Speech and Hearing BC

A CULTURALLY SAFE APPROACH TO CLIENT INTERVIEWING IN SPEECH-LANGUAGE PATHOLOGY

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Disclaimer

The SHBC Equity, Diversity, and Inclusion Working Group created this resource to address challenges in building rapport with impersonal interviewing methods.

This guide provides suggestions and recommendations on how to navigate collecting a case history to build rapport with new clients or individuals while keeping a human-to-human interaction.

These suggestions are intended to be paired with your clinical judgement in how to apply this to your caseload, work setting, and personal style as a clinician.

Guiding Principles for Collecting Case History

Step One

You don't have to gather all the information immediately

This first meeting could be focused on building a relationship. You might consider gathering just what you need to get started with your speech and language support. Prioritize building connection with family and client, then collect more information once more rapport and trust is established.

Step Two

Face-to-face

Connecting with a family or client can be easier in a face-to-face context for all parties.

Step Three

Open-ended questions

Start with open ended questions and follow their lead. Think motivational interviewing, or guiding style of communication that balances listening and directing. Let the assessment process be guided by what the family is concerned about. For example, if the parents are concerned about the clarity of speech, assess articulation so that the child and family can leave the first session with a specific effective suggestion.

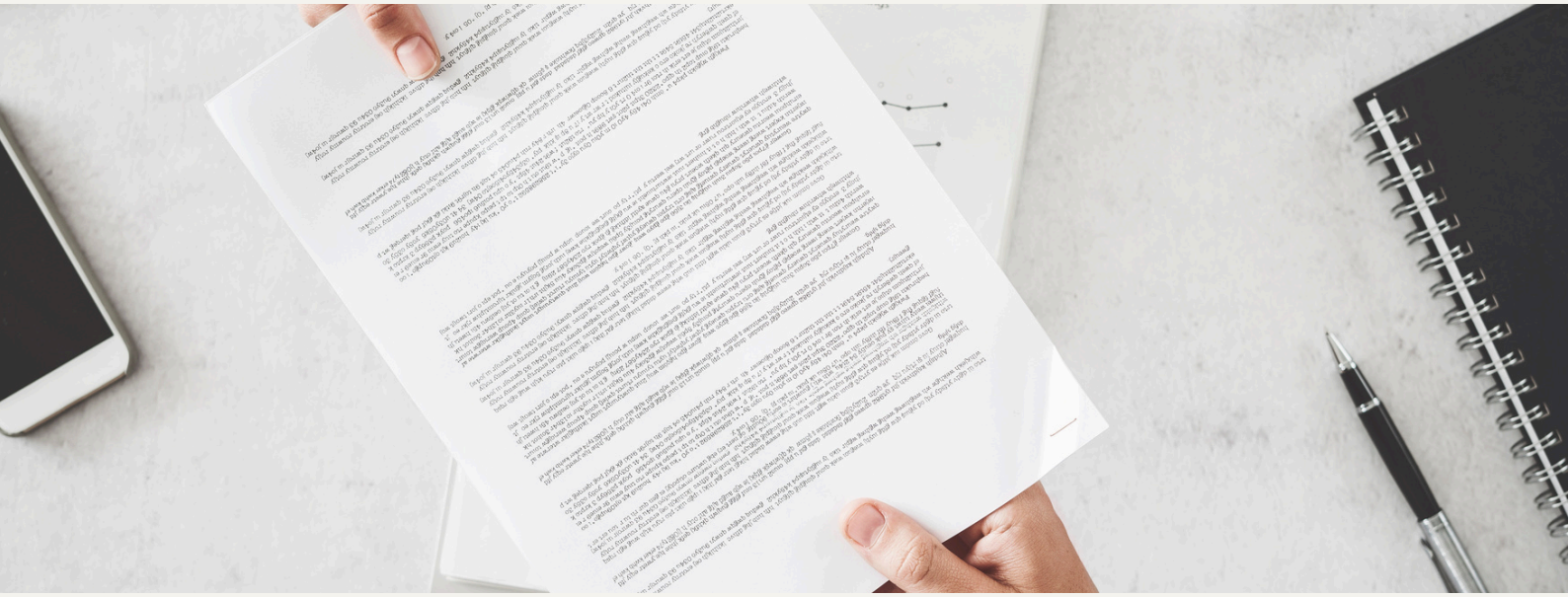
Step Four

Create a dialogue

Create a dialogue by avoiding getting into "rapid fire" question mode, thinking about a storytelling approach to learn about the background and history of the individual.

Consent & Confidentiality

Explain why you're doing what you're doing and what you are trying to achieve



WHAT TO CONSENT TO

Recordings

Is your client/their family ok with you recording audio/video?

Mailing Reports/Resources

Do they prefer information to be on paper or a verbal exchange?

Communication between parent-SLP (email, phone)

What is the preferred method that contact them/what is easiest for them?

	WRITTEN	VERBAL
Recordings	✓	
Mailing Reports/Resources	✓	
Communication between parent-SLP (email, phone)		✓

Interview Questions

This section provides suggestions for potential questions to ask. It is not the intention for this section of the guide to be followed in order, as such with a traditional case history form.

Instead, let the assessment process be guided by what the family is concerned about. For example, if the parents are concerned about the clarity of speech, assess articulation so that the child and family can leave the first session with a specific effective suggestion.

Follow the natural flow of the conversation and use the following questions as starting points to build off of.

Demographics

Come prepared to explain why you might need this information to get started. This can be completed by the family on a form beforehand, and clarified as needed at the initial meeting.

LEGAL NAME & PREFERRED NAME

Using a preferred name is paramount to building trust and connection. This is especially true for trans clients whose dead name (name used before transition) may be their legal name, their preferred name is a key part of their identity.

PARENT/LEGAL GUARDIAN

This gives us an idea of who is involved in the client's care, and who has the legal right to make decisions involving the family.

CONTACT INFO: HOW DO YOU WANT TO COMMUNICATE?

Does the client/family prefer email? Phone calls? Texting?

GENDER IDENTITY/PREFERRED PRONOUNS

Normalize the use of pronouns and signal your space as a safe space to express your gender identity by introducing yourself with your pronouns.

Case History: Questions to Consider

The following includes suggestions that are encouraged to use your clinical judgement on how/when to ask a question for each individual client.

Consider what can be directly asked and when, or if it is something you can observe within family interactions.

What brings you here/what are your concerns?

- [x] Ask at the first meeting
- [ ] Ask after building rapport
- [ ] Observe

Follow-up Questions:

Tell me more about __

- Self-referral or were they referred by someone else?

Who lives with [client]?

- [x] Ask at the first meeting
- [ ] Ask after building rapport
- [ ] Observe

- In your family, who is responsible for childcare?
- What are some things you do as a parent that are the same/different from what your parents did?

What does a typical day look like with [client]?

- [x] Ask at the first meeting
- [ ] Ask after building rapport
- [ ] Observe

- What do weekends/holidays look like?
- What are some special things you like to do with your family?
- [Adult]: Things you enjoy doing?
- What do you do at [location]?

Case History: Questions to Consider

Birth History?

- [ ] Ask at the first meeting
- [ ] Ask after building rapport
- [x] Ask if you suspect an issue in this area

Follow-up Questions:

Using trauma-informed practice, explain why we are asking about birth history and what information is important for us to know with regard to speech and language development.

Medical History: dental, allergies, medication, etc.

- [?] Ask at the first meeting
- [x] Ask after building rapport
- [x] Ask if you suspect an issue in this area

Asking about medical history can trigger trauma responses in clients, as it may remind them of past painful experiences. Certain questions, like those related to a negative medical experience, can be particularly challenging and may require a sensitive approach to avoid retraumatization.

Hearing status? Vision status?

- [x] Ask at the first meeting
- [ ] Ask after building rapport
- [ ] Ask if you suspect an issue in this area

- What were the hearing results?
- if not yet tested, explain why hearing and language development are connected

Developmental History/Milestones

- [x] Ask at the first meeting
- [ ] Ask after building rapport
- [ ] Ask if you suspect an issue in this area

When did they first...

- say their first word?
- put two words together?
- use sentences?
- follow 1-step directions? Multi-step?
- answer simple yes/no questions? WH-questions?

Case History: Questions to Consider

Do they go to school/daycare/work?

- [x] Ask at the first meeting
- [ ] Ask after building rapport
- [ ] Ask if you suspect an issue in this area

Follow-up Questions:

- What have their teachers told you?
- Do they have friends/peers they like to play with?
- What is a typical work day like?

What supports does [client] receive & how often?

- [x] Ask at the first meeting
- [ ] Ask after building rapport
- [ ] Ask if you suspect an issue in this area

- Have they received SLP services before?
- Are they being followed by a pediatrician or family doctor?
- Do they see an Occupational Therapist? Physiotherapist? Behaviour team? Counselling?

What language(s) are spoken at home?

- [x] Ask at the first meeting
- [ ] Ask after building rapport
- [ ] Ask if you suspect an issue in this area

- What percentage of the time are they exposed to these languages?
- By whom?
- In what settings?
- Are they stronger in using or understanding a particular language?

What do you love about [client]/what are their strengths?

- [x] Ask at the first meeting
- [ ] Ask after building rapport
- [ ] Ask if you suspect an issue in this area

Asking this helps to keep it positive after chatting about deficit-based concerns. It also gives idea of what the family's values are (which may or may not be culturally based). This also helps the clinicians know the client's interests in planning support. Areas for family to think about/examples:

- Personality framed in a strengths-based way
- Relationships with others
- Art
- Sports
- Music
- Play

Shaping Speech and Language Support

What are [client's] interests?

By knowing what they enjoy doing, learning, or talking about, therapy can be tailored towards your client's interests in a functional way.

How, when, and where can I best support you and [client]?

By giving you suggestions? By giving a family member suggestions? By visiting the daycare and giving staff suggestions? By providing support at the clinic, in your home, at the park, at work? After school? On the weekend? Ultimately they are in charge of what they want their support to look like.

What are your goals for [client]?

Emphasize collaborative goal setting and shared decision making. The family is an equal player and you are working together as a team, combining the clinician's expertise and the family's expertise of the client. The clincian can provide support by specifying and writing goals within realistic expectations. Remind families they can change goals any time to best suit them.

Applying to your Workplace Setting

Schools

- **Flexible Intake Process:** Use a combination of parent questionnaires, teacher input, and student self-reports to gather history over time rather than in a single session.
- **Cultural Considerations**: Offer translated forms and interpreters when needed, especially for Indigenous and newcomer families.
- **Trauma-Informed Lens:** Be mindful that students may have complex family histories, including intergenerational trauma, refugee experiences, or systemic barriers. Avoid overly probing questions in an initial meeting.
- **Strengths-Based Approach:** Focus on what the student can do and the communication strengths observed in different environments.
- **Relationship-Building:** Rather than a formal interview, gather information through natural conversations over multiple meetings (e.g., parent-teacher conferences, IEP meetings).
- **Time-Saving Tip:** Use a structured checklist with open-ended follow-ups to streamline documentation without overburdening families.

Applying to your Workplace Setting

Acute Care

- **Concise, Essential History Gathering:** Focus on immediate communication/swallowing needs rather than exhaustive past medical history.
- **Interdisciplinary Collaboration:** Pull relevant history from electronic health records (EHRs), nursing notes, and physician reports instead of re-asking families.
- **Cultural & Trauma Sensitivity:** Be mindful that patients and families may be in crisis. Avoid pressing for details and instead ask:
  - “What do you want us to know about your communication/swallowing needs?”
  - “What languages do you use, and what is important to you in communication support?”
- **Alternative Formats:** Some families prefer written intake forms or having a trusted family member speak on their behalf rather than a direct verbal interview.
- **Time-Saving Tip:** Use a template with dropdowns and checkboxes in EHRs to speed up documentation while allowing space for culturally relevant notes.

Applying to your Workplace Setting

Out-Patient Rehabilitation

- **Gradual History Collection:** Gather history over multiple sessions rather than overwhelming patients in the first visit.
- **Culturally Responsive Goal-Setting:** Instead of assuming therapy priorities, ask:
  - “What communication skills would make the biggest difference in your daily life?”
  - “How does communication/swallowing impact your role in your family/work/community?”
- **Trauma-Informed Inquiry:** Some clients may have had negative healthcare experiences (e.g., racism, medical trauma, residential school system survivors). Avoid asking why someone has difficulty and instead ask how it impacts them.
- **Family & Community Involvement:** Some cultures value group decision-making in health. Offer options for family or community supports to be part of the process.
- **Time-Saving Tip**: Use goal-setting frameworks (e.g., GAS - Goal Attainment Scaling) to streamline culturally relevant therapy planning.

Applying to your Workplace Setting

Pubic Health Units/Early Intervention

- **Narrative-Based History Collection:** Instead of rigid questionnaires, use storytelling approaches to learn about the child's development (e.g., "Tell me about how your child communicates at home.").
- **Respect for Traditional Knowledge:** Indigenous families may prefer to describe communication development in terms of connection to community, storytelling, and oral traditions rather than standard milestones.
- **Trauma-Aware Family Engagement:** Many families accessing early intervention may have experienced systemic barriers or child protection involvement. Reassure families that your role is supportive, not evaluative.
- **Language & Accessibility Considerations:** Offer visual aids, translated materials, and interpreters where needed.
- **Time-Saving Tip:** Use family-friendly intake visuals (e.g., Picture Communication Scales) to streamline information gathering without overwhelming families.

Applying to your Workplace Setting

Long-Term Care

- **Gentle, Person-Centered Approach:** Many residents have cognitive impairments or past trauma (e.g., war, residential schools). Ask caregivers:
  - “What helps this person feel comfortable communicating?”
  - “What is their preferred way of expressing needs and emotions?”
- **Cultural & Religious Sensitivity:** Some residents may have specific dietary or communication preferences tied to culture or faith. Check for food restrictions, traditional language use, and non-verbal communication styles.
- **Family & Staff Input:** Given cognitive challenges, history may come from family members, care aides, and nurses rather than directly from the resident.
- **Respect for Autonomy:** Residents with a history of institutionalization may be hesitant to engage. Frame questions to empower choice (e.g., “Would you like to tell me about your communication, or would you prefer I ask your family?”).
- **Time-Saving Tip:** Use a “Getting to Know Me” one-page profile that highlights communication needs/preferences without requiring lengthy interviews.

YOUR GO TO

TOOLS LIST

SPEECH AND HEARING BC
COMMUNICATION HEALTH

Courses & Webinars: Provides professional development opportunities focusing on cultural safety and trauma-informed care.
speechandhearingbc.ca

COLLEGE OF HEALTH AND CARE PROFESSIONALS OF BC (CHCPBC)

guidelines and resources to ensure culturally safe practices among regulated health professionals, including SLPs.
chcpbc.org

UBC LIBRARY GUIDE ON CULTURAL SAFETY

Cultural Safety - Indigenous Health Sciences: A curated guide providing resources on cultural safety within Indigenous health sciences.

BC CENTRE FOR DISEASE CONTROL (BCCDC)

guidelines and training materials to promote culturally safe practices in healthcare settings.

PROVINCIAL HEALTH SERVICES AUTHORITY (PHSA)

training programs to enhance cultural safety and humility among healthcare professionals in BC.
PHSA

HEALTH QUALITY BC

guidelines and tools to promote culturally safe practices within BC's healthcare system, applicable to various cultural contexts.
Health Quality BC

Thank you!

for taking the time to learn how to respectfully and safely take a case history.

Want to be involved in developing resources like this? Join the Equity, Diversity, and Inclusion Working Group! Email janet@speechandhearingbc.ca.