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**Play in Hispanic and Latino Families: Implications for Early Childhood
Intervention**

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**Play in Hispanic and Latino Families: Implications for Early Childhood
Intervention**

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Report

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Abstract

Play in Hispanic and Latino Families: Implications for Early Childhood Intervention

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Play is the universal means by which children explore and learn fundamental skills including language and culturally appropriate social norms during the earliest years of their lives. As the Hispanic and Latino populations of the United States continue to increase, it is important for speech-language pathologists to understand how culture influences play and parent-child interactions so that they can deliver high-quality services through early childhood intervention. Because clinicians partner so closely with parents and families, multicultural competency will facilitate rapport and improve intervention outcomes. Early childhood intervention approaches for the birth to three population were developed based on cultural norms and research of white, middle-class families in the United States; these outcomes may not generalize to families from culturally and linguistically diverse populations. The purpose of this report is to describe the typical play behaviors in Hispanic and Latino families and to suggest strategies for speech-language pathologists working with the birth to three population to collaborate with families to modify intervention approaches and provide culturally appropriate intervention.

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CHAPTER 1

Play and the Speech-Language Pathologist

Play is the means by which children explore and learn fundamental skills during the earliest years of their lives. It provides an opportunity for cognitive, social, linguistic, and physical development. Extensive research during the 1980s and 1990s investigated the connection between play and language development in young children. Before language emerges, play with caregivers helps to establish relationships and pre-linguistic behaviors essential to linguistic development. Exploratory play in which children physically manipulate objects in their environment during the first year of life allows children to “glean literal information about objects’ functions and characteristics” and to develop awareness of cause and effect (Bornstein, 2007). Symbolic play during the second year of life allows children to generate simple, novel representational scenarios involving themselves and others (Bornstein, 2007). Advances in play frequently precede comparable advances in language. For example, pretend play emerges between 18 and 24 months, coinciding with rapid vocabulary growth (Eibl-Eibesfeldt, 1989; Lillard, Pinkham, & Smith, 2010). Likely, more complex forms of play, such as symbolic play, and language are founded on an underlying cognitive symbolic representational capacity in [typically-developing] children and in children with a variety of disabilities (McCune-Nicolich 1981; Corrigan 1982; Shore, O’Connell & Bates, 1984; McCune, 1995; Lewis, Boucher, Lupton, & Watson, 2000; Mundy, Sigman, Ungerer, & Sherman, 1987; Cicchetti & Beeghly, 1990). While some research has suggested that children with disorders involving language impairment also demonstrate deficits in symbolic play, Casby (1997) argues that there is no significant difference in play skills between typically-developing toddlers and toddlers with language impairment. As such, play provides a context for language development for both typically-developing toddlers and toddlers with language impairment. Caregivers provide crucial language input through play in daily routines and activities, and can encourage children to learn and practice newly acquired skills during play. For infants and toddlers with disabilities, the richness of play as a context for development is capitalized upon to deliver special education services. Furthermore, utilizing the family as primary

interventionists is federally mandated by Part C of the Individuals with Disabilities Education Act (IDEA, 2004). Practically, caregivers have greater access to their children in more contexts than an interventionist could ever replicate. They can deliver intervention throughout the week through their daily routines, activities, and play. Through these interactions, parents can encourage target skills and knowledge. However, children do not just learn language through play: they also learn culturally appropriate social rules. To deliver the best quality of services possible, speech-language pathologists and other early interventionists must learn how their client's cultural backgrounds affect play as the context for intervention.

Cross-Cultural Competency in Service Delivery

Cultural and linguistic norms and identity are passed onto children through play (Bornstein, 2007). Cultural identity is fostered beginning at an early age as parents interact with their children guided by cultural norms. Children learn through familial play how they are expected relate to peers and to adults, and how and when they should engage their environment. The Center for Advanced Research on Language Acquisition at the University of Minnesota defines culture as “the shared patterns of behaviors and interactions, cognitive constructs, and affective understanding that are learned through a process of socialization. These shared patterns identify the members of a culture group while also distinguishing those of another group” (2014). This definition is useful to early childhood educators because it emphasizes the passage of culture to children through socialization. Play is a part of assessment and intervention protocol for speech-language pathologists (SLPs), and needs to be pursued in culturally and linguistically sensitive ways. Parents whose beliefs or customs conflict with those espoused by a clinician's chosen intervention are unlikely to support and carry out the intervention. This is not due to a lack of concern, but through an inability to easily integrate countercultural interventions into their daily lives and interactions. SLPs working with families in early childhood intervention must navigate interactions with parents who may have varying perceptions of special education services and service providers, as well as navigate how to implement

interventions predicated on mainstream American cultural norms. Because of this, clinicians need information about children from diverse backgrounds whom they serve.

Infants & Toddlers: Birth to Three Population

Cross-cultural competence is especially pertinent for clinicians providing services delivery for clients between the ages of birth to three years. SLPs working in the schools, in private practices, and in medical settings are the primary interventionists for their clients. They collaborate with a team made of up relevant educational and medical professionals, but ultimately are responsible for assessment, goal-setting, intervention, and progress monitoring that happens within the domain of speech and language. In contrast, speech therapists working in early childhood intervention (ECI) guide families to be the primary interventionists for their children. Treatment for infants and toddlers utilizes the family as the unit of treatment for legal, theoretical and practical reasons. Not only does IDEA Part C (2004) require clinicians to involve the family in assessment, planning and treatment, but also most interventions specific to this population are based on naturalistic and play-based methods that modify a child's environment and their social and linguistic input to alter, accelerate, or maintain their course of development. Practically, modifying parent behavior is the most effective way to achieve this goal. Caregivers have many more opportunities every day to implement intervention compared to therapists who may have only a few hours per week. Additionally, parents can monitor child reactions to intervention and changes to behavior throughout the day and across different settings, whereas SLPs only have a short window of time to assess a child's progress and to revise goals and plans for intervention. In sum, necessity and ethical service delivery guide collaboration between speech therapists and parents for intervention for children between birth and three years of age.

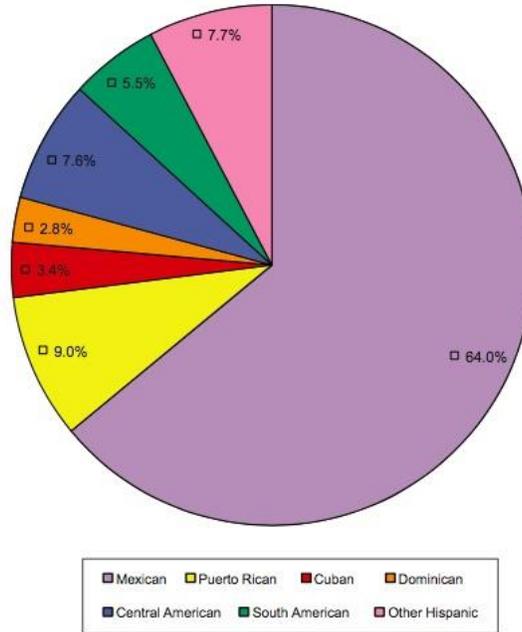
Because SLPs working in ECI partner so closely with parents and families, incompetency in multicultural awareness can quickly subvert rapport and intervention outcomes. It is crucial that the clinician consider families' dynamics and practices when designing intervention for infants and toddlers. This paper will explore specific domains where speech therapists may expect to see cultural differences in play and other pertinent

play-based parent-child interactions that will influence their decisions during assessment and intervention for the birth to three population.

Service Delivery for Hispanic and Latino Families

This investigation will use the term Latino to refer to “any person of Latin American descent residing in the United States” (Garcia-Navarro, 2015). The term Hispanic will “[refer] to people who share the common language that is Spanish (Garcia-Navarro, 2015). Hispanics and Latinos form the largest minority population in the United States today, and that population continues to grow. There were 55 million people who identify as Hispanic or Latino living in the United States in 2014 based on government census data. This population comprised 17% of the total population and comprised the largest ethnic or racial minority group in the country. In Texas, this proportion is even greater, with those identifying as Hispanic or Latino constituting 38% of the state’s population based on U.S. census data. Based on data collected by a 2014 American Community Survey, Texas along with several other states reported the highest percentages of individuals who spoke English less than “very well” (14%), individuals who spoke a language other than English in the home (36%), and individuals who spoke Spanish at home (30%). López, Barrueco, Fenauer, and Miles (2007) state that “children of Hispanic descent represent 21.4% of the early childhood population – an amount larger than all minority groups of that age combined.” It is certain that SLPs will treat clients from diverse backgrounds at some point in their careers, and highly likely based on demographic data that many of these clients will identify as Hispanic or Latino from a variety of cultures of origins.

Figure 1
Percentages of Hispanic Subgroups



Source: U.S. Census Bureau (2006).

Figure. 1: Various subgroups living in the United States identifying as Hispanic (Langdon, 2009)

Despite the increasing likelihood of speech-language pathologists providing services to Spanish-speaking children on their caseloads, only 6% of service providers represented by the American Speech-Language-Hearing Association (ASHA) self-identify as bilingual service providers. Of this 6% of bilingual clinicians, 63% of those clinicians are Spanish-speakers (ASHA, 2016). Based on this data, there is an immediate need for better education and awareness for speech therapists with regards to bilingualism and multiculturalism to best serve clients from diverse cultural and linguistic backgrounds, especially those who identify as Hispanic or Latino.

Statement of Purpose

Cross-cultural competency is a necessity for speech-language pathologists delivering intervention services for the infant-toddler population. Play and daily routines create the context for service delivery in the early childhood population, and is a natural means of supporting language development. For legal, ethical and practical reasons,

caregivers serve as the primary interventionists for this population and so parent training in intervention approaches is one of the principal goals of intervention. However, most interventions used in the United States were developed based on efficacy studies using white, educated, middle-class American families and make assumptions based on this population's cultural norms. Because of this, many mainstream interventions implemented as described in literature on mainstream American culture may be inappropriate and contraindicated for families from culturally diverse backgrounds as families will have difficulty integrating them into their daily routines and interactions. For this reason, it is imperative that speech-language pathologists delivering services in the United States today have a basic understanding of potential cultural differences in the families they will serve. Using this knowledge, they must know how to adapt mainstream interventions to best serve the needs of families from minority backgrounds.

This paper will explore cultural and linguistic norms in families identifying as Hispanic and Latino in the hopes of providing a guide for SLPs working with families from this background. However, there is a paucity of research into the development of play and language in this population. Because of these gaps in the available literature, this paper will draw on research focusing on families from other cultural and linguistic populations with the intention to develop a well-rounded, culturally aware and sensitive guide to assessment and intervention that encompasses a variety of cultures the SLP will encounter as a clinician in the United States. It should be noted that while research on behaviors specific to certain cultural groups can be useful for clinicians in preparing to serve families from diverse cultural backgrounds, every family will be unique. The findings of this paper are not meant to draw broad generalizations, but to offer some examples of ways that families from given cultures may interact with their children in a manner that varies from what clinicians expect in a family from mainstream, American English-speaking culture. Respectfully asking the family about their preferences and patterns of interaction can help to guide the clinician to make culturally sensitive and individualized family recommendations.

Through a series of literature reviews, this paper will examine the following questions: What differences exist in parent-child play in families with infants and toddlers from culturally and linguistically diverse backgrounds? Based on these differences, how can speech-language pathologists adapt language intervention for infants and toddlers in ways that respect and incorporate the culture of families from minority populations? Chapter 2 begins with an exploration of parent-child play in families from mainstream American families to create a foundation from which to compare cultural norms in different cultures. This exploration will continue in Chapter 3 with a review of the current literature on parent-child play behaviors in Hispanic and Latino families. Play behaviors from exploratory play through more advanced pretend play at the age of three will be included, as well as play in the context of everyday activities. Chapter 4 will recommend strategies for SLPs to adapt common infant-toddler interventions by incorporating specific cultural norms.

CHAPTER 2

This chapter will delineate the sociocultural framework from which many clinicians and educators operate within the United States. This chapter begins to address this investigation's first question: What differences exist in parent-child play in families with infants and toddlers from culturally and linguistically diverse backgrounds? To answer this question, it seeks to describe typical play behaviors in white, middle-class families in the United States and the cultural bases and assumptions for behaviors. This will provide a foundation of understanding from which cultural practices in play in Hispanic and Latino families will be contrasted in Chapter 3.

Search of the Literature

Multiple databases including Educational Resources Information Center (ERIC: EBSCO), Language and Linguistics Behavior Abstracts (LLBA), and the University of Texas at Austin's library catalog were searched using terms including "play," "symbolic play," and "child-directed play." The parameters for study inclusion were that the study be peer-reviewed, that child participants be between the ages of birth and three years, and that the families included be living in the United States. An exception was made for the study by Yoder, Kaiser, Alpert, & Fischer (1993). This study was included because the children were not far outside the age cut-off (mean age = 43 months), and because the study was the only one found that evaluated play in the context of speech and language intervention and was deemed highly relevant to the present investigation. Due to a limited number of recent studies of families living in the United States, an exception was made to the original framework to include studies of Western culture outside of the United States if they represented the individualistic culture of Western Europe. Of the 34 studies found in the original search, seven studies from peer-reviewed journals were included in the final review, as were seven book chapters. Each study was rated using ASHA's classification for standards for evidence which uses a scoring system that (ASHA, 2017). Overall, the set of 14 studies were variable in their level of evidence. This is likely due to the nature of play research in its being limited to using observation and ethnographic interviewing to examine typical play behaviors in target populations. Table 1 lists the included studies.

Table 1: Play in White Western Families Table of Studies

Reference	Participants	Findings	Strength of Research
Bornstein et al. (1996)	141 Caucasian mother-child dyads (mean child age = 20.1 months)	<ul style="list-style-type: none"> - Incidence of symbolic play increases when children played with their mothers - The percentage of play that was symbolic increased from child-initiated play to mother-initiated play - Play with engaged parents increases play sophistication 	Fair; Level IIb Quasi-experimental study
Bornstein (2007)	None (book chapter)	<ul style="list-style-type: none"> - First year of life consists of exploratory play with the intent to glean literal information about objects' functions and characteristics - Transition to symbolic play happens during the second year of life with the intent to represent and generate new scenarios enacted "by the self, others, and objects in simple representational scenarios" - Play development is universal in its emergence, but there is individual variation - Caregiver variation may affect the amount and type of play children engage in 	Weak; Level IV Clinical Expertise
Bruner et al. (1980)	None (book chapter)	<ul style="list-style-type: none"> - Children deploy more attention for objects they have chosen compared to objects adults choose for them 	Weak; Level IV Clinical Expertise
Cogher (1999)	None (book chapter)	<ul style="list-style-type: none"> - Play makes communication necessary and desirable - Play allows children to learn through trial and error 	Weak; Level IV Clinical Expertise

Table 1 continued

		<ul style="list-style-type: none"> - Play supports the underlying cognitive symbolic representational system shared with language and word-learning - Play provides a context for parents to teach culturally-appropriate social rules for language 	
Damast, Tamis-LeMonda, & Bornstein (1996)	50 mother-child dyads (child age = 21 months)	<ul style="list-style-type: none"> - Mothers adjust the level of complexity of their play to meet the level of complexity of their child's play - Mothers educated on play development are more likely to encourage children to play at a more sophisticated level 	Fair; Level IIb Quasi-experimental study
Goldberg (1977)	None (book chapter)	<ul style="list-style-type: none"> - Young children can only deploy their attention for short periods of time - Adult response to infants is contingent on infant behavior - Young children have a repertoire of skills they use to regulate adult attention (including crying, smiling, and vocalizations) 	Weak; Level IV Clinical Expertise
Fey (1986)	None (book chapter)	<ul style="list-style-type: none"> - Naturalistic interventions including child-led play yield positive outcomes for children 	Weak; Level IV Clinical Expertise
Fiese (1990)	57 mother-child dyads (mean child age = 20 months)	<ul style="list-style-type: none"> - Dyadic play with mothers increased the child's complexity of symbolic play - Reciprocal interactions during play scaffold the child to higher levels of symbolic play 	Fair; Level IIb Quasi-experimental study
Haight, Parke, & Black (1997)	29 middle-class American fathers and mothers and their children (child age = 24, 30, and 36 months)	<ul style="list-style-type: none"> - American parents believed play and reading were important for their children's development - Parent beliefs in the importance of pretend play determined how much time they spent engaging their children in pretend play - Culture-specific gender roles influence how parents interact with their children 	Fair; Level IIb Quasi-experimental study

Table 1 continued

		- Mothers encouraged more pretend play in their children than did fathers	
Hepting & Goldstein (1996)	None (book chapter)	<ul style="list-style-type: none"> - Naturalistic interventions are widely used in early childhood intervention settings, but the term is applied to a variety of intervention strategies and is therefore poorly defined - Naturalistic interventions imply that children learn language naturally through everyday interactions - Naturalistic interventions include: conversational teaching, milieu teaching, child-oriented play, transactional teaching, pragmatic training - Naturalistic strategies include: incidental teaching, time delay, mand-model, and vertical structuring procedures 	Excellent; Level Ia Systematic Review
Steinberg & Hagekull, 1997	48 mother-child dyads (child age = 12 months)	<ul style="list-style-type: none"> - Mothers convey messages through vocal and facial expression that direct infant attention - Positive maternal communication increased infant motor activity and exploratory play 	Good; Level IIa Controlled study without randomization
Suizzo & Bornstein (2006)	33 mother-child dyads (child age = 20 months)	<ul style="list-style-type: none"> - American parents prioritize stimulating their children's cognitive development through play - American parents may emphasize cognitive development as the expense of other areas of development - Mothers engage their children in a level of play synchronous with their developmental level - American mothers frequently verbally scaffolded their children to higher levels of play 	Fair; Level IIb Quasi-Experimental Study
Warren et al. (2006)	None (book chapter)	- Following the child's lead is seen nearly universally across early childhood interventions	Weak; Level IV Clinical Expertise

Table 1 continued

		<ul style="list-style-type: none"> - Naturalistic, child-led play should occur one-on-one between a parent-child dyad several times per week for several months to be effective in intervention - Child-led interventions include prelinguistic milieu teaching and responsivity education 	
Yoder, Kaiser, Alpert, & Fischer (1993)	Three preschoolers (mean age = 43 months)	- All three children learned more nouns when the interventionist followed the child's attentional lead during sessions	Fair; Level IIb Quasi-experimental study

Parent-Child Play in Majority Culture American Families

For clinicians to increase their cultural competency, they must begin by acknowledging their biases through understanding the ways that their thinking and practice are influenced by their own culture. Most clinicians working in the United States derive cultural norms that guide play, language, and pragmatics from educated, middle-class, white families that use Standard American English. There is an abundance of research about the developmental and cultural norms of the population. Most of the interventions used by speech therapists are based on efficacy research including this population. This provides an evidence-based foundation from which to begin considering whether efficacy in one population can be generalized to another through consideration of cultural differences and further study. So, it is necessary to first establish a cultural framework from which to consider differences in parent-child play in minority populations.

MacDonald (1989) describes an ecological communication model which considers parents and children as partners in development, having “balanced, reciprocal interactions maintained by a sensitively matched and responsive adult who is frequently child-directed and who fosters emotional attachment.” The beliefs inherent in this model have guided the research underlying early childhood intervention approaches used today over the past three decades. This model makes several assumptions that are inherent to the mainstream interventions prescribed by clinicians today: play is child led, and play is an integral part of cognitive development.

Play is Child-Led and Shared by Equal Partners

Following the child’s lead is “a universal tenet of virtually all naturalistic early communication and language intervention approaches” (Fey, 1986; Hepting & Goldstein, 1996; Warren et al. 2006). Within this approach, adults let children choose toys and activities and follow them in semi-structured activity. The caregivers or therapist imitates and comments on a child’s actions and vocalizations at a level of complexity equal to or just above the child’s skill level. The child’s conversation partner is encouraged to get on the child’s level; that is, if the infant is on the floor, the adult should also lay on the floor to be in the child’s direct line of sight to help guide attention and to make adult input more

salient. Parents or primary caregivers are taught these strategies to maximize the time spent engaged with the child each day. Approaches utilizing child-led play encourage the caregiver to engage with the child one-on-one several times per week for several months (Warren et al., 2006).

Supporters of this child-directed play argue it supports cognitive processes involved in language acquisition by creating a social context in which communication is necessary and desirable; by allowing children to learn through trial and error; by allowing children to imitate adult models; by “sharing joint references with others” to support underlying symbolic representation that leads to word acquisition; and by teaching children culturally-appropriate social rules for language (Cogher, 1999). Yoder et al. (1993) found that toddlers learned more labels for objects when the interventionist followed their leads, compared to when the interventionist directed the child’s attention to objects. Goldberg (1977) states that children are unable to focus their attention for longer than short intervals, and Bruner, Roy, and Ratner (1980) state that children deploy more attention for objects they have chosen compared to objects adults choose for them. Interventions frequently used that integrate this practice include prelinguistic milieu teaching and responsivity education (Warren et al. 2006), and parent training protocols such as the Hanen program (2017).

There are potential drawbacks for applying child-led interventions to families from minority backgrounds. van Kleeck (1994) discusses the drawbacks at length in an analysis of potential cultural bias in training parents as conversational partners with their children with language delay:

“By focusing on parents, it is assumed that parents are the child’s primary caregiver. By targeting parent-child interaction, it is assumed that the predominant pattern of interaction in the family is...dyadic. By attempting to increase the child’s overall amount of verbal interaction, it is assumed that the family values children talking a lot. By working to get the child to initiate more communication, it is assumed that the family believes children

should initiate conversation with adults. By having the adult follow the child's lead, it is assumed that the family values allowing children to direct conversations with adults. By asking the adult to communicate at the child's level, it is assumed that the family believes adults should make accommodations to young children. By asking adults to provide words or sentences that they think the child is intending...it is assumed that the family believes one can know another's intentions and...that infants' behavior is intentional. By advocating a conversational style to promote language development, it is assumed that the family believes that children learn language best as "equal" participants in conversation" (van Kleeck, 1994).

While child-led play has empirical support based on white, middle-class American families, van Kleeck's analysis demonstrates that it cannot be easily integrated into family systems that do not operate on the assumptions described above. Misguided strategies for treating children from culturally diverse backgrounds exist, including using multiple therapy sessions for children to become accustomed to directing play and interactions (Drew, 1996). This forces families and children to adapt to mainstream American cultural norms, rather than adapting an intervention to fit a family's needs. This is neither ethical nor efficacious. Effective strategies for adapting child-led interventions for children and families from culturally diverse backgrounds will be discussed at length later.

Play Drives Cognition

American parents state that one of their main motivations for playing with their children is to stimulate their cognitive abilities (Suizzo & Bornstein, 2006; Haight, Parke, and Black, 1997). American parents "[emphasize] didactic or cognitively stimulating behaviors...[and engage] their infants' attention to themselves and objects in their environment" (Suizzo & Bornstein, 2006). These parents frequently engage their infants in play appropriate to their developmental level, and verbally scaffold them to higher levels of play (Fiese, 1990). Mothers "use language and facial expressions to encourage or solicit

their children to engage in particular play behaviors (Stenberg & Hagekull, 1997). Bornstein et al. (1996) reported after observing white, American mother-child dyads that “children engaged in symbolic play more and for longer periods when in collaboration than when alone, and in collaborative play the proportion of child play that was symbolic increased from circumstances where the children initiated play to the ones where their mothers initiated the play.” Considering that the white, middle-class American populations studied to arrive at these conclusions are typically well-educated, Damast, Tamis-LeMonda, and Bornstein (1996) found that mothers who were more aware of their children’s developmental norms and play development more often scaffolded their children to higher levels of play, which the authors conclude promotes child development.

The belief that engaging in play with a child will promote cognitive growth makes several assumptions. First, it may prioritize cognitive development over other domains of development, including socioemotional, physical and sensory development (Suizzo & Bornstein, 2006). Second, it assumes that parents have time and resources to engage their children in developmentally stimulating play. Many families from cultural minority backgrounds in the United States also fall into lower socioeconomic strata, and so may not have the same time or the same resources to engage their children as wealthier families. Finally, this belief assumes parental awareness of child development. Families from minority backgrounds or underprivileged backgrounds may not have had access to the educational resources necessary to make them aware of developmental milestones or to know how to engage their children to increase the cognition and play behaviors desired by mainstream American culture. It is important for the clinician to understand that based current literature, none of these factors appear to have longitudinal effects on children’s symbolic play abilities (Bornstein, 2007). This knowledge should enable the clinician to evaluate these differences in families avoiding judgment or bias in order to adapt the resources and norms at hand to best benefit the client.

Summary

It is possible that clinicians are unaware that they are working from within their personal cultural framework when delivering services. Furthermore, the majority or the

research that SLPs draw upon today is based on studies of white, middle-class American families and is not entirely representative of the populations with which they will be working. Because of this, it is important to recognize the ways that mainstream American culture influences widely implemented early childhood intervention methods. Tenets of common interventions are following the child's lead, getting on the child's level during play, and regarding adults and children as equal conversation partners. Additionally, the connection between play and cognitive development is encouraged through parent-child interactions. If clinicians can understand that these practices are rooted in cultural beliefs about play and language, they will be better prepared to assess and treat clients from culturally and linguistically diverse backgrounds.

CHAPTER 3

This chapter will describe the principal cultural differences that clinicians and educators may encounter in play when delivering services to Hispanic/Latino families in the United States. Although play is universal, and pretend play emerges across all cultures, play “expresses concerns that are culture specific” and “provides an important context for culture-specific learning” (Bornstein, 2007). One frequent approach to describing and categorizing cultures is the degree to which a society is more collectivist or individualist, which influences interpersonal interactions including those between parents and children, and parenting styles. Within this framework, collectivism describes societies that value allocentric, or community-centered, behavior. Individualism describes societies that value idiocentric, or self-centered, behavior. This contrast “implicates multiple psychological and child-rearing differences including, on the collectivist side, socialization for sensitivity to others, obedience, and duty, versus, on the individualist side, socialization for self-reliance, independent, and exploration of the environment (Greenfield et al., 2003, Markus & Kitayama, 1991).

Although critics note that this framework does not account for individual or familial variability, it is still regarded as one of the best mechanisms of describing cultures and cultural differences. Many of the studies included in this review draw on this framework to describe the differences encountered in the context of research. This framework is not intended to give preference to one type of culture over another or to claim one is better within the context of play and language.

Search of the Literature

Multiple databases including Educational Resources Information Center (ERIC: EBSCO), Language and Linguistics Behavior Abstracts (LLBA), and the University of Texas at Austin’s library catalog were searched using terms including “play” and “symbolic play” paired with terms like “minority families,” “Spanish-speaking families,” and “Latino families.” The parameters for study inclusion were that the study be peer-reviewed, that child participants be between the ages of birth and three years, and that the families included be living in the United States. An exception was made for two research

studies of Hispanic and Latino families living outside the United States were included to draw conclusions about potential differences in families living in the United States based on their cultures of origin. Of the 25 studies found in the original search, nine studies from peer-reviewed journals were included in the final review. Each study was rated using ASHA's classification for standards for evidence which uses a scoring system that (ASHA, 2017). Overall, the set of nine studies exhibited weak evidence. Again, this is likely due to the nature of sociocultural research in its being limited to using observation and ethnographic interviewing to investigate and describe target populations. One strength of the studies included is their representation of several different Hispanic and Latino populations from different regions of the United States, making the included sample more generalizable. Table 2 lists the included studies.

Table 2: Play in Hispanic and Latino Families

Reference	Participants	Method	Findings	Strength of Research
Cote & Bornstein (2005)	240 middle-class mother-child dyads (child age = 20 months) from Japan, Argentina, South American immigrants to the United States, and European Americans in the United States	<ul style="list-style-type: none"> - Dyads were observed playing in their homes with researcher-provided toys that encouraged a variety of play behaviors - Mothers completed socio-demographic questionnaires 	<ul style="list-style-type: none"> - The play behavior of immigrant children more closely resembled that of children in the United States than in their country of origin 	Fair; Level IIb Quasi-experimental study
Farver & Howes (1993)	30 mother-child dyads from white, lower class American homes and 30 mother-child dyads from working-class Mexican-American homes (children observed at 18, 24, and 36 months)	<ul style="list-style-type: none"> - Mother-child play in the home with culturally neutral toys provided by the researchers 	<ul style="list-style-type: none"> - Mexican mothers described rarely formally playing with their children and not attaching importance to mother-child play - Mexican mothers teach and model for children in the context of real work around the home rather than with toys - Mexican mothers frequently describe object characteristics and teach children their appropriate function 	Fair; Level IIb Quasi-experimental Study
Fasoli (2014)	31 Euro-American and 25 Latino parent-	<ul style="list-style-type: none"> - 7 minutes of free play at a children's museum 	<ul style="list-style-type: none"> - There is wide variability in beliefs about play among Latino parents 	Fair; Level IIb Quasi-

Table 2 continued

	child dyads (children between 2 and 4 years old)	<ul style="list-style-type: none"> - Two parent interviews immediately and one week after free play session 	<ul style="list-style-type: none"> - Some parents considered parental involvement a necessary component of child learning - Some parents considered play to function primarily for child entertainment, but acknowledged the importance of parental involvement - Some parents considered school programs appropriate spaces for learning - Some parents thought that child learning happens in play with other children 	experimental Study
Göncü, Mistry, & Mosier (2000)	Families of children between 12 and 24 months from Guatemala (rural/poor), Turkey (urban/middle class), India (rural/poor), & the United States (urban/middle class)	Interviews with caregivers and children about child-rearing practices, and observation of the dyad playing together, dressing, feeding, and exploring novel objects	<ul style="list-style-type: none"> - Children learn through observation in rural, poor communities; they are with their parents all day; more opportunity for interaction/group activity with adults and other children 	Fair; Level IIb Quasi-experimental Study
Grzywacz, Arcury, Trejo, & Quandt (2016)	33 Latina mothers of children between 2-5 years old from 16 migrant worker families and 17	In-home interviews	<ul style="list-style-type: none"> - Mothers believed that sedentary play including puzzles, reading, coloring, and playing with manipulative toys had cognitive benefits 	Weak; Level III Case Study

Table 2 continued

	seasonal worker families		<ul style="list-style-type: none"> - Children had limited access to toys and appropriate play spaces - Mothers who worked lacked time to engage in structured play with their children 	
Langdon (2009)	None	Literature review	<ul style="list-style-type: none"> - Latino families exhibit an interdependent style of child rearing, including attention direction to shared activities - Latino families believe play is appropriate between children, and should not happen in an educational setting - There is variability in interaction styles across different Latino groups 	Very weak; Level IV Clinical Experience
Kummerer (2006)	14 Mexican immigrant mothers and their children (ages 1;5-3;11)	<ul style="list-style-type: none"> - Hanen Program early Language Praent Program (<i>Usted Hace la Diferencia</i> (Manolson, Ward, & Dodington, 1996)) - Unspecified center-based speech and language services 	<ul style="list-style-type: none"> - Mothers recognized the importance of using daily routines as a context for language input/encouraging development - Adult family members in the child's environment are important resources in their language development - Siblings encouraging imitation of single words and requests for toys 	Weak; Level III Case Study
Kummerer (2009)	14 Mexican American children (mean	<ul style="list-style-type: none"> - Interviews with mothers - patient files 	<ul style="list-style-type: none"> - Mexican-American mothers placed importance on teaching their children 	Weak; Level III Case Study

Table 2 continued

	age 2.6 years) and their families	<ul style="list-style-type: none"> - Clinician field notes taken while observing parents and children during sessions - Parent journals based on observation for two weeks in the home responding verbally or written to clinician-provided topics 	<ul style="list-style-type: none"> good behavior, politeness, and obedience - Mothers interacted with their children using both gestures and verbal communication 	
Vigil & Hwa-Froelich (2016)	None	Literature review	<ul style="list-style-type: none"> - Mayan mothers and infants (14-20 months) attended to several events at once as opposed to alternating attention - Argentinian mothers and Mexican-American mothers in the United States used more behavioral and attention directives to guide children to participate in shared activities with adults - Hispanic and Latino families exhibit hierarchical relationships with their children in which they teach them appropriate social behavior - Children should listen, behave, and learn from adults in the group 	Very Weak; Level IV Expert Opinion

Table 2 continued

			- Caregivers teach children how to use objects appropriately, as opposed to exploring it with them	
Cote & Bornstein (2005)	240 middle-class mother-child dyads (child age = 20 months) from Japan, Argentina, South American immigrants to the United States, and European Americans in the United States	Dyads were observed playing in their homes with researcher-provided toys that encouraged a variety of play behaviors Mothers completed socio-demographic questionnaires	- The play behavior of immigrant children more closely resembled that of children in the United States than in their country of origin	Fair; Level IIb Quasi-experimental study
Farver & Howes (1993)	30 mother-child dyads from white, lower class American homes and 30 mother-child dyads from working-class Mexican-American homes (children observed at 18, 24, and 36 months)	Mother-child play in the home with culturally neutral toys provided by the researchers	- Mexican mothers described rarely formally playing with their children and not attaching importance to mother-child play - Mexican mothers teach and model for children in the context of real work around the home rather than with toys - Mexican mothers frequently describe object characteristics and teach children their appropriate function	Fair; Level IIb Quasi-experimental Study
Fasoli (2014)	31 Euro-American and 25 Latino parent-child dyads	7 minutes of free play at a children's museum	- There is wide variability in beliefs about play among Latino parents	Fair; Level IIb Quasi-experimental Study

Table 2 continued

	(children between 2 and 4 years old)	Two parent interviews immediately and one week after free play session	<ul style="list-style-type: none"> - Some parents considered parental involvement a necessary component of child learning - Some parents considered play to function primarily for child entertainment, but acknowledged the importance of parental involvement - Some parents considered school programs appropriate spaces for learning - Some parents thought that child learning happens in play with other children 	
Göncü, Mistry, & Mosier (2000)	Families of children between 12 and 24 months from Guatemala (rural/poor), Turkey (urban/middle class), India (rural/poor), & the United States (urban/middle class)	Interviews with caregivers and children about child-rearing practices, and observation of the dyad playing together, dressing, feeding, and exploring novel objects	<ul style="list-style-type: none"> - Children learn through observation in rural, poor communities; they are with their parents all day; more opportunity for interaction/group activity with adults and other children 	Fair; Level IIb Quasi-experimental Study
Grzywacz, Arcury, Trejo, & Quandt (2016)	33 Latina mothers of children between 2-5 years old from 16 migrant worker families and 17	In-home interviews	<ul style="list-style-type: none"> - Mothers believed that sedentary play including puzzles, reading, coloring, and playing with manipulative toys had cognitive benefits 	Weak; Level III Case Study

Table 2 continued

	seasonal worker families		<ul style="list-style-type: none"> - Children had limited access to toys and appropriate play spaces - Mothers who worked lacked time to engage in structured play with their children 	
Langdon (2009)	None	Literature review	<ul style="list-style-type: none"> - Latino families exhibit an interdependent style of child rearing, including attention direction to shared activities - Latino families believe play is appropriate between children, and should not happen in an educational setting - There is variability in interaction styles across different Latino groups 	Very weak; Level IV Clinical Experience
Kummerer (2006)	14 Mexican immigrant mothers and their children (ages 1;5-3;11)	Hanen Program early Language Praent Program (<i>Usted Hace la Diferencia</i> (Manolson, Ward, & Dodington, 1996)) Unspecified center-based speech and language services	<ul style="list-style-type: none"> - Mothers recognized the importance of using daily routines as a context for language input/encouraging development - Adult family members in the child's environment are important resources in their language development - Siblings encouraging imitation of single words and requests for toys 	Weak; Level III Case Study
Kummerer (2009)	14 Mexican American children (mean age 2.6 years) and their families	Interviews with mothers patient files Clinician field notes taken while observing parents	<ul style="list-style-type: none"> - Mexican-American mothers placed importance on teaching their children good behavior, politeness, and obedience 	Weak; Level III Case Study

Table 2 continued

		and children during sessions Parent journals based on observation for two weeks in the home responding verbally or written to clinician-provided topics	- Mothers interacted with their children using both gestures and verbal communication	
Vigil & Hwa-Froelich (2016)	None	Literature review	<ul style="list-style-type: none"> - Mayan mothers and infants (14-20 months) attended to several events at once as opposed to alternating attention - Argentinian mothers and Mexican-American mothers in the United States used more behavioral and attention directives to guide children to participate in shared activities with adults - Hispanic and Latino families exhibit hierarchical relationships with their children in which they teach them appropriate social behavior - Children should listen, behave, and learn from adults in the group - Caregivers teach children how to use objects appropriately, as opposed to exploring it with them 	Very Weak; Level IV Expert Opinion

Parent-Child Play Hispanic and Latino Families in the U.S.

Latino families living in the United States may exhibit play behaviors that conform to the mainstream culture, or that are more characteristic of minority beliefs and practices. Mata-Pistokache, Lily Garza, Gonzalez, and Nelda Salinas (2017) describe these families as falling on a continuum of which one end comprises mainstream American culture, and the other comprises traditional Hispanic culture dependent on the family's origin. It is important to determine where a client or family falls on this continuum through sensitive and thorough interviewing and collaboration prior to intervention. While the following trends have emerged across the literature as being true of some Hispanic and Latino families, they are by no means comprehensive or prescriptive. Perspectives regarding play can be examined with respect to its orientation, playmates, beliefs about educational benefits, and family resources.

Play is Adult-Directed

Research into relationships between parents and children at play in Hispanic and Latino families indicates that in comparison to mainstream American dyads, parents typically guide the interactions, and use interactions to teach children how to relate to other adults and to objects in their environment. Langdon describes this as an interdependent style of child-rearing, where the "child's attention is directed or redirected to join an ongoing activity." Farver & Howes (1993) reported that Mexican mothers described rarely formally playing with their children and not attaching importance to mother-child play. They used play as an opportunity to teach and model for children and frequently occurred in the context of real work around the home rather than with toys. In a study of rural communities in Guatemala (Göncü, Mistry, & Mosier, 2000), children learned through observation because they were with their parents all day. These toddlers had more opportunities for interaction and group activity with adults and other children, but fewer opportunities for dyadic, parent-implemented play such as was observed in urban, middle-class communities. In another study, Mexican immigrant caregivers in the United States "produced more behavioral and attention directives to help the child do what the adult wanted and participate in what everyone else was doing" (Vigil, 2000). This implies that

adult-child relationships may be guided by hierarchy where adults provide ‘guidance and direction for children to learn culturally appropriate behavior and “children are expected to listen, behave, and learn from the experienced members of the group” (Vigil & Hwa-Froelich, 2016). Kummerer (2009) reported that Mexican American mothers demonstrated greater concern over their children’s behavior during therapy sessions than their speech and language goals, and reported “[placing] a high value on teaching their children to be polite, to obey educators, and to be good students. Caregivers guided by these beliefs often use more directive language and spend more time telling children how to use objects instead of exploring objects. In terms of language, Hispanic caregivers frequently embed learning in daily routines to encourage language development (Kummerer, 2006). Langdon (2009) indicated that there is variations among different cultural groups within the Hispanic population living in the United States, such as “Cuban mothers [talking] more to their babies...[and] Puerto Rican mothers [responding] more nonverbally to their children to engage them in more social games.” Overall, parents from collectivistic Hispanic and Latino families may guide their children’s attention in everyday routines and interactions with adults as opposed to setting aside time for child-led play.

Playmates

While interventions and research into mainstream American child-rearing and play practices emphasize dyadic interactions between a parent and child, research into Hispanic and Latino families reveals more varied interaction patterns. Mexican American mothers interviewed by Kummerer (2006) that “indicated that early language development was interactive in nature and that individuals in the child’s environment, especially family members, were important contributors to the process.” One mother noted the central role of siblings in encouraging imitation of single words and requests for toys through everyday interactions like playing, arguing, reading books and chatting. Similarly, Latino families interviewed by Fasoli (2014) considered play important to be important for child learning, but thought that this learning came from playing with other children rather than with parents. Some researchers described families who considered play to be appropriate only among children, and “not...in an educational setting” with teachers or clinicians (Delgado-

Gaitán & Trueba, 1991; Valdés, 1996; Langdon, 2009). Overall, siblings or peers may be viewed as more appropriate playmates for children than adults or teachers in families that adhere to collectivistic beliefs.

Cognitive Development is Constrained to Educational Settings

Across studies of Latino families, researchers have found that parents show variation in their consideration of the importance of play for cognitive development. For example, in a study of 31 Euro-American and 25 Latino parent-child dyads, Fasoli (2014) found that some parents considered parental involvement a necessary component of child learning. This is corroborated by the findings of Grzywacz, Arcury, Trejo, & Quandt (2014) working with migrant workers in North Carolina. These mothers believed that sedentary play including puzzles, reading, coloring, and playing with manipulative toys (such as Legos) had cognitive benefits, including the ability to think, and to practice imagination and focus. However, Fasoli (2014) also found that others considered play to function primarily for child entertainment. Similarly, Farver & Howes (1993) reported that Mexican mothers described rarely formally playing with their children, and not attaching importance to mother-child play. Instead, they used play as an opportunity to teach and model for children and frequently occurred in the context of real work around the home rather than with toys. While parents in these studies acknowledged the importance of parental involvement, some of them considered school programs the appropriate locales for learning and teachers the primary educators. In conclusion, there is a great deal of variability in how Latino parents view the role of play in education, and by extension how much or how little their beliefs encourage them to participate in play with their children for educational purposes.

Availability of Resources

Beyond intrinsic beliefs, there are several potential constraints upon Hispanic parents who do want to encourage play to facilitate learning. In 2014, 23.6% of Hispanic families in the United States were living below the poverty line, and 31.9% of Hispanic children were living in poverty (National Poverty Center, 2017). The migrant families interviewed in Grzywacz, Arcury, Trejo, & Quandt (2014) reported “not having an

assortment of equipment or toys for children to play with because of the difficulty transporting bulky personal items from one agricultural site to another,” as well as lack of age-appropriate playmates for their children, and a lack of safe play spaces because of possible exposure to agricultural chemicals and equipment. Furthermore, when parents had free time on the weekends, children and parents worked together to accomplish household chores and other family activities, reducing time for play. These circumstances are certainly not true for all Hispanic and Latino families living in the United States and may also be observed in families from many cultural backgrounds. However, it is important to note that poverty rates for Hispanic and Latino families are higher than White, middle-class families in the United States and clinicians should make appropriate accommodations based on a specific family’s circumstances.

Summary

This chapter has reviewed a few of the possible cultural differences that clinicians may encounter when delivering services to families from Hispanic and Latino populations. While there is a comparable abundance of research into this topic, there is relatively little reproduction or corroboration across studies. This speaks to the variability of culture and beliefs held and practiced by individual families, and to the importance of respecting each family as unique during assessment and intervention. Another drawback to the available literature on play in Hispanic and Latino families is that some groups are under-represented. Much of the research available in the United States has focused on Mexican American, Cuban American, and Puerto Rican American families. Clinicians should keep in mind that not only does country of origin play a role in determining the beliefs and behaviors embodied by a family, which can vary widely across the Spanish-speaking world, but also their level of acculturation to mainstream American beliefs and practices. This chapter discussed considering families on a continuum of cultural practice between traditional Latino culture and traditional American culture. In conclusion, this chapter presented an overview of Hispanic and Latino beliefs and practices about play and language to prepare clinicians to consider the types of modifications necessary when delivering early intervention services to these families.

CHAPTER 4

Modifications for Early Childhood Interventions for Hispanic and Latino Families

While there is a growing body of research into cultural differences across Hispanic and Latino populations and called for increased cultural competency in clinicians, there is relatively little research investigating the efficacy of modifications to early childhood intervention programs for Hispanic and Latino families to guide clinicians seeking to serve this population. The existing research consists of case studies with qualitative feedback collected from the parents about parent training and services for their children. Most of the information is based on clinical expertise as culturally competent service providers have pooled their knowledge and drawn conclusions about potentially successful modifications. While the available research is certainly incomplete and lacks the rigor expected from high-quality evidence, it is useful for clinicians to evaluate the success that other clinicians have had working with this population and to decide how applicable the authors' recommendations are for their own clients.

Several themes emerged across the literature into modified early intervention approaches for Hispanic and Latino families. Some of these were not unique to the population: for example, the importance of parent education was emphasized, as were parent interviews spaced throughout the intervention process to evaluate the effectiveness of intervention and make changes as necessary. Some recommendations, however, were unique to families using more interdependent or collectivistic child-rearing approaches: modifying language form and use during intervention, and modifying the primary interventionist. This chapter will discuss these modifications in detail.

Search of the Literature

Multiple databases including Educational Resources Information Center (ERIC: EBSCO), Language and Linguistics Behavior Abstracts (LLBA), and the University of Texas at Austin's library catalog were searched using terms including "early intervention" and "early education paired with the descriptors "Spanish-speaking families," and "Latino families." The original framework for study inclusion for this review were that they study children ages birth to three from families living in the United States. Based on the limited

amount of research into play families in the United States, exceptions were made to include some studies of children older than three and some families living outside the United States. This exception was made based on the understanding that Hispanic and Latino families in the United States demonstrate a variety of cultural beliefs ranging from more traditionally collectivistic to more assimilated individualistic behaviors (Mata-Pistokache, Lily Garza, Gonzalez, and Nelda Salinas, 2017). Seven studies from peer-reviewed journals were included in the final literature review. All seven studies provide weak evidence for accommodations as they are based on clinical expertise, observation and parent feedback. Furthermore, results from these studies may not be generalizable to a variety of Latino and Hispanic populations living in the United States as their samples were limited to Mexican-American families. One strength of the studies is that their samples were collected from different geographical regions of the United States, providing for some generalization of results across Mexican-American families. Research into ECI modifications based on play behaviors in Hispanic and Latino families is in the early stages but still is useful for providing a basic foundation from which clinicians can build their understanding of how to treat with cultural sensitivity and competence. Table 3 below includes details of the included studies.

Table 3: ECI Approach Modifications for Hispanic and Latino Families

Reference	Participants	Intervention/Method	Recommendations	Strength of Research
Garcia, Mendez Perez, & Ortiz (2000)	7 Mexican immigrant mothers and their children (ages 24-37 months); monolingual Spanish speakers; low SES background	Children receiving home-based ECI services Ethnographic parent interviews	<ul style="list-style-type: none"> - Develop a mutual understanding of the child's needs and how the family can be supported in meeting them - Facilitate the home language through parents, and English acquisition through siblings and media exposure - Embed intervention into the family's routines and guide parent participation so they can practice strategies and receive feedback 	Weak; Level III Case study
Kummerer (2006)	14 Mexican immigrant mothers and their children (ages 1;5-3;11)	Hanen Program early Language Parent Program (<i>Usted Hace la Diferencia</i> (Manolson, Ward, & Dodington, 1996)) Unspecified center-based speech and language services	<ul style="list-style-type: none"> - Establish role of the clinician and role of the parent - Translated Hanen Program (<i>Usted Hace La Diferencia</i> (Manolson, Ward, & Dodington, 1996)) - Collaboration with parents in goal writing - Parent training 	Weak; Level III Case study
Kummerer (2007)	14 Mexican immigrant mothers and their children (ages 17-47 months)	Unspecified center-based speech and language services	<ul style="list-style-type: none"> - Mexican mothers are more focused on speech intelligibility, and expressive language, compared to pre-literacy skills - Intervention provided in Spanish - Therapy procedures and rationale explained explicitly 	Weak; Level III Case Study

Table 3 continued

			<ul style="list-style-type: none"> - Traditional interventions desired by mothers 	
Kummerer (2009)	14 Mexican American children (mean age 2.6 years) and their families	Hanen Early Language Parent Program (<i>Usted Hace la Diferencia</i> (Manolson, Ward, & Dodington, 1996)) Individual speech and language sessions, 1x/week for 45 minutes	<ul style="list-style-type: none"> - Meet family's basic needs - Follow the parent's lead to pace intervention - Shift parent focus from child behavior to communication goals - Provide educational resources in the community through families and pediatricians' offices 	Weak; Level III Case Study
Kummerer (2012)	None	None	<ul style="list-style-type: none"> - Establish a trusting relationship with the family - Identify parents as experts of their children - Develop a mutually constructed view of child's needs - Accommodate parents' schedules and support their role in intervention - Use parent-implemented interventions and allow for variation - Expand existing activities and facilitate the home language - Educate parents, encourage questions, and assess their understanding - Promote interaction and advocacy 	Very Weak; Level IV Clinical Experience
Puig (2012)	3 Spanish-speaking children and their families	2 of the 3 children received unspecified language services in	<ul style="list-style-type: none"> - Early interventionists should make a clear decision about the language of 	Weak; Level III Case Study

Table 3 continued

		<p>the home and Early Head Start</p> <p>Ethnographic interviews with families</p>	<p>intervention in collaboration with the family and all service providers</p> <ul style="list-style-type: none"> - Understand the child’s schedule, including shared caregiving and language input - Take advantage of daily routines and contexts outside the home to generalize intervention - Adopt a family empowerment approach rather than a parent training approach - Deliver parent training throughout intervention, at least semimonthly 	
Vigil & Hwa-Froelich (2016)	None	<ul style="list-style-type: none"> - Various interventions based on unspecified collection of studies 	<ul style="list-style-type: none"> - Increase attention regulation and use of directives during therapy - Use peers, siblings, or groups to provide models and encourage client participation and learning - Educate parents on the purpose of play - Incorporate family members or cultural values into treatment 	<p>Very Weak; Level IV Expert Opinion</p>

Parent Training

Early childhood intervention relies heavily on parent training regardless of the family's cultural context. Because family members are practically and legally the primary interventionists for a child between the ages of birth and three years, clinicians spend a large portion of each session educating and coaching parents to deliver intervention. Commonly used intervention methods, including the Hanen program (2017), prelinguistic milieu teaching (PMT), and pivotal response training (PRT) all incorporate parent education. The necessity of parent training is also true for families from Hispanic and Latino backgrounds. However, the literature suggests areas in which clinicians may need to focus their time and energy.

Kummerer (2006, 2007, 2009, 2012) collected feedback from 14 Spanish-speaking families about their preferences and needs based on their experience receiving early intervention speech and language services. One of the most important suggestions to come out of this research is for clinicians to spend time explaining what may seem like basic concepts to parents. This should be accomplished with an initial caregiver interview and maintained with regular interviews throughout the intervention process (Kummerer, 2006; Puig, 2012). Some questions to guide parent training include the following based on Kummerer (2007).

Question 1: What is speech-language therapy?

As mentioned before, many Hispanic families in the United States live below the poverty line and received limited formal education. Clinicians can start with explaining concepts such as speech (i.e. articulation and phonology), language (including receptive and expressive language), literacy, and how therapy may address disorders or delays in these areas. Kummerer (2006) found that parents had a better understanding of speech than of language: many of the parents reported that family members or unfamiliar listeners had trouble understanding their children. However, a discussion of articulation and phonology could be helpful based on individual levels of understanding. Parent report also indicated that parents had a better understanding of expressive language skills than of receptive language skills, which should be explained in the context of home activities such as

following directions. Still, Kummerer (2007) recommended spending time emphasizing the importance of expressive language over articulatory accuracy for increasing general language and communication skills. For families of children whose pre-literacy skills are a concern, parents may be too focused on communication gains and may need greater encouragement and education in behaviors that promote emergent literacy development (Kummerer 2009). Finally, for families where good behavior is important to the parents, the clinician may need to clarify that she prefers to use therapy time to focus on the child's speech and language goals over their behavior (Kummerer, 2009).

Question 2: Why is this therapy recommended?

Once parents are aware of the distinctions between these domains, it will be helpful to spend some time discussing developmental milestones and normal speech and language development. This requires that the clinician be familiar with normal development in both monolingual and bilingual populations. Hispanic parents may benefit from explanations of their child's level of functioning in comparison to their other children or family members; Kummerer (2006) found that Mexican American mothers often described their children from this context but struggled with general developmental milestones. Garcia, Mendez Perez, & Ortiz (2000) found that Mexican immigrant mothers were unable to articulate what norms their children were compared against to be placed in ECI programs, and had broader parameters for typical language development than did middle-class White families. Specifically, they did not expect their children to understand or use language appropriately until age three. Sometimes, even when a family was told that a child had a delay or disorder, they expected the child to "catch up." Clinicians should ensure that they and families have construct "a shared understanding about the purpose and goals of ECI programs, the operational definition of developmental delay or language disabilities...and the developmental norms against which [children are] evaluated." Additionally, it should be explained to families that children may not "catch up" without intervention, and how waiting to intervene may cause problems especially when children start attending school. Monolingual or primarily Spanish-speaking parents may also be concerned about their children learning English (Garcia, Mendez Perez, & Ortiz, 2000). Clinicians can explain

that intervention is necessary for establishing a strong language foundation in the home language to facilitate English language learning when the child enters school. Taking the time to explain these concepts will encourage family buy-in to services and thereby increase a child's chance of success with intervention.

Question 3: How do clinicians interact with children?

As previously discussed, some families may have different expectations for how adults and children interact. Clinicians should ask the family open-ended questions to determine patterns of interaction, perhaps guided by whether they operate in equal versus hierarchical relationships (Vigil & Hwa-Froelich, 2016). It is possible that play-based therapy will feel uncomfortable for these families. Clinicians should spend time “[clarifying] the relationship between children’s communication goals and the clinician’s play-based therapy routines” as parents in the literature have had difficulty describing the rationale behind intervention techniques (Garcia, Mendez Perez, & Ortiz, 2000; Kummerer, 2006).

Question 4: What amount of time is needed to remediate children’s difficulties?

This is a question that all clinicians should address with honesty when initiating services with a family. However, there are some added concerns that may arise when working with Hispanic and Latino families. Clinicians should be aware of the ways that a lack of resources may contribute to difficulties in attending therapy sessions. While service delivery in the child’s least restrictive environment through early childhood intervention often occurs in the home or another easily accessible location, it is possible that other challenges may arise or that clinicians will be serving families in other locations. SLPs can help to meet the needs of their families by accommodating and making recommendations for childcare for siblings, transportation to and from therapy, family work schedules, insurance coverage, international trips to visit family members and extended absences, and conversations with extended family about children outgrowing disabilities (Kummerer, 2009).

Question 5: Why is it important for parents to participate in therapy? & Question 6: How can families generalize strategies to the home setting?

Puig (2012) observed early interventionists interacting with families through a parent training approach which views the clinician as educator, as opposed to a family empowerment approach in which clinicians and families educate one another (Bailey, 2001). A lack of reciprocity in collaboration can result in pejorative treatment of families and maladapted intervention (Puig, 2012; Garcia, Mendez-Perez, & Ortiz, 2000). When parents do not understand why or how they should participate in intervention, there is poor follow-through with the home program (Garcia, Mendez Perez, & Ortiz, 2000). Modifications to parent training curricula may be necessary, but it is also important to discuss with parents what their role will be based on their wishes and shared goals between the caregivers and the SLP. It is crucial for clinicians to establish rapport with families they are serving before making recommendations. This will ensure positive collaboration and outcomes for the child. Specific strategies for incorporating parents into therapy will be discussed in a later section, including modifying expectations to fit the family's play beliefs, embedding intervention in daily routines, and utilizing siblings or peers as the primary interventionist.

Question 7: What are the necessary steps to ensure children's successful transition to school-based services?

Hispanic and Latino families “tend to experience low rates of participation in the special education process” (Garcia, Mendez-Perez, & Ortiz, 2000). Clinicians should educate and support families as their children transition out of early childhood intervention services into preschool-based services. These parents may not be knowledgeable about their rights, or may be hesitant to request changes to their child's Individual Family Service Plan due to beliefs about the authority of educators (Kummerer, 2007). Once again, families living in poverty have limited access to resources about services available to them. Clinicians working with the population will bear the responsibility of advocacy and education for these families. One way to accomplish this is to capitalize on the role of pediatricians and other healthcare providers in educating families. SLPs can provide local offices with educational resources about speech and language services through early childhood intervention and preschool-based services, as well as information about

developmental milestones. SLPs may also rely on partnering with Hispanic and Latino families they serve to educate other families in their communities through word of mouth to family members and friends. Similarly, SLPs can connect families to resources and support groups in their communities (Kummerer, 2009; Puig, 2012).

Language of Intervention

Across the available literature, several themes emerged for modifying services for Hispanic and Latino families. First, services in Spanish either with a bilingual clinician or through an interpreter are preferred. There are ethical and evidence-based rationale for clinicians providing services in Spanish for Hispanic families. Research suggests that “treatment approaches that plan for long-term gains in both languages are considered to be best practice” (Kohnert, 2008). Unfortunately, the language of intervention is not always explicitly discussed. This may result in service providers using different languages from one another, using English only, or code-mixing with a primarily Spanish-speaking family (Puig, 2012). Ethically and legally, Spanish-speaking caregivers must be involved in the intervention and using their preferred language is a fundamental way to ensure this. Here, it is important again to make the distinction that Hispanic families are those that are Spanish-speaking, while Latino families are those “of Latin American descent residing in the United States” (Garcia-Navarro, 2015). Latino families may not require services in Spanish. Finally, Spanish-speaking parents may express concerns about their children learning English (Garcia, Mendez-Perez, & Ortiz, 2000). SLPs should take time to explain the importance of establishing adequate language skills in the home language before children are introduced to English in school. Additionally, parents should know that if their English language proficiency is low, they will be unable to provide a sufficient language model to children. The language of intervention should be carefully selected to support the family and the child.

Therapy Tasks

Collaboration with the family to develop culturally appropriate goals and activities is crucial to a child’s success. It is important to “develop mutually constructed goals that share views of the child’s needs” (Kummerer, 2012). This may include goals that address

cultural expectations for interactions, such as prioritizing social language including greetings (A. Perez, personal communication, February 1, 2017). Goals and intervention should also be contextualized within the child's daily routines in and outside of the home to increase cultural appropriateness and the likelihood of caregiver implementation (Garcia, Mendez-Perez, & Ortiz, 2000; Puig, 2012). Kummerer (2012) states that "Hispanic parents may perceive the parenting role as one...that facilitates learning activities [through shared activities] rather than directly [engages children]." Additionally, after being shown ways to promote language learning in their daily interactions, "[Mexican American] mothers often [described] high-quality language learning exchanges that they did not realize were particularly beneficial in advancing their children's development" (Kummerer, 2006). Clinicians should consider and adapt an intervention approach to best suit the family's needs and the child's goals. There is qualitative research demonstrating the use of the Hanen program through translated materials (i.e. the book *Usted Hace la Diferencia* (Manolson, Ward, & Dodington, 1996)) with Mexican American families (Kummerer 2006, 2007, & 2009). No formal research has been completed in other approaches, such as PMT or PRT, with Hispanic and Latino families. During the intervention selection process, it is crucial to follow the parent's lead for therapy pacing. Clinicians should meet parent concerns first so that they will be engaged in the therapy; only then can parents can begin participating in intervention and parent training. Parents won't be responsive or interactive until they "buy into" what the clinician is doing. Kummerer (2009) reflects on parent buy-in with a Mexican-American mother:

"...we had initially labeled Señora Garza as *more challenging parental participation*...In retrospect, although Señora Garza posed a more challenging case with regard to establishing rapport and trust, we grew to more fully understand her needs and uncertainties. Compared to the others, Señora Garza had experienced a range of interactions with professionals, many of whom could not communicate in her language, thereby lessening to a large degree the likelihood of her collaborative

participation...Following Señora Garza's lead, the clinician spent several sessions modeling language strategies, explaining their purpose, slowing the pace of intervention, providing handouts, and encouraging parental participation. With the passage of time, Señora Garza was able to focus on understanding Elena's communicative needs and the role of therapy. She attended every therapy session, practiced the play-based routines, responded to the clinician's feedback, and demonstrated the suggested strategies."

The example above demonstrates that clinicians can build rapport by taking time to understand a family's experiences, concerns, and goals. If parents aren't supporting and engaging in therapy, intervention will be less effective and frustrating for all involved.

Once the clinician has established parent buy-in and begins intervention, it is important to provide opportunities for parents to practice techniques and receive feedback. Role-playing, mediated parent-child interactions, specific instructional feedback, and online resources may be used (Kummerer, 2012). The purpose of this is to empower the caregiver or primary interventionist as a language facilitator. Clinicians should tell parents that their participation is valued, and make accommodations for how they will engage. For example, for parents for whom getting in the child's level by sitting in the floor is culturally inappropriate, the SLP can provide a choice of sitting on the floor, in a chair, or at a table (Kummerer, 2012). Parents should be educated on the importance of continuous language input embedded in routines, and given tools to monitor their child's progress at home, such as charts, journals or cameras (Kummerer, 2012). Additionally, clinicians should be explicit about how using toys, playing games and singing songs with children teaches specific language and speech goals (Vigil & Hwa-Froelich, 2016; Kummerer, 2006). Directly or indirectly incorporating extended family members into therapy can help to foster a sense of collectivism in families that fall into to that cultural background (Vigil & Hwa-Froelich, 2016). When the SLP is working with the child, using language consistent with interactions in the home may be helpful. For example, children may respond to the

use of directive language to attend to or complete a task (such as repeating). The family may prefer the use of structured therapy tasks to target goals (Vigil & Hwa-Froelich, 2016).

Choosing the Primary Interventionist

Collecting information about a child's schedule will provide information about who they spend the most time with each day. Due to the importance of the extended family in Hispanic and Latino culture, children may have multiple caregivers throughout the day including parents, grandparents, and siblings (Puig, 2012). Caregivers should be informed about the importance of their involvement in early intervention so that they may choose how they wish to participate. Clinicians should take time to describe the “variety of roles from which [caregivers] can select [those] that seem to match their interests and skills” and cultural values to promote their engagement in the early intervention process (Garcia, Mendez-Perez, & Ortiz, 2000). SLPs working with this population should be open to involving siblings, peers or extended family members as primary interventionists for a client, especially if adult caregivers view play-based interaction with children as inappropriate (Kummerer, 2012). Siblings or other family members may have more frequent interactions with the child than the parents. To maximize the amount of input the child is receiving in daily interactions, the clinician should ask open-ended questions to determine who spends the most time with the child. The clinician may also explicitly ask the parents who would be best suited to deliver the style of intervention settled upon. During the initial caregiver interview, it may be helpful to “explore parents’...attitudes toward language development [which] can have an impact on parents’ perceptions of their children’s disabilities, effective therapy strategies, and their role in the intervention process. This is especially pertinent to the expectations on the part of families and their subsequent levels of active involvement in their children’s language development” (Kummerer, 2006). Using siblings or peers as models in group games or activities may encourage the client to participate.

Summary

Current research into modifications of early intervention approaches for Hispanic and Latino families is incredibly limited. The five studies included in this review

constituted literature based on clinical experience (Level IV) and well-designed non-experimental studies (Level III) based on ASHA's standards for assessment of evidence (2017). Additionally, four of the studies have been conducted by the same group of researchers with families all described as Mexican American. Despite the severe limitations of the current research, it is useful as a starting point for clinicians to increase their cultural competency to become more effective clinicians for families from minority backgrounds. As stated previously, these recommendations are not meant to be overgeneralized or assumed to apply to all Hispanic and Latino families. Instead, clinicians should keep in mind some of the differences that they may encounter and then discuss with each individual family their parent-child relationships, play behaviors, and knowledge and experience with speech and language services. SLPs should be open to making changes to the early childhood curricula with which they are familiar, rather than simply applying it as-is to all families regardless of unique goals. Possible modifications include making time for parent training, modifying activities to fit the language and interaction style of the family, and using siblings, peers or extended family members as the primary interventionist. Clinicians can also confidently conclude from this research and ethical standards that Spanish language services should be offered to Hispanic families. In conclusion, SLPs should collaborate with Hispanic and Latino families to understand how cultural differences may impact intervention, modify intervention to fit the family's needs, and regularly re-evaluate the intervention to make changes as requested or necessary.

CHAPTER 5

Review of Purpose

A series of literature reviews were used to answer the questions: What differences exist in parent-child play in families with infants and toddlers from culturally and linguistically diverse backgrounds? Based on these differences, how can speech-language pathologists adapt language intervention for infants and toddlers in ways that respect and incorporate the culture of families from minority populations? Several databases were searched, including the Educational Resources Information Center (ERIC: EBSCO), Language and Linguistics Behavior Abstracts (LLBA), and the University of Texas at Austin's library catalog. The original framework for study inclusion for this review were that they study children ages birth to three from families living in the United States. Recent studies were prioritized over older studies, but all were included because much of foundational play research was completed in the 1980s and 1990s. Based on the limited amount of research into play families in the United States, exceptions were made to include some studies of children older than three and some families living outside the United States. Thirty-one peer-reviewed studies and book chapters were included in the final literature review, 15 of which detailed play in mainstream American culture, 9 of which detailed play in Latino culture, and 7 of which detailed modifications to early childhood intervention for Latino families. The strength of the research was widely varied, with the strongest research describing mainstream American play. Much of the research describing play behaviors in Latino families and modifications to ECI services is preliminary data taken from observational case studies and ethnographic interviews. Despite the comparable weakness of the current literature, this data is important because it provides a basis from which clinicians can begin to examine their own cultural biases, and increase their cultural competence in working with families the Hispanic and Latino populations. Because SLPs working in ECI partner so closely with parents and families, incompetency in multicultural awareness can quickly subvert rapport and intervention outcomes. As such, it is crucial that the clinician consider families' dynamics and practices when designing intervention for infants and toddlers. This review provides an

overview of play behaviors and naturalistic intervention modifications to help clinicians begin to think about potential cultural factors that will influence assessment and intervention for Hispanic and Latino children in the birth to three population.

Discussion

Several important differences were found upon comparing play in white, middle-class American families and Hispanic and Latino families. Play in individualistic Western cultures including the United States is child-led and is prioritized by parents who believe that play is important for cognitive development. These behaviors indicate that parents from these cultures consider their children to be equals in conversation and interactions. By contrast, there is relatively little quality research to describe and support play behaviors in Hispanic and Latino culture; much of the research that has been done is comprised of observational case studies and ethnographic interviews. Based on these studies, play in Latino families is incredibly varied; this variation may be linked to the family's level of acculturation. In families that adhere to a more collectivistic culture, parent-child relationships are hierarchical and play is adult-directed. Parents often use routines instead of play; routines and play are used to teach children to use objects functionally and to teach socially appropriate behavior. In some families, adult-child dyadic play is culturally inappropriate. Instead, play is viewed as an activity that only happens between children. Similarly, Hispanic and Latino families do not expect play to be a part of education, such as at school or in speech and language intervention. Finally, families from this cultural background are at a higher risk for poverty in the United States and may have limited access to appropriate play resources and spaces. These differences are not comprehensive nor are they generalizable to all families from the studied populations. Clinicians should begin the process of collaborating with a family by asking them open-ended questions about their routines and parent-child play in order to determine their beliefs about play.

Clinical Implications

There are an abundance of strategies recommended by the literature to ensure that the service-delivery process for families of children between birth and three years old is

culturally appropriate. Collaboration with parents and families is mandatory for all families served under Part C of IDEA (2004), but special consideration should be given to families from culturally diverse backgrounds including the Hispanic and Latino populations. This is to ensure that clinicians do not inaccuracy assumptions about how a family operates when establishing goals or choosing and delivering the intervention. First, the clinician must establish rapport with the family, internalizing the belief that the parents and the clinician are reciprocally responsible for educating one another and ensuring parent buy-in to therapy. Next, a thorough caregiver interview is recommended to determine a family's beliefs on play, the child's primary caregiver, the language of intervention, and potential barriers to intervention such as transportation and childcare. The language of intervention should always support the home language. Finally, caregivers should help to develop their child's goals and to deliver intervention in ways that are comfortable and culturally appropriate for them. For many families, this will mean emphasizing intervention in the context of routines rather than through dyadic play. In some cases, siblings or other family members may be more effective as the primary interventionist than parents. Above all, culturally sensitive clinician-caregiver collaboration is the most crucial element to ensure success in delivering services to Hispanic and Latino families through early childhood intervention.

Future Directions

Best practice for early-childhood intervention for children from Hispanic and Latino families is still poorly understood due to a lack of high-quality evidence. Additional literature investigating specific intervention strategies (conversational/incidental teaching, milieu and mand-model teaching, child-oriented play, transactional approaches, pragmatic training) will greatly increase our knowledge of the effects of interventions based on success in white, middle-class American families on children and families from culturally and linguistically diverse backgrounds.

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