

## Voices from the Field: Susan Hodges



### Q1: How can we ensure effective teaming with families whose native language is not English?

Early intervention evidenced-based practice uses a coaching or primary service provider approach that is family-centered, and builds the capacity of the caregiver(s) to promote the development of their child, in their natural learning environment during their everyday routines and activities. Despite a language barrier, it is possible to develop the necessary rapport and trust needed to adhere to these guiding early intervention principles. In accordance with early intervention best practices, providers can begin to develop a rapport by expressing interest and learning about the family's culture, the language(s) they use, the traditions they hold dear; as well as their daily routines and how they are carried out. Providers can show they value the family's language, culture and tradition by asking for, learning and using high-frequency words and children's songs in the family's native language, during home and community-based visits.

When looking at early intervention service delivery for families who do not speak English or whom English is a second language, it's important to recognize that across cultures, families are more similar than different. Parents want what is best for their child!

Using the key principles and evidenced-based practices in early intervention, along with strategies to address communication barriers, will lay a good foundation for ensuring and maintaining effective teaming to multi-cultural families. While early intervention practitioners should have the use of an interpreter at their disposal or a bilingual therapist on their team, there may be times that it is not feasible, and the provider will need to use alternative resources, to bridge the communication gap. Regardless of the circumstances within the visit between the early interventionist and the family, it's important that the provider considers their own and the family and child's tone of voice and non-verbal body language and gestures as significant communication exchanges. Additionally, it's important to remember that behaviors such as eye contact and/or a smile can be used to demonstrate the universally accepted emotions of caring and compassion. These strategies can go a long way in building the relationship between the provider and the families they serve, which therefore positively impacts the support provided.

### Q2: What is the best use of an interpreter during early intervention home visits?

Some providers may feel the family is making more of a connection to the interpreter because they speak the same language. However, with a few considerations, it is possible to promote a meaningful connection between the English-speaking provider and the multi-cultural families they serve. It is advantageous to talk to the interpreter for at least a few minutes before seeing the family for a home visit to review the family's outcomes and to share what is included in a home visit. It's also a good time to come to an agreement on how the interpreting will be done. It is most conducive for the provider to use short, clear sentences or reflective questions, and have the interpreter repeat them,

immediately after the provider. Likewise, it is important that the interpreter provides input from the family to the early interventionist, immediately after they have offered a response or question. In this way, both the provider and the family can more organically include joint planning, observation, action/practice, reflection and/or feedback. Also, it might be worth considering the physical location or proximity of the interpreter to the family or child. The interpreter needs to hear what everyone is saying, but it's possible they can position themselves, so they are less distracting and more fostering of the provider-family relationship. This will also make it easier for the provider to be mindful of looking at the caregiver or child while they're speaking, instead of to the interpreter, so that their partnership can continue to be developed.

### **Q3: What is the best use of a multi or bilingual therapist/team member in the service provision of multicultural families?**

Depending on the needs and priorities of the family and the structure of the early intervention team, bilingual team members may serve as either the family's team lead or as a support to the English-speaking primary service provider. When there is a bilingual team lead, it is beneficial that they have opportunities for coaching by the other team members during team-based early intervention meetings, so additional input can be brought back to the family as needed. Additionally, the bilingual primary service provider should provide updates to the team about the family's progress and the strategies used toward advancement of the prioritized outcomes of the family. In this way, the family, the bilingual team lead, and the rest of the early intervention team have capacity building opportunities that will improve their knowledge base and/or support.

In some cases, the team may determine that joint visits with the English-speaking and the bilingual team member are needed to best support the family. The team may find it helpful to use strategies like those employed when using an interpreter. Sometimes, the bilingual therapist also uses English as their second language; in these instances, it's important that there is an understanding of what is being said by the English-speaking native, and that summarizing or paraphrasing by the bilingual team member to the family be limited. If the bilingual therapist doesn't fully understand what the English-speaking team member is saying, they should feel free to ask questions for clarification before sharing the information with the family. Taking opportunities to build the capacity of teammates, especially about unfamiliar frames of references, such as sensory integration, is strongly recommended during team-based early intervention meetings so that joint visits can run as smoothly as possible.

### **Q4: How can we provide the best support for a family whose native language is not English with providers that only know how to speak English?**

In addition to using and being cued into the family and child's use of non-verbal gestures and body language, the early interventionist should consider multiple modes of communication. It can be helpful to use pictures or props within the family's environment, to get a point across. Also, as with all early intervention visits, there is an opportunity for action! Including an activity that occurs within the child's everyday routines and has been identified as a priority by the caregiver, is an essential aspect of early intervention and offers modeling opportunities that don't require much, if any, language. Also, although not perfect, the use of translation applications such as Google Translate or iTranslate, for brief communication, when other strategies are not successful and there is need for additional support, can aid in facilitating communication between the family and the provider.