Cultural Context and AAC: “We Must Look Beyond Our Own Life Experiences”

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An Interview with Sheila Bridges-Bond, Ph.D., CCC-SLP, Associate Professor, Department of Communication Disorders, School of Education, North Carolina Central University (NCCU)

“Language, communication and communication technology can only be discussed in a cultural context,” declares Dr. Sheila Bridges-Bond, an associate professor in North Carolina Central University’s Department of Communication Disorders who specializes in augmentative and alternative communication (AAC) and neurogenic disorders among children of culturally diverse families.

Introducing an augmentative communication device in a cultural context, she says, “means that a speech pathologist has taken into account a family’s cultural values and practices, its language structure and vocabulary, each of which is a crucial element in finding the most effective AAC technology for a child’s use.”

“It Can Be Difficult to Immerse Oneself in another Family’s Life”

Soon after relocating to North Carolina, Dr. Bridges-Bond says, she served as a consulting SLP in Fairmont, NC. Fairmont is a triracial community, of Lumbee Indian, African American and Caucasian residents. “My activities there were classroom-centered,” she recalls. “I helped create a communication system which I programmed using semantics that were consistent with the Lumbee dialect of a young child of Lumbee heritage. In designing his communication system we closely studied the general Lumbee culture of the community as well as the specific culture of the family. That experience was a pivotal moment, transcending theory into practice. Cultural immersion is a necessity for SLPs looking to introduce AAC devices into culturally diverse communities.

Despite its necessity, she concedes, buying into the cultural immersion approach can present a challenge for some SLPs. “It can be difficult to immerse oneself in another
family's life. But for our clients' sakes we must look beyond our own life experiences and become immersed in theirs."

The consequence of immersion avoidance, Dr. Bridges-Bond notes, "is that SLPs may remain unaware of effective strategies for achieving a family's communication objective."

A reason why some speech pathologists may choose to skirt the immersion process, she points out, "is that they fear that they'll implement the process incorrectly, producing results that perpetuate ethnic or racial stereotypes, thereby inducing incorrect assumptions about their clients." Other SLPs, she adds, are reluctant to ask questions that might be construed as invasive.

Nevertheless, Dr. Bridges-Bond continues, "I encourage all my students and colleagues to adopt the immersion approach. The more they practice it, the more comfortable they will be with it – and the more competent and effective they will be as professionals. It's the most reliable way to make certain that strategies for using a device and the goals the device is meant to help achieve are aligned with a child's needs and with the parents' aspirations for their child."

The immersion approach, she remarks, "also provides a way to build wonderful relationships with families – but there are risks."

A major risk, she explains, "is that it is safer to believe that our primary goal is to present a piece of technology, train people in its use and then say to a family, 'There you are' – and fade away. Focusing on the technology does not carry quite the same risk as focusing on relationship building, honoring where our clients have come from and where they aspire to go. The real risk comes from focusing on the device rather than on the larger picture."

**The Answer Is Embedded in the Question**

SLP cultural immersion, Dr. Bridges-Bond notes, can aid SLPs in easing immigrant families into American life. Many, for example, may be accustomed to the "closed" approach toward children with disabilities which continues to prevail in many societies worldwide. Such an approach, she points out, often results in children’s
lifelong isolation from the larger community. “Some newly arrived families of children with disabilities are initially jolted by the far more open approach to children with disabilities that now holds sway in the U.S. and by the technology available here.” “My students and I addressed this issue recently in my multicultural class. We discussed examining the issue from various religious perspectives and concluded that whether their child’s disability is viewed by the family as a gift or a curse the child’s disability lies outside of family members’ control. Families either suffer with that disability or they embrace its existence.” Consequently, she remarks, some families may not take the initiative or even accept the opportunity to obtain services or treatment for the rehabilitation of their child.

“The question speech pathologists must answer is, ‘How do we honor family religious or spiritual beliefs while still creating opportunities and access for a child who could greatly benefit from the available services and technology?’”

The response to that question, she insists, is embedded in the question itself. “In immersing themselves in a family’s culture and belief system, SLPs must also create areas for discussion and a mutual exchange grounded in respect and trust so that they can tell their clients, ‘I may not share the same belief or the same experiences, but we can still meet in a space in which I can advocate effectively for your child.’”

“**Users Want More Than Just a Device That Talks!**
Dr. Bridges-Bond cut her professional teeth at the Artificial Language Lab (ALL) at Michigan State University, under the guidance of its director, the visionary Dr. John Eulenberg.

“When I left the Language Lab, I learned fast that very few school districts are knowledgeable about programming AAC devices to accommodate the languages and dialects of their students. They don’t consider whether a device speaks with the dialect or language of the user. Consequently, for many of our students from diverse cultural and language backgrounds there is a mismatch between the device and the user which creates a barrier rather than an aid to communication.”
Through the Department of Communication Disorders’ Bilingual Program, founded by Ms. Rachel Strauss and currently under the direction of Ms. Jonise Cromartie Brown and CREATTT, Culturally Responsive Early Intervention in Assistive Technology Training, directed by Dr. Bridges-Bond, graduates receive specialized training which prepares them to serve an increasingly diverse community of students requiring AAC/AT.

At NCCU’s Speech and Hearing clinic, she says, “we serve a diverse patient population consisting of African American, African, Hispanic/Latino, Asian American and European American populations to name a few. Our outreach has stretched globally to Orazaba, Mexico and Hong Kong where graduate students are immersed in the cultures and languages of the homeland of much of their clientele.”

Most of the incoming Spanish-speaking Hispanic families, she notes, are from Mexico, “Our bilingual program founded by Raquel Strauss provides practicum training in Orazaba, Mexico. We’ve established linkages with universities and hospitals where we’ve provided speech-language services, donated low tech devices, conducted AAC training, and programmed devices in Spanish. We’ve also implemented bilingual application of those devices.”

**The Family as Team Member**

The primary technology need of the families she serves, she says, is easy access to AAC specialists. “These families recognize that their child has a need but lack the ready access. Once that access is achieved, the next step is to establish continuity of services. We conduct initial evaluations and consultations. Continuity, though, can be iffy. While there may sometimes be a speech pathologist who can carry over and support the use of a device, often there are changes in speech pathologists, classroom teachers, and schools. These changes, and others, can hamper the effort to establish service continuity.”

Teamwork and the ability to anticipate the potential discontinuity are crucial to effective AAC services delivery to families, she declares. In addition to professionals, the ideal AAC team should also include families, she emphasizes. “Families should be active team members in assessment and planning as well as in the formulation of
recommendations and their implementation.” In addition, she says, families should play a role in designing and implementing communication systems.

Teams bring together individuals with diverse expertise and backgrounds, an aspect of the team concept, she says, that has proven especially valuable when considering assistive technology. “AT consideration is a multi-faceted exercise involving device assessment and selection, device programming, goal establishment and the need to continuously promote the needs of families and children. Only a team with comprehensive skills can fulfill our mission. No single individual can oversee all of this.”

“What Device Will Be Best for the Child?”
Dr. Bridges-Bond has found that when the issue of technology use is raised among professionals, educators and families the respondents primarily occupy two camps. Such a division, she says, can sometimes obscure the ultimate goal: Selecting technology that best fits a child’s needs.

Among SLPs, she explains, “one camp consists of those who see themselves as techies, who love the instrumentation and the technology, are excited about it and are ready to explore and research the best uses for it.” The other camp, however, “consists of SLPs who are somewhat apprehensive. They don’t reject technology outright but are not yet convinced that technology will contribute to the solution. They are concerned, and rightly so to some degree, about the over-generalization, misuse and misapplication of technology.”

Families – and educators – often fall into those two camps as well, she insists. “I’ve had families come to me with their technology decision already made. They tell me, ‘We’re looking at this device; we think it’s the right device for the child – and we want it.’ That approach, she says, leaves the way open for me to tell families, ‘It’s not about the technology alone; it’s about communication and about how a device supports a child’s skills and limitations and what device will be the best fit for the child.’”
Then there are other families, she adds, “that have formulated effective strategies for communicating and are apprehensive about changing those strategies, particularly regarding the use of technology that they will have to learn to program and to model in order to encourage their child to use it.”

The challenge when working with families in each camp, Dr. Bridges-Bond points out, “is to recognize the need to advocate for the child while clearly articulating our collective visions for that child.”

She advises SLPs to listen to the child’s opinions about the technology under consideration. “Including the child’s desires helps mesh the perspectives of family members and professionals involved in the decision and focus of those perspectives on the ultimate solution.”

During every step in the decision-making process, she notes, “It should be emphasized that technology is not the solution; it’s a tool that leads to the achievement of a single goal – effective communication.”

**Digital Natives – and a New Digital Divide**

Unsurprisingly, most of Dr. Bridges-Bond’s younger graduate students are digital natives in their personal communications. There are older students, in their 40s, 50s and 60s, she says, who are also comfortable with new technology, but for whom technological adaptation can sometimes be a struggle. Not so for the younger students, however, who were born into the digital age and for whom adaptation is as natural and stress-free as breathing.

In an unanticipated irony, she says, “I’ve noticed that iPads are popular with many of my older students, while the younger students appear to favor smartphones and related equipment, but not iPads. “That surprised me,” she says, “because I thought the iPad represented a natural transition from the iPhone.”

With that disparity in mind, she explains, “I asked the director of our educational technology program to talk to my AAC class about the application of the iPad and other Apple technology. The students were mildly impressed when regarding the
equipment for their own application, but showed greater interest in exploring its application for children with disabilities. This summer I’ll be integrating the technology into my summer clinic and am excited about the possibilities.”

Her younger students, however, regard the technology with which the older students have become familiar, like accessing course material via Blackboard (http://www.blackboard.com/) or communicating via email, as old-school and passé in their personal communications."

Students, she remarks, “don’t always read their emails even though email remains a university’s primary mode of communication with its students.” This trend, she comments, “represents a different kind of digital divide.” Pondering this point, she adds, “I had to show one of my students how to get into her PowerPoint. I thought, ‘That’s kind of basic.’ Even some of our more senior faculty and students can use PowerPoint, but many of our students appear to have already consigned PowerPoint and other similar technology to the technology dustbin.”

She adds, “We need to establish some understanding on this issue. We’re relying on the current generation of students to take technology to the next level.” The next level, she explains, “will focus on making the universal design and application of technology transparent and readily accessible to a community of learners with complex communication needs and disabilities.”

“I Can See the Light Bulb Turning On”
Ascension to that level, she continues, “will require our digital native students to regard technology in a different way and will require us as professionals and educators to meet those students halfway. We’ll have to take their interests and their application of technology into consideration. Then all of us will need to collaborate to rethink the application of technology in clinical situations when working with children with disabilities, or in educational and hospital settings.”
Fortunately, she notes, “Our current graduate students have an appreciation for technology. Sometimes, however, it’s a matter of allowing the students’ creativity to be directed to a true purpose.”

For example, she continues, “a couple of years ago, when I took students to conduct an augmentative communication evaluation with a client, some were initially intimidated by the technology and occasionally hesitant in using it.”

The augmentative communication technology employed in these evaluations, she explains, “was larger and quite expensive compared to the technology to which they were accustomed. They were concerned with accidentally damaging the device and having to pay for the damage.”

Now, however, “I no longer sense intimidation or hesitation. Initially, they may not regard the technology with the intent of applying it for communication or educational purposes for a child whose communication needs are complex, but it’s only a matter of introducing that application to their thinking, because they already possess the foundation and comfort level with technology use.”

When her students are exposed to the challenges inherent in finding a communications system to meet complex communications needs, “I can see that light bulb turning on in their heads; they are certainly no longer intimidated by AAC technology. The key is to show students that there are multiple ways that technology can be applied in a clinical setting.”

**Today’s Divide Is Economic**

What Dr. Bridges-Bond has come to recognize as she works closely with families from differing cultural and ethnic backgrounds “is that their life experiences are so diverse.” For example, she explains, “this diversity makes it impossible to neatly and generally categorize a group’s preferences, behavior or traditions as endemic to that specific group.” Each general group, she cautions, is rural and urban, low-income and high-income with a wide education range and a broad spectrum of aspirations.
“Any single culture,” she says, “contains many denominators.” Take literacy, for example, she says. “Literacy is a critical area for the application of technology. Specific skills are required for reading and writing, especially when considering smartphone apps or software programs.”

It stands to reason, she remarks, “that low-income families often have less access to multiple opportunities for developing reading and writing skills and fewer opportunities to access and use technology. Some communities still lack wireless access. This represents an economic issue that transcends the usual denominators within culturally diverse groups.”

**Home Follow-Up: Another Digital Divide?**

For many families on the wrong side of the digital divide, there is a gap separating a child’s exposure to AAC technology at school, versus home, where follow-up support may be inconsistent or unavailable from family members.

Hopefully, according to Dr. Bridges-Bond, the family has participated in a family centered team-approach to which family members agreed during the assessment process when intervention, and the commitment of family members to home support, was addressed and a strategy agreed upon.

“Ideally, the family contributed to the discussion and participated in planning in the beginning. This is critical to establishing mutual agreement and understanding among all team members. Sometimes, however, families buy into a home support approach without full realization of how their new responsibilities – and their time commitment -- may impact their lives. In addition to a new time commitment, family members may not fully understand what is required from them in terms of technology aptitude.”

Families, she continues, “are willing but their unanticipated limitations may prevent them from fulfilling the responsibilities they in good faith signed on for. If the stumbling block is lack of sufficient support in learning how to use a device, for example, then it’s the team’s responsibility to determine if parents can benefit from further training in the use of the equipment.”
Perhaps, she advises, other family members or other individuals affiliated with the family can provide the needed support. “For instance, support could perhaps be supplied by an older sibling or an aunt who is normally present in the home as a daycare provider, or by a client assistance program (CAP) worker who regularly visits the family.”

“Their’re the Parents; It’s Their Responsibility!”
When family members come up short in their ability to provide home technology support despite the best intentions, professionals like SLPs, she counsels, “should guard against thinking, ‘They’re the parents; it’s their responsibility!’”

The reality, she points out, “is that parents and other family members are juggling many other obligations and their willingness to take on the technology task may not match their ability to provide it.”

According to Dr. Bridges-Bond, “families tell me that they are pulled in so many directions that sometimes they are not on the same page; sometimes the recommendations from support providers are in conflict. Family members admit to a profound sense of guilt because they are unable to do all that professionals recommend.”

The result, she notes, “is that the parents doubt their parental abilities. Instilling that doubt, of course, is the opposite of our intent as providers. Our goal is to advise families about practical measures that can be taken to implement the goals of the physical therapist, the occupational therapist, and the SLP by combining recommendations into a single activity that becomes part of a family’s regular routine.”

As professionals, she adds, “our objective is to be realistic and practical when considering strategies that can support a family’s regular routine while not requiring family members to allocate time and space that they do not have.”
Classroom Isolation from the Digital Age

Meanwhile, both students and teachers who are digital natives in their personal lives sometimes face a technology support deficiency in their classrooms due to tepid administrative support for a digital-age classroom environment or lack of districtwide funding for such classroom settings. Either way, the result is often a classroom environment from the analog era, far removed from the digital age.

“When we’ve approached schools about classroom technology partnering opportunities or to serve as a resource for them and partner with their teachers, we receive two responses. On the one hand, superintendents and principals are very receptive, but, on the other hand, we must bring the technology with us because school districts often lack the budget to purchase and implement their own technology.”

Dr. Bridges-Bond says she is aware of several schools that have applied for and received grants “and have devised inventive ways to acquire iPads, for example, for their entire school or for their teachers or for a ‘smart room’ through which classes can rotate.” Such a facility, she explains, may contain a variety of digital technology devices integrated for educational purposes. This technology may be housed in a school library with limited access, she says.

Given the state of the economy, she says, “the reason for school resistance to classroom technology in many instances is related to lack of funding, not philosophical opposition.”

The College Divide: Is Self-Teaching the Only Way?

Although digital natives are now streaming into the education departments of colleges nationwide, many find that their institution may lack integrated courses on classroom technology use. As a result, these students can emerge from college with no formal training in how to import their technology for use in the classroom, leaving them with only one option: self-teaching.
“I hear that self-teaching exists,” says Dr. Bridges-Bond. “I hear about it from our students and from talking to professionals.”

At NCCU however, there are ways around the digital conundrum for graduate students in communication disorders, she notes. “Many practicing professionals who did not receive the necessary AAC training in a preservice academic setting received it on the job or after-the-fact via NCACA, the North Carolina Augmentative Communication Association, because there is an increasing need for them to obtain technology skills and competencies.”

In fact, she notes, “the American Speech-Language-Hearing Association requires practicing speech-language pathologists to acquire appropriate training in the application of pertinent classroom technology skills.”

Although such is not always the case with graduate programs, she notes, “In our graduate program at NCCU, we have had several grants that have supported us in providing free community services in AAC and in developing specialty tracks in AT and AAC. Not only do students who graduate on these tracks get multiple courses in practical hands-on experience with technology but all our students benefit because we make it a requirement of their degree program. They cannot graduate without acquiring the practical experience along with the course experience. I know that it is not true for all programs elsewhere.”

Dr. Bridges-Bond is aware of several other universities that have incorporated similar technology training requirements in their communication disorders graduate programs. “But we are far from seeing every graduating student nationwide in speech-language pathology emerge from preservice training with practical technology experience.”

As evidence, she cites an article that appeared in the February 2008 issue of the American Journal of Speech-Language Pathology that focused on AAC in SLP training.

Entitled Preparation in Augmentative and Alternative Communication: an Update for Speech-Language Pathology, the article reveals via a survey of 168 speech-
language pathology programs nationwide that while competency in AAC is a requirement of the American Speech-Language Hearing Association (ASHA), only 57% of the university respondents indicated the offering of a course in AAC. “It’s Interesting to note, Dr. Bridges-Bond comments, “that these courses are not always required. Also, 80% of the respondents indicated that AAC was infused in their curriculum. Yet only 33% felt that 76% - 100% of their students were prepared to work with people with AAC needs. Even this level of confidence may be overstated.”

For its part, she continues, NCCU’s School of Education offers a graduate program in educational technology. “Not only does the program offer online courses and a degree program in educational technology, it also offers an annual summer technology symposium to educators who are engaged in cutting-edge technology application activities. I’m excited about the response to these programs by educators and practicing clinicians.”

**UDL in Low-Performing Schools**

With the help of grant funding, Dr. Bridges-Bond says, their near-term research efforts will be focused on exploring the feasibility of incorporating Universal Design for Learning (UDL) in classrooms in low-performing schools that include children with disabilities.

“We (Dr. Bridges-Bond and colleague Dr. Robin Gillespie) will be investigating the application of technology, including iPads, while working in partnership with the schools. If we fail to get funding in this funding cycle we intend to carry through with the program without grant funding because the schools appear to be very interested in working in collaboration.”

Whether funded or unfunded, she concludes, the project will require participating professionals to immerse themselves in the cultures of the communities they will serve.