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[1] 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[2] 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[3] 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 are 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

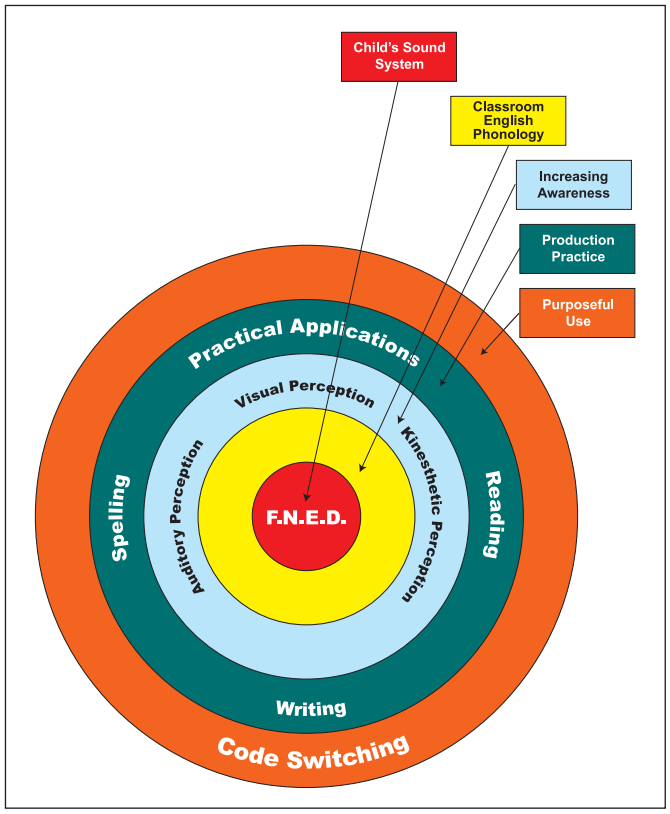

Figure 1. Therapeutic Approach for FNED in a School Setting

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 Tapiirit 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.

REFERENCES

Aboriginal Healing Foundation. (2006). *A healing journey: Final report summary points*. Ottawa. Retrieved from http://www.ahf.ca

Ball, J. (2005). *Talking points: Exploring needs and concepts for Aboriginal early childhood language facilitation supports.* Concept discussion paper prepared for Public Health Agency of Canada Aboriginal Head Start in urban and northern communities, April 1, 2005. Retrieved May 25, 2011 from http://www.ecdip.org/docs/pdf/AELFS%20Concept%20Paper%20final%20April%20202006.pdf

Battiste, M., Kovach, M., & Balzer, G. (2010). Celebrating the Local, Negotiating the School: Language and Literacy in Aboriginal Communities. *Canadian Journal of Native Education, Aboriginal Englishes and Education Supplement, (32)*, 4-12.

Bernhardt, B.M.H., Ball, J., & Deby, J. (2007). Cross-cultural interaction and children's speech acquisition. In S. McLeod (Ed.), *The International Guide to Speech Acquisition,* (pp. 101-113). New York: Thomson Delmar Learning.

Bowd, A. (2004). Otitis media: Its healt,h social and educational consequences particularly for Canadian Inuit, Métis and First Nations children and adolescents., Centre of Excellence for Children and Adolescents with Special Needs, Lakehead University, Thunder Bay, ON.

Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA). (2002). *CASLPA position paper on speech-language pathology and audiology in the multicultural, multilingual context.* Retrieved May 25, 2011 from http://www.caslpa.ca/PDF/position%20papers/multicultural%20multilingual%20contexts%20for%20pdf.pdf

Cummins, J., Bismilla, V., Chow, P., Cohen, S., Giampapa, F., Leoni, L., Sandhu, P., & Sastri, P. (2006). *ELL students speak for themselves: Identity texts and literacy engagement in multilingual classrooms.* Accessed November 19, 2008, retrieved from http://www.curriculum.org/secretariat/files/ELLidentityTexts.pdf

Epstein, R.I., & Xu, L.X.J. (2003). *Roots and Wings: Teaching English as a second dialect to aboriginal students, A review of the literature.* (pp. 1-47) Saskatoon: University of Saskatchewan.

Fadden, L., & LaFrance, J. (2010). Advancing Aboriginal English. *Canadian Journal of Native Education, 32* (Supplement), 143-153.

Heit, M., & Blair, H. (1993). Language needs and characteristics of Saskatchewan Indian and Metis students: Implications for educators. In *Aboriginal Languages and Education: The Canadian Experience.* (pp. 103-128). Oakville, ON: Mosaic.

Kanu, Y. (2002). In their own voices: First Nations students identify some cultural mediators of their learning in the formal school system. *Alberta Journal of Educational Research, 48*(2), 98-121.

Langan, L.A., Sockalingam, R., Caissie, R., & Corsten, G. (2007). Occurrence of otitis media and hearing loss among First Nations elementary school children. *Canadian Journal of Speech-Language Pathology and Audiology, 31*(4), 178 – 185.

Nevins, M. E. (2004). Learning to listen: Confronting two meanings of language loss in the contemporary White Mountain Apache speech community. *Journal of Linguistic Anthropology, 14*(2), 269-288.

Ontario Ministry of Education. (2007). *English Language Learners – ESL and ELD Programs and Services: Policies and Procedures for Ontario Elementary and Secondary Schools, Kindergarten to Grade 12, 2007.* Retrieved May 25, 2011 from http://www.edu.gov.on.ca/eng/document/esleldprograms/esleldprograms.pdf

Ontario Ministry of Education (2008). *Aboriginal Perspectives: The Teacher's Toolkit - Elementary.* Retrieved from http://www.edu.gov.on.ca/eng/aboriginal/elemExpectations.html

Peltier, S. (2009). First Nations English dialect in young children: Assessment issues and supportive interventions, *CLLRNet Literacy Encyclopedia.* Retrieved April 16, 2009 from http://www.literacyencyclopedia.ca

Peltier, S. (2010). Facilitating Language and Literacy Learning For Students With Aboriginal English Dialects. *Canadian Journal of Native Education,* 32, 114-142. Aboriginal Englishes and Education Supplement.

Scaldwell, W., & Frame, J. (1985). Prevalence of otitis media in Cree and Ojibway school-children in six Ontario communities. *Journal of American Indian Education,* 25(1), 1-5.

Sterzuk, A. (2008). Whose English counts? Indigenous English in Saskatchewan schools. *McGill Journal of Education, 43* (1), 9 -19.

Westernoff, F. (1991). The Assessment of Communication Disorders in Second Language Learners. *Journal of Speech-Language Pathology and Audiology, 15*(4), December 1991, 73-79.

Westernoff, F. (1994). L1 loss: Implications for speech and language assessment. *Journal of Speech-Language Pathology and Audiology, 18*(3), 163-168.

Zeidler, D. (2011). Getting to Relationship: Perspectives from one First Nations community. *Canadian Journal of Speech Pathology and Audiology, 35*(2), June 2011.

ENDNOTES

[1]Aboriginal: belonging to North American Indian, Métis, or Inuit groups of peoples.

[2]First Nations community - North American Indian reserves, of which there are more than 600 in Canada.

[3]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