Knowledge and Perceptions of SLP Graduate Students Regarding Multiculturalism

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Abstract

Populations in the United States rise daily, as do the number of people who are considered multicultural. With this comes a greater need for speech-language pathologists (SLPs) who are able to assess and treat such individuals – a training process that begins in graduate programs. The primary objective of this study was to determine the knowledge and perceptions of graduate students in speech-language pathology as it pertains to multiculturalism. A survey was conducted to explore graduate students' knowledge and perceptions of multicultural topics. Participants were recruited from programs in the southeastern United States via email. Just under 400 surveys were returned with 322 complete responses received. Most graduate programs are covering multicultural and multilingual topics across courses to prepare students to work with such populations in future careers. Students recognize the importance of these topics because the opportunities to work with multicultural and multilingual clients are becoming more frequent. A firm foundation can set the tone for an SLP's career; without adequate training in the area of multiculturalism, many individuals may receive inadequate services whether the speech-language pathologist recognizes the gaps in care or not.

Keywords

multiculturalism, knowledge and perceptions, graduate students

Cover Page Footnote

Multiculturalism in the United States

It has been projected that in less than 10 years, in 2030, the driving force of population growth in the United States will be immigration (United States Census Bureau, 2020). With an increase in population due to immigration also comes an increase in the number of cultures represented in the U.S. Culture is woven into each part of peoples' lives, from their religious beliefs, to their day-to-day activities, to how they communicate and interact with others. The International Panel on Multilingual Children's Speech states, "Culture is the shared, accumulated, and integrated set of beliefs, habits, attitudes, and behaviors of a group, people, or community…the context in which language is developed and used and the primary vehicle by which it is transmitted" (International Expert Panel on Multilingual Children's Speech, 2012, p.1). Due to the rising number of multicultural people within the United States, the number of SLPs assessing, diagnosing, and treating multicultural clients is also rising. With culture being such a significant influence in people's lives, it is important to know how to interact with others who may identify with a culture different from one's own. This is especially crucial for SLPs who often work with individuals on aspects of communication. In every scenario, a SLP should seek to embody cultural humility through self-assessment of biases, understanding the expansiveness of culture and learning about the client's culture and how it affects communication. (American Speech-Language Hearing Association, n.d.-b)

Cultural Competence and Cultural Humility

The CAA and ASHA often use the term "cultural competence" when referring to a clinician's knowledge and skills when working with multicultural clients. The term "cultural competence" implies that a person can gain sufficient knowledge to treat each individual multicultural client using evidence-based practices (EBP) (Hopf et al, 2021). Merriam-Webster (2022) defined competence as "the quality or state of having sufficient knowledge, judgment, skill, or strength." While it is hard to define "sufficient knowledge" as it relates to competence, it is equally challenging to quantify competence. It is considered difficult to achieve competence in several cultures without identifying with the culture themselves.

Furthermore, though an SLP may work with several clients who identify with the same culture, it cannot be assumed that those experiences have taught them exactly how to interact with a new client from that culture. All clients come from different backgrounds and have varied experiences that help make up who they are, regardless of the culture in which they identify. According to ASHA, in 2019, over 90% of SLPs identified as white females. This number points to an overwhelming majority of SLPs who do not mirror their clients. That is to say, clients who are of another race are not seeing individuals like themselves equally represented in the field. While race is only one facet of culture, it is important to consider, as representation matters to many individuals. The term "cultural humility" may better reflect the ongoing learning that comes with being an SLP, especially one who works with clients from another culture. Cultural humility is a process that "incorporates a lifelong commitment to self-evaluation and critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations" (Tervalon & Murray-Garcia, 1998, p.117). A "lifelong commitment" indicates that this is not a process with an endpoint; it is a constant progression and a mindset that

requires a person to be willing to listen to new thoughts and ideas and to take those into account when working with clients from another culture. Accepting new ideas can be difficult, as people often get used doing things a certain way and may not adapt well to change.

Cultural humility can also help speech-language pathologists be proactive instead of reactive when it comes to ensuring effective treatment for their clients. Cultural humility is something that can take time to cultivate – it cannot be taught and mastered in the course of a semester, but the concept is one that should be introduced as early on as possible so that individuals, especially future SLPs, can begin refining their cultural humility skills. Speech-language pathologists should not be intimidated by working with clients of different cultures but instead should view it as an opportunity to expand their cultural humility and learn more about their clients. It is certainly appropriate to do research into a client's culture beforehand, but it is just as valid to communicate with the client about their preferences in regard to things such as how they would like to be addressed, how involved they would like a parent or caregiver to be, or their expectations for treatment. Listening to a client talk about their culture, values, and preferences allows an SLP to better understand, treat, and interact with them. ASHA has acknowledged that "developing cultural competence is a dynamic and complex process requiring ongoing self-assessment and continuous expansion of one's cultural knowledge. It evolves over time, beginning with an understanding of one's own culture, continuing through interactions with individuals from various cultures, and extending through one's own lifelong learning" (ASHA, n.d.-b). As previously discussed, acquiring cultural knowledge is a lifelong process that takes active work to engage with members of other cultures and to seek out opportunities to learn cultures different from one's own.

Implicit Bias

It is important for SLPs to recognize that they may be subconsciously holding on to certain ideas that may make it difficult for them to treat clients from another culture as they would any other patient. Utilizing tools to evaluate their own hidden biases can provide a starting point to implement change in their personal life and professional practices. Becoming aware of hidden biases brings about the opportunity for education and change. Recognizing one's own culture and the influence it can have on viewpoints is just one aspect of cultural competence.

One form of bias commonly noted is implicit bias. Implicit bias is often unintentional and involuntary and affects individuals' behaviors, perceptions, and decision-making (National Institutes of Health, 2022). Implicit bias can occur due to reinforcement of stereotypes over time (Project: READY, n.d.). A stereotype is a generalization or exaggerated belief regarding a person or group of people (Learning for Justice, 2021). People tend to apply stereotypes to people or groups in the form of prejudice, which is a prejudgment or opinion about that person or group. These stereotypes and prejudices can be picked up subconsciously as early as one's toddler years.

These early years are formative for development and growth, especially as it relates to speech and language; if negative ideas are introduced during this time, they can become engrained in one's mind and actions (Learning for Justice, 2021). Learning for Justice (2021), an organization whose goal is to "tackle systemic injustice" and provide resources to help resolve personal biases, reported that there is a link between one's behavior and biases. Even if a bias is not overtly

observable, people can still show these biases through their actions, especially under trying circumstances (Learning for Justice, 2021). Everyone has implicit biases, and SLPs may be unwittingly perpetuating theirs with their clients. Perpetuating these biases may not be intentional, but they can be difficult to recognize and unlearn. In a narrative case study, Hudnall (2022) interviewed four multicultural professionals is CSD and one stated "White SLPs [including myself] really need to take classes to understand their own privileges or own them to the best of their abilities" (p.635). Self-reflection has been shown to be a step towards identifying ways individuals may have implicit bias (Hyter and Salas-Provance, 2023). There are many tools that have been developed to help individuals, including professionals such as SLPs, measure their implicit biases (Learning for Justice, 2021).

Ethics and Multiculturalism

The ASHA code of ethics requires clinicians to utilize best practices with patients (ASHA, 2023). This requires clinicians to use assessment and treatment methods that are based on evidence and meet the needs of their patients. The code of ethics dictates that clinicians utilize every resource they can to refine their professional knowledge via lifelong learning to provide the best services possible (ASHA, 2023). This requirement ensures that SLPs are doing everything in their power to use approaches that are evidence-based and keep their professional knowledge up to date. The code of ethics is aligned with the practice of cultural humility; both require continuous learning and expansion of knowledge to better serve clients. The need to research the best methods of assessment and treatment is ever-present, especially with the number of people in the United States who identify with more than one culture being on the rise. SLPs are ethically bound to ensure that they are actively educating themselves on current treatment methods and their clients, which includes seeking education on cultural competence, cultural humility, and multiculturalism.

Best Practices in Serving Multicultural Clients

ASHA has certain requirements for SLPs as they pertain to the services they provide to multilingual and multicultural clients. Bilingual service providers have a native or native-like proficiency in a second language (ASHA, n.d.-a). If a bilingual SLP has proficiency in the language that a client speaks, then she can provide appropriate services in that language, depending on the needs of the client. However, if an SLP does not speak the language that a client uses, they are required to bring in an interpreter or to refer the client to an SLP who can speak that language. Knowing when to consult an interpreter or refer a client to another professional who is able to address the client's needs more appropriately is a large part of using best practices with clients (Hyter and Salas-Provance, 2023). These decisions are individualized based on the client's needs and preferences (American Speech-Language- Hearing Association, n.d.-a). Even if an SLP utilizes an interpreter, the SLP is still responsible for choosing appropriate assessments, planning intervention, and gathering materials that are culturally and developmentally appropriate for the patient.

When assessing a multilingual client, it is important for SLPs to remember that if there is not a standardized test in the client's language, it is not appropriate to utilize another test and translate it into the client's language. While standardized assessments do provide SLPs with helpful

information, they are not the only way to assess a client. If the SLP is unable find a standardized assessment in the client's language, other methods of assessment can be used. These methods can include ethnographic interviews, utilizing an interpreter if needed, with the client's family members or caregivers to learn more about the client's day to day life and development, consulting a bilingual SLP or interpreter who speaks the language of the client, or doing research into language development in the client's language. With the ever-changing nature of the field of speech-language pathology, SLPs can refer to ASHA for EBP in bilingual service delivery (ASHA, n.d.-a). If an SLP is unsure how to assess or treat such a client, it is always a good idea to consult current research and other professionals for help.

The number of multicultural people residing in the United States is increasing, so all SLPs will work with multicultural clients. Regardless of what culture a client may identify with, an SLP should make every effort to communicate with and understand not only their client's needs as they pertain to speech, language, and swallowing disorders, but they also need to understand their clients' cultural backgrounds. SLPs work not only with communication but with the whole client. The development of SLPs' cultural humility should begin in graduate programs and continue throughout their careers. ASHA calls for SLPs to use best practices when assessing, diagnosing, and treating patients. This begins with SLPs acknowledging that they may not have all the answers but striving to enhance their cultural humility skills to serve all of their clients well.

Multiculturalism in Graduate Training

One way that SLPs can learn how to interact with multicultural clients is in graduate school. Throughout a graduate program, future SLPs acquire knowledge about language development, various disorders that impact speech, language, and/or swallowing, and how to interact with clients, among other things, laying a foundation for their future careers. While everything learned in a graduate program is important, the field of Communication Sciences and Disorders (CSD) is so vast that not everything can be covered in class. One of the most important things that a student can learn in graduate school is how to interact with all individuals, including multicultural clients.

Hudnall (2022) reports that the lack of research on multicultural education in CSD can cause those in the field to minimize its importance or forego the education altogether in graduate level coursework. The Council on Academic Accreditation of Audiology and Speech-Language Pathology (CAA) is a branch of the American Speech-Language-Hearing Association (ASHA) that produces standards for graduate programs. The goal of these standards is to ensure that students attending these programs are being prepared to serve in their respective professions (Council on Academic Accreditation in Audiology and Speech-Pathology, 2021a). Among the many standards the CAA has, one addresses Professional Practice Competencies, which includes cultural competence (CAA, 2023). While these standards are set, the CAA does not dictate how each program implements them. There are no specific course requirements for programs, but they must demonstrate that their students are competent in the areas addressed by the standards.
Many programs do not have a dedicated multicultural course, but they infuse these topics into other courses in the curriculum. Throughout classes offered on other topics, these programs incorporate multiculturalism as it applies to various disorders related to speech, language, and swallowing disorders. The southeastern United States is comprised of Louisiana, Arkansas,

Tennessee, Mississippi, Alabama, Kentucky, Georgia, Virginia, West Virginia, South Carolina, North Carolina, and Florida. Of the 66 speech-language pathology graduate programs in these states, only 21 have dedicated multicultural courses. Fewer than half of these programs offer a course solely focused on multicultural issues as they relate to the field of speech-language pathology. Since the CAA does not have specific course requirements, programs can choose the topics covered during dedicated class time. Out of 38 school-based SLPs in Mississippi and Alabama surveyed, only 24% reported having had a class dedicated to multicultural issues in their graduate programs (Hayes et al., 2022). A lack of graduate level instruction requires that clinicians to seek out multicultural information elsewhere.

Multiculturalism in Continuing Education

One way that practicing SLPs can learn about cultural humility is through continuing education units (CEUs). ASHA requires 30 hours of CEUs over the course of three years for clinicians to maintain their professional status with the association (ASHA, 2021). Of the 509 continuing education courses that members can access through the ASHA Learning Center, there are only 56 that pertain to the topic of cultural responsiveness (American Speech-Language-Hearing Association Learning Center, 2022). ASHA recognizes that developing knowledge of cultures different from one's own is a continuous process, and now requires two hours of continuing education to be completed in this area. (ASHA, 2023).

Continuing education courses are a way for clinicians to learn about new methods for treating and assessing patients. These are tools that can provide clinicians with a fresh perspective and new resources to utilize with their patients. In graduate school, future clinicians are taught to use EBP. EBP requires clinicians to use assessment and treatment methods that are established in peer-reviewed research. This provides the clinician with insight about how a particular method has worked with other patients. It also allows a clinician to determine if a certain type of intervention is best suited for their client.

Rationale

The purpose of this project is to assess multiculturalism as it relates to graduate education, specifically looking into graduate program course offerings and the perspectives and knowledge of current graduate students as they relate to multiculturalism. Graduate education is vital to building a foundation for a future career in speech-language pathology, and there is a need for data to drive the development of culturally responsive programs.

Methods

Instrument. An electronic survey was created via the University of Southern Mississippi's Qualtrics software. The survey was comprised of four sections: Demographics, Graduate Coursework and Training, Knowledge, and Perceptions. The Demographics section contained questions such as the participant's program of study, semester of school, and languages spoken. Graduate Coursework and Training consisted of questions related to the participant's coursework in their program of study. Examples of questions included, "Does your graduate program offer a

course in multicultural and multilingual topics?" and "Does your graduate program provide opportunities to serve children or adults who identify as multicultural or multilingual?"

The Knowledge section consisted of statements concerning multicultural topics as they relate to assessing (e.g., "All standardized tests are normed for dialectal differences."), treating (e.g., "Speech-language pathologists should provide intervention to someone who has a language difference."), and interacting (e.g., "Clinicians who feel unprepared to work with a culturally or linguistically diverse client should NOT refer the client to another clinician.") with multicultural individuals. The Perceptions section was comprised of statements corresponding to multiculturalism in terms of assessment (e.g., "Knowing the cultural background of the client is important for assessment."), treatment (e.g., "Knowing the linguistic background of the client is important for intervention."), coursework (e.g., "My program is doing an adequate job incorporating (covering) multicultural topics."), and personal and professional biases (e.g., "It is important for me to review my own biases I may hold prior to working with any culturally or linguistically diverse clients."). Questions and statements were presented in multiple choice, agree/disagree, and a 5-point Likert scale format throughout the survey.

Participants. The participant population for this study included students enrolled in a graduate-level Communication Sciences and Disorders program within the Southeastern United States. The target student group was SLP graduate program students; however, it is possible that program directors sent it to both SLP and Audiology graduate program students.

Confidentiality. Participants were given an assurance of privacy regarding their responses. Participants were presented with a consent document prior to their participation in the study. All materials and methods were approved by the Institutional Review Board of the investigator's academic institution.

Procedures. This study was approved by the Institutional Review Board of the primary investigator's university. Participants were identified through a contact in the master's level program of speech-language pathology. An email was sent by the primary investigator to the contact with the request that it be forwarded on to students in the program. The email was drafted by the primary investigator describing the study, and it contained information pertaining to participation. An anonymous link to the survey was also included in the email. Weekly reminder emails were sent until data collection was closed.

The survey was distributed to 67 university programs across the southeastern United States. Of those 67, two schools were unable to participate, and 26 schools were represented within responses. An average of 11 students per program accessed the survey. Complete survey responses totaled 322 out of 394 returned surveys. All surveys were utilized for data analysis.

Data Collection. Data for this study were collected via Qualtrics. The study was open for data collection for five weeks.

Data Analysis. Data were analyzed using descriptive and quantitative means. The primary investigators utilized Qualtrics software to extract descriptive data and Microsoft Excel to compare groups.

Results

The largest group of respondents (41%) were first-semester graduate students, and next highest number of respondents were fourth-semester students. Twenty percent of students reported speaking another language than English. These languages included: Spanish, Mandarin, French, American Sign Language, Japanese, Korean, Urdu, Portuguese, Cantonese, Hebrew, and Greek. Full demographics are reported in Table 1.

Table 1

Respondent Demographics

Demographics	*n*	%
Gender	387	
Male	12	3.1
Female	370	95.6
Transgender Male	2	0.5
Non-Binary	2	0.5
Other	1	0.3
Age	387	
18-24	261	66.2
25-35	111	28.2
36-50	15	3.9
Race/Ethnicity		
American Indian/Alaskan Native	3	0.8
Asian	12	3.0
Black/African American	27	6.9
Hispanic/Latino	34	8.6
Caucasian/White	331	84
Other	4	1.0
Prefer Not to Answer	4	1.0

Note. Respondents were able to check all races/ethnicities that applied, so total response number was not reported.

When asked whether they felt multiculturalism is important, 97% of respondents selected "Agree." Data for all responses can be found in Figure 1. Almost 89% of respondents indicated that multicultural aspects and issues do pertain to them professionally, with only 62% agreeing that it relates to them personally. This is consistent with the number of participants who indicated that they are not a person who identifies as being multicultural or coming from a multicultural background.

Figure 1

Responses: Multiculturalism Importance
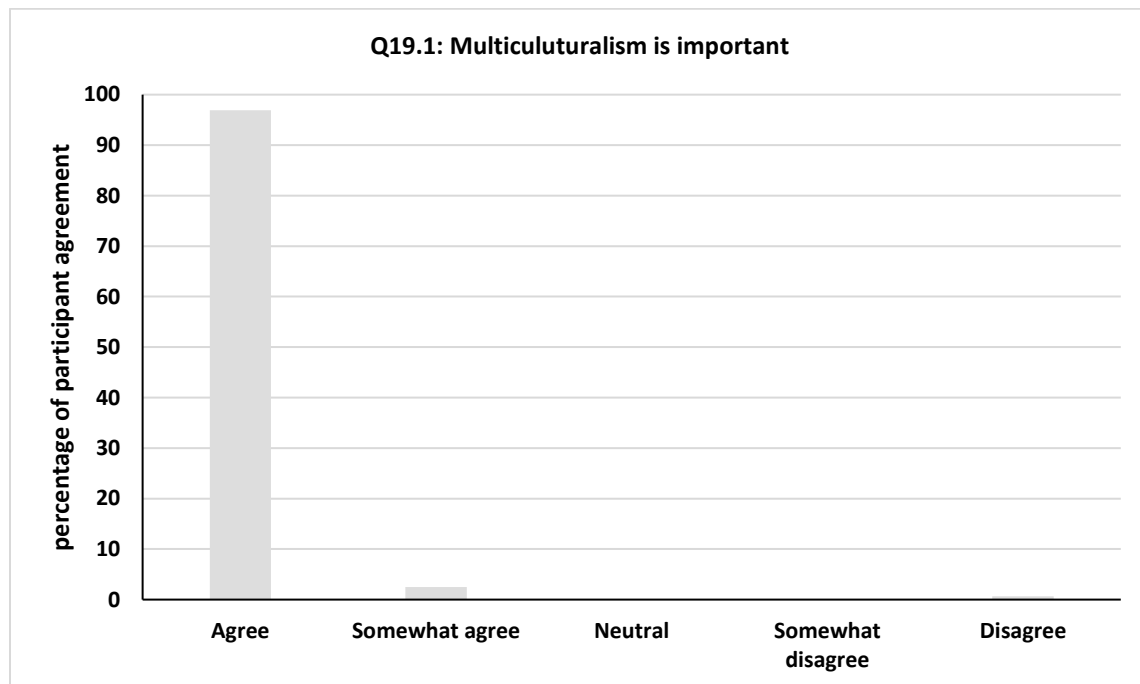
Despite such a high number of participants reporting that multicultural issues pertain to them professionally, over half of all respondents reported that their program does not offer a dedicated course covering such topics. A majority of students (65%) indicated that they did investigate course offerings of graduate programs when deciding where to attend. See results in Table 2.

Of the respondents who identified as enrolled in programs that did offer a course dedicated to multicultural and multilingual topics, 68% reported that it is a required course within their program. Of the participants stemming from programs that did not offer such a course, 92% reported that multicultural and multilingual topics are included in other courses.

When asked how they felt about including these topics in other courses versus having a dedicated course, 93% agreed or somewhat agreed that infusing these topics across courses was the better way to cover multicultural and multilingual issues. See Figure 2 for complete data.

Table 2

Respondent Background and Academic Information

Respondent Background	*n*	%
Identify as a Multicultural Person	387	
Yes	115	30.0
No	270	70.0
Academic Information		
Did you look at course offerings in the graduate program when choosing where to attend?		
	382	
Yes	252	66.0
No	130	34.0
Do you have an undergraduate degree in CSD?	382	
Yes	259	67.8
No	123	32.2

Figure 2

Responses: Infusing Multicultural Topics Across Classes

Q19.9: Infusing multicultural topics across classes is the best way to cover multicultural topics
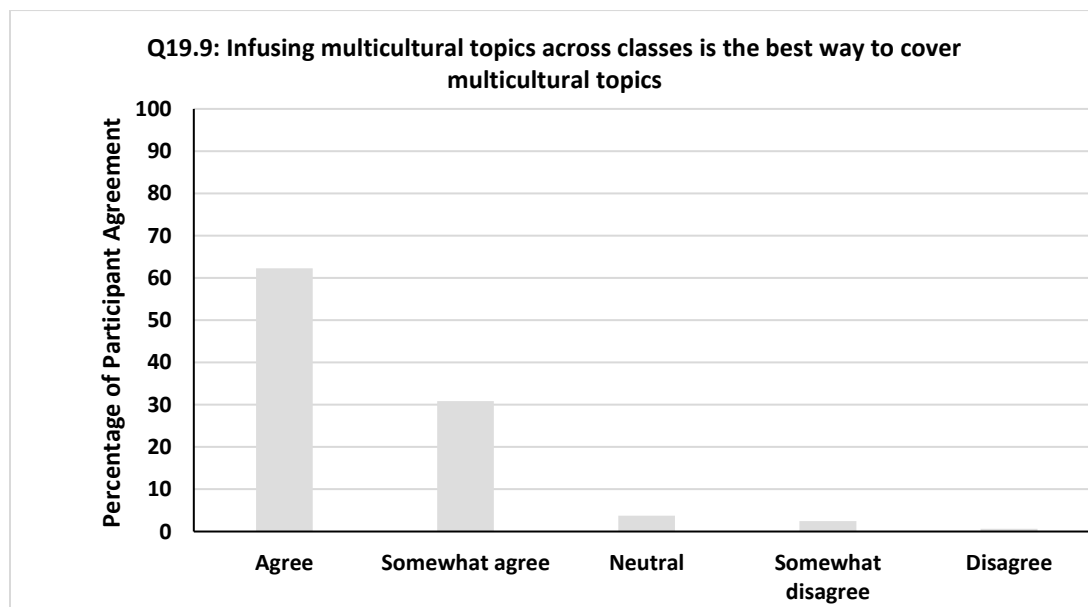
Most participants indicated that their program did offer opportunities to serve children or adults who identify as multicultural or multilingual. Remarkably, 56% of participants felt confident choosing and administering assessments to linguistically diverse individuals. Even more, 74%, reported feeling confident knowing when to utilize an interpreter. Regardless of participants' opportunities to work with multicultural and multilingual clients or comfort levels, all participants selected either "Agree" or "Somewhat agree" when asked about the importance of knowing a client's cultural and linguistic background for assessment and intervention.

To assess their knowledge about multicultural and multilingual topics in the field of speech-language pathology, participants responded "Agree" or "Disagree" to knowledge statements. Examples of these knowledge statements included: "All standardized tests are normed for dialectal differences" and "Clinicians who feel unprepared to work with a culturally or linguistically diverse client should NOT refer the client to another clinician." Based on responses, an accuracy score was determined. The accuracy scores were compared between students who had taken a course devoted to multiculturalism in their graduate program and those who had not. No significantly statistical differences were found. See Figure 3 for responses.

Figure 3

Responses: Knowledge Accuracy Scores
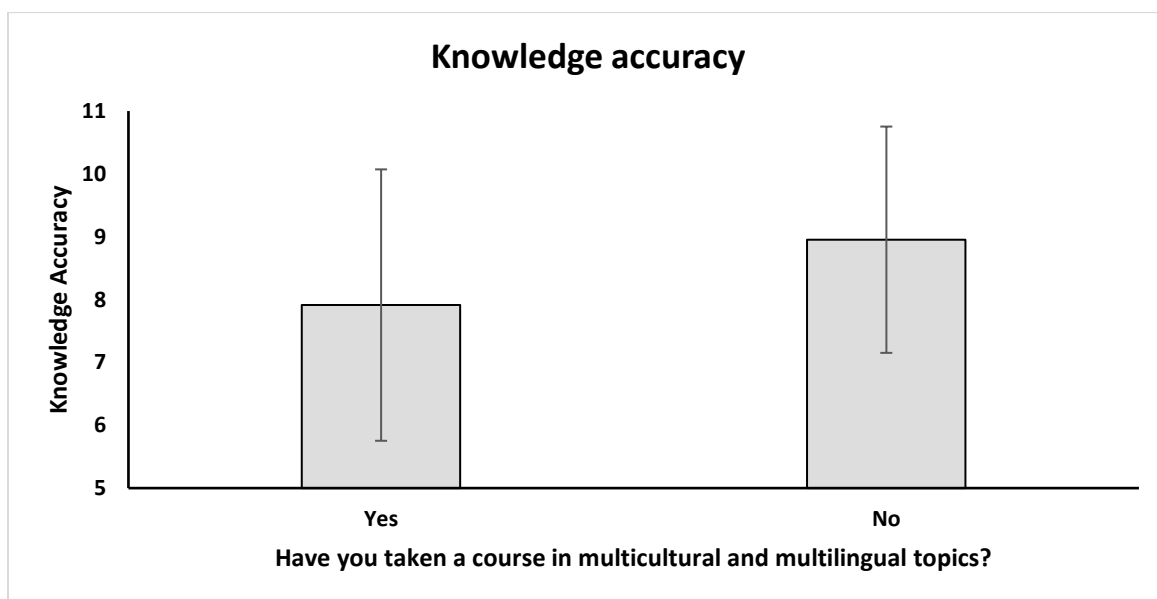
Note: Participants' knowledge accuracy scores compared to response given to question of having taken a multicultural course

Participants were also asked to respond to statements via a Likert scale pertaining to their familiarity with implicit bias and how it relates to their practice as an SLP in training. Of the 321 responses to this question, 87.8% of participants selected "Agree" or "Somewhat agree", indicating that they were familiar with the term "implicit bias" and how it can impact their interactions with current or future clients. Collectively, 98.9% of participants indicated that they

felt it was important for them to evaluate their own biases prior to working with a client who is multilingual or multicultural. Despite this high number, only 72.2% of participants reported being aware of resources that could help them do this. Though many respondents valued reviewing their implicit biases, only 74.7% felt as though they provided services that are culturally and linguistically appropriate for their clients. The remaining responses indicated that they did not feel as though their services were appropriate for multicultural and multilingual clients.

Discussion

Graduate education is only the beginning of a lifelong career in the field of speech-language pathology, interacting with individuals and assisting them with all aspects of communication and swallowing. Disorders or diseases that impact these functions do not discriminate in terms of a person's background, so anyone can be impacted and require the expertise of an SLP to improve their communication or swallowing. With the increase in immigrant populations and the diversity of cultures represented within the United States (United States Census Bureau, 2020), these SLP students are likely to work with multicultural individuals in their careers. Such individuals are underrepresented within the field of speech-language pathology, as 83.8% of respondents indicated that they do not consider themselves to be a multicultural person or have such a background. This data supports the importance of including education on multiculturalism and culturally responsive practices throughout graduate school programs. As noted earlier, research is lacking regarding multicultural education of SLP students in graduate programs. This is the first known study to gather multi-institutional student perspectives regarding this topic.

How to best incorporate aspects of a patient's culture and background into intervention is not something that can be learned overnight or even in one semester. Interestingly, students who currently attend a graduate program with a dedicated multicultural course had lower knowledge accuracy scores than those who had not taken such a course.

An overwhelming majority of participants indicated that infusing multicultural and multilingual issues across classes is the best way to ensure that these topics are being taught and considered, instead of having them taught in one individual class. This is in alignment with the Council on Academic Accreditation of Audiology and Speech-Language Pathology standards released in May 2021. These standards have since been revised in January 2023 and now call for both speech-language pathology and audiology programs to include "diversity, equity, and inclusion throughout academic and clinical education" (Council on Academic Accreditation in Audiology and Speech-Pathology, 2021b). With the updated requirement of having such topics covered for the duration of an academic and clinical program, one dedicated class will no longer suffice. Only 16 students whose program did not have a dedicated course reported that such topics were not being included in other courses, indicating that multicultural issues are typically being incorporated in curricula. In theory, the method of infusing topics across multiple classes could allow graduate students more time to understand how to interact with patients from a multicultural background, which the CAA has recognized with its updated standards for accreditation. More opportunities to engage with these topics also allows students the chance to reflect and investigate their own personal biases they may hold, whether they are aware of them or not. Participants acknowledged that evaluating their implicit biases can be beneficial, but many were not aware of

resources to assist them in identifying possible bias. Graduate programs are now required to give students the opportunity to "identify and acknowledge the impact of both implicit and explicit bias" (Council on Academic Accreditation in Audiology and Speech-Pathology, 2021b). Even if a bias is not obvious, it can still impact the services that are provided. Many people, SLPs included, hold biases unintentionally simply because of the way they were raised. However, these biases can be eliminated with the right education. If SLP graduate students are given such tools to use while they are establishing their careers, it can positively impact the entire field.

ASHA requires that SLPs to provide services that are appropriate and considered to be best practice, which includes taking into account a patient's background and experiences. Students are often expected to research new methods of intervention for clients who present with disorders they may not know much about. Researching the best intervention for a client can also include learning more about a client's cultural or linguistic background. It can also include knowing when to ask another professional for assistance or opinions about intervention.

For a multilingual client, the services of an interpreter are often needed, but graduate students are not confident in knowing when to consult an interpreter. Being able to discern when to consult an interpreter can be an intimidating, but if graduate students are given opportunities to work with multilingual clients while still in graduate school, it can better prepare them for when such a moment arises in their future careers. The vast majority of respondents indicated that they have been given such an opportunity to work with multicultural or multilingual clients and feel confident doing so. The CAA's updated standards require students to a chance to utilize critical thinking to identify factors impacting the care that multicultural or multilingual persons receive. These can include a student's cultural/linguistic background, cultural differences that can impact patient-caregiver interaction, and how another culture may view the services being provided (CAA, 2021b). Furthermore, over half of respondents felt confident choosing and administering assessments to linguistically diverse individuals. Providing students with these opportunities in their graduate programs only enhances their education and better prepares them to encounter multicultural or multilingual clients in their future careers.

Moreover, 88.5% of students who participated in the survey agreed that multicultural and multilingual topics do pertain to them professionally, acknowledging the ever-growing multicultural population and the likelihood they will work with such clients one day. Even more reported that they felt multiculturalism is important. With current graduate students recognizing the relevance of multicultural and multilingual topics, graduate programs should make every effort to provide students with education, opportunities, and resources to best treat clients who come from a differing cultural or linguistic background.

Limitations and Future Directions

While the response to this survey was substantial, there are limitations to the research that need to be acknowledged. These conclusions are based on what the researchers assume are SLP graduate students. Students were not asked a specific question pertaining to the type of program in which they are enrolled, indicating a possibility that there may be some respondents from students of an audiology program. Additionally, while the respondents rated themselves as confident in certain

skills, their perceptions of confidence may not translate to clinical competence. Geographically, the survey was also limited to one region of the United States, which could limit or exclude perspectives. However, this study can be easily replicated, and future research could include data from graduate students across the entire U.S. Within this region, only 38% of graduate programs were represented, which also limits the interpretation of the data. With regards to research design, this research could easily be expanded to include qualitative data collection in the form of focus groups or personal interviews. Giving further space for students to share their perspectives on this topic could allow those in higher education to create programs that access student values and align them with CAA standards. Additionally, collecting data on the exact way in which multiculturalism is addressed in graduate schools would prove to be beneficial. A collaborative analysis of student values, current program curriculums, and CAA standards could lead to the development of a culturally responsive program that cultivates clinicians who are competent to serve diverse individuals.

Disclosures

The authors have no financial or non-financial conflicts of interest or affiliations to disclose.

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Appendix

Survey

Q1 Are you currently enrolled in a graduate program for communication sciences and disorders

or speech-language pathology?

- Yes
- No

Q2 What school do you attend?

- Alabama A&M University
- Appalachian State University
- Arkansas State University
- Auburn University
- Brescia University
- East Carolina University
- East Tennessee State University
- Eastern Kentucky University
- Faulkner University
- Florida Atlantic University
- Florida International University
- Florida State University
- Francis Marion University
- Gannon University
- Georgia Southern University
- Georgia State University
- Hampton University
- Harding University
- Jackson State University
- Jacksonville University
- James Madison University
- Longwood University
- Louisiana State University – Health Science Center NOLA
- Louisiana State University – Health Science Center Shreveport
- Louisiana State University and A&M College
- Louisiana Technical University
- Marshall University
- Mississippi University for Women
- Murray State University
- North Carolina Central University
- Nova Southeastern University
- Old Dominion University
- Radford University
- Samford University
- South Carolina State University
- Southeastern Louisiana University
- Southern University and A&M College
- Tennessee State University
- University of Alabama
- University of Arkansas for Medical Sciences
- University of Arkansas, Fayetteville
- University of Central Arkansas
- University of Central Florida
- University of Florida, Gainesville
- University of Georgia
- University of Kentucky
- University of Louisiana, Lafayette
- University of Louisiana, Monroe
- University of Louisville
- University of Memphis
- University of Mississippi

- University of Montevallo
- University of North Carolina, Chapel Hill
- University of North Carolina, Greensboro
- University of South Alabama
- University of South Carolina
- University of South Florida
- University of Southern Mississippi
- University of Tennessee Health Science Center
- University of Virginia
- University of West Georgia
- Valdosta State University
- Vanderbuilt University
- West Virginia University
- Western Carolina University
- Western Kentucky University
- Xavier University of Louisiana
- Other

Q3 What semester of graduate school are you currently in?

- 1st semester
- 2nd semester
- 3rd semester
- 4th semester
- 5th semester
- 6th semester
- Other _____

Q4 Please indicate your gender

- Male
- Female
- Transgender male
- Transgender female
- Gender queer
- Non-binary
- Gender non-conforming
- Other
- Prefer not to answer

Q5 Please indicate your age

- Under 18
- 18-24
- 25-35
- 36-50
- 51-65
- 66+

Q6 Please indicate your race/ethnicity. Check all that apply

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Unknown
- Other
- Prefer not to answer

Q7 Do you speak another language other than English?

- Yes
- No

Q56 What other language(s) do you speak?

Q8 Are you fluent in any other languages other than English?

- Yes
- No

Q9 What languages are you fluent in?

Q10 Would you consider yourself to be a multicultural person or to have a multicultural

background?

- Yes
- No

Q11 Do you have an undergraduate degree in communication sciences and disorders?

- Yes
- No

Q12 Did you look at course offerings in the graduate program when choosing where to attend?

- Yes
- No

Q13 Does your graduate program offer a course in multicultural and multilingual topics?

- Yes
- No

Q14 Is the course in multicultural and multilingual topics offered a required course?

- Yes
- No

Q15 Since your program does not have a multicultural and multilingual course, are multicultural

and multilingual topics included in other courses?

- Yes
- No

Q16 Have you taken a course in multicultural and multilingual topics?

- Yes
- No

Q17 Does your graduate program provide opportunities to serve children or adults who identify

as multicultural or multilingual?

- Yes
- No

Q18 Choose an answer for the following statements. (Agree or Disagree)

- A dialect is a speech-language pattern used by a particular language community.
- A dialectal difference is NOT a disorder.
- Language is considered to be disordered if it deviates from community standards clearly enough that it interferes with the transmission of messages, stands out as being unusually different, or produces negative feelings within the communicator. (2)
- Speech-Language Pathologists should provide intervention to someone who has a language difference.
- ASHA's position statement (1983) on social dialects stated that no dialectal variety of English is a disorder or a pathological form of speech or language. (1)
- All standardized tests are normed for dialectal differences.
- Clinicians have a responsibility to ensure that all students, but especially culturally and linguistically diverse students, are assessed appropriately to yield valid results.

- All cultures view communication problems the same way.
- Clinicians who feel unprepared to work with a culturally or linguistically diverse client should NOT refer the client to another clinician.
- Clinicians are ethically required to provide services that are culturally and linguistically appropriate.

Q19 Choose an answer for the following statements. (Agree, Somewhat Agree, Neutral,

Somewhat Disagree, Disagree)

- Multiculturalism is important
- Knowing the cultural background of the client is important for assessment
- Knowing the linguistic background of the client is important for assessment
- Knowing the cultural background of the client is important for intervention
- Knowing the linguistic background of the client is important for intervention
- Multicultural aspects/issues pertain to me personally
- My program is doing an adequate job incorporating (covering) multicultural topics
- Infusing multicultural topics across classes is the best way to cover multicultural topics
- Having a dedicated multicultural class is the best way to cover multicultural topics
- I feel confident knowing when to use an interpreter
- I feel confident working with a client who comes from a cultural background different than my own
- I feel confident choosing and administering assessments to a linguistically diverse client
- I am provided with clinical opportunities to work with clients who come from a multicultural or multilingual background
- I am familiar with the term "implicit bias" and know how it can impact my interactions with clients
- It is important for me to review my own biases I may hold prior to working with any culturally or linguistically diverse clients
- I know of resources that can help me identify implicit biases
- I provide culturally and linguistically appropriate services to my multicultural and multilingual clients