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James Bay Cree Perspectives on Child Language Development

by

Sara Acton

Thesis

Submitted to the Department of Special Education

Eastern Michigan University

in partial fulfillment of the requirements

for the degree of

MASTER OF ARTS

in

Speech-Language Pathology

Thesis Committee:

Ana Claudia Harten, Ph.D., Chair

Willie Cupples, Ph.D.

Ashley Glassburn Falzetti, Ph.D.

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Abstract

This qualitative research study explores cultural practices and priorities for child language development in two Cree communities in the James Bay Cree Region of northern Quebec, Canada. Using thematic analysis, themes are derived from semi-structured interviews with 24 individuals on topics of child language development, language stimulation, and service provision, with a goal to identify local needs and priorities in each community and to support the development of culturally sustaining speech-language pathology services. Six major themes emerge across the two sites: (a) services and supports for special needs, (b) learning through interaction and demonstration, (c) Cree language, (d) Cree culture, (e) technology, and (f) bilingualism. Comparison across the two sites reveals differences that highlight the importance of developing connections at the community level, more so than the regional or cultural level, to ensure the development of culturally sustaining services.

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Chapter 1: Introduction

Problem Statement

An official policy statement from the American Speech-Language-Hearing Association calls speech-language pathologists (SLPs) to a high level of service in multicultural settings:

Only by providing culturally and linguistically appropriate services can we provide the quality of services our clients/patients deserve. Regardless of our personal culture, practice setting, or caseload demographics, we must strive for culturally and linguistically appropriate service delivery.

(American Speech-Language-Hearing Association, 2004)

There has been a significant increase in attention toward and awareness of the need for culturally appropriate speech-language pathology practice in Indigenous communities in the last 10 years, leading to new research on culturally appropriate assessment and excellent models for further progress in the field. However, there are still significant gaps to address. One contributing factor is the reality that every Indigenous community is culturally unique and most are linguistically distinct, either speaking their own language or their own dialect. There is no shortcut to an Indigenous service model; service providers must be locally focused.

A note on terminology. In this thesis, the term *Indigenous* is used as a general term to refer to First Peoples living around the world, including Native American, First Nations, Métis, Inuit, and Australian Aboriginal communities in the United States, Canada, and Australia. Furthermore, the term *communities* is used to refer to cultural communities and Nations rather than settlements or geographic locations.

Background, Justification, and Significance

To give a representative example of the political and economic disparity commonly in existence between the dominant culture and Indigenous communities, Indigenous children in Canada are more likely to face certain challenges to their development than non-Indigenous children, including growing up below the poverty line (52% of Indigenous children) and living with a single parent (40%). Undoubtedly one contributing factor to single-parent homes is that a disproportionate number of Indigenous adults are incarcerated, with Indigenous peoples (3% of the population of Canada) representing 20% of adults in sentenced custody; 40% of the women in Canadian jails are Indigenous (Dauvergne, 2012). Housing for Indigenous families is often sub-standard, as brought into focus by the Attawapiskat community housing crisis of recent years (Spady, 2013). Indigenous children are more likely to be placed in special education classrooms and less likely to receive a high school diploma (Peltier, 2014; Vining, Long, Inglebret & Brendal, 2017). Indigenous children are also more likely than their non-Indigenous peers to face health problems (Findlay & Janz, 2012; Statistics Canada, 2008), with speech-language difficulties ranked among the three most common parent-reported health issues (Findlay & Janz, 2012; Findlay & Kohen, 2013). Many families have difficulty accessing speech-language services, let alone culturally appropriate services (Eriks-Brophy, 2014). Early speech-language intervention could be a key response to support the optimal development of Indigenous children, especially as they reach school age (Ball & Lewis, 2014).

Approached from an anti-racist perspective, the current situation faced in Indigenous communities can be seen as directly due to the racist policies of colonial

governments that sought to solve “the Indian problem” by coercive assimilation (King, Smith, & Gracey, 2009; Pesco, 2014), for which Indigenous communities are due reparations (Ball & Lewis, 2014). These colonial policies resulted in psychological trauma that continues to be felt in Indigenous communities today (Allison-Burbank, 2016). Historical trauma surfaces in a number of ways, including reluctance to send children to school or to engage with Western styles of intervention, as evidenced in the following quote from a poem published by an unknown Indigenous author in *Media and Methods*:

Will you help my child to learn to read; or will you teach him that he has a reading problem? Will you help him develop problem solving skills; or will you teach him that school is where you try to guess what answer the teacher wants? (“Respect my child: He has the right to be himself,” 1978, p. 34)

One response is to seek to bring social and economic justice to Indigenous communities in whatever way possible through one’s practice (Pesco, 2014) and one’s research (Jonk & Enns, 2009).

Recent educational research offers a framework for thinking about creating justice through the practice of speech-language pathology. Paris (2012) defines *culturally sustaining pedagogy* as a model of education that is founded upon cultural and social justice. Culturally sustaining pedagogy “seeks to perpetuate and foster—to sustain—linguistic, literate, and cultural pluralism as part of the democratic project of schooling” (Paris, 2012, p. 95). In other words, it goes beyond using culturally appropriate practices to support students as they bridge from their home culture to the dominant culture of the

classroom, thus further extending culturally responsive pedagogy (Ladson-Billings, 1995). An explicit goal of culturally sustaining pedagogy is to support students to continue to engage in the cultural and linguistic practice of the home, both in its traditional and in its living, evolving form. In other words, in celebrating diversity, teachers ought to respect and value cultural differences in their students, for example by valuing their dialects as equal to the dominant dialect while at the same time providing access to the dominant dialect. Culturally sustaining pedagogy does not see cultural difference as a deficit and does not “correct” cultural difference.

Indigenous communities worldwide are engaged in the struggle for self-governance. They continue to resist cultural assimilation, which may include choosing to withdraw from Western educational institutions (Peltier, 2014), and many communities have undertaken projects of cultural revitalization. Indigenous cultures are living, evolving ways of being and knowing (Smith, 2012). Culturally sustaining pedagogy and, by extension, culturally sustaining practice, calls educators and service providers such as SLPs to support and sustain the practice of Indigenous culture and the use of Indigenous languages. In order to do this, service providers must be willing to learn and willing to change. Allison-Burbank (2016) offers a list of actions that SLPs can take to begin to address disparities in health and educational outcomes in Indigenous communities, most of which call SLPs to seek to learn from and about the local Indigenous communities that they serve.

Purpose and Objectives of the Study

This thesis is an interview-based qualitative study of Eeyou and Eenou (James Bay Cree)¹ perspectives on early language development and services for children with disabilities, modeled on the work of Ball and Lewis (2014). There are nine Eeyou and Eenou communities in the Eeyou Istchee/Baie-James Territory in northern Quebec, surrounding James Bay. For the benefit of the reader, the English terms James Bay Cree and James Bay Territory will be used through the rest of this paper. The nine communities are spread across a large area of 400,000 km², and can be grouped into inland (Waswanipi, Nemaska, Oujé Bougoumou, and Mistissini) and coastal (Waskaganish, Eastmain, Wemindji, Chisasibi, and Whapmagoostui) communities. According to the Grand Council of the Crees, which governs the James Bay Territory, the total population of the nine communities approximately 18,000 as of 2012 (Grand Council of the Crees, n.d.). In every community, the population is mostly made up of Cree people, though the two northernmost communities (Chisasibi and Whapmagoostui) are also home to a number of Inuit people. Through analysis of in-depth, semi-structured interviews with parents, caregivers, and Elders in the James Bay Cree communities, the researcher seeks to better understand James Bay Cree perspectives on child language development; best practices in speech-language pathology screening, assessment, and therapy; and disability and intervention.

The results of this study are most specifically intended to be used by the locally-based, non-Cree speech-language pathologists and other health care providers working in

¹ The terms Eeyou and Eenou are endonyms for James Bay Cree in the coastal and inland dialects of the language, respectively.

the James Bay Territory. The goal is for the interview results to provide insight into cultural practices in the territory so that service providers can adjust their practice to best align with James Bay Cree culture and priorities and to meet needs raised by participants in the interviews.

A secondary purpose of this study is to shed light on the distinctiveness of Indigenous Nations and the resulting danger of considering groups of Nations, even allied Nations within the same territory, as uniform entities. By comparing interviews from two Nations within the James Bay Territory, this study emphasizes the need for health care and school providers to consider the particularity of the perspectives, needs, and concerns of each community. This motivates the practice of SLPs working with Indigenous clients to make time and space to get to know the different communities to which their clients belong, understanding that every community is meaningfully distinct.

Research Question

The primary research question of this thesis is as follows: What are James Bay Cree perspectives on child language development, the practice of speech-language pathology in the community, and disability?

Chapter 2: Review of Literature

Introduction: Cultural Safety

Over the past decades, service providers have been working to address cultural hegemony and oppression in the health care and educational system. As discussed in Chapter 1, one potential repercussion of historical trauma in Indigenous communities is negative attitudes toward formal, Western health and educational services (Allison-Burbank, 2016). One important model that supports the development of culturally sustaining practice is that of *cultural safety* (Eckermann et al., 1992; Williams, 1999).

Cultural safety is defined as

an environment which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening.

(Eckermann et al., 1992, as cited in Williams, 1999, p. 1)

Cultural safety is a term that defines an outcome of a service encounter: How did the client feel? Creating an environment of cultural safety involves taking on the role of learner and consultant, rather than expert, in an Indigenous community. A culturally safe model of service delivery uses the five principles of partnerships, personal knowledge, protocols, process, and positive purpose (Ball, 2008) to seek out the opinions and goals of caregivers and Elders for child language development and milestones (Ball, n.d.; Ball & Lewis, 2014; Dench, Cleave, Tagak, & Beddard, 2011; Jonk & Enns, 2009; Peltier, 2014). Elders, at least within Native American and First Nations communities, are community members who have been identified as people of wisdom whose opinions are

important in setting community practice. They are often seen as keepers of the culture and/or the language and, in some cases, have little formal education, suggesting less acculturation, or assimilation, to Western ways of knowing (Peltier, 2014). Cultural safety requires the affirmation of Indigenous ways of knowing and Indigenous child-rearing practices as valid and important (Ball & Lewis, 2014; Dench et al., 2011; Jonk & Enns, 2009; Peltier, 2014).

Culturally Sustaining Service as a Path to Diagnostic Accuracy

A second major motivation for the development of culturally responsive speech-language pathology practices is that common standardized assessment tools are inappropriate for use with Indigenous children for a number of reasons (Ball & Lewis, 2011; Dench et al., 2011; Eriks-Brophy, 2014; Kramer, Mallett, Schneider, & Hayward, 2009; Laing & Kamhi, 2003; Miller, Webster, Knight, & Comino, 2014; Pearce & Williams, 2013; Peltier, 2014; Ukrainetz, Harpell, Walsh, & Coyle, 2000). First, standardized tests do not take into account dialectal differences between Standard Englishes and the English spoken by Indigenous communities, such as Aboriginal English/First Nations English Dialect (AE/FNED; Ball & Bernhardt, 2008). Dialect differences may be identified as language impairment in the scoring of a standardized test (Eriks-Brophy, 2014; Gould, 2008a; Pearce & Williams, 2013; Peña, Summers, & Resendiz, 2007). Test items may not be familiar to Indigenous children (Eriks-Brophy, 2014). Even where there are assessments available in the Indigenous language, and especially in communities that are actively working to revive or revitalize their language and where language skills vary, it may be more appropriate to assess children's receptive

language skills, as receptive skills may be stronger than expressive skills due to their language use and culture (Jones & Campbell Nangari, 2008).

Beyond the tests themselves, Indigenous children are taught different rules of interaction than non-Indigenous children. For example, Indigenous children may not wish to answer a direct question where the answer is clearly known to the examiner, as telling an adult something s/he already knows may be considered rude. Question and answer exchanges are uncommon in some Indigenous child-rearing practices (Dench et al., 2011; Ochs & Schieffelin, 1995). In some cultures, silence may be an appropriate response when the question is culturally inappropriate, and looking an adult directly in the eyes when interacting may be considered rude, both of which a Western examiner may falsely interpret as evidence that the child is non-compliant or has lower receptive language skills than his or her peers (Ball & Lewis, 2014; Pearce & Williams, 2013; Robinson-Zañartu, 1996; Ukrainetz et al., 2000, *inter alia*). Beyond language, the worldview of an Indigenous child is likely to be more holistic than that of a non-Indigenous child, where the Indigenous child understands the whole first and places new knowledge into an interconnected and highly relational understanding of the world, rather than building the whole from facts (Kramer et al., 2009; Robinson-Zañartu, 1996). The creation of new, culturally appropriate assessment and intervention materials is needed for practice to become more culturally sustaining (Eriks-Brophy, 2014; Ball & Lewis, 2011, *inter alia*).

Perspectives of Practitioners and Community Members

Speech-language pathologists (SLPs) seem to recognize the need for more culturally appropriate materials: In a questionnaire survey of seventy Canadian SLPs working with Indigenous children, Ball and Lewis (2011) found that 79% (n = 55) of

respondents advocated for the adoption of “an altogether different approach.” All of the respondents strongly agreed that a population- or community-based approach is preferable to an individual-based approach, and they strongly disagreed with the statement that standardized assessments are appropriate for use in Indigenous communities. Respondents noted that cultural mismatches posed a barrier for service delivery. To reach this alternative approach, the SLPs called for more culturally appropriate assessment practices, which involve building trusting relationships with the community and elders, avoiding pulling children out of classrooms to work one-on-one, and using more collaborative settings and criterion-based assessments such as storytelling and dynamic assessments when working with children. A major theme is the need for the development of new assessment tools for use in Indigenous communities.

Ball and Lewis (2014) conducted open-ended interviews with 65 First Nations caregivers and Elders in four Canadian provinces (Saskatchewan, Manitoba, Ontario, and British Columbia). They hired four interviewers, two of whom identified as First Nations and three of whom were SLPs, to recruit and interview participants. Participants were recruited as a convenience sample, interviewed at a location of their choice, and offered a small honorarium as a gift for sharing their time. The interviews were roughly 60 minutes in length and guided by a collaboratively designed questionnaire. Interviews were not recorded, but hand-written notes were taken and answers were confirmed with participants at the end of the interview. They found that community members are, as a rule, in favor of language intervention and speech-language pathology services, and they want these services to be culturally safe. Many respondents expressed a desire for their children to be bilingual, to protect the spiritual connection to their ancestors and culture

that is made possible through speaking their mother tongue. The respondents showed a preference for working with a First Nations practitioner, but nearly 80% ($n = 65$) felt that non-Indigenous SLPs could also support young children's development. However, these non-Indigenous practitioners must be open-minded and must learn from the community, including learning about cultural practices and values.

Steps Toward Culturally Sustaining Services

At present, SLPs working in Indigenous communities often make use of standardized assessment measures (Eriks-Brophy, 2014; Miller et al., 2014). These measures should be supplemented by non-standardized forms of assessment, such as language sampling and/or dynamic assessment (Gould, 2008a, 2008b; Jones & Campbell Nangari, 2008; Kramer et al., 2009; Peña et al., 2007; Ukrainetz et al., 2000; Vining et al., 2017). In other cases, SLPs have been collaborating with Indigenous community members to incorporate Indigenous cultural practices into intervention procedures. This is an attempt to reduce the bias of the test-taking environment and provide culturally responsive intervention services (Gillispie, 2016; Inglebret, Banks-Joseph, & CHiXapkaid, 2016; Inglebret, Johnes, & CHiXapkaid, 2008). Still other SLPs have worked directly with tribal communities to co-create new, culturally-based speech-language pathology programs (Ross, 2016), which is an excellent example of culturally responsive speech-language pathology practice and creating cultural safety.

SLPs have also been partnering with communities to create new assessment and screening tools (Dench et al., 2011; Peltier, 2014). Of all of the adjustments to practice, developing a new tool is certainly the most time consuming and requires the most expertise in the language and cultural values of the community; at the same time, this is

what SLPs working with Indigenous children believe to be necessary in order to provide culturally appropriate service, and creating new assessments should be a goal in the field (Ball & Lewis, 2011). Furthermore, working in an Indigenous language can raise the profile of that language (Jones & Campbell Nangari, 2008), indirectly supporting language revitalization efforts and therefore supporting the community in sustaining their culture.

It is important to note that in order to develop new assessment tools or implement culturally responsive interventions, SLPs need first to gather information about the particular perspectives, needs, and concerns of the community they serve. This thesis provides some insight into cultural practices in the James Bay Territory, which can serve as a reference for SLPs to adjust their practice to the particular needs and priorities of the communities and ultimately foster culturally sustaining practices in the territory.

Chapter 3: Methods

Research in Indigenous Communities

The most important methodological considerations for this work have to do with methods of research in Indigenous communities. Research has long been used as an arm of colonialism, in the service of exploitative and dehumanizing projects. Indigenous peoples have been studied and systematically subjugated throughout history in part through the application of research and the scientific method. The scientific method itself is thoroughly Western and leaves little room for diverse ways of knowing or interacting with the world. Indigenous epistemologies are completely discounted when researchers assume that the scientific method is the only rational or legitimate method to create knowledge (Smith, 2012).

To move forward, research methods *must* support Indigenous self-determination. This is a key component of subverting colonialism and the dehumanization of Indigenous peoples. Self-determination is a transformative and healing process (King et al., 2009). Research must serve the ongoing struggle for justice and the ongoing resistance to colonization in Indigenous communities. It must acknowledge that Indigenous philosophies of knowing are valid and contribute to the diversity of ideas in the world and that Indigenous communities need not be “preserved,” but rather extended (Smith, 2012).

For a non-Indigenous researcher, such as myself, the most crucial element to this new research method is that research in Indigenous communities *must* be based in relationships. The researcher is not the expert, but is the learner. The researcher must commit to the community and contribute to work that is important to and prioritized by

the community. The researcher must choose the community over her career. All of these tenets are central to ethical work (Garrouette, 2003). Furthermore, entering into a relationship with a community is in and of itself a decolonizing process that rejects the colonial notions of “self” and “other” (Stover, 2001).

Collaborative research. In keeping with a relationship-based model of research in Indigenous communities, this project has been undertaken as a collaborative study with the Cree Board of Health and Social Services of James Bay (CBHSSJB). A mutually agreed upon memorandum of understanding (MOU) serves as a contract binding this project to a level of ethics that goes beyond that guaranteed by institutional review board approval. Our MOU includes a provision that the members of the CBHSSJB serving on the steering committee for this project provide resources to facilitate my visits to Cree communities, support my analysis and interpretation of the data, and have the right to review any publications that arise from this project before they are sent to external reviewers. For formal publications, the advance review time is 20 business days.

Given that this project involves both employees of the CBHSSJB and community members at large, approval was given both by the CBHSSJB and by the Councils of the Nations. The project also received institutional review board approval from the Eastern Michigan University Human Subjects Review Committee (Appendix A).

Who benefits from this research? To guard against a situation in which the researcher is the only beneficiary of this work (e.g., is awarded a higher degree, has a publication to her name, advances in her career, garners profits from book sales or public speaking as an “expert”), a major focus of the larger project is to create community education materials on language stimulation practices and child language development

that are based in Cree culture. The materials will be designed for use by families and professionals alike. The goal will be to provide a culturally- and community-based perspective on Cree practices in the home that Cree families and non-Cree professionals can feel equally confident in using. In addition, a major focus of this project is to provide specific suggestions to the CBHSSJB and to non-Cree speech-language pathologists (SLPs) working in the region that support the continued provision of culturally sustaining services. The words of advice and suggestions of the Cree participants with regard to supporting child language development will also provide non-Cree SLPs with Cree voices presenting Cree perspectives that they can pass on to their clients and their clients' families. Due to limitations of space, the researcher will not go into further detail about this aspect of the work in this thesis.

Participants

A convenience sample of 24 individuals was recruited in one inland James Bay Cree community (hereafter, "Site A") and one coastal James Bay Cree community (hereafter, "Site B") for interviews using snowball sampling (Goodman, 1961).

Site A participants. In Site A, a total of 9 participants were recruited. Of these, seven participants were from the community or the lands surrounding the community. One participant moved to the community from another of the nine James Bay Cree communities, and one participant moved to the community from a different and nearby Cree First Nation.

Site B participants. In Site B, a total of 14 participants were recruited. Of these, 13 participants were born in the community or out on the land near the community. One participant moved to the community from another of the nine James Bay Cree

communities. Two of the participants were interviewed together, resulting in a total of 13 interviews from Site B.

Demographics. An overall picture of the demographics of participants from the two sites is presented in Table 1. Note that participants fall into more than one of the listed demographic categories in the table and therefore percentages are provided to clarify this distribution.

Table 1

Demographics of Cree Participants, Sites A and B

<u>Participants</u>	<u>Site A</u>	<u>Site B</u>
Total participants	9	14
Men	3 (33%)	3 (21%)
Women	6 (67%)	11 (79%)
Elders	1 (11%)	6 (43%)
Parents	9 (100%)	14 (100%)
Grandparents	4 (44%)	10 (71%)
Great-grandparents	1 (11%)	4 (29%)
Early childhood professionals	4 (44%)	3 (21%)

Geographic description. Site A is located closer to a non-Cree community than Site B. Participants in Site A are therefore in some ways more likely to have regular, cross-cultural experiences and interactions with Canadian people who do not speak Cree. Anecdotally, some residents of the communities described Site B as being more traditional, given its relative isolation. Though Site B is more geographically isolated

than Site A, there are populations of people who live in Site B that do not speak Cree, so any interested individuals in either site could readily access cross-cultural experiences. Others may routinely interact with non-Cree people as part of their professions. There is also a regular exchange between both sites and professionals such as health care professionals from cities in the south, like Montreal. Many people in the communities seek educational and employment opportunities outside of the community and enjoy travel to visit family or sightsee. Both communities are therefore well-connected and integrated into the globalized world.

Research Design

Over the course of three weeks, the researcher gathered on average 30—60 minutes of semi-structured interviews with the participants. The interviews were conducted in a place of the participant's choosing, with all participants choosing to be interviewed either at their place of work, their home, in a community multi-use building, or in an office at the community clinic. The purpose of the interviews was to learn more about James Bay Cree views on typical child language development, the practice of speech-language pathology in the community, and special needs and intervention. Where permission was granted, the interviews were audio-recorded using a Zoom H2n Handy Recorder. If not recorded, the participants' answers to questions were hand-written during the interview. Twenty-one interviews were conducted in English, one was conducted in Cree with a family member present to translate, and one was conducted in Cree and English with two participants present, with one participant serving as both respondent and translator.

Interview questions. Interview questions were co-created with the steering committee and are included in full in Appendix B, edited to remove community names from the preamble in keeping with the requirements laid out in the MOU. Interview questions focused on childhood learning, child language development, speech-language pathology experiences, community programs to support childhood learning, and services for people with special needs. Participants were invited to discuss anything else on these or other topics at the end of the interview.

Chapter 4: Data Analysis and Results

In this chapter, the thematic analysis method used to analyze the interviews is discussed. In addition, each theme that emerged from the data is discussed individually, and the similarities and differences between the two sites are illustrated.

Thematic Analysis

The interviews in this research study were analyzed using a hybrid approach to inductive, data-driven thematic analysis (Boyatzis, 1998; Thomas, 2006). Thematic analysis was selected for the analysis to provide overall themes from the interviews with regard to best and/or preferred practices in the communities for supporting language development in young children and for providing extra support to children with special needs. These themes are intended to inform the practice of speech-language pathologists (SLPs) and other non-Cree health care providers working in these communities, to help them build and continue practices that are culturally responsive and culturally sustaining. Secondly, the themes will provide information about services that participants would like to see in the communities, to inform the Cree Board of Health and Social Services of James Bay (CBHSSJB) about opportunities to reach more people in the region. Finally, the themes will be used to develop community health leaflets to provide information to families about child language development.

Developing themes. Interviews from each site were analyzed separately to permit a comparison of the themes from each site. To develop the themes, each interview was first transcribed into Microsoft Word either from written notes or a combination of notes and audio. Next, a random subset of interviews (Site A: $n = 4$; Site B: $n = 6$) was selected to use for developing preliminary themes. The transcripts from these interviews were

each read 5—8 times. After close reading, each transcript from the subset was paraphrased and summarized. To develop the themes, the summaries of all 10 interviews in the sample were compared to identify themes and patterns in the data. These themes were then applied to the raw information in the subset of data and revised and enriched where needed. The revised themes were then rewritten into a code, or a defined set of themes, consisting of a label, a description, indicators that the code is present, examples representative of the code, and a list of any situations in which the code would not apply (e.g., exclusions). Once developed, the code was applied to the rest of the interviews in the case study (Site A: $n = 5$; Site B: $n = 8$) to provide referential adequacy (Lincoln & Guba, 1985).

Validity Strategies

Validity strategies were employed to establish the credibility of the themes (Creswell, 2014). Each strategy is detailed, below.

Interrater reliability. To confirm the accuracy of the thematic analysis, 40% of the first-level codes that were developed in the analysis were checked by a second coder to confirm their validity. This process yielded 100% agreement.

Member checking. The design of this study includes a provision in the memorandum of understanding (MOU) that the steering committee will review written products of the project before results are widely disseminated. Their review provides a measure of member checking for this study.

Clarification of researcher bias. Some measure of bias will be present in this study due to the fact that the researcher is not Cree and not a Cree-speaker and is the one who conducted the interviews. All interviews therefore occurred in a cross-cultural

setting, often in a second language, and were analyzed by a non-Cree person. As a result, the research products that result from this project are analyzed with some measure of subjectivity beyond that which normally occurs in qualitative research. Interrater reliability and member checking are used to counteract this effect. Furthermore, where possible, every theme included in the analysis is paired with at least one illustrative quote, identified by a code indicating the site (A or B) and the participant number. These validity strategies, the design of the project with the involvement of community members, and the presence of Cree voices in the text are all intended to remove researcher bias from the analysis as much as is possible.

Themes

Thematic analysis of the interviews yielded six themes. The themes are presented in Table 2. The number of times that a comment relevant to each theme was mentioned was tallied across all interviews in each site to give a quantitative measure of the relative prevalence of the themes in the two sites. Even though the number of times a theme came out in the interview is an important quantitative measure, it might be generally skewed since the number of participants in each site was different, with Site B having more participants than Site A. In Table 2, the frequency with which a theme is mentioned is presented, followed by the total number of participants who made mention of theme.

Table 2

Interview Themes and Number of Mentions

<u>Theme</u>	<u>Sites</u>	
	A (<i>n</i> = 9)	B (<i>n</i> = 14)
	<u># mentions/<i>n</i></u>	<u># mentions/<i>n</i></u>
A. Services and supports for special needs	67/9	116/14
B. Learning through interaction and observation	50/9	85/14
C. Cree language	41/8	64/14
D. Cree culture	14/6	73/13
E. Technology	6/4	42/11
F. Bilingualism	21/9	10/8

Theme A: Services and Supports for Special Needs

Overall, participants in both sites were pleased to have professional intervention services available in the communities. As one participant remarked, “there are programs...happening, there’s early literacy that’s starting, and I think there’s some good stuff happening, they just need to really continue” (A1).

Participants in both sites called for more services and supports for people with special needs in the communities (Site A, *n* = 9, 100%; Site B, *n* = 14, 100%). In fact, this theme generated the most mentions in both sites, and was mentioned by every participant in both sites. One concern was that children with more complex needs were not able to receive services in the community. One parent discussed seeking support for their child’s educational needs, saying, “We were told that the doctor would refer him to a school that’s for special needs, but we would have to move to Ottawa or Montreal” (A5).

Another participant, discussing a family member who lacks access to services, commented that “there is nobody in [the community] to support her. I wish there was a place where she could go get help” (B4). There is also a need to increase general awareness of available services. As one participant put it, “Well, I guess [for] special needs we don’t have anything much here” (A3), and another suggested, “We need to let [parents] know that we have services for them, that’s free” (B11).

Participants wanted to see more supports for families, with parents in particular needing extra help. Participants reported hearing parents “say things like, ‘I’m tired, and there’s no one to help me.’ They need a babysitter so they can have a night off. [A] support group would help them to connect with other parents who understand” (A4). For those parents who need a break, some participants mentioned a respite home: “I know they’re looking for a place...like a respite home, where they can have the children” (B11). Others called for parent training, to make “more parents aware...[of] what they need to do with their children” (B11). In other words, to train parents in general parenting skills, especially with Elders.

Participants also discussed the services that community members are receiving in Montreal and Ottawa. Many participants reported that they know of someone with special needs who had been diagnosed (typically at a hospital in the south, for example Montreal), and the services stopped there. The participants felt that there was no teaching about what the diagnosis meant, what family members could do to support the individual with special needs, where to go for help, prognosis for improvement, or what to expect: “Since there’s no one around in the community, any services or anything, that would be the service that they give us...some sort of course...for us to take to learn how to work

with our child” (A5). Misdiagnosis in Montreal was also reported, “because of the different environment. They’re flown out to Montreal, and they’re in a strange environment, and they don’t speak. They come back with a diagnosis, and they come and their fine, they’re running around talking” (A1). Others expressed positive views about the quality of care that community members receive in the southern cities. One participant talked about a young relative: “I like it that he’s going there [Montreal/Ottawa] for help, ‘cause here they couldn’t help him. He has lots of help there.... He got accepted there. ‘Cause he’s doing much better” (B3).

With regard to speech-language pathology in particular, participants felt that one visit per year was not sufficient and that they did not receive enough information about the SLP’s recommendations after that visit. One parent reported, “I didn’t follow up with what [the SLP] recommended [for my child]. My other question was, is it fixable, by practice, or what’s the pointers that she gave us that we can do at home, do they work? I would have liked to know” (A3). At the same time, participants felt that SLP services were worth seeking out. The same parent quoted above remarked, “If [an SLP] was willing to see [my child], I would still take him” (A3). Another stated, “I recommended [speech therapy] to my sister [for her child]” (B12).

Some participants recommended using the land itself as a source of healing and language intervention: “The real Cree words are in the bush, and we have to take the kids to the bush and show them these words. Fishing, landscape, plants” (A6).

In Site A, participants raised concerns about community members with special needs being bullied and excluded ($n = 6$; 67% of participants). There is a sense that people with special needs are forgotten and that the presence of special needs is hidden.

One participant reported, “sometimes kids with special needs feel left out or don’t want to participate. There is some bullying, the other kids do exclude them sometimes and start saying, ‘namui chi’ [not you]” (A4).

In Site B, most participants expressed different views about the age when a child should be identified to receive intervention ($n = 13$; 93% of participants). Some felt that children should be identified between 2 and 3 years, because “by two they should be saying enough words to be understandable. At least, certain things” (B12). Others suggested that children should receive intervention “at four years old...when they don’t talk” (B7). Another group felt that children learn to talk and walk at their own pace, and some may never learn how. One participant related, “We have seen persons that don’t talk at all. And we know a guy from [community] who couldn’t talk at all, and still he did the same things as everybody does...there was nothing wrong with him” (B8). Another participant expressed concern about the practice of diagnosing children in the first place:

I believe that there’s too much emphasis on the special needs, as to what the child has, and not really making sense of the part that this child came to us—if that child came to us in that way, then it’s a test for us of our own acceptance...we were taught that you must give love, extra, extra love to this child when that is visible. (B1)

In sum, participants were generally in favor of increasing access to services in the communities, suggesting that the health board and local SLPs have an opportunity to expand upon current services. In particular, increased supports for families through support groups and respite homes as well as individual counseling with regard to advocating for and supporting family members stand out as areas of need. At the broader

regional level, local services for children with more complex needs would be welcomed, as it would allow families to receive services while staying close to their relatives, friends, and homes.

Theme B: Learning Through Interaction and Observation

Every participant in both sites described learning, and the picture that emerges is that learning requires both interaction and observation (Site A, $n = 9$; Site B, $n = 14$). With regard to interaction, children learn “through play, reading, singing songs, asking questions, imitation, teaching them manners, respect. Love them” (B9). They benefit from interacting with Elders, parents, and with peers. As one participant remarked, “At preschool, the kids always learn from play. They learn how to talk Cree, how to communicate with other kids, speech” (A7). If teaching is paired with demonstration or direct observation, it is even more effective: “When he hears, but doesn’t see, he can’t understand” (A6). Some participants recommended using shorter sentences “to explain in the simplest terms, and to try to demonstrate what you’re saying, and ... being repetitive” (A3) as one means of facilitating learning.

Observation was also described as a key component of learning: “[Children] see what we do, and imitate us” (A9). In particular, the skill of listening was mentioned in both sites as an important element of learning. “It was your role, your responsibility, to listen as a child, as a young person.... Today...that value is no longer solid.... [children are] not actually listening, and they talk back to you” (B1). Another participant suggested, “Parents should teach their children how to listen.... Model dialogue. One speaks and the other listens, then one speaks and the other listens. You don’t speak when I talk, when I am finished I can listen to you” (A6).

When children, especially young children, are learning, it is important that adults take care when offering correction: “If I hear them say a word that’s not correct, and it’s kind of slang, that they’re trying to make up, I always correct it. To make sure that they know that the word that they’re using is not actually the best work. But I don’t say that, ‘You’re not supposed to say that’” (B1). One participant suggested, “when they’re small, like when they’re growing, as they try to pronounce the words, we can help by correcting them. Not in a way where they feel ashamed, but properly correcting.” To prevent feelings of shame, the participant suggested, “try not to laugh” (A3). Participants also recommended monitoring voice levels when interacting with children: “We shouldn’t talk to them hoarsely, like loudly, and just talk to them nicely.... Not getting mad at them.... Because the way you treat your kids, they’re going to be like whatever you treat your kids with growing up” (B8).

In Site B, half of the participants described the learning process as being a lifelong, individual process ($n = 7$; 50% of participants). People listen to stories or instruction, and learn from it when they are ready, throughout their lives. As one participant put it, “Being on my own, ... a lot of things they still come back. At my age... what my father taught me, trying to teach me, they still come back” (B6). Everyone learns at a different pace, and people have to be open to accepting a teaching for it to be effective. For example, one participant expressed that it would be inappropriate and ineffective to tell young parents how to raise their children, saying, “I don’t take over to say, ‘This is not how you parent, or this is how it should be,’ but I just remind them that they should maybe turn their attention to this way of speaking to their kids.” The consequence of correcting someone who is not ready to hear the lesson is that “your

teaching is not as strong” (B1). Learners are also responsible for putting in the work to follow the teaching. If they do so, they earn credit for the learning that they accomplished. One participant described seeing a young person follow through with teaching:

I don't want to say, 'See, I told you how to do it. It's me that told you how to do it.' ... They don't get credit for that. You tell them 'I am the one who is getting the credit.' But if you would rather give them the credit... the way I tell them is, 'What you did was your effort... you did it. (B6)

SLPs hoping to provide opportunities for language stimulation for children ought to confer with community members and Elders to provide culturally sustaining learning opportunities. These will likely involve opportunities for quiet observation and listening, for interaction with others, and may include a demonstration and/or hands-on activity. When possible, children would benefit from being exposed to Cree styles of conversational interaction and turn-taking, to learn this important aspect of communicating in Cree.

Theme C: Cree Language

Participants agreed that Cree language is very important (Site A, $n = 8$; Site B, $n = 14$). More than half of the participants ($16/23 = 70\%$) listed Cree language as the most important thing that children learn. The language is important “so they don't lose their identity” (A6), and “to keep our traditional ways, and I think it's important too, 'cause a lot of other Natives and other communities and especially other provinces don't have their language, because us, we still have our language” (B3). The strong tie between cultural practice and language use was described by one participant: “The language

[children should] use, mainly it's Cree for traditional values" (A8). There was also support for Cree language learning in school: "It's important to understand and speak Cree. Around here I have started to hear English all the time, even the little kids" (A4).

The Cree language is currently undergoing changes that were worrisome to many participants. Participants observed that young children are using more English than Cree or mixing English and Cree. One participant described a preschool child who "prefers English. When I talk to her in Cree, she doesn't understand. When I tell her in English, she understands. I explain what it means in Cree" (B10). Another reported, "I found with my two youngest...some of the things they say in Cree, they're kind of mixing English-Cree...when they talk" (B11). Some participants felt that these observations require action: "For today's generation, they don't really know how to speak Cree well, and me, my generation, we don't either. I would like to try to support Cree" (A7). One contributing factor that participants identified was the continuing effect of residential schools in the community: "We weren't allowed to speak Cree [when] we were in the residential schools.... I taught myself how to read Cree" (B5).

Several methods to counteract language change and language loss were recommended by the participants. Some observed that children were being exposed to English early and speaking more English at an earlier age: "I've noticed that some parents are speaking English a lot to their children, even though they know how to speak Cree. And we're starting to see that our kids are starting to lose their Cree. And no wonder, because they keep talking their kids in English or French" (A5). Instead, participants advised that parents should "always speak to [children] in Cree" (B5), making use of correction and "repetition, of certain words that they might have problems

with” (B12) to support language learning. In addition, children should be exposed to adult language more than baby language or baby talk, which is a simplified set of common words that is easy for babies to pronounce. This type of word set may also be referred to as nursery vocabulary: “My mother, she raised nine children and she never talked to them in baby language...so she says, ‘Don’t talk to your child in baby language. Talk to them in adult language’” (A8). Finally, parents can support their child’s language development by interacting with their children at home: “Sometimes I just sing, they get more interested, then they start to play, then they start to talk” (B9). Another suggested, “playing, or...getting them to help me, what I’m doing...involving them” (B13).

Supporting the Cree language is an essential part of culturally sustaining SLP practice in these communities, but it is not the SLP’s role to “save” the language from decline or dictate home language use, as each family has the right and agency to make their own linguistic decisions. Furthermore, choices that families make are complex and impacted by many factors that are not immediately apparent, including relative levels of proficiency in Cree and English/French, which may be a source of discomfort to parents. However, SLPs can provide counseling to families with regard to the benefits of bilingualism and can provide community-wide opportunities for access to language stimulation with Elders and language teachers. Some such programs are already in place, such as story-telling clubs. SLPs can also provide families with advice and encouragement such as that provided by other parents, above, with regard to methods of increasing access to Cree language in the home.

Theme D: Cree Culture

Raising children in the Cree culture was important to participants from both sites (Site A, $n = 6$; Site B, $n = 13$). Specifically, participants frequently mentioned the value of learning “respect toward others, especially peers” (B9). Another important value to learn is independence, such as being able to “dress [one]self, get drinks for [one]self” (B10). In addition, participants talked about the value of listening, which was discussed somewhat under Theme B, as it is both a means to learn and a defining cultural practice: “Listening is our culture” (A6). One participant talked about traditional roles in the home: “In the old days, we didn’t have any television inside the house. Only the parents would talk. So, the children would listen” (B8).

Participants made observations about cultural change in progress. One participant reported that she “can see the difference between their ages,” indicating that ongoing changes in culture are most visible in the new generations: “not how we were taught, but different, very different” (B5). Another participant expressed concern that “parents don’t take their kids out on the land often” (A6). Another felt that parents should teach “our culture, our traditions...the Cree ways, hunting and preparing food” (A5). The value of traditional life was discussed by a few participants: “When we start getting into this domestic...lifestyle of living, like driving and doing less physical work, it interferes with a lot of things.... You have to work to earn a living [the traditional] way. But it’s the healthy way of doing it. You get your health” (B6).

In Site B, there was significant discussion of recent changes in how Cree people live ($n = 10$; 71% of participants). Several participants were born and raised on the land, living in teepees, and have lived through a major transition from that traditional Cree

lifestyle to a permanent settlement. Participants described that, at first, it was more common for people to live in houses with multigenerational families, but now it is more common to find nuclear families in houses. In particular, people discussed how this has affected child-rearing practices in the community: “We used to live in teepees all the time. And...as the child grows up, when he is a baby...everybody helps that child” (B5). One participant commented about the impact that living with Elders had on Cree-language exposure for her children: “With my first two, we were living with my in-laws, they are older people. So maybe that’s why...they know more Cree than their siblings. So, it helped being with Elders, I guess I can say” (B11). However, another noted, “These days, [young parents] have their own places right away, as soon as they have children they don’t live with their parents, they don’t live with somebody old. They just want to be separated right away but before it wasn’t like that” (B3). Some participants felt that these young parents do not always know how to raise a child: “The lack of [parenting]...it’s going way beyond what we—gone too far” (B6). Children have more time with no adults around: “even at the...playground. Left there without supervision. But I don’t think it’s safe to leave your kids there” (B3). One participant shared a hopeful vision for young Cree people to carry out: “We need the future—our future. We need hope. And [young people are] the hope. And they’re the future. And we have to make them realize that. Once they realize that they’re going to become strong. ...They’re going to become leaders” (B6).

Culturally sustaining SLP services must provide support for Cree cultural practices. It is important to note, though, that SLPs are not responsible to ensure that cultural transmission is carried out. Rather, SLPs should strive to affirm the value of Cree

culture in their practice by transforming their own SLP services to fit within existing Cree cultural events or norms and providing examples for how parents can use their own homes and cultural spaces to support their children's language development. SLPs do need to be aware that cultural practices of child-rearing are currently shifting and should interview families to understand the cultural practices that are important to them, perhaps especially in terms of caregiver roles. At a community level, providing access to parenting classes, as is already happening in the region, can offer an opportunity for nuclear families to become more integrated in the community and community cultural practice and can allow Elders an opportunity to share their knowledge about how to raise Cree children.

Theme E: Technology

There was a pronounced difference in attitudes toward technology in the two sites. In the Site A interviews, technology was rarely mentioned by fewer than half of the participants ($n = 4$; 44% of participants), and when it was, it was viewed mostly positively. Technology was considered to provide learning experiences for children: "I think even TV is good, I would buy [my children] educational stuff...DVDs, books, ...iPads, ...apps" (A1). One participant observed that technology taking the place of parent-child interaction: "Now it's like, here's an iPad, and let me enjoy my coffee" (A8).

In Site B, technology was a frequently mentioned topic by most of the participants ($n = 11$; 85% of participants) and was considered to replace teaching and interaction. Participants felt that use of technology should be limited. Of 42 mentions of technology in the Site B interviews, only two (5%) were positive and referred to learning opportunities provided by technology. For example, one participant hoped for "more

different shows and books in Cree. Or games on the internet in Cree—some kids learn English from the internet” (B2).

One worrying impact of technology mentioned by Site B participants is its effect on language learning. Children “get the language from the technology, like television” (B8). As a result, many participants felt that technology is a source of Cree language loss: “We could understand her more when she talked in English than in Cree. And I can say well, it’s from the TV—a lot of TV that she was watching” (B11). Technology can also replace traditional teaching and child-rearing practices:

Ever since we had...all those technology...computer and television and all those things, ...the children don’t really learn from their parents or from the grandparents. Because they’re always playing with it and turning the TV on as soon as they come in and...the parents cannot talk to their kids as much as they should do. (B8)

Technology also interrupts one-on-one interactions with children. One participant described it this way: “I notice the TV is the baby-sitter, most of the time. You would turn on the TV and you would put your kids there and they would watch the TV. And then the parents doesn’t do anything. They just let them be. They don’t do activities with them” (B3). Some shared that technology can also make people lazy and unhealthy: “Once you write down something, you forget about that.... And that’s when your mind gets lazy. ‘Cause if your mind gets lazy, your body gets lazy, too” (B6). Given all of this, many participants suggested the need to limit the use of technology, especially with children, because the child “already sees that you’re watching TV, you’re on your cell phone a lot, and the child knows that you’re ignoring him” (B7).

The variety of different views about technology should encourage SLPs to proceed with caution. For example, SLPs should never assume that technology is the best choice for intervention if another, low-tech option is available and preferable to the family. Some families may be in favor of using technology to support children, but others may be strongly against it.

Theme F: Bilingualism

Bilingualism in either English or French and Cree was seen as a necessary skill by participants in both sites, for educational and business purposes (Site A, $n = 9$; Site B, $n = 8$), as highlighted by one of the participants' comment: "They cannot go to college if they cannot write and read in English" (A5). Most participants shared that they want their children to be school in "English and French... 'cause they can go anywhere they want to go with the language" (B3). As one participant put it, "it's easier for them to have more languages to feel comfortable—for a better life" (A2).

It is important to point out that Bilingualism was the only theme that generated more mentions in Site A than in Site B (Site A: 21 mentions; Site B: 10 mentions), which may be reflective of its location relative to Site B or perhaps the higher number of parents of school-aged children in the sample. This discrepancy will be further considered in the discussion. In addition, participants in Site A reported mixed views about bilingualism, with some participants specifically talking about the challenges of bilingualism. For example, two participants referred to the switch from Cree to English in first grade at school and felt that children are behind when they switch to English: "I think they want to teach kids in Cree all day...and I know parents are complaining, because when they finished elementary they cannot seem to write or read in English" (A5). Another parent

described the tension between Cree and other languages by remarking that “it would be more comfortable [if schooling was in Cree all the way through]. But then again, if it was Cree all the way, [they] would still have to go to college, and there’s no Cree college. So, they have to learn another language” (A1). One participant suggested that learning two languages is harder and takes longer than learning one. Another participant reported a physician’s suggestion that exposing a child to two languages “can confuse children—they think this was part of what was happening with my son’s language delay” (A9), which view is not supported by the literature on bilingualism and will be further discussed below.

SLPs in the region have an opportunity to share with community members and health care providers such as physicians about the benefits of bilingualism, including benefits for children with language disorders. Given the fears that participants reported about the strength of the Cree language, providing educational opportunities to learn more about bilingualism would allow SLPs to indirectly support the use of Cree in the home and could thus be considered part of providing culturally sustaining services.

Chapter 5: Discussion

This study was designed to identify Cree priorities for supporting child language development in two communities in the James Bay Cree Territory as well as Cree perspectives on the practice of speech-language pathology in the communities and on disability. In this chapter, points of similarity and difference between the two sites will be discussed as well as potential explanations for the observed differences.

Comparison of Themes

While all of the themes were present in the interviews from both sites, there were some pronounced differences in the perspectives offered by participants in the two sites. These differences are visually represented in Table 3. Each theme is considered in detail in the following sections.

Table 3

Distribution of Themes Across Two Sites

<u>Theme</u>	<u>Both Sites</u>	<u>Site A</u>	<u>Site B</u>
A. Services and supports for special needs	Want more access to services	Bullying concerns	Different perspectives on speech disorders
B. Learning through interaction and observation	Learning is interactive/requires observation		Internalizing lessons over lifetime
C. Cree language	Learning is interactive/requires observation		
D. Cree culture	Importance of Cree culture, core values		
E. Technology		Learning benefits	Source of language loss, cultural change
F. Bilingualism	Necessary for life	Challenges of bilingualism	

Theme A: Services and supports for special needs. Participants in both sites agreed that they would like to see more services available in the communities, so that individuals with complex needs can stay home and receive services. This lack of access to services corroborates the findings reported in Eriks-Brophy (2014). More services for parents, such as support groups, a respite home, and parent-training, would also be welcome. While participants expressed gratitude for services offered in Montreal and Ottawa and for speech-language pathology services, they also identified some areas of need, including counseling about diagnoses and follow-up support or training to equip families to support their family members with disabilities.

Participants in Site A expressed concerns about bullying toward and exclusion of community members with special needs, but this topic was not discussed in the Site B interviews. While it is possible that bullying is more prevalent in Site A than Site B, there is no reason to assume so. It is quite possible that this difference stems from the different experiences and observations of the participants in the convenience sample. Perhaps, being younger overall, the participants in Site A have more access to the experiences of school-aged children and therefore hear more reports of bullying. Another possibility is the proximity of Site A to a Canadian settler community. Residents of Site A may have been targets of bullying by residents of the settler community, which is not an unreasonable conjecture given the colonial history of the region. It is also possible that there has been more of a cultural exchange between Site A and Canadian communities than between Site B and Canadian communities and that bullying is relatively more prevalent in Canadian communities than in Cree communities. Both of these suggestions are hypothetical, but possible, sources of this difference between the two sites.

In Site B, participant comments appear to reveal different perspectives on speech disorders and disabilities involving both traditional and present-day views. While some participants felt that children will learn to speak at their own pace and that children should not be labeled with a diagnosis, others felt that early diagnosis and intervention is most effective for children. On the other hand, participants in Site A seemed to hold a more homogenous perspective on speech disorders and disabilities. This may reflect the relative age of the participants in Site B, who were older than the participants in Site A, and it may also reflect the relative geographic isolation of the community, more freely allowing for the continued use of traditional practices.

Theme B: Learning through interaction and observation. In both Site A and Site B, participants discussed the interactive nature of learning and that children learn through imitation, demonstration, and repetition. Children learn language through play, singing, asking questions, and interacting with others. They learn a lot from listening and observing. Children need to learn how to treat others, and they can learn this from how others treat them.

In Site B, participants talked about internalizing lessons over time, such that they still are learning from things that their parents or Elders taught them years later. Participants also discussed methods for teaching and correcting others, sharing that people need to be open receiving the teaching for it to be effective. They described how learners are responsible for taking what they hear and putting it into practice. The fact that methods of learning and teaching were only mentioned in Site B maybe due to the demographics of the sample. This topic was mostly mentioned in interviews with Elders, who make up a greater proportion of participants in Site B than Site A. Elders' teaching and advice is highly valued and Elders have years of experience with giving effective advice. Elders are very knowledgeable about the processes of teaching and learning.

Theme C: Cree language. In both Site A and Site B, participants discussed the importance of the Cree language and reported their observations that younger adults are speaking Cree with less fluency. In addition, participants in both communities reported hearing children speak English or a mix of Cree and English and that children are exposed to English at an earlier age. Participants noted that younger families are leading modern lives and spending less time on the land. The fact that participants in both sites

observed changes in Cree language use suggests that there may be a territory-wide shift in the status of Cree in the communities, with an increasing preference for English.

Suggestions to strengthen the Cree language were offered by participants in both sites and included speaking only Cree at home, using adult language, and providing a language-rich environment for children by interacting with them.

Theme D: Cree culture. Participants in both sites agreed that raising children in the Cree culture is important, particularly with regard to the values of respect and listening, and learning independence. They also agreed that there is an ongoing cultural change in the communities, especially visible across generations. For example, families spend less time out on the land.

On the other hand, only participants in Site B discussed changes in the traditional organization of family life, including the role that Elders play in child-rearing, with whom young parents live while they raise their children and the effect of houses on traditional family life. The age difference between the participants in the two sites is a possible reason for this difference. Older participants in Site B, especially great-grandparents, raised their children very differently from how young parents are raising their children today. Additionally, the shift in child-rearing patterns appears to be relatively recent in Site B, given that some participants reported living with in-laws or parents to raise children roughly 20 years ago. This change could therefore be more visible to Site B participants. It is possible that practices in Site A shifted earlier, or even that cultural practices determining who lives with whom have been different in the two sites for much longer; the regions surrounding the two sites have long been culturally and linguistically distinct.

Theme E: Technology. Technology was commonly mentioned by participants in Site B as being a cause of language loss, cultural change, and something that families should try to limit. Technology was rarely mentioned in the Site A interviews, and when it was, it was most often to discuss the benefits of technology for learning.

As a general rule, older participants were more likely to express concerns about the use of technology and to observe how familial interactions have been impacted by the constant presence of technology in modern life. As the participants from Site B were older overall, this is likely the source of the difference between the two sites.

Theme F: Bilingualism. In both sites, participants discussed the necessity of bilingualism for life in the modern world. French and English are languages required for higher education, employment, and access to the broader world.

In Site A, participants reported mixed views about bilingualism. Some felt that learning two languages slows learning but does not cause problems. Others reported being told that learning two languages causes confusion and is harmful to child language development. This view in particular is not supported by research evidence, including research involving children who have communication disorders. For example, Reetzke, Zou, Shen, and Ketsos (2015) found no significant difference on standard measures of language competence between monolingual children and bilingual children with autism spectrum disorders.

The relatively high proportion of parents and early childhood professionals in Site A may help to explain the prevalence of discussions about bilingualism in this site, and the higher number of mentions for this theme in Site A than in Site B. Parents need to choose whether to send their children to English or French schools, and early childhood

professionals see children through the transition from Cree-monolingual daycare and kindergarten into monolingual English or French schooling and can observe choices that parents make to help prepare their children for this transition. Parents observed that children fall behind when they switch to English in school, so they may prepare their children by exposing them to English or French at an earlier age. At the same time, participants from Site A discussed the importance of Cree cultural identity for children. Undoubtedly, parents feel a tension between helping their children to succeed in school and in their futures and in helping them to have a solid Cree identity. If parents experience this tension as a source of stress, they may be more likely to mention it in an interview including questions about language and education.

Concerns about the role of Cree language in education have been ongoing in the region for decades, at least since the 1970s. One outcome of the signing of the James Bay Agreement in 1975 was the formation of the Cree School Board in 1978, which has regional authority over education in the communities and the freedom to design curricula and determine the language of instruction (Burnaby, MacKenzie, & Salt, 1999). An assessment of parents' perspectives revealed a lack of consensus about the use of Cree as a language of instruction in the schools. One general pattern emerged, which was that communities with more traditional economies preferred more Cree in school, while communities with less traditional economies preferred more English in school (Tanner, 1981). In 1994, the Cree Language of Instruction Program (CLIP program) was instituted, whereby students received the majority of instruction in Cree through the end of third grade, with second-language instruction in English or French slowly increasing year by year. In fourth grade, students received half of their instruction in Cree and half

in English or French, and in the later grades more instruction was received in the second language than in the mother tongue (McAlpine & Herodier, 1994). Educational outcomes varied in different communities in the region, and some communities piloted instructional programs with 50/50 Cree and English/French starting in Kindergarten as early as 2005 (The Nation, 2004). In 2007, the Cree School Board Education Assembly resolved to assess the CLIP program region-wide (Nicholls, 2007). Throughout the region, views about bilingualism and language(s) for education are still in flux in the communities and still important to parents and educators (David, 2012). The continued lack of consensus around languages for school instruction came through in the variety of viewpoints expressed by participants in this study.

Perspectives on Language Stimulation in the Two Sites

Germane to this project is the question of how people in the James Bay Cree Territory provide language stimulation to their children. There is broad agreement between the two communities that frequent, intentional interaction with children supports their development (compare other cultural perspectives described in Ochs and Schieffelin, 1995). Participants suggested talking with young children in adult language, not in baby language or baby talk, a restricted set of nursery vocabulary that is easy for young children to pronounce. Participants also recommended using demonstration in teaching, and asking children to repeat words. Activities that support child language learning include hearing people talk, sing, and tell stories; interacting with adults and peers; and reading. Participants recommended talking to babies when they are very young, before they are able to talk.

In both sites, participants shared about the value of teaching children how to listen, for example to stories, and suggested that children are having more difficulty learning how to listen at present. Some participants indicated that technology plays a role in the change in this practice.

In both sites, participants expressed concern about the status of the Cree language in the community and recommended that children should be monolingual Cree speakers before they enter school. A number of participants hoped to see more programs in the community to specifically support the Cree language for children and adults.

Chapter 6: Conclusion

The results from this study lend themselves to conclusions and potential clinical implications that promote the provision of culturally responsive services not only to these two communities but also to other Indigenous communities. In this chapter, insights into the cultural practices of these two communities are highlighted and suggestions are provided to guide service providers to adjust their practice to best align with James Cree culture and priorities and to attend the needs raised by participants in these communities. Research limitations and directions for future studies are also discussed in this chapter.

Implications for Culturally Sustaining Services

Culturally sustaining services in these communities should include support for Cree language and cultural learning. Participants from both sites shared ideas for community-level intervention. One potential avenue for exploration in Site A is the development of a language enrichment event that happens out on the land, and another is a Cree storytelling group. Both of these are suggestions from participants in this study. In Site B, programs to support Cree literacy and parent training regarding language use in the home might be considered. Involving Elders in programming should be considered wherever possible. Given that all of these services provide language stimulation at a community level and equip parents to provide more intervention independently, they are valid pursuits for a speech-language pathologist (SLP). In fact, Ball and Lewis (2011) report that SLPs across Canada see the need for more community-level intervention in Indigenous communities.

The analysis of the interviews clearly revealed that community members feel that after a child is assessed or receives a diagnosis, there is not enough follow-up from the

professionals involved, and they feel that there is a need for more services in the community. Increasing the number of therapists in the communities would be the best way to help to address this, though there may be other options, such as offering family or community training sessions. Some participants expressed interest in using more technology in intervention and learning opportunities for their children, and others feel that technology is a major source of cultural change and language loss. Technology should be carefully considered on a case-by-case basis for use in intervention, especially considering that technology is in some ways perceived as a tool of colonization, causing cultural change and language loss. In addition, participants from Site B discussed significant cultural shifts that have occurred over a relatively short span. Moreover, there was no consensus about the value of diagnosis—indeed, some participants opposed it—and formal intervention. In response, speech-language pathologists and other intervention specialists working in the region will want to carefully consider how to counsel families about the needs of children. In particular, speech-language pathologists should make an effort to involve family members in decision-making about evaluation and intervention. This care ought to be extended to every community in the region as a means to foster cultural responsiveness and cultural safety; it is possible that similar concerns about rapid cultural change and similar ambivalence about formal intervention exist in Site A but were not captured by the interviews due to the demographics of the convenience sample. Whenever possible, SLPs should work with families to do the following:

- Include multiple generations of the family in the decision-making process, especially grandparents or Elders.
- Understand whether the family wants a diagnosis for their child.

- Provide in-person counseling about the diagnosis, including what the family can expect, prognosis for improvement, and the effectiveness of any methods of intervention recommended by the SLP, while being considerate of cultural safety. Taking the role of a co-creator of intervention is often more productive than taking the role of the expert.
- Connect families to local training opportunities about their child's diagnosis and language stimulation practices.
- Involve families in decision-making about any technology considered for intervention.

The results of this study can be applied to clinical practice more broadly. Practitioners working with Indigenous clients or in Indigenous communities need to be aware that, although two individuals may belong to Nations that share close connections such as a cultural, linguistic, or political connection, there are important cultural differences between communities. SLPs seeking to provide cultural sustaining services in Indigenous communities must seek to understand cultural perspectives and priorities in each community in which they practice.

Limitations

The greatest limitation to this study is the fact that the interviews were conducted across a cultural boundary and in English. The interview situation may have impacted what participants shared and chose not to share. A stronger study would have been conducted in English by a First Nations researcher, and stronger yet would have been conducted in Cree by a Cree researcher. In addition, this study could have been strengthened by interviewing more people of a broader range of ages.

Had there been a more extended timeframe for developing this project, seeking an initial ethics approval to collaboratively design the study with the community would have strengthened the process. However, the steering committee provided important feedback on the materials used in this study, especially the wording of the questionnaire.

Directions for Future Research

As discussed in the previous chapter, the results of this study not only pointed to similarities but, very importantly, to differences between the two communities who participated in this study. This would indicate that multicultural practice ought to be much more granular than general: Both of these communities are considered to be James Bay Cree communities, generally sharing a culture and a language. The difference between them shows that SLPs must truly bring a local focus to their practice, more so than, for example, a Cree focus, and certainly more so than an Indigenous focus.

Truly local services are important for a number of reasons. First, the different languages and dialects spoken in different Indigenous communities impacts the First Nations English Dialect (FNED) spoken locally (Ball & Bernhardt, 2008). If services must be provided in English, understanding the local dialect of FNED is critical to the process of differentiating between dialect and disorder. This would also hold true of French, or any other second language in use in a community. Second, the results of this work demonstrate that SLPs need to think beyond the level of serving a Tribe or Nation, but they also need to ensure that communities within that Tribe or Nation receive appropriate services. Factors such as geography, proximity to and integration with other communities, and the role of different languages within the community may all affect what culturally sustaining services look like.

Unfortunately, there is a limited number of studies on service provision to Indigenous populations, and very often the only literature available to SLPs often discusses a different Indigenous culture than their client's culture, which is very problematic. SLPs working with Indigenous clients should, at minimum, bring an openness and a willingness to learn from their clients to their interviews and therapy sessions. This is an important step towards providing culturally sustaining speech-language pathology services in Indigenous communities.

Ideally, this work would one day be extended to all nine of the James Bay Cree communities, with interviews conducted in each, so that every James Bay Cree community could be offered services that meet local expectations and needs.

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APPENDICES

Appendix A: IRB Approval

RESEARCH @ EMU

UHSRC Determination: EXPEDITED MODIFICATION APPROVAL

DATE: May 13, 2016

TO: Sara Acton, BA, MA
Department of Special Education
Eastern Michigan University

Re: UHSRC: # 802269-2
Category: Expedited
Approval Date: May 13, 2016
Expiration Date: December 13, 2016

Title: East Cree Perspectives on Child Language Development: Toward a Culturally Responsive Speech Language Pathology Service Model

Your requested modifications for the project entitled **East Cree Perspectives on Child Language Development: Toward a Culturally Responsive Speech Language Pathology Service Model** have been approved in accordance with all applicable federal regulations.

This approval includes the following: *[list modifications here; remove suggestions below as applicable]*

1. Addition of audio recording.
2. Addition of teachers, language educators, and daycare workers to the sample. The sample size will remain unchanged.
3. Use of the modified stamped *consent forms (2)*.

Renewals: This approval does not change the original expiration date. This study expires on 12/13/2016. If you plan to continue your study beyond 12/13/2016, you must submit a Continuing Review Form by 11/1/2016 to ensure the approval does not lapse.

Modifications: All additional changes must be approved prior to implementation. If you plan to make any minor changes, you must submit a **Minor Modification Form**. For any changes that alter study design or any study instruments, you must submit a **Human Subjects Approval Request Form**. These forms are available through IRBNet on the UHSRC website.

Problems: All major deviations from the reviewed protocol, unanticipated problems, adverse events, subject complaints, or other problems that may increase the risk to human subjects or change the category of review must be reported to the UHSRC via an **Event Report** form, available through IRBNet on the UHSRC website

Follow-up: If your Expedited research project is not completed and closed after **three years**, the UHSRC office requires a new **Human Subjects Approval Request Form** prior to approving a continuation beyond three years.

Please use the UHSRC number listed above on any forms submitted that relate to this project, or on any correspondence with the UHSRC office.

Good luck in your research. If we can be of further assistance, please contact us at 734-487-3090 or via e-mail at human.subjects@emich.edu. Thank you for your cooperation.

Sincerely,

Sonia Chawla, PhD
Research Compliance Officer

RESEARCH @ EMU

UHSRC Determination: EXPEDITED CONTINUING REVIEW APPROVAL

DATE: December 14, 2016

TO: Sara Acton, BA, MA
Eastern Michigan University

Re: UHSRC: # 802269-4
Category: Expedited
Approval Date: December 14, 2016
Expiration Date: December 13, 2017

Title: East Cree Perspectives on Child Language Development: Toward a Culturally Responsive Speech Language Pathology Service Model

Your research project, entitled **East Cree Perspectives on Child Language Development: Toward a Culturally Responsive Speech Language Pathology Service Model**, has been approved in accordance with all applicable federal regulations.

This approval includes the following:

1. Data analysis and manuscript preparation only. The study is closed to enrollment.

Renewals: This approval is valid for one year and expires on December 13, 2017. If you plan to continue your study beyond December 13, 2017, you must submit a Continuing Review Form by November 13, 2017 to ensure the approval does not lapse.

Modifications: All changes must be approved prior to implementation. If you plan to make any minor changes, you must submit a **Minor Modification Form**. For any changes that alter study design or any study instruments, you must submit a **Human Subjects Approval Request Form**. These forms are available through IRBNet on the UHSRC website.

Problems: All major deviations from the reviewed protocol, unanticipated problems, adverse events, subject complaints, or other problems that may increase the risk to human subjects or change the category of review must be reported to the UHSRC via an **Event Report** form, available through IRBNet on the UHSRC website

Follow-up: If your Expedited research project is not completed and closed after **three years**, the UHSRC office requires a new **Human Subjects Approval Request Form** prior to approving a continuation beyond three years.

Please use the UHSRC number listed above on any forms submitted that relate to this project, or on any correspondence with the UHSRC office.

Good luck in your research. If we can be of further assistance, please contact us at 734-487-3090 or via e-mail at human.subjects@emich.edu. Thank you for your cooperation.

Sincerely,

Jennifer Kellman Fritz, PhD

Chair
University Human Subjects Review Committee

Appendix B: Questionnaire

East Cree Perspectives on Child Language Development: Toward a Culturally Responsive Speech Language Pathology Service Model

Demographic Information

- Do you have children or grandchildren? How old are they?
- What language(s) do you use most of the time?
- What language(s) do your children use most of the time? What language(s) do they understand?
- What language(s) do your grandchildren use most of the time? What language(s) do they understand?

Views Regarding Language Development of Young Children (Birth to five years)

1. Tell me about the best way to help young children to learn.
 - a. What are some of the most important things they learn?
2. Tell me about how young children learn to talk.
 - a. Do they need help? If so, in what ways?
 - b. Is there any age when you would become concerned that they are not talking at all?
3. Have your family members seen a professional who helps children with speech?
 - a. If so, tell me about it. What did you like? What didn't you like?
 - b. Was this in a local clinic or in Montreal?
 - c. Have you or your family members ever chosen not to see a professional for speech help? Why?
4. Are there programs that you would like to have your community to support young children's learning?
 - a. What language or languages would you like your children to use for learning?
 - b. What language or languages would you like your children to use in school?
5. Some children need extra support to learn. Some don't learn to walk, some don't learn to talk, and some need extra help to learn.
 - a. Do you know people who have had difficulties like these? How did you see these people and their role in the communities?
 - b. Are there programs in the community to give extra support to children?
 - c. For parents with children with special needs: Do you feel that you need extra support to help your child learn? If so, what kind of support would you like?
6. Is there anything else you would like to talk about?

