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Catching up to Multiculturalism: Bilingual and Cultural Competent Practices in Speech-
Language Pathology

by

Yeji (Loris) Yoon

Thesis

ubmitted to the Department of Special Education

Eastern Michigan University

in partial fulfilment of the requirements

for the degree of

MASTER OF ARTS

in

Speech-Language Pathology

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Alternative Thesis Format

This thesis is completed in using the alternative thesis format option two in Eastern Michigan University's thesis manual. This consists of three journal articles for publication that address three different aspects of the research.

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Catching up to Multiculturalism: An In-Depth Analysis of Bilingual Practices in Speech- Language Pathology

Abstract

The rapid rise of culturally and linguistically diverse (CLD) clients has resulted in an increased demand for bilingual speech-language pathologists (SLPs) in schools and health care settings. Yet little is known about the experiences and the training needs of these bilingual service providers. This qualitative study used in-depth interviews with seven bilingual SLPs to highlight their perspectives on bilingualism and provision of bilingual speech-language pathology services. Participants reported the value of being a bilingual and took pride in having these skills to help people communicate but noted the gap between their graduate training and clinical experiences in working bilingually due to a lack of awareness, training, and resources. The presented experiences of bilingual SLPs provided an understanding of the significance of their role in supporting CLD individuals and families and current challenges in offering appropriate services.

Introduction

The increasing number of culturally and linguistically diverse (CLD) clients in need of speech and language services has resulted in the pressing need for more bilingual speech-language pathologists (SLPs), the need for more specific expectations of being a bilingual SLP, and the need to educate these SLPs. There is little data on the prevalence of communication disorders among CLD populations in the United States (Battle, 2012). The estimated number of CLD population with communication disorder is based on the general population of the United States, in which 6.2 million people from CLD backgrounds are considered having a disorder of speech, language, or hearing (Battle, 2012). According to the United States Department of Education (2018), approximately 10% of the total K-12 student population were English language learners (ELLs) in the 2014-2015 academic year, and 14% of students with disabilities were from CLD backgrounds (United States Department of Education, 2018). Across studies, 46% to 95% of clinicians reported having at least one linguistically diverse client in their caseload. These numbers are far less than the percentage of SLPs who report having knowledge of a language other than English, which ranged from 6% to 55% (Caesar & Kohler, 2007; D'Souza, Bird, & Deacon, 2012; Kritikos, 2003).

One of the greatest challenges in serving the growing number of CLD clients is that there are very few bilingual individuals in the United States who are currently practicing or are being trained as SLPs (American Speech-Language Hearing Association, 2018; Caesar & Kohler, 2007; D'Souza et al., 2012; Kritikos, 2003). According to a recent demographic profile from the American Speech-Language Hearing Association (ASHA), there were more than 180,000 SLPs, audiologists, and related professionals. Of these, only 11,958 (6%) indicated that they could provide bilingual services, thus demonstrating a discrepancy in total bilingual SLPs who can

serve the increasing number of clients who may benefit from bilingual services. This is a miniscule increase of just over 200 bilingual clinicians from the previous year (ASHA, 2017a; ASHA, 2018). It is important to note that even if an SLP is a bilingual, there may still be a mismatch between the client and the clinician's languages (Caesar & Kohler, 2007; Guiberson & Atkins, 2012; Kirtikos, 2003). This does not entail that SLPs who do not speak the language of their clients cannot provide speech and language services. It is the SLPs' ethical responsibility to deliver professional services, including referral and collaboration, which indicates that even if there is a language mismatch, SLPs can still provide services (ASHA, 2016).

ASHA has recognized the importance of diversity and has made concerted efforts to recruit and prepare more culturally and linguistically competent SLPs, but bilingualism and multiculturalism are still disconnected with clinical practices (Hammer, Detwiler, Detwiler, Blood, & Qualls, 2004; Hammer, 2011; Kritikos, 2003; Kadyamusuam, 2016). ASHA (n.d.-a) has provided recruitment and retention recommendations of CLD students to speech-language pathology programs. Yet many universities wait for already proficient bilingual students to be admitted rather than providing adequate education for the admitted SLP populations to feel prepared for assessing and providing bilingual services (Guiberson & Atkins, 2012; Kadyamusuma, 2016). This is reflected in the lack of cultural diversity found in higher education programs in speech-language pathology, with 15% of the students having CLD background (Council of Academic Programs in Communication Services Sciences and Disorders [CAPCSD] & ASHA, 2016).

The necessity of recruiting minority students and educating more bilingual SLPs has become more prevalent with several research findings in regard to SLPs perspectives on working with CLD clients. Kritikos (2003) surveyed monolingual and two groups of bilingual SLPs (who

learned a language in school and who learned a language while immersed in a culture) to rate their personal and professional skills in bilingual assessments. Most SLPs reported low efficacy and noted many problems in providing speech and language services. A lack of norms, standardized tools, and bilingual SLPs who speak the client's language were reported as the biggest challenges when assessing bilingual individuals with language disorders. Moreover, SLPs who considered themselves bilingual tended to have more children who were bilingual on their caseload, but these SLPs did not report feeling any more competent in assessing children from CLD populations compared to monolingual SLPs. In fact, many of these SLPs reported being only somewhat or not proficient in speaking, listening, reading, and writing in their second and/or additional language(s).

The relationship between training and confidence of SLPs serving CLD clients was examined by several researchers. In their study, Roseberry-McKibbon, Brice, and O'Hanlon (2005) found that SLPs who received more graduate training in bilingual services reported overall less perceived problems. Hammer et al. (2004) surveyed SLPs serving Spanish-bilingual children in public schools and found that many SLPs had no confidence in assessing and serving bilingual Hispanic children. In Levey's (2004) study, SLP undergraduate and graduate students in New York described their knowledge of cultural and linguistic differences associated with different languages as minimal. A recent study by Maul (2015) investigated practices that school SLPs employ to meet the needs of CLD students through a qualitative research study. The thorough descriptions and personal narratives revealed that making an effort to learn a few phrases of the language and recognize cultural values and differences may be the "key to successful interactions with CLD students and their family members" (Maul, 2015, p. 761). Although these studies have indicated the importance of examining SLPs' perspectives, there is

little to no research on bilingual SLPs and their experiences and practices. Comparatively, qualitative bilingual research studies in fields such as education, behavioural sciences, and medicine are more prevalent than in communication science disorders and have offered much insights in the way of clinical implications and suggestions for bilingual professionals who work directly with CLD clients (Ai, 2016; Baker, 2014; Boughtwood et al., 2011; Cable, 2003; Drolet et al., 2014; Mitchell, Malak, & Small, 1998; Peters, Sawyer, Guzman, & Graziani, 2014; Verdinelli & Biever, 2009a; Verdinelli & Biever, 2009b).

Definitions

Through this article, the term *culturally and linguistically diverse* (CLD) is used to refer to a diverse set of groups and individuals who differ from the mainstream culture, but the term is not limited to age, race, ethnicity, gender, age, sexual orientation, socioeconomic status, religion, ability, and language (ASHA, 2017b). This term encompasses topics from accents, dialects, bilingualism, English as a second language, and cultural competence (Goldstein, 2012). The terms *bilingual SLPs*, *bilingual service provider*, and *bilingual clinician* are used interchangeably throughout this article to refer to individuals who identify themselves as a bilingual and could provide a clinical service in both languages. Even though language proficiency is critical in identifying as a bilingual, there are specific knowledge and skill sets that a bilingual clinician should possess according to ASHA (n.d.-b). These skills sets include (a) a native or near native proficiency, (b) the ability to differentiate and distinguish what is typical and atypical development in more than one language, (c) the ability to provide speech-language services in another language, (d) the ability to be aware of patterns of language acquisition in monolinguals and bilingual children and, (e) the ability to able to recognize cultural factors (ASHA, n.d.-b; Cornish, 2011).

Research Question

In order to understand in depth how bilingual SLPs develop the skills and knowledge to provide bilingual services, the present study used interviewing to explore the experiences of bilingual SLPs. The interview questions for this initial research focused on two distinct topics: (a) a bilingual background and (b) bilingual clinical experiences. This research is of importance because bilingual SLPs are significant and valued members of educational and/or rehabilitation teams. Understanding SLPs' perspectives on service delivery to the CLD population will result in forging better training and intervention plans for providing services to all of our clients.

Method

As this study aimed to develop themes regarding the lived experiences of bilingual SLPs, it was imperative to conduct a qualitative research study. Qualitative interviews were used to grasp the richness of stories that are meaningful to the participant and describe what these responses entail (Bogdan & Biklen, 2016).

Participants

The participants were recruited via e-mail in accordance with approved institutional review board (IRB) procedure (see Appendix). Additional participants were recruited through snowball sampling in which several participants shared information of this research with their colleagues who identified themselves as bilingual SLPs.

The participants consisted of seven women bilingual SLPs from the Midwestern United States and Central Canada. All participants possessed a Master's degree and qualifications to work in their respective country, state, or province. The cultures and languages they had knowledge of other than English included Arabic, French, Mandarin, and Spanish. Three participants spoke English as their native language. The other four participants were English

language learners (ELLs). Two participants attended bilingual schools and were exposed to both languages at a young age. The participants’ work experiences ranged from 1 to 15 years in a variety of educational, health care, and private work environments. At the time of the interview, six of the participants worked with school-age children, including preschoolers. One participant was employed in an adult setting. Five of the seven participants reported that they currently provide bilingual services as needed in their workplaces. The other two participants reported not providing bilingual services at the time of the interview due to the demographic profile of their location but had previous experiences consulting in bilingual cases and providing bilingual services. Table 1 summarizes participant profiles including their language abilities, bilingual type, and current work setting.

Table 1. Participant Summary

Name (*Pseudonym)	Languages	Bilingual Type	Current Professional Setting
Sabiya	English, Arabic	Second Language Learner	Medical
Emma	English, French	Second Language Learner – attended bilingual school	School, Private Clinic
Josephine	English, Spanish	Second Language Learner	School
Abby	French, English	English Language Learner	Private Practice
Lucia	Spanish, English	English Language Learner – attended bilingual school	School
Kalila	Arabic, English	English Language Learner	School, Private Practice
Kaylin	Mandarin, English	English Language Learner	Medical

Data Collection & Analysis

All participants were individually interviewed face-to-face using an informal, open-ended, and conversational style interviewing technique in an attempt to further understand the participants' experiences as bilingual service providers. Each interview was approximately 60–90 minutes in length and was conducted in English. The author asked follow-up questions and focused on the conversational lead of the participants (Fontana & Rey, 2003; Nelson, Abendroth, & Lynch, 2013).

The interviews were audio-recorded with the permission of each participant, except for one participant who did not want to be audio-recorded. The audio-recordings were then transcribed by a professional transcriptionist for interpretation. Creswell's (2003) multicomponent data analysis process was followed to make "an interpretation of the larger meaning of the data" (p. 190). Once the interview was transcribed, each interview transcript was thoroughly examined to understand each participant's perspectives of bilingualism in speech-language pathology through the accounts of their own experiences in graduate school and in the field. This involved obtaining a "general sense of the information and to reflect on its overall meaning" (Creswell, 2003, p. 192) by reading all the transcription carefully at the sentence level, highlighting words and phrases that were meaningful, and writing thoughts about the data. These ideas were organized into clusters and chunks and later compared and contrasted to discover patterns and interrelationships between them. This coding process allowed for the development of several common themes (Bogdan & Biklen, 2016; Creswell, 2003).

Results

The aim of this study was to understand the concept of bilingualism, bilingual skills and knowledge, and barriers in bilingual service delivery in the eyes of bilingual SLPs. The most

salient themes that emerged from the analysis of the interviews were (a) being a bilingual and (b) “we are still in the dark ages.”

Theme I: Being a Bilingual

The first theme addressed the participants’ bilingual background and what it means to be a bilingual. Each participant held a related but unique view and meaning on being a bilingual SLP. Some participants expressed that they have never thought about the meaning of being a bilingual SLP until the time of the interview. Acquiring the two languages entailed being able to use the languages in different contexts and with different people. The familiarity with their respective culture and language provided them the opportunity to develop their bilingual skills and enrich both their personal and professional identities and experiences.

Personal. The concept of identity emerged as a theme as participants pondered about what being a bilingual meant to them. The languages that they spoke formed an important part of who they were as an individual. Having grown up as an immigrant with two cultures, Kalila “never realized how much it meant” to be a bilingual. She felt that being a bilingual was part of her identity and believed that she had “helped a ridiculous amount of students that would have never gotten help.” Abby also felt lucky to know two languages. She thought knowing two languages meant that she had “more [knowledge and skill] compared to other SLPs.” Sabiya, on the other hand, explained that she had “never set out to be a bilingual SLP.” Speaking another language was not out of the ordinary because she grew up with immigrant parents and neighbours. Her language skill had been a natural part of her childhood and she happened “to speak another language that is needed time to time,” which became an asset in the field. As a second language learner, Josephine had taken language classes all through high school, but her biggest learning moment was during her time abroad. Through this experience, she gained her

current proficiency level in Spanish and believes that her bilingual skills are “a way to communicate with the world.” She considered this her expertise and her “knowledge-base.” All participants were appreciative of their bilingual skills with no other way to describe it other than “it means a lot” and “it is important to me.”

Professional. The ability to speak another language made each participant a valuable asset and marketable during their job search. Being proficient in two languages entailed that participants could provide adequate speech and language services based on the needs of the clients and their family members, whether that was family education or taking a translator role.

Imperfect, but valuable. Participants in this study expressed pride in being a link between two languages and cultures as well as being able to understand the specific needs and struggles of their bilingual clients. Despite learning and/or speaking the languages, as well as understanding the positive perspectives of how their bilingual skills affect their work, some of the participants felt that their bilingual skills were not “perfect” in serving bilingually. Kalila admitted her proficiency in Arabic is limited to spoken language. Growing up in a small but bilingual community with people speaking different dialects helped her develop an ear for these differences, but working in a school improved her academic spoken language because she has been “forced to learn it.” Emma noticed that there was “a big difference in the viewpoints” on her accent, the way she structured sentences, and vocabulary words when she moved to a community where French is the dominant language. She had some parents ask, “Is my child going to learn your accent?” Through experience, she changed her perspective on her practice and worked towards letting her “skills as a bilingual speech-language pathologist stand out rather than attempting to blend in because being proficient at something is definitely personally specific.” Lucia also expressed feeling “self-conscious” when she is in a meeting with parents.

She said she is “always nervous” that parents may think ““Oh, she has an accent, how is she going to teach my kid?””

Yet participants pointed out that cultural competence has been one of the many valuable professional skills they have learned through the process of learning a new language and being a bilingual individual because they could put themselves in their clients’ shoes. Lucia reflected that even though she did not have any language difficulties, she had to “learn a brand-new language from nothing,” so she could understand the clients’ “struggles and actual experiences” and “target specific needs” of her students. When she worked in a bilingual community, Abby recalled using both languages to speak with the family and the patients. In doing so, her bilingual skills helped her “to understand the reality of a kid or a person and being in a bilingual environment.” Emma commented on how being a bilingual has helped her to be aware of, and factor in culture and language when looking at language development:

Thinking about factors that a unilingual SLP wouldn’t necessary think of. You have to think about language in terms of concepts rather than words ... [being a bilingual SLP means] being open to language delay or a language disorder or bilingual language learning and being able to compare and look at it. Just think about it a little differently rather than just looking at normal language development.

Kaylin described that being bicultural has helped her to be “more aware of cultural and linguistic diversity, not limited to a different language, different region, or different areas with different customs.” She pointed out that even “within the English-speakers, subtle subcultures” exist, which she continues to learn and be aware of in order to develop her cultural knowledge and sensitivity.

Connection with family members. The connection with family members was highlighted during the discussion of the value of being a bilingual professional. Although participants used their bilingual skills during assessments and treatments, all seven participants stated that their bilingual skills play a vital part of communication and counseling families. Sabiya referred to such connections and a bilingual SLPs' role as "the bridge between the two cultures." Lucia felt that her "biggest contribution was communicating with the parents" because while the kids are bilingual, parents often do not know any English. Therefore, she felt that "when they can finally come to the school and sit in that IEP [individual educational plan] with someone who can actually talk to them in their own language, for them, that is a big comfort." Lucia said she appreciates such comfort and connection that parents feel. They would often say, "You know how it is in our countries" because they know that Lucia would understand the cultural background. She added,

I actually had a parent in an IEP, the kid has been in a self-contained classroom for years, he is CI [cognitive impairment], and we were at an IEP meeting, and it was 3 year IEP, and the mom asked me what CI was - she didn't even know what was the main disability for this kid and his qualification. And that kind of really broke my heart. . . So I think my greatest impact is in communicating with the parents.

Participants also emphasized how their bilingual skills are used for parent education. Encouraging the use of acquired speech and language skills outside of the therapy room and follow-through with homework generally rest on the family members. Sabiya felt that her bilingual skill is more of a "communication medium for parent education" so that they understand their responsibility for carryover and "how important it is for them to facilitate learning outside of the clinic." Kalila also emphasized how she can teach families how to do

what she does at home so that their child could communicate effectively and efficiently to the best of his or her ability.

Translator. Given their knowledge of the language that their students and family members spoke, many participants took roles as translators. In fact, Sabiya noted that the purpose of using her second language skill was to interpret and translate. Kalila described her role in the school: “Sometimes I am the SLP and also the translator during the IEP.” Participants recognized the problems of simply translating an English standardized assessment to another language, but with a lack of assessments in other languages, participants often used English standardized tests and translated English vocabulary words into the students’ native language. When asked about the translation process, many participants confided that they simplify vocabulary and use layman’s terms as if they would do with monolingual parents. With the increased number of refugees in the area in the past five to seven years, Kalila found that she would “100% simplify” and would be “describing something instead of using the actual word for it or talking around it” because “a lot of times, these people aren’t educated, so they don’t have academic language either.”

The connection with family members resonates in meetings because according to Lucia, “they feel like they can connect with me, and I can finally explain in terms they can understand what is going on with their child.” Kaylin believed SLPs are translators no matter who your clients and their family members are. She explained that SLPs should be sensitive while “simplifying language and using whichever way is more transparent to explain their progress, their performance, and/or some strategies they can use.” This is because an SLP’s role is to think about “what is the best way to let the caretakers and family members understand” what SLPs do and the implications of the impairment and therapy.

Theme II: “We Are Still in the Dark Ages”

The second theme addressed participants’ experiences during their training and practices. Participants expressed their disappointment and frustration over many challenges they have encountered in their bilingual service delivery. Three main challenges were noted across interviews: training, practice, and support.

Training. The biggest challenge in training was attributed to the lack of coverage and coursework on multiculturalism in their training programs. Although many participants had been educated within the last 20 years, some had little to no specific coursework on multiculturalism that was practical and applicable to their bilingual service provision. Many participants unanimously said, “We just didn’t get into multiculturalism that much.” Abby and Sabiya recalled having no dedicated course for multiculturalism specifically in their graduate programs. In Abby’s program, multiculturalism was discussed “for a day or two, but not really focusing for a whole semester.” Similarly, Sabiya remembered discussions on English second language (ESL) populations but nothing specifically on multiculturalism and multilingualism. Emma remembered “tid bits” of multicultural components, but they were “hidden within the language disorders class, the speech sound disorders class.” For Lucia, her multicultural class was “a very general class about culture and different traditions and maybe a little bit of the language characteristics. It was more like a general multicultural awareness kind of class.”

As such, the lack of teaching on this topic was baffling for many participants. Emma could not believe how her program only provided minimum training on multiculturalism:

With the world becoming so diverse and people moving here, there and everywhere. It is something we absolutely need to learn, not just be aware of but be knowledgeable about, so that we can adequately serve these people that are coming to us for help.

Abby wished that she learned “how to really assess [bilinguals] and how to interact with them” more deeply because she did not know what to do when she was placed in a bilingual work setting. Lucia also shared her thoughts on the inadequate learning on multiculturalism:

I do wish it was a little more in-depth especially in those maybe 3-4 major cultures that you encounter here in this area or in the country . . . I know it is hard because the professor will not know this kind of stuff . . . but I just feel like they want to give you the information, but they don't really want to do the work to do it correctly. So it leaves you in limbo because they just brush it off.

Kalia expressed her disappointment in the lack of training by recalling her experience encountering different aspects of diversity than the typical cultural factors that students are taught to be aware of in school:

In school, you have these idealized situations whereas now you are in your internship and you are seeing a lot of the stuff you learned, you might need to throw it out the window or at least you might need to revise. And I feel like some of the training programs are failing the students in that sense. Being aware of trauma is also multicultural. . . even though it is not a culture, but trauma is a different type; it changes people. And I feel like we are not trained to work with people with trauma and I also feel like there is a counseling class offered and you have to take it. . . I don't feel like you are actually prepared. When I was hired in, I was doing preschool speech so I was seeing 3 year olds. Lots of times, I was the first person these parents came to with a concern about their child. I wasn't trained on how to tell a parent.

Compared to other participants, Kaylin and Josephine had a different experience in terms of multiculturalism training. Kaylin remembered taking “special courses designated and required

courses for cultural language.” This course well-prepared her to enhance her understanding and awareness of cultural linguistic diversity as well as cultural differences because it helped her prepare for the upcoming population she would interact with. One of the take-home lessons from her multicultural dedicated course that Josephine uses in her every day work is “understanding difference versus disorder.” Even though both Kaylin and Josephine felt their coursework prepared them to serve CLD clients, they agreed with the rest of the participants that there is still a lot of work to do in terms of bilingualism and multiculturalism within the educational and professional domains in speech-language pathology. Josephine explained,

I do think that speech-language pathology in general has not historically done a great job, as in many fields and has not done a great job of looking at language differences or have not done a good job of considering socioeconomic status at an educational level.

Kaylin thought that “there is always a gap, not necessarily just in culture and the course. I think whatever you learn from a course is always different from the real clinical world.” However, it would be helpful if “the schools entail more practical learning experience for the students” to narrow the gap so that they could provide each client with more opportunities to access services that is culturally congruent.

Practice. A lack of knowledge and awareness about SLPs and bilingualism has been an obstacle for many participants’ bilingual service provision. Moreover, a dearth of appropriate resources in languages other than English was also a major challenge in providing appropriate services to their CLD clients.

What is an SLP? Bilingualism? One of the main challenges practicing as bilingual service providers was the lack of awareness and knowledge about speech-language pathology and bilingualism by other professionals and by the family. With the increased number of CLD

students in the schools, Josephine and Sabiya noticed a heightened awareness of cultural and linguistic diversity from the general public and their colleagues. However, Kalila perceived “it is still in the dark ages.” An inadequate understanding of what SLPs do in assessing and treating communication disorders and a lack of knowledge in bilingualism came to be the common conceptual barrier in providing bilingual practices. Kalila recalled reactions from other people when she told them about her career:

When I used to tell people what my job is, they were like, ‘Oh, you teach English?’

Everyone thinks I teach English. That is exactly what I don’t do. I feel like this is an unknown field, and I feel like people who enter this field know someone who already is in it so that is also what you get a lot of. Most people who enter this field come from middle class backgrounds too. We don’t have people from lower class backgrounds entering this field.

The conceptual barrier was not only attributed by the socioeconomic status, it was discussed in terms of lack of awareness in regard to communication disorders in minority communities. Kaylin noted,

I believe if you go to California or other more international cities like New York even in Boston, there are a whole lot of Asian-Americans or immigrants who definitely need more services. The parents may not be fully aware of their children’s needs and the community. Like the lack of awareness.

Some SLPs have seen other professionals, including fellow SLPs, providing inaccurate information to parents about how to help their children learn English and how language development for bilingual children is different. Kalila expressed her frustration in situations when her SLP colleagues and other professionals tell parents to speak only English at home

when these parents do not speak English well. When she did research, she found literature that supported bilingualism in students with special needs. These studies have empowered Kalila to tell parents:

“Hey, if you want to speak Arabic at home, I would rather your kid hear proper good Arabic than hear broken, accented, no-good English. That is going to set a better foundation to build English upon.”

Lucia also shared her experience encountering people who have a lack of awareness. She explained,

I deal with a lot of preconceptions that people have from other places or from before I even started. Like “kids can never learn two languages at the same time” or “if your kid has a learning disability, then they can’t learn two languages.” I have even had parents tell me, “I took my kid to the hospital and he was receiving speech services there and they told me not to ever talk to her in Spanish anymore.”

Lack of appropriate resources. Many participants stated that there is still a huge lack of assessment tools in other languages. Kaylin pointed out that “lots of assessment tools, a majority of the tools are developed by English professionals in what they use in the English world.” Many participants concurred that they translate standardized English tests and use them as an informal, qualitative assessment because there are not a lot of standardized tests made or translated in other languages. Kalila touched upon the inadequacy of many of the diagnostic tests, thereby using informal testing via translation. She shared, “I actually have done some testing informally where I will use a standardized test and translate it into Arabic to kind of get a rough estimate as to where their language abilities are at.”

Even if there are tests in their respective languages, participants have found that finding the norms that represent their bilingual clients are difficult or non-existent. Emma commented on the inadequacy of the research that provides norms for her bilingual clients as an obstacle:

The norms are what are tricky. We don't have a lot of norm in this population (French-Canadians) and so even less that are normed on a bilingual population that live here so it is a lot of subjective. Finding the research article that was actually written in the language you are working in. It is really hard to get the research that you need that has been studied on the population you need.

Abby noted that the *Wechsler Individual Achievement Test --- Third Edition: Canadian* (WIAT-III CDN) is "translated in French with the Canadian norms and Quebec norms. We can actually compare for real." Still, Abby noted,

There are not a lot of tests made here or translated here...like Canadian norms...so we usually use English tests that are maybe translated homemade by us or French tests that are coming from France and their norms we can't use here because they really don't have the same French. So it is kind of hard to be French and to assess French here.

Moreover, Abby noted that "not all areas" of language assessments are translated into French, which is a huge obstacle in assessing clients. Kalila also noted the limited research on Arabic populations and wished she had the motivation to initiate research to aid in the provision of bilingual services in Arabic. She explained,

[Research] is very limited. Just Spanish-speaking. I have tried to find research on Arabic-speaking people. I feel like living in Michigan you have a skewed perception of how many Arabic speaking people live in the country because you have so many here but then

you go other places and there isn't reason to do research. Sometimes I wish I was motivated enough and disciplined enough to do research regarding this population.

The two participants who had less difficulties finding resources for their bilingual clients were Spanish-speaking clinicians. Josephine felt "lucky" that "there are many standardized tests that are written for Spanish-speaking clients." There are questionnaires and information available in Spanish, too, so compared to other participants Josephine and Lucia had an easier time administering assessments. In regard to treatment resources, Lucia said she makes her own materials. She described her "beautiful box full of [English-Spanish] minimal pairs" that consisted of some words that she has never heard before as a native Spanish speaker. Although Spanish assessments are readily available, Lucia said treatment resources are unfortunately still "very minimal," which hinders a bilingual SLPs ability to provide quality services. Emma also commented on how difficulty it was to find resources that were applicable to her bilingual clients. Initially, she "would look for it...but you could spend hours looking for something and not find what you are looking for so [she] would just make it. It was faster in the end." Emma also found collecting bilingual or even finding therapy materials and resources as one of the challenges that she had faced until she moved to a more French-speaking community. She shared,

I couldn't get my hands on the material that I wanted and so since moving here [French-speaking community], I can get my hands on that material. So definitely my practice has improved because I have got a lot more resources, I have gotten intervention items that are now in French or intervention items that I specifically looked for that have no words on them so that I can use them in both, and make sure it functions in both because buying stuff in one language isn't really practical anymore.

Overall, limited resources and research on bilingualism are negatively impacting bilingual SLPs practices. “There is definitely not enough information on it,” said Emma, “we need to figure out what is going on and how we bill ourselves.”

Support. A lack of support from educational and professional organizations was emphasized by the participants as an obstacle that contributed to providing effective bilingual therapy. Some participants had a doubt in the importance of their bilingual abilities at some point. With a lack of guidance from their training programs and work places in regard to bilingual practices, they felt discouraged and had self-doubt about their bilingual skills and how they could use their skills in practice. As such, Kaylin expressed, “all encounter all kinds of moments where they doubt what is special about being a bilingual SLP.” This was due to the lack of support for bilingual SLP graduate students from the program itself. Kaylin believed that the program should provide more support to bilingual SLP graduate students because “they may encounter all kinds of barriers or challenges while they study and at their clinical placements.” Kalila expressed her frustration in regard to the lack of support from her own district with bilingual services: “I preach as much as I can here in this district, but a lot of people just put their hands up in the air.” Kaylin touched upon an inadequacy of support from a larger scale:

ASHA is the leading professional organization, so I do think ASHA should play a more pivotal function in terms of promoting our professions, to advocate for the patient population, not just in the US, but also think about these SLPs and where they originally come from.

Discussion

The main objective of this study was to examine the complexities of personal and professional perspectives of bilingual SLPs regarding bilingualism and bilingual service

delivery. The emerged theme of the relationship between a bilingual identity and family-clinician connection was analyzed. In doing so, it became clear that there is a compelling need for a more recruitment of bilingual individuals in speech-language pathology to foster a closer relationship with family members from CLD backgrounds. Moreover, a lack of awareness and resources in speech-language pathology entailed that the field is still “in the dark ages” and lags behind the fast-changing demographic profile of the clients they serve. These practice challenges that bilingual SLPs identified were contextualized and compared within the literature in order to discuss the need for an increased knowledge, education, and assessment process for CLD populations.

Being a Bilingual

An important finding within the bilingual identity theme was in relation to the connection that bilingual SLPs felt that they had with the families given their bilingual and bicultural skills. The importance of their bilingual and bicultural skills were consistently stressed by each bilingual SLPs in providing a safe environment for family members to understand the extent of their child’s impairment in their native language. This indicates that bilingual SLPs can be the mediator in family-centered or client-centered practice with CLD populations. The family-centered practice is focused on the uniqueness and the need of each individual family, including cultural variables (Renzaho, Romios, Crocks, & SØnderlund, 2013). In their systematic review, Renzaho et al. (2013) found that client-centered care models that incorporate cultural competence increased clinicians’ cultural knowledge, awareness, and sensitivity. Cultural competence can foster a positive communication and relationship with families and aid in finding the best and appropriate services that each family requires for an improved quality of life. A cultural understanding may have a significant impact on the family’s comfort level and

acceptance of ancillary support. Since bilingual SLPs have bilingual and bicultural knowledge, they may have an advantage in making a closer connection and understanding of the concerns, experiences, and preferences of plan of care for their CLD clients. This was mentioned as an advantage of being a bilingual SLP by the participants. For instance, Lucia found that parents ask questions easily about their child's impairment because she is more sensitive about what to communicate and how to communicate a delicate topic. With such understanding, the participants thought they could advocate for their CLD clients and find the most culturally appropriate services. This does not entail that bilingual SLPs are superior in providing services to CLD populations. Every clinician has the responsibility of taking cultural variables into account and individualizing treatment plans depending on their needs and goals (ASHA, 2017b).

“We Are Still in the Dark Ages”

Practice. “There is a big need for bilingual SLPs out there.” “Clearly I exist, and you will exist, but there is such a small amount of us.” These quotes from Lucia and Kalila show how limited research and the number of bilingual SLPs may undermine the importance of bilingual service provision. As shared by the participants, there is still a lack of understanding about the profession of speech-language pathology and a preconception that exposing children to multiple languages will somehow contribute to a language disorder. The participants noted that parents and teachers often have a shallow knowledge of speech and language in addition to the range of services SLPs can provide. Moreover, although research on learning more than one language with children with special needs is limited, the research to date indicates that bilingualism is possible for children with language difficulties (Lowry, 2012). As most research literature is not typically well known by parents and other professionals, participants observed that these parents and professionals continue to believe in various myths and misconceptions about bilingualism.

The participants agreed that the continuous promotion of what SLPs do, what they could expect from SLPs, and about bilingual development is necessary. This closely relates to the scope of practice in speech-language pathology, particularly advocacy and education. SLPs serve as educators in formal teachings as faculty and mentors, but most importantly, they are educators for families, caregivers, and other professionals who work with individuals with communication disorders (ASHA, 2016b). The SLPs' responsibilities in advocacy and education are exercised through "a variety of mechanisms, including community awareness, prevention activities, health literacy, academic literacy, education, political action, and training programs" (ASHA, 2016b). This implies that, given their bilingual and bicultural knowledge, bilingual SLPs could be the forefront of community awareness and training on multicultural and multilingualism issues. This was reflected in the observations of the participants as they became educators of parents, their colleagues, and in their cultural community. This would not only help with others' understanding of speech services but also facilitate recruitment and retention of bilingual SLPs, whose importance and necessity are more pressing than ever in a globalized community (Fitch, 2018). In this way, SLPs could empower the general public and decrease the conceptual barriers that SLPs encounter during their service delivery.

The current study revealed that efforts to improve SLPs' knowledge in serving multicultural and multilingual children are still needed. One of the biggest challenges of bilingual service delivery that participants identified was a lack of standardized tests in foreign languages. Although many states require the use of a standardized test to qualify a student for speech and language services, a lack of assessments in other languages prevents many SLPs from working with CLD populations to accurately evaluate them for a difference versus disorder and qualify them for appropriate services (Caesar & Kohler, 2007; McLeod & Verdon, 2014;

Westby, 2016). This was strongly agreed upon from five out of seven participants as they were challenged to find formal assessments in Arabic, French, and Mandarin.

In an attempt to increase visibility of assessments in languages other than English, McLeod and Verdon (2014) conducted a systematic review of speech assessment tools for monolingual and multilingual children and found that there are 30 commercially available speech assessments in 19 different languages. It should be noted, however, that simply because a test is available in a CLD individual's primary language, it does not necessarily mean that the clinicians can obtain valid assessments (Rhodes, Ochoa, & Ortiz, 2005). There is great heterogeneity within cultural groups. Josephine shared a story about one of her Spanish assessment when she noticed the parents of her student laughing at one of the Spanish words she used. The parents explained Puerto Rican Spanish and Guatemalan Spanish have different words for that particular test stimuli, illustrating the danger of generalizing a language when there could be different dialects within the same country and language. This was pointed out by French-speaking SLPs in this study as well. They shared that they could use French assessments from France, but French-Canadians have different vocabulary words, which may not be taken into account in these standardized tests. Moreover, the participants noted a difficulty finding norms that represent CLD populations because many standardized tests are often normed on non-representative populations that do not take into account additional variables such as culture and language, resulting in an unreliable and biased score. This indicates the need for more research and development of assessments to assist in the diagnosis of speech and language disorders of individuals from CLD backgrounds (McLeod & Verdon, 2014). Since the use of standardized tests poses difficulties, especially for CLD populations, the implications is to consider using non-standardized, informal procedures of assessments (Wyatt, 2012). Interestingly, the participants in

this study did not discuss the alternative format of assessments. Instead, they shared that they often use their language fluency to translate English standardized tests to determine a general language ability in their clients' native language even though they are aware of problems that arise when tests are translated. This implies that even though bilingual SLPs demonstrate language fluency and cultural knowledge, they still require the appropriate training and resources to develop their skills to provide culturally fair and unbiased assessments for CLD populations. An important principle of service delivery for SLPs is evidenced-based practice, but limited research on the bilingual population and lack of assessment tools interferes with such practices and prompts the need for a more development of resources for SLPs in order to efficiently and effectively provide services to CLD populations (Guiberson & Atkins, 2012; Kritikos, 2003). Therefore, it is essential that ASHA and higher education programs assist current and future bilingual clinicians to acquire skills and access to resources by successfully addressing their needs.

Limitations

These results are limited to this sample of seven bilingual SLPs who volunteered to participate in this study. These bilingual SLPs' background, skill sets, and experiences may be influenced by the language they speak, their work environment and their residential area. A larger sample from other geographic regions, educational experiences, work settings, and languages would have provided a more complete representation of bilingual SLP practices and experiences. One delimitation to this study is that it addressed bilingualism in a specific field: speech-language pathology. There are many other professions where bilingual professionals are needed and trained. The findings of this research are only applicable to the field of SLP. Future research on bilingual training in other professions would provide further insights on how to

develop cultural and linguistic competency and could better equip every professional to the diversity that is apparent in our every day.

Future Research & Conclusion

The beginning of the 21st century brought a rise in multiculturalism, and ASHA embraced the cultural and linguistic diversity of every client and clinician (Moxley & Polovoy, 2009). Nearly 20 years later, there is still a lack of awareness and understanding of the importance of acknowledging and appropriately responding to multiculturalism. The role and challenges of bilingual SLPs need to be more clearly acknowledged and embraced for the development of further research and service provision within speech-language pathology field. Future research could analyze two groups of bilingual participants being native speakers and language learners of non-English languages. It is possible that each group may provide a different perspective of their bilingual practices given the difference in the language learning process. Another research area could target the self-identified bilingual SLPs and those who attended bilingual emphasis/certification programs and compare their experiences. The process of training and working bilingually may differ as well as the impact in the bilingual service provision. These may have an impact on their experiences of bilingual professionals compared to those who self-identify as bilinguals and practice based on their bilingual backgrounds.

The participants in this study firmly believed their bilingual skills are valuable in family education. Cultural competence has been addressed in family-centered or patient-care models, and it has been found to increase the clinicians' awareness and sensitivity to cultural factors when working with CLD populations. It is unknown whether increased cultural competence in a clinician has a significant impact on the family's quality of life from their perspectives. Therefore, addressing family perspectives on bilingual speech services would provide further

insight on the implications of bilingual services while reinforcing the importance of training and recruiting more bilingual SLPs.

The recent development of the term *translanguaging* begs the question of how it relates to bilingual speech therapy. This term comes as a response to an increase in the linguistic diversity within our communities. It is defined as “using elements of each language together to communicate more effectively” (EAL Journal, 2016). Bilingual SLPs need the ability to “effectively communicate diagnostic, treatment, and other professional information to the client, caregivers, and other professionals in the other language” (Cornish, 2011) because CLD clients often require information to be scaffolded and transmitted into their relatively stronger language to ensure an understanding. The knowledge of another language only reflects *what* is communicated while *how* communication occurs has a significant effect in conveying the actual intent of the communication (Langdon, 2010). In this sense, bilingual SLPs do have the skill sets for the translator/interpreter job that requires an understanding of the language structures and cultures of the family. Translation can occur during *translanguaging*, but it is more important to “approve flexibility in language use and the permeability of learning through two or more languages” (Lewis, Jones, & Baker, 2012, p. 659) so that clients can strengthen both languages.

An SLP’s ultimate goal is to determine whether the clients are experiencing a language difference or language disorders (ASHA, n.d.-b). One of the critical roles of SLPs is that they are an integral part of advocating for quality and culturally competent services for their clients. They are the team leader in providing speech-language services. As a team leader, SLPs have a responsibility to provide all services competently while using the best resources available. With their knowledge in culture, language, and other resources, SLPs in general bring valuable skills to the profession that “promote communication as a human right” (Simon-Cerejido, 2018). Their

voices should be acknowledged and be embraced so that we could continue to protect our CLD clients and give them the voice they deserve.

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My Journey Through Multiculturalism

An immigrant. A minority. A bilingual. An introvert. A perfectionist. An overachiever. A Korean-Canadian. A speech-language pathology graduate student. These words sum up who I am. I knew from a young age that knowing another language is beneficial, but I never knew what it would mean to be a bilingual and how my experiences growing up in a different country, which I now call home, would become foundations of my cultural competence and how I see the world.

I was born and raised in South Korea, a country that embraced globalization very quickly after the International Monetary Fund crisis. English classes had become mandatory starting in elementary school, as it was the *lingua franca*, the common language of the world. The Korean media praised and advertised the greatness of western food, clothes, music, and brands. At that time, I did not understand the power of language. I learned English because I was told to. This all changed when my family decided to emigrate to Canada just before my thirteenth birthday. The fourth of June. That is the day I reoriented my priorities to learning English, not just because it was expected of me, but to fit in and to survive.

I came of age in Western Canada, where multiculturalism is officially adopted as a policy. Although many people accepted my culture of origin, I still had to find a way to be immersed into the mainstream culture. The only way to do that was to speak the language that everyone spoke. I still feel my face burning red thinking about my first day of school in the western world. I tried so hard to understand what the teacher was saying. I would nod my head in my classes to disguise my insecurities. I would just sit and smile while others spoke to one another across the lunch table because I could not find my words. I also remember my parents' countless nights in front of a dictionary, trying to understand the school newsletters. We were

left alone to figure out what was meant by “pj day, or pajama day,” “bring a stuffed animal,” “food bank,” or “wear a Halloween costume,” just to name a few. The school expected us to understand and accept the cultural norm when we were still new in learning the language and culture. I felt frustrated and powerless.

Undertaking the graduate degree in speech-language pathology was a process of understanding my experiences of a long silent period while processing the new language and the frustration of being unable to communicate. As the oldest child of an immigrating family, I quickly learned English and cultural nuances, which led to taking the role as the primary interpreter and translator in a range of settings, including at the doctor’s office and mediating during parent-teacher interviews. At times, the responsibilities were too big to fill in for my younger self as I was still navigating a new language and culture. However, I saw the difference in people’s behaviour and attitudes when I spoke fluently compared to the broken English that my parents used. I learned medical, educational, and legal words so I could translate accurately avoiding mistranslations and embarrassment. This is how I experienced the power that language held in the society as I relayed messages in two languages.

Since then, I have immersed myself into North American culture, spoke English most of the time, attended English-speaking schools, and became part of a profession that is dominated by English-speaking monolinguals. Yet, as I broaden out to a bigger community of people and work settings, I realize that many people still do not see the value of cultural and linguistic diversities, nor do they appreciate them. I still get occasional stares from people because of my Asian appearance and the foreign language I speak in public when I am with my parents. I sometimes hear people tell me, “Your English is quite good,” or “You must be going to medical school.” The stereotypes that I thought I had overcome still stand like a brick wall.

I see, hear, and feel many professionals' conscious and unconscious biases, uncomfortableness, annoyance, and inconvenience communicated through their words and actions while they interact with people from culturally and linguistically diverse backgrounds. Meanwhile, I see fear and confusion in the faces of the clients. From their faces, I see a reflection of my parents' and myself because I was in that same position not so long ago.

I understand and appreciate cultural customs, beliefs, morals, values, and languages of others and my Korean and Canadian cultural mosaic. I consider myself continuously becoming culturally competent. I am motivated to learn other cultures and languages. I study, volunteer, and work with many professors, friends, colleagues, and clients who come from different backgrounds. Each of us bring so much of our own culture into our practice, but we also learn from the unique backgrounds and experiences of others. At the point of intersection where different cultures and knowledge meet, I can expect to find the approaches that will best serve the clients. I can help the clients be themselves by listening to *their* unique story instead of society's story about them because I understand the danger of believing and generalizing through one single story and experience.

I had the privilege of having a safe, supportive environment where I was able to explore and gain an understanding of different cultures. I had the privilege of residing and working in metropolitan, urban, and rural areas. I had the privilege of being exposed to, learning, and being immersed in different languages like French and Mandarin. As I talk with my parents, sometimes my native language feels foreign because I struggle to find words. As English becomes my dominant functional language in a variety of topics, I am becoming a rusty Korean speaker. I feel sad about losing my native language skills, but I find some comfort in that I will recall the word eventually or am offered the opportunity to learn the word again. As I wrap up my graduate

studies and prepare to move to a new province where French is the dominant language, I will re-embark on an old journey and attempt to re-learn and eventually work in my third language, French. This time around, I am more appreciative about the linguistic differences in all the languages I know. I think I will be able to look at the cultural aspects that each language holds with greater understanding.

There is no doubt that I will encounter clients from different backgrounds foreign to me. There will be times when my cultural system will clash with others. There will be times when I will feel uncomfortable because of our differences and similarities, but I believe I should appreciate the uneasiness because that is how you learn to see the world from someone else's shoes. I am willing to learn and understand the similarities and differences that we, as professionals and clients, share.

This is the first step toward developing cultural competence: a genuine passion for learning about the clients. Rather than making assumptions, we should approach our clients and colleagues with openness; see them as who they are, not through their physical attributes or stereotypes; demonstrate caring by asking questions and offering help; see the greatness in others regardless of their cultural and linguistic backgrounds; and search for that mutual ground where concerns, experiences, and preferences of care could be understood and established.

The world needs more people to take on the responsibility of bridging cultures, and who could be better suited for this role than speech-language pathologists who know the power of communication? Being an immigrant, a minority, and a bilingual does not provide me with the natural ability of being a culturally competent individual. However, I hope that my own cultural and linguistic reflections could bring compassion, knowledge, and greater understanding in serving the needs of our clients. I hope others could reflect too on their experiences of

discrimination and biases and realize all of our clients, wherever they are from, need a little kindness to be an integral part of a greater community.

Following the scope of practice of advocating communication, I plan to be a clinician who can lend and give a voice to people, however long and whatever it takes. To me, this is what it means to be a bilingual and to be culturally competent: appreciating the uniqueness of every individual and being an advocate for anyone who feels lost, anxious, and powerless, regardless of their cultural and linguistic background.

Taking the Next Step Towards Cultural Competence in Speech-Language Pathology

Abstract

Despite the efforts of the American Speech-Language Hearing Association to emphasize cultural competence in speech-language pathology training, many monolingual and bilingual speech-language pathologists (SLPs) continue to express their lack of understanding and preparedness in serving culturally and linguistically diverse (CLD) populations. As a consequence, there is a compelling reason for broadening the curriculum to address issues of multiculturalism. This qualitative study used face-to-face interviews with seven bilingual SLPs to identify their recommendations to speech-language pathology students and the higher education programs to improve on preparing future clinicians to work more effectively with CLD populations. The participants suggested that students in speech-language pathology programs should strengthen their cultural competency skills and utilize their skills to advocate for CLD clients and for themselves so that better resources could be developed. The participants also proposed how to address multicultural and multilingual issues through coursework, clinical experiences, and mentoring. The proposed changes place more emphasis in preparing SLPs for serving their pediatric and adult client populations appropriately, sensitively, and competently across clinical delivery settings to accommodate recent trends in cultural and linguistic diversity.

Introduction

The ethnic, racial, cultural, and linguistic composition of communities around us have become increasingly diverse. The number of people who speak a language other than English at home has surpassed 61.8 million, indicating that one in five U.S. residents speaks a foreign language (Camarota & Zeigler, 2014). In response to cultural and linguistic needs of a diverse caseload population, the American Speech-Language Hearing Association (ASHA) has taken the initiative to define an urgent need for achieving cultural competency at preprofessional and professional levels (ASHA, n.d.-b; Stockman, Boulton, & Robinson, 2004). This requires that members serve all clients with sensitivity and awareness of each individual's unique cultural and linguistic backgrounds. However, within academic and clinical education in speech-language pathology, cultural competency training can be seen as an emerging trend yet to be developed (Horton-Ikard, Munoz, Thomas-Tate, & Keller-Bell, 2009).

What is Cultural Competence?

ASHA (n.d.-a) defines cultural competence as “understanding and appropriately responding to the unique combination of cultural variables and the full range of dimensions of diversity that the professional and client/patient/family bring to interactions” (para. 1). This entails that cultural competence is demonstrated through the professionals' ability to provide and adapt effective services that are responsive to the cultural needs of culturally and linguistically diverse (CLD) populations. Cultural competence is described as a developmental process because it evolves over time by cultural knowledge, cultural awareness, and cultural sensitivity (ASHA, n.d.-a; Cross, Bazron, Dennis, & Isaacs, 1989).

Cultural Competence in Speech-Language Pathology

Cultural competence is a critical part of graduate training in a speech-language pathology program. The importance of this skill is reflected in the standards for ASHA Certificate of Clinical Competence in speech-language pathology (CCC-SLP); (ASHA, 2016a). The standard states that applicants must demonstrate cultural knowledge, awareness, and sensitivity in their practices of prevention, assessment, and intervention in addition to having experiences working with clients from different backgrounds (ASHA, 2016a; Lubinski & Matteliano, 2008).

Since the early 1990s, ASHA mandated that accredited speech-language pathology and audiology programs include multicultural content in their professional education (Stockman et al., 2004). In response, university programs have initiated and modified coursework to meet the service delivery needs of the increasingly diverse populations that SLPs serve as well as the reigning academic standards set forth by ASHA. Many faculty are committed to multicultural and multilingual teachings to provide practical and effective instructions within traditional coursework and clinical training (Lubinski & Matteliano, 2008; Stewart & Gonzalez, 2002; Stockman et al., 2004; Stockman, Boulton, & Robinson, 2008). However, they are left to design, on their own, the best teaching approach to prepare students for the diversity of society.

ASHA (n.d.-b) has defined two major course approaches when addressing the addition of multicultural content into speech-language curriculum. These approaches are labeled as infusion and foundational course approaches. The infusion approach involves embedding multicultural and multilingual content within the existing courses. A survey of administrators, faculty, and clinical supervisors from accredited speech-language pathology programs in the United States revealed that in preparing prospective clinicians, many utilized curricula infusion approach to address multicultural and multilingual issues (Stockman et al., 2004; Stockman et al., 2008). In

comparison, the foundational course approach involves the implementation of a dedicated course solely to address multicultural and multilingual issues. The best method of providing “curriculum (academic and clinical education) that reflects current knowledge, skills, technology, scopes of practice, and the diversity of society” (ASHA, n.d.-b) is found to be a combination of the two approaches (ASHA, n.d.-b; Stockman et al, 2004). Hence, it is a curriculum that includes multicultural and multilingual instruction embedded in one or more academic content areas in addition to a specific foundational course that is likely most effective.

Relationship Between Multicultural Training and Cultural Competence. There are several studies that have determined the relationship between SLPs’ multicultural coursework and the adequacy of knowledge as well as the confidence to deal with cultural and linguistic diversity issues. The earliest research by Campbell and Taylor (1992) found that SLPs perceived their own incompetence most frequently in the assessment and intervention of CLD populations. Wallace (1997) also found that 62% of SLPs who worked with adults with neurological disorders felt less competent in providing services to those who speak a different language than to monolinguals. Many reported that their professional education had not included multicultural and multilingual coursework, and even if they had exposure to such a topic during their educational training, it had been minimal. Undergraduate and graduate students in Levey’s (2004) study reported having little knowledge of commonly known language differences among some African American speakers. Kritikos (2003) found that even though up to 64% of the SLPs were trained on issues relating to language disorder versus language difference, 40% of the SLPs would not recommend speech services to bilingual speakers because of their own lack of knowledge on bilingual issues. This seemed to be attributed to a lack of training on multicultural and multilingual issues such as second language acquisition, communication patterns of different

cultures, bilingual assessment, bilingual assessment tools, collaborating with an interpreter, and bilingual interventions. Similarly, other studies found that approximately 30-50% of the SLPs reported that they had not received training on multicultural and multilingual issues during their graduate curriculum (Hammer, Detwiler, Detwiler, Blood, & Qualls, 2004; Kohnert, Kennedy, Glaze, Kan, & Carney, 2003; Roseberry-McKibbin, Brice, & O'Hanlon, 2005). A more recent study by D'Souza, Bird, and Deacon (2012) found that about a quarter of the SLPs reported having no access to resources including appropriate bilingual assessment tools, speech and language developmental norms in the client's language(s), and training to work with CLD clients. Compared to the monolingual clinicians, clinicians with knowledge of two or more languages reported having better access to the mentioned resources, but this may have been attributed to their ability to "use their own personal knowledge of the impact of linguistic diversity" (p. 30) to assist CLD clients.

Similar observations of a lack of training in diversity issues were also evident in a study of bilingual SLPs and their perceptions of being bilingual service providers and their experiences (Author, Under Review). The participants valued their bilingual skills and identified how those skills helped them understand and connect with clients and their family members. However, they identified the greatest challenge in providing culturally competent services to CLD population as inadequacy of multicultural and multilingual knowledge and training. The findings indicated that bilingual SLPs are not being provided with adequate information, research, and support on bilingualism, multiculturalism, and on best practices of how to utilize their bilingual skills. Despite the continued push for increased coursework and efforts in developing cultural competence in speech-language pathology students, in a recent ASHA school survey (2016b),

only 8% of the surveyed school SLPs felt very qualified “to address cultural and linguistic influences on service delivery and outcomes” (p. 36).

Research Question

This study aimed to feature bilingual SLPs’ recommendations that are reflections of their bilingual experiences as to how current CLD students in speech-language pathology program could further develop their skill sets in becoming competent clinicians. The participants were also asked to recommend possible ways to address multicultural and multilingual issues in speech-language pathology programs in such that every student is provided with clinically applicable skills and information to engage in practice with the utmost level of skill and the best resources available to serve CLD clients.

Method

This qualitative study used open-ended, semi-structured interviews to gather unique perspectives and reflections of bilingual SLPs regarding what individual bilingual students could do to become better culturally competent professionals as well as how the higher education programs could address multiculturalism and multilingualism to support SLPs students in appropriately serving CLD populations.

Participants

The participants were contacted via e-mail in accordance with institutional review board (IRB) procedures (see Appendix). Snowball sampling was used to recruit additional participants in which several participants shared information of this research with their colleagues and received permission to share their contact information with the author for further correspondence.

Participants included seven SLPs, all women, in the Midwestern United States and Central Canada, who currently hold the certification required in their respective countries as well as their states or provinces. The participants’ experience as an SLP ranged from 1 to 15 years in a variety of work settings. At the time of the interview, five of the seven participants reported that they currently provide bilingual services in their field. The other two participants reported having previous experiences using their bilingual skills but were not currently serving a bilingual caseload. Table 1 lists the participants demographic data, including their language skills and work settings.

Table 1. Participant Summary

Name (*Pseudonym)	Languages	Bilingual Type	Current Professional Setting
Sabiya	English, Arabic	Second Language Learner	Medical
Emma	English, French	Second Language Learner – attended bilingual school	School, Private Clinic
Josephine	English, Spanish	Second Language Learner	School
Abby	French, English	English Language Learner	Private Practice
Lucia	Spanish, English	English Language Learner – attended bilingual school	School
Kalila	Arabic, English	English Language Learner	School, Private Practice
Kaylin	Mandarin, English	English Language Learner	Medical

Data Collection & Analysis

All participants were individually interviewed face-to-face using an informal, open-ended, and conversational style interview technique. Each interview was approximately 60-90

minutes in length and was conducted in English. Each participant was asked what recommendations they would have for bilingual students and higher education programs to be better prepared for the increasing number of CLD populations. The interviews were audio-recorded with the permission of each participant. One participant wished to not be audio-recorded. The audio-recordings were then transcribed by a professional transcriptionist for interpretation.

Once the interview was transcribed, each interview transcript was thoroughly examined at the word, phrase, and sentence level. Meaningful words and phrases were highlighted to be organized into clusters and chunks so that these ideas could be compared and contrasted to discover patterns and interrelationships between them. This coding process allowed to develop common themes (Bogdan & Biklen, 2016; Creswell, 2003).

Results

The participants reflected on their educational background and professional experiences and addressed how to catch up to multiculturalism, not only as individuals but also within higher education training programs, so that they could support and prepare future SLPs for cultural and linguistic diversity competency.

Theme I: Recommendations to Speech-Language Pathology Students

The data revealed three key directions to speech-language pathology students to be lead advocates of culturally competent speech and language services as attitude, advocacy, and ethics.

Attitude. With the increase of CLD populations and comprehensive educational programs, participants have noticed some attitude changes towards bilingualism. Yet participants found it is a slow progression that cannot accommodate the pace and need of awareness and knowledge in multiculturalism. In order to progress further, participants believed a change in

attitude is needed first. Kalila noticed a lack of interest and indifference towards cultural and linguistic diversity during her educational and professional experiences. She argued that there needs to be a general understanding of why cultural and linguistic diversity is an important topic to learn and its significance to the work they do. She shared,

I feel like first of all, you need SLPs to be interested in closing the gap. The field isn't going to change until there is a cultural shift. And as long as you have people from a very limited demographic entering, you can force different types of courses on them but everyone is going to get out of it what they want, and some people might look at the multicultural course as just a speed bump on their way to getting their degree where they can work in their pretty little high school. . . and it is never that way. You never get these perfect little kids, especially with the state of the world. . . I feel like we need a cultural shift.

Actual knowledge and skills are valuable, but as Josephine and Sabiya said, there is “no perfect solution” or handbook that explains culture, language, and religious background. Instead, there are “lots of on-the-spot learning.” Whether administering assessments, implementing therapy, or presenting information in a meeting, Kaylin explained, “You ought to be confident enough to serve your clients.”

Lucia spoke of the importance of being transparent about one's abilities and accepting imperfection in order to be an effective bilingual service provider:

I think we are very self-conscious about our ability, which hinders our professionalism. It is very important to really just try and jump into it. . . Even if you maybe not perfect in the profession, as you start getting in the field and start using the language, you are going to get there, so I think that is very important to really just try. Just know the words that

change a lot from culture to culture. I feel open to say, “I don’t really know what that is.” I do tell them, “I don’t know how to say this word.” And I think that makes them feel better about themselves too because the teacher is having a hard time and it is okay for me to have a hard time as well.

Emma also viewed imperfection as being part of a growing professional. She remarked, “We should know what we are comfortable with and what we are not. Definitely knowing where your limits are and stepping back from them and saying, ‘You know what, I need to refer out for this.’”

Advocacy: “Be the catalyst.” One of the critical roles that the participants found both monolingual and bilingual clinicians should play is advocacy. They noted the how SLPs must communicate their role, impact, and needs more effectively. Kalila shared that she has been taking student interns for years, and she tries her best to place a greater value on training future clinician to be more aware of multiculturalism. Through her work as a supervisor, she hoped that her student interns see “a homogenous culture” that is not typical of the rest of the United States and become advocates for CLD populations:

I just do what I can. I am one little voice who is annoying everybody. Someone is going to listen one day. I feel like it is people like us, we have to be the catalysts for it. Because as long as you have middle class, white Americans, single-language women entering the field, it is not going to change.

Other ways to be an advocate for CLD clients were discussed by the participants. They noted that any input about CLD clients heavily relies on the reports provided by the teachers, caregivers, other disciplines, and clients themselves. This entails SLPs to ask questions, collaborate, and research. In fact, all participants emphasized the importance of finding research

and resources that would aid in providing appropriate services to CLD clients. Emma advised that finding resources includes initiating communication with other speech pathologists:

Find other speech pathologists that are not necessarily bilingual but who speak the language that you are looking to work in. Communicate with them, ask them for resources, ask them for help; get in touch with them because I think that is the best way to learn – from somebody who has been there and somebody who is experiencing it, and somebody who knows what they are doing and who possibly has been trained in that language and then you can take that information with you and even share information if they want to start working in the other language as well.

Ethical responsibility. Ethical responsibility was one of the common themes that came up across participants. It was noted that SLPs should honor their responsibility to achieve and uphold their professional competence through maintaining professional competence and expertise, but also through using evidence-based clinical judgement to keep the best interest of those being served. Kalila specifically advised bilingual students in speech-language pathology: “Whatever your non-English language is, make sure it is as strong as possible. Learn the academic language if you don’t know. Try to make sure your skills are good and try to immerse yourself in it.” Josephine held a similar perspective on ethical responsibility of professional competence:

It is ethically imperative that someone who considers themselves a bilingual SLP that they maintain their languages. I highly believe there is an ethical necessity to maintain exposure to languages, not just receptively but expressively as well. It is very important to keep up with my Spanish and that is still always at the forefront. I hope that someone who considers themselves bilingual providers have that much insight into the other

language that you are saying that you are bilingual in. Are you bilingual enough to first of all, determine what would be your regular phonological or morphological patterns? And then can you tell when they have disorders?

Kaylin shared similar thoughts on having language level up to a proficient standard:

Be more aware of to what level [of proficiency] and be able to use your language to serve the clients. If you really want to strengthen their bilingual capacity in order to serve the population of that language that he or she speaks and so they may just need to continuously enhance their language proficiency in all the language areas. And even to know more about that culture or their parent generation and where they are coming from. In order to better serve the bilingual population, and I really spent so much effort in improving my language to the native speaker level.

In order to be able to discern difference versus disorder, Josephine explained, “becoming familiar with the phonology and grammatical markers that are common in that language that could be interfering with their production of English” is important. More importantly, many participants highlighted that it is mandatory that you continually keep up with the research. Abby pointed out that “there are a lot of levels of bilingualism,” which require clinicians to engage in continued learning whether through research and/or continuing education that address bilingualism, English language learners (ELLs), and/or multiculturalism so that they may treat clients more efficiently and effectively. Overall, the participants urged speech-language pathology students to develop their cultural and linguistic skills to the highest level so that they could be part of the cultural shift that is needed in both the educational and clinical areas of speech-language pathology.

Theme II: Recommendations to the Higher Education

With the rapid changes in the demographic profile of their caseloads, participants shared that it is essential for the higher education programs to (a) remodel multiculturalism coursework, (b) provide practical learning opportunities, and (c) offer mentorship.

Remodeling the multicultural course. Many participants found their coursework in multiculturalism too short, basic, and lacking in specific multicultural and multilingual contents. In whichever instructional approaches they were taught in, change in course instructions was an important first step in preparing future SLPs for cultural and linguistic diversity. Sabiya thought that it would be difficult to have a framework of what multiculturalism education should look like because a multicultural dedicated course would not be able to cover numerous cultural variables within the timeframe of the graduate study program. She felt that multiculturalism is a dynamic concept that you cannot fully grasp from a textbook. However, other participants suggested that there needs to be changes in how multiculturalism is addressed.

The multicultural infusion classes were a popular instructional method among the participants, but they found that the embedded multicultural content provided more of general information regarding diversity rather than providing specific information and access to resources required to serve the needs of CLD populations. Even if they had a multicultural dedicated course, they thought it did not address nor did it teach them the foundational skills for working effectively with multicultural populations. Participants agreed that covering specific cultures and languages that are relevant to the geographical area would better equip SLPs entering the workforce.

When asked about specific content changes, Kalila shared that she would like to see “more teaching of like sensitivity and maybe teaching about different hallmarks of different languages.” She noted,

Many romance languages have adjectives come after the noun so instead of *green house*, it’s house green. Knowing those things help you in speech and language evaluations with a student who might speak a different language. And it might help you in the treatment because you understand that their brain is translating.

From her experience, Lucia thought that the multiculturalism course she had taken tried “to cover too much” in an hour-long class that was offered once a week. She thought the course should have a structured class so that they could spend “a unit, like 3 or 4 classes where you really look at the phonemes directly or look at the grammar characteristics directly.” She recalled debating “Is this really a difference? Is this a disorder?” due to her minimal knowledge and exposure to African American and Arabic speaking populations when she first started working. She thought focusing on a couple of key minority languages in the community and learning more about their common linguistic characteristics would help SLPs develop a solid foundation distinguishing a language difference from a language disorder of the CLD populations with whom they may interact with in the near future.

Emma believed that course delivery and the degree of multiculturalism emphasis would be different “depending on where you are completing your master’s program.” For training programs located within bilingual communities, “a bilingual class would be essential.” In her French SLP program, Abby had books and studied literature in English. Similarly, she wondered if English programs in bilingual communities in Canada should also introduce French resources so that SLPs in training would be familiar with the linguistic characteristics and tools needed for

bilingual clients. Emma thought offering “an elective course” through collaboration with other universities for those who are interested in bilingualism and becoming a bilingual SLP would be helpful so that SLP students could develop the necessary skills for culturally competent service delivery.

Practical learning opportunities. The value of diverse, interactive, and clinical learning experiences was commented on by many participants. Their learning experiences in courses mostly involved discussions about cultural and linguistic diversity. Josephine recalled assignments that involved analyzing common phonological features of Spanish in a language sample. Her class also had an opportunity to research and “talk about different languages and their features” in detail, which broadened her understanding of linguistic diversity. She recalled one particular presenter who came to talk about accent reduction in CLD speakers. Even though she did not work with that population, having that information presented during her graduate studies had been a great resource in her work with the CLD population. Kaylin thought having a course project that involves the community would provide experiential and problem-based learning by “identifying some potential clients” and talking to “family members or neighbors who are from a different culture.” She believed that by talking to people in the community, SLP students could “promote our profession.” In this way, students would be “more aware where the challenges are” in clinical practices with CLD populations and could begin to think more analytically about these challenges. Other suggestions of more integrative learning experiences suggested by Emma included a collaboration “between the universities.” She thought this would be a great alternative to the incorporation and exposure of students to different cultures and languages within their training curriculum.

Participants found great value in their clinical internship in graduate training because it allowed students the opportunity to observe, ask questions, and put learning into practice.

Kaylin indicated that she expects “the schools to entail more practical learning experiences for the students.” This would include sending students “to a bilingual population to see the bilingual clients and bilingual patients.” Abby completed two of her internship placements in bilingual settings. She found that having that experience as a student tremendously helped her to prepare herself in working with bilingual populations. Josephine, who completed her clinical internship in a Mexican town at a bilingual Spanish-English speaking school, was trained by a bilingual SLP, so she was confident that she could “tell the differences enough to be able to execute her job.”

Mentoring. In discussing recommendations for cultural competence training, participants proposed the necessity of culturally competent mentors who could guide, teach, and increase the cultural competence of prospective SLPs. In regard to academic mentoring, Lucia and Emma felt that some professors may not be sufficiently knowledgeable in multicultural and multilingual issues. Emma commented that the reason for a lack of knowledge could be that there is a lack of culturally and linguistically diverse “newer SLPs” in higher education who could bring a different perspective to the field. Josephine emphasized that professors, as educators and academic mentors, must continue increasing their professional competence through reading research and clinical studies. She stated that “it is on the professors to also do their research to incorporate other cultural perspectives and other linguistic perspectives.” As academic mentors, professors are to guide and teach students in the field with the most current and ethical practices. Therefore, “if they are not going to pursue that information,” as Josephine stated, “they are certainly not showing their students that it is important.”

The importance of having a culturally competent, bilingual mentors was also addressed by many participants. Josephine, who was trained by a bilingual SLP during her clinical internship and her clinical fellowship year, found that having someone who was knowledgeable in bilingual service delivery impacted her growth as a culturally competent, bilingual SLP. Emma expressed her shock when she found out that there was a lack of sufficient mentorship for both current and recent graduates. She believed that a master's program could support the mentorship by providing connections for "SLP pen-pals" or "somebody who has been there, somebody who knows what they are doing" in terms of working with CLD populations. She emphasized,

Mentoring is a really good thing. I find that a peak learning time is when you graduate. When you are out on your own and you don't really know what you are doing with no resources at your disposal for people to ask questions to or talk to.

Kaylin also mentioned the need for mentoring CLD students in the program. She suggested that "the programs should be more aware of how to support these students to overcome, the challenges, or also to appreciate themselves being a bilingual SLP student." In order to do that, there should be opportunities for students from CLD backgrounds to "talk about their culture." She further explained that mentoring is a process where individuals grow through sharing experiences; therefore, having "the student share about their culture in formal or informal ways to increase their visibility" would increase everyone's cultural awareness and sensitivity among ourselves. In the end, Kaylin concluded that culturally competent mentoring is about bringing "all the SLP students, regardless of their language backgrounds, eventually to that common level that they are able to serve the patients and the clients from different cultures."

Discussion

The recommendations that the participants shared were reflections of their own personal bilingual experiences as students and professionals working closely with CLD populations. They identified confidence in knowledge and skills, advocacy, transparency, and flexibility as valuable attributes of a competent SLP. They also identified the important responsibility of higher education programs in preparing bilingual SLPs. In order to address their recommendations, the multicultural and multilingual curriculum and the cultural competence model at the training level were discussed. In doing so, it became clear that the provision of multicultural and multilingual issues in the graduate program is important, but also having the desire to learn and teach cultural competence by the mentors at the training level was revealed as vital to the development of cultural competence.

Recommendations to Higher Education

Remodeling multicultural course. Based on their experiences, the participants identified remodeling multicultural coursework as one of the important changes needed to adequately prepare students in speech-language pathology work with CLD populations. While faculty surveyed in Stockman et al.'s (2008) study perceived SLP students to be modestly prepared to deal with cultural and linguistic diversity as a result of their multicultural instruction, the literature has noted the current instructional approaches as not adequate for educating SLPs to meet the needs of CLD populations (Roseberry-McKibbin et al., 2005; Stockman et al, 2008). This corresponds to the participants' experiences on their multicultural coursework. Many of the participants found their coursework to be general and short, in which they indicated the need for better coverage on the topic in order to support graduate students develop cultural competence and gain confident serving CLD populations. They particularly expressed the need for focusing

on certain cultural and linguistic groups relevant to the community they would be serving. The implication is then that higher education has the responsibility of providing essential knowledge and skills during the academic and clinical preparation of SLP students using a more effective and innovative instructional model that would facilitate closing the gap in educational and clinical experiences (Badon & Bourque, 1996; Cheng, Battle, Murdoch, & Martin, 2001). This could be achieved using the model of cultural competence in health care delivery (Campinha-Bacote, 2002; Campinha-Bacote, 2008). This model consists of *cultural awareness*, *cultural knowledge*, *cultural skill*, *cultural encounters*, and *cultural desire* that are interdependent with one another. Multicultural and multilingual coursework, whether it is addressed through an infused or dedicated course approach, should provide foundational knowledge about diverse CLD groups and culturally appropriate assessments and intervention tools in order to establish cultural knowledge and skills.

Practical learning opportunities. Given the participants' various learning experiences, it is not surprising that they proposed a variety of suggestions as to how to provide more hands-on clinical experiences to students in the speech-language pathology program. *Cultural encounter* is the process of directly engaging "in cross-cultural interactions" (Campinha-Bacote, 2002, p. 182) with CLD populations. One way to engage in *cultural encounter* is to provide students the opportunity to work directly with CLD populations, either locally and/or internationally, so that SLP students can apply what has been taught and discussed in real clinical settings (Crowley, Guest, & Sudler, 2015; Strauss, 2008; Wright-Harp & Munoz, 2000). The clinical internship with CLD populations could occur while enrolled in a multicultural and multilingual course. In this way, students could discuss their experiences "within the framework of the course" (ASHA, n.d.-c). Other innovative methods that ASHA (n.d.-c) suggests include

having guest presenters from diverse backgrounds, having a professor from a foreign university as a co-teacher, and offering specific multicultural and multilingual specialized areas for those who are interested. These methods were also mentioned by the participants in this study, highlighting that students in the speech-language pathology program would appreciate a more creative learning opportunity rather than didactic teaching.

Another suggestion would be employing service learning as a pedagogical approach to teaching cultural competence. Contrary to clinical internships, service learning is a fairly new instructional model that focuses on “experiential (real life) and reflective, problem-based learning in which students enrolled in academic courses provide a needed service to a community partner” (Strong, Burton, & Bradely, 2004, p. 4). Kaylin indicated a wish that the higher programs provide these service learning opportunities because that is how students learn about the community that they would be serving in the future. A school-based feeding improvement project that involved the service learning model yielded evidence of positive outcomes for the community that was being served (Bailey & Angell, 2005). The positive results of service learning demonstrate the possibility of engaging SLP students in “civic responsibility, motivating them to meet the needs of” (Bailey & Angell, 2005, p. 132) CLD populations. The service-learning model reflects the domains of SLP work as it emphasizes learning through initiation, reflection, and application. It is clear that participants perceive connecting information learned from school to the local communities as a critical learning moment since they saw and experienced applied learning as the step towards closing a gap between instructional and clinical education in speech-language pathology. It is important to note that cultural competence is a complex process that requires continuous expansion and the development of cultural awareness, skills, and knowledge (ASHA, n.d.-a). Thus, the information presented in graduate programs

limits the knowledge students can learn, but as research has shown, the combination of professional preparation, professional development, and diverse work experiences appear to increase SLPs' cultural awareness, sensitivity and competence in serving CLD populations (Farrugia-Bernard, 2018; Kritikos, 2003; Roseberry-McKibbin et al., 2005).

Mentoring. The participants thought that we all have a natural desire to learn and be enriched, but this way of thinking needs to be nurtured. This was discussed in terms of faculty mentoring. The recommendations of mentoring would suggest that the faculty and students in speech-language pathology must be motivated to *want to* engage in the process of becoming culturally aware, culturally knowledgeable, and culturally skillful and seeking cultural encounters (Campinha-Bacote, 2003, p. 239). This is referred to as *cultural desire*. It represents an “affective or attitudinal construct” (Campinha-Bacote, 2008, p. 141) that can be *taught and caught*. This framework explains that affective characteristics can not only be *caught* from the environment but can also be *taught* through structured activities. Mentoring was viewed as an integral part of learning as participants recalled their past professors and supervisors. They remembered learning more from mentors who were accessible, caring, and enthusiastic about teaching. A culturally competent individual, whether a faculty or a graduate student, “must confront their own values, beliefs, and biases concerning multilingual multicultural clients and their families” (Cheng et al., 2001, p. 122) in order to be able to learn, teach, mentor, and create an environment for the cultural appreciation. Participants thought when the faculty shows commitment to becoming culturally competent, students will also learn to see the importance of this skill and make an effort to become culturally competent. While engaging in the above constructs of cultural competence, it is critical that each student and faculty are offered the opportunities and environment to self-reflect on their own cultural and professional backgrounds

(ASHA, n.d.-a; Campinha-Bacote, 2002). The participants in this research identified their own need to be culturally competent as integral to the profession. They indicated wanting to see more faculty take an initiative in providing advice on aspects of academic and professional development of student clinicians. ASHA (n.d.-c) provides recommendations and resources on teaching multicultural and multilingual issues. One suggestion is that faculty can utilize self-assessment resources as part of their own self-reflective practice as well as incorporate them for their students. In this way, faculty can encourage students to engage in a continued professional development in cultural competence and students can increase confidence and competence working with CLD clients. This openness to learning about cultural and linguistic diversity appeared to be the first step towards not being left behind in multiculturalism that is evident as experienced by the participants.

Limitations and Future Research

This study focused on the possible changes that higher education can make towards improving knowledge and confidence of SLPs serving CLD populations. The results are limited to seven bilingual SLPs' perspectives and recommendations. While they represented a diverse range of cultural, linguistic, educational, and professional backgrounds, the sample was limited to smaller geographical areas in the United States and Canada. A larger sample from other geographic regions and educational institutions would provide more representation of SLPs and recommendations for the higher education programs.

Future research could replicate studies of Kritikos (2003) and D'Souza et al. (2012) to compare and contrast if SLPs' experiences and perspectives have changed with increasing demands and emphasis in multicultural and multilingual issues at the graduate programs. Additional research is needed to identify best practices in course curriculum and pedagogies.

This could be examined through the identification of perceived adequacy of knowledge between clinicians who took multicultural dedicated courses versus multicultural infusion courses.

Furthermore, one could investigate the degree of impact that cultural immersion experiences through bilingual practicum may have on developing cultural competence and meeting the communication needs of a diverse population (San Jose State University, 2001; The ASHA Leader, 2014; Wright-Harp & Munoz, 2000).

It has been ten years since Stockman et al.'s (2008) study has been published. The knowledge regarding diversity issues has evolved since then, providing the faculty with access to better guidelines and resources in teaching this topic. By examining the perspectives of faculty in regard to how they perceive multiculturalism courses in graduate programs and their efforts in embedding multiculturalism into the curriculum would provide a better understanding of challenges related to content development and delivery.

Conclusion

According to ASHA (n.d.-b), “the quality of educational preparation for delivery of clinical services is highly correlated with the quality of services provided to the public by certified professional practitioners” (para. 1). Although some progress is being made to close the gap between educational and clinical knowledge on what speech-language pathology students need to be culturally competent, we need to increase the rate at which we meet academic, clinical, and student needs (Stockman et al., 2008). There is no doubt that there will always be a mismatch of cultural and linguistic knowledge of a clinician and a client. The new challenge is then, to continuously encourage, support, and provide adequate programs and resources for students and professionals in speech-language pathology to develop cultural competence. Will we ever fully achieve culturally competency? ASHA (n.d.-a) stated that cultural competence

“proceeds along a continuum.” This means that it is a life-long process of exploration and appreciation of each other’s ethnic, racial, religious, cultural, linguistic, and any other differences (ASHA, n.d.-a; Cross et al., 1989; Kimmons, 2017). It may be a time for “a global curriculum” and a “community of practice” (Williams et al., 2013, p. 41) of lifelong learning of cross-cultural and cross-linguistic knowledge to ensure adequacy and competency so that we can truly be of service to the CLD populations.

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Appendix: IRB Approval Letter

Sep 21, 2017 5:01 PM EDT

Re: Exempt - Initial - UHSRC-FY17-18-42 Catching up to multiculturalism: An in-depth analysis of bilingual practices in speech-language pathology

Dear Yeji Yoon:

The Eastern Michigan University Human Subjects Review Committee has rendered the decision below for Catching up to multiculturalism: An in-depth analysis of bilingual practices in speech-language pathology. You may begin your research.

Decision: Exempt

Selected Category: Category 2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Renewals: Exempt studies do not need to be renewed. When the project is completed, please contact human.subjects@emich.edu.

Modifications: Any plan to alter the study design or any study documents must be reviewed to determine if the Exempt decision changes. You must submit a modification request application in Cayuse IRB and await a decision prior to implementation.

Problems: Any deviations from the study protocol, unanticipated problems, adverse events, subject complaints, or other problems that may affect the risk to human subjects must be reported to the UHSRC. Complete an incident report in Cayuse IRB.

Follow-up: Please contact the UHSRC when your project is complete.

Please contact human.subjects@emich.edu with any questions or concerns.

Sincerely,

Eastern Michigan University Human Subjects Review Committee