole, du langage et de l'audition. Nous recherchons des manuscrits qui n'ont jamais été publiés, en français ou en anglais. Les manuscrits peuvent être tutoriels, théoriques, synthétiques, pratiques, pédagogiques ou empiriques. Tous les manuscrits seront évalués en fonction de leur signification, de leur opportunité et de leur applicabilité aux intérêts de l'orthophonie et de l'audiologie comme professions, et aux sciences et aux troubles de la communication en tant que disciplines. Par conséquent, tous les manuscrits sont évalués en fonction de leur incidence possible sur l'amélioration de notre compréhension de la communication humaine et des troubles qui s'y rapportent. Peu importe la catégorie, tous les manuscrits présentés seront soumis à une révision par des collègues afin de déterminer s'ils peuvent être publiés dans la RCOA. La Revue a établi plusieurs catégories de manuscrits afin de permettre la meilleure diffusion possible de l'information portant sur la communication humaine et les troubles s'y rapportant. Les catégories de manuscrits comprennent :

**Tutoriels :** Rapports de synthèse, traités ou exposés de position portant sur un sujet particulier dans un cadre théorique ou clinique.

**Articles :** Manuscrits conventionnels traitant de recherche appliquée ou expérimentale de base sur les questions se rapportant à la parole, au langage ou à l'audition et faisant intervenir des participants humains ou animaux.

**Comptes rendus cliniques :** Comptes rendus de nouvelles procédures ou méthodes ou de nouveaux protocoles cliniques

portant particulièrement sur une application directe par rapport aux questions d'identification, d'évaluation et de traitement relativement à la parole, au langage et à l'audition.

**Comptes rendus sommaires :** Semblables aux notes de recherche, brèves communications portant sur des conclusions préliminaires, soit cliniques soit expérimentales (appliquées ou fondamentales), pouvant mener à une étude plus poussée dans l'avenir. Ces comptes rendus se fondent typiquement sur des études à petit « n » ou pilotes et doivent traiter de populations désordonnées.

**Notes de recherche :** Brèves communications traitant spécifiquement de travaux expérimentaux menés en laboratoire. Ces comptes rendus portent typiquement sur des questions de méthodologie ou des modifications apportées à des outils existants utilisés auprès de populations normales ou désordonnées.

**Comptes rendus d'expérience :** Comptes rendus décrivant sommairement la prestation de services offerts en situations uniques, atypiques ou particulières; les manuscrits de cette catégorie peuvent comprendre des comptes rendus de dépistage, d'évaluation ou de traitement.

**Courrier des lecteurs :** Forum de présentation de divergences de vues scientifiques ou cliniques concernant des ouvrages déjà publiés dans la Revue. Le courrier des lecteurs peut avoir un effet sur notre façon de penser par rapport aux facteurs de conception, aux confusions méthodologiques, à l'analyse ou l'interprétation des données, etc. Comme c'est le cas pour d'autres catégories de présentation, ce forum de communication est soumis à une révision par des collègues. Cependant, contrairement aux autres catégories, on recherchera la réaction des auteurs sur acceptation d'une lettre.

## PRÉSENTATION DE MANUSCRITS

Pour soumettre un article, les auteurs doivent utiliser le système de soumission électronique de l'ACOA à l'adresse <http://cjslpa.coverpage.ca>. Si vous ne pouvez pas utiliser le système électronique, veuillez envoyer par courriel un fichier Word ou WordPerfect contenant le manuscrit, y compris tous les tableaux, les figures ou illustrations et la bibliographie. Adressez le courriel au rédacteur en chef à l'adresse [tim.bressmann@utoronto.ca](mailto:tim.bressmann@utoronto.ca).

On doit joindre aux exemplaires du manuscrit une lettre d'envoi qui indiquera que le manuscrit est présenté en vue de sa publication. La lettre d'envoi doit préciser que le manuscrit est une œuvre originale, qu'il n'a pas déjà été publié et qu'il ne fait pas actuellement l'objet d'un autre examen en vue d'être publié. Les manuscrits sont reçus et examinés sur acceptation de ces conditions. L'auteur (les auteurs) doit (doivent) aussi fournir une attestation en bonne et due forme que toute recherche impliquant des êtres humains ou des animaux a fait l'objet de l'agrément d'un comité de révision déontologique. L'absence d'un tel agrément retardera le processus de révision. Enfin, la lettre d'envoi doit également préciser la catégorie de la présentation (i.e. tutoriel, rapport clinique, etc.). Si l'équipe d'examen juge que le manuscrit devrait passer sous une autre catégorie, l'auteur-contact en sera avisé.

Toutes les présentations doivent se conformer aux lignes de conduite présentées dans le publication *Manual of the American Psychological Association (APA)*, 6<sup>e</sup> Édition. Un accusé de réception de chaque manuscrit sera envoyé à l'auteur-contact avant la distribution des exemplaires en vue de la révision. La RCOA cherche à effectuer cette révision et à informer les auteurs des résultats de cette révision dans les 90 jours de la réception. Lorsqu'on juge que le manuscrit convient à la RCOA, on donnera 30 jours aux auteurs pour effectuer les changements nécessaires avant l'examen secondaire.

L'auteur est responsable de toutes les affirmations formulées dans son manuscrit, y compris toutes les modifications effectuées par les rédacteurs et réviseurs. Sur acceptation définitive du manuscrit et immédiatement avant sa publication, on donnera l'occasion à l'auteur-contact de revoir les épreuves et il devra signifier la vérification du contenu dans les 72 heures suivant réception de ces épreuves.



## ORGANISATION DU MANUSCRIT

Tous les textes doivent être écrits à double interligne, en caractère standard (police de caractères 12 points, non comprimée) et sur papier 8 ½" X 11" de qualité. Toutes les marges doivent être d'au moins un (1) pouce. Un fichier électronique du manuscrit doit être présenté directement au rédacteur en chef. L'identification de l'auteur est facultative pour le processus d'examen : si l'auteur souhaite ne pas être identifié à ce stade, il devra préparer un fichier électronique dont la page couverture et les remerciements seront voilés. Seuls les auteurs sont responsables de retirer toute information identificatrice éventuelle. Tous les manuscrits doivent être rédigés en conformité aux lignes de conduite les plus récentes de l'APA. Ce manuel est disponible dans la plupart des librairies universitaires et commerciaux. En général, les sections qui suivent doivent être présentées dans l'ordre chronologique précisé.

**Page titre :** Cette page doit contenir le titre complet du manuscrit, les noms complets des auteurs, y compris les diplômes et affiliations, l'adresse complète de l'auteur-contact et l'adresse de courriel de l'auteur contact.

**Abrégé :** Sur une page distincte, produire un abrégé bref mais informatif ne dépassant pas une page. L'abrégé doit indiquer l'objet du travail ainsi que toute information pertinente portant sur la catégorie du manuscrit.

**Mots clés :** Immédiatement suivant l'abrégé et sur la même page, les auteurs doivent présenter une liste de mots clés aux fins de constitution d'un index.

**Tableaux :** Tous les tableaux compris dans un même manuscrit doivent être écrits à double interligne sur une page distincte. Les tableaux doivent être numérotés consécutivement, en commençant par le Tableau 1. Chaque tableau doit être accompagné d'une légende et doit servir à compléter les renseignements fournis dans le texte du manuscrit plutôt qu'à reprendre l'information contenue dans le texte ou dans les tableaux.

### Conflits d'intérêts possibles et engagement double

Dans le processus de présentation, les auteurs doivent déclarer clairement l'existence de tout conflit d'intérêts possibles ou engagement double relativement au manuscrit et de ses auteurs. Cette déclaration est nécessaire afin d'informer la RCOA que l'auteur ou les auteurs peuvent tirer avantage de la publication du manuscrit. Ces avantages pour les auteurs, directs ou indirects, peuvent être de nature financière ou non financière. La déclaration de conflit d'intérêts possibles ou d'engagement double peut être transmise à des conseillers en matière de publication lorsqu'on estime qu'un tel conflit d'intérêts ou engagement double aurait pu influencer l'information fournie dans la présentation ou compromettre la conception, la conduite, la collecte ou l'analyse des données, ou l'interprétation des données recueillies et présentées dans le manuscrit soumis à l'examen. Si le manuscrit est accepté en vue de sa publication, la rédaction se réserve le droit de reconnaître l'existence possible d'un tel conflit d'intérêts ou engagement double.

**Illustrations :** Toutes les illustrations faisant partie du manuscrit doivent être annexer avec chaque exemplaire du manuscrit. Chaque manuscrit doit être accompagné d'un fichier électronique pour chaque image et graphique en format JPEG, TIFF, AI, PSD, GIF, EPS ou PDF, compression minimale 300 ppp. Pour les autres types d'illustrations informatisées, il est recommandé de consulter le personnel de production de la RCOA avant la préparation et la présentation du manuscrit et des figures et illustrations s'y rattachant.

**Légendes des illustrations :** Les légendes accompagnant chaque figure et illustration doivent être écrits à double interligne sur une page distincte et identifiées à l'aide d'un numéro qui correspond à la séquence de parution des figures et illustrations dans le manuscrit.

**Numérotation des pages et titre courant :** Chaque page du manuscrit doit être numérotée, y compris les tableaux, figures, illustrations, références et, le cas échéant, les annexes. Un bref (30 caractères ou moins) titre courant descriptif doit apparaître dans la marge supérieure droite de chaque page du manuscrit.

**Remerciements :** Les remerciements doivent être écrits à double interligne sur une page distincte. L'auteur doit reconnaître toute forme de parrainage, don, bourse ou d'aide technique, ainsi que tout collègue professionnel qui ont contribué à l'ouvrage mais qui n'est pas cité à titre d'auteur.

**Références :** Les références sont énumérées les unes après les autres, en ordre alphabétique, suivi de l'ordre chronologique sous le nom de chaque auteur. Les auteurs doivent consulter le manuel de l'APA le plus récent pour obtenir la façon exacte de rédiger une citation. Les noms de revues scientifiques et autres doivent être rédigés au long et imprimés en italiques. Tous les ouvrages, outils d'essais et d'évaluation ainsi que les normes (ANSI et ISO) doivent figurer dans la liste de références. Les références doivent être écrits à double interligne.

### Participants à la recherche – êtres humains et animaux

Chaque manuscrit présenté à la RCOA en vue d'un examen par des pairs et qui se fonde sur une recherche effectuée avec la participation d'êtres humains ou d'animaux doit faire état d'un agrément déontologique approprié. Dans les cas où des êtres humains ou des animaux ont servi à des fins de recherche, on doit joindre une attestation indiquant que la recherche a été approuvée par un comité d'examen reconnu ou par tout autre organisme d'évaluation déontologique, comportant le nom et l'affiliation de l'éthique de recherche ainsi que le numéro de l'approbation. Le processus d'examen ne sera pas amorcé avant que cette information ne soit formellement fournie au rédacteur en chef.

Tout comme pour la recherche effectuée avec la participation d'êtres humains, la RCOA exige que toute recherche effectuée avec des animaux soit accompagnée d'une attestation à l'effet que cette recherche a été évaluée et approuvée par les autorités déontologiques compétentes. Cela comporte le nom et l'affiliation de l'organisme d'évaluation de l'éthique en recherche ainsi que le numéro de l'approbation correspondante. On exige également une attestation à l'effet que tous les animaux de recherche ont été utilisés et soignés d'une manière reconnue et éthique. Le processus d'examen ne sera pas amorcé avant que cette information ne soit formellement fournie au rédacteur en chef. ▶



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