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Perspectives Relating to Multicultural Training with Speech-Language Pathologists

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The University of Southern Mississippi

Perspectives Relating to Multicultural Training with Speech-Language Pathologists

by

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of Honors Requirements

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Abstract

The goal of this project is to assess whether Speech-Language Pathologists (SLPs) feel adequately prepared and comfortable interacting with multicultural clients. To assess if an SLP feels prepared to interact with, to assess, to teach, or to treat a multicultural client, a 25-question survey was developed. The survey included questions pertaining to the SLPs' experiences with other cultures, both professional and personal, if the SLP speaks more than one language, and if the SLP has received any formal training on how to interact with multicultural clients. The survey was sent out via email to 814 licensed SLPs practicing in pre-school, elementary, and secondary school settings in Mississippi and Alabama. A total of 38 surveys were returned, and 36 complete responses were obtained. Preliminary results indicated that many SLPs received minimal multicultural training and felt prepared to work with multicultural clients based on personal and professional experiences; however, they also believed they could benefit from additional formal multicultural training. This project and its outcomes contribute to the knowledge base in the Speech-Language Pathology community as it relates to the treatment of multicultural clients.

Keywords: Speech-Language Pathologist (SLP), Multicultural, Communication Sciences and Disorders (CSD), Participants, Culture, Survey

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List of Abbreviations

ASHA:	American Speech-Language-Hearing Association
ASL:	American Sign Language
CEUs:	Continuing Education Units
CSD:	Communication Sciences and Disorders
SLP:	Speech-Language Pathologist

Literature Review

More speech-language pathologists (SLPs) are working with clients from different cultures. In the 1990s, racial and ethnic minorities accounted for 80% of the population growth in the nation (Roseberry-McKibbin, 2005). Such exponential growth increases the likelihood that an SLP will have a client from another culture on his or her caseload. Porter and Samovar (1993) defined culture as,

the deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving. (p. 11)

It is imperative for SLPs to recognize that their culture is not the only one with which people may associate themselves. There are many people who move from one culture to another and identify with elements of both cultures. These people are considered to be bicultural. “Biculturalism is the participation in two cultures” (Damico & Hamayan, 1991, p. 4). Many people in the United States experience multiple cultures due to familial histories, immigration, or exposure to various cultures during their lifetimes.

A person’s culture pervades every aspect of his or her life, from food and family structure, to language and education (Anderson, 1991). It is something in which people can take pride, and cultural identity is a very important aspect of peoples’ lives. SLPs should thoroughly research the various cultures of their clients in order to best serve their multicultural clients. Such research helps SLPs to understand better how familial and cultural values affect best practice service delivery to multicultural clients.

A culturally different individual's view of speech, language, cognitive and swallowing disorders is often rooted in religious and cultural beliefs. In many cultures, there are stigmas associated with having a communication disorder (Bebout, 1992). Due to such stigmas, patients or caregivers often omit pertinent information during the initial assessment because they are embarrassed, or because they do not recognize the importance of discussing a communication issue. Since the initial assessment and treatment process depend heavily on communication with the patient or caregivers, the more information the SLP is provided related to issues or cultural beliefs, the more he or she can be proactive in regard to any difficulties that may arise during treatment (Bebout & Arthur, 1992; Martin & Nakayama, 2001). Research can be as simple as interacting with people who come from different cultures--the more interaction one has with other cultures, the greater is his or her cultural sensitivity (Anderson, 1991).

The desire to truly know, to understand, and to learn about other cultures is sometimes even more important than conducting research on multicultural topics. Putting in the additional time and effort to learn produces a respect for other cultures, which in turn, produces a respect for multicultural clients and their families (Anderson, 1991). Establishing respect and developing rapport with clients helps them to feel more comfortable and secure while working with the SLP. A certain level of comfort is crucial to the assessment and treatment processes when working with multicultural clients to assist in the amelioration of communication disorders.

Researchers have shown that clients who were more familiar and comfortable with the person administering an assessment tool scored higher than those who did not have that same level of familiarity with the examiner (Adler, 1990). If the SLP has not

had time to cultivate a relationship with the client prior to testing, playing informally with the client can help the client to feel more comfortable. SLPs want their clients to improve and to succeed, and one way to ensure that they do so is to become more culturally competent. Cultural competence leads to the dismantling of cultural stereotypes and assumptions that often occur when working with people who come from different cultural backgrounds (Battle, 2012).

Conducting research and familiarizing oneself of stigmas associated with different treatment delivery services furthers the concept of cultural competence. Ignorance, as it relates to a client's social, linguistic, and cultural norms perpetuates common stereotypes, and research can help to dissipate them. SLPs can only effectively and efficiently treat their clients if they do so within the contexts of family and culture (Anderson, 1991).

The idea of cultural competence also applies to clients who speak multiple languages. With the increase in racial and ethnic minorities, the number of multilingual students also has increased. It was reported in the 2010 census that more than 55 million people age five and older speak a language other than English at home (US Census Bureau, 2010, p. 1). With this many multilingual people, a large number of whom are likely to be students, it begs the question of, "How does a monolingual SLP adequately assess and treat these clients?" It is not appropriate for SLPs to administer assessment tools that were normed and standardized on English speaking individuals to a multilingual or limited English-speaking student and to use those results to determine if a disorder is present (Every Student Succeeds Act, 2015). Such tests, administered by SLPs who are only proficient in one language to students who are culturally diverse, are unfair

and biased, as these standardized assessments generally are not normed on populations that are representative of their cultures. The scores of students with limited English proficiency likely will be lower than those of typical English-speaking students, and their test results will not reflect their actual speech and language capabilities (Adler, 1990). Due to this bias, coupled with the ever-increasing number of clients who speak multiple languages, SLPs should make every effort to locate translators or interpreters who are familiar with assessment practices in the student's own language or dialect, if the student does not appear to speak with native-like proficiency.

Many SLPs have reported that it can be difficult to find a translator or interpreter (Gibson, 2019). If there are no available professionals who speak the client's language, the client's teachers or peers can help with translations. In extreme cases, a client's immediate relatives can translate during an assessment, provided they can remain neutral (Wyatt, 2012). Administering an assessment in the client's primary language allows the client to feel more comfortable and to focus better when answering questions, which can help to level the playing field when it comes to the administration of culturally biased standardized tests.

In the United States, the Spanish language often comes to mind when the term "multilingual" is used. Of all non-English languages spoken in the home environment, more than 41 million people have reported that they speak Spanish (Gibson, 2019). Despite the high number of people who speak Spanish, many of those being children, there are only roughly 3,000 SLPs working in U.S. schools who can provide services in Spanish (Gibson, 2019). This does not even begin to cover the vast number of individuals who speak languages other than Spanish.

Many SLPs say they are uncomfortable working with clients who speak another language (Gibson, 2019). However, simply having the knowledge of another language does not necessarily equate to cultural competence. SLPs must consider the whole picture of learning a language, which in addition to the syntax, pragmatics, and semantics, also includes cultural components (Roseberry-McKibbin, Brice, & O'Hanlon, 2005). Having formal multicultural and multilingual training for all SLPs in graduate school and continuing education, especially for those who frequently work with such populations, will prove to be invaluable in assessing and treating culturally different individuals.

Methods

The purpose of this study was to assess whether Speech-Language Pathologists (SLPs) feel adequately prepared and comfortable interacting with multicultural clients. A survey of 25 questions was conducted to assess SLPs' experiences pertaining to multicultural clients.

Selection of Participants

Participants were chosen via a search on the American Speech-Language-Hearing Association's (ASHA's) website. The search had filters applied for licensing, areas of expertise, work setting, and state. Participants were licensed CCC-SLPs with expertise working in one of three areas. These areas included the following: pre elementary schools (preschools), elementary schools, or secondary schools. Participants practiced in the states of Mississippi and Alabama. The search yielded results based on information that members of ASHA provided for their personal profiles.

Presentation of Survey

The survey was sent via email using the results from the search on the ASHA website. An announcement stating the goal of the study and information about the survey was sent in the body of the email, in addition to an anonymous survey link. Participants were asked to complete the survey within one week of receiving the link. A total of 814 surveys were emailed: 403 to SLPs in Alabama and 411 to SLPs in Mississippi. The announcement of the survey was as follows:

Hello!

My name is Evy Jewell Hayes and I am a senior Speech Pathology major at the University of Southern Mississippi. I am working to complete my Honors College

Thesis to graduate this semester and would value your input on my project.

I strongly believe in constantly striving to better serve the people with whom we work. My goal with this project is to assess if SLPs feel adequately prepared and comfortable working with multicultural clients. The following survey consists of 25 questions and will take approximately 20 minutes to complete. The survey has been approved by The University of Southern Mississippi's Institutional Review Board (IRB 19-470). You are not obligated to complete the survey, and you may leave the survey at any time. You will find the link to the survey below. Please complete the survey by February 20, 2020. Thank you for your time and consideration!

Link to survey:

https://usmuw.co1.qualtrics.com/jfe/form/SV_5BeJVXno9npTK7P.

Survey Questions

Survey questions covered a broad range of information pertaining to how long the SLPs had been practicing, their personal and professional experiences with other cultures, if the SLPs spoke more than one language, and if the SLPs had received any formal multicultural training on how to interact with multicultural clients. Survey questions can be found in Appendix C.

Results

All participants gave consent to answer the survey questions. Thirty-eight surveys were received, and 36 of the respondents provided complete responses. For the 38 SLPs who completed the survey, 14 had between 1-5 and 21-25 years of experience for an average of 4.75 years of experience. Of the 38 participants, 52% had received some form of multicultural training. This training was reportedly received in many of the following settings: graduate school, continuing education units, conferences, undergraduate programs, American Speech-Language-Hearing Association conventions, professional development opportunities, and school systems. Many participants also said they have had personal experiences working and interacting with people from different cultures. Sixty-eight percent said they have personal experiences from living or studying abroad and travel experiences, from family members and friends, from church, from educational groups, and from growing up in rural areas. The remaining 33% did not have personal experiences to report. When asked about professional experiences, however, an overwhelming 84% reported that they have had such experiences. Professional experiences stemmed from using an interpreter for different languages, from working with multicultural clients throughout their careers, from working with multicultural colleagues, and from adapting articulation tests to reflect accent differences.

When questioned about whether they felt adequately prepared to interact with multicultural clients, 68% answered, “Yes,” while 32% answered, “No.” SLPs who said, “Yes” cited reasons such as the following: interacting with friends and co-workers from other cultures, graduate studies, and conferences. Four SLPs who answered, “Yes” said they would only feel prepared if they were able to have an interpreter in the session, or

only if the client was a bilingual English speaker. Those who answered, “No” gave reasons such as the following: limited resources for assessing multilingual clients, lack of experience working with multicultural clients, or a lack of knowledge regarding languages other than English. Despite 64% already feeling adequately prepared, 84% of participants felt as though they would benefit from multicultural training because it was not covered in their graduate studies, because they would be more prepared to work in an ever-changing society, and because there is always more to learn. Sixteen percent said they would not benefit from multicultural training because they would not have an opportunity to utilize it in their school systems, because they felt they had enough knowledge from previous training opportunities, or they did not allow cultural differences to dictate what they do in sessions.

When asked about multicultural clients currently enrolled in their caseloads, 86% of participants said they feel comfortable working with them. These SLPs were comfortable because of established relationships with students and their families, because they have many years of experience, and because they enjoy learning about other cultures and researching on their own. Only 14% indicated otherwise. The reasons given included a lack of training and experience with multicultural clients and language barriers that make it difficult to communicate, especially with parents who speak limited English.

As it relates to pragmatic cues and behaviors, 53% of participants indicated that they think they understand the social cues provided by their multicultural clients. These participants said that they have really gotten to know their clients, to observe what their clients say and the gestures they use, and to communicate with parents to find out what may be culturally offensive to them. The 47% of participants who said they do not

understand the social cues of their multicultural clients reported that this was due to a lack of training, due to the vast number of different cultures, and due to the fact that they feel someone cannot truly understand another culture without years of experience or total immersion.

When asked if they mirror the behaviors of their multicultural clients' cultures that would be considered appropriate, 65% of SLPs surveyed reported that they do this. Reasons given as to why included the following: to help put their clients at ease, to establish rapport and to help introduce their own culture's behaviors to the client so the client is able to take that knowledge and apply it to situations with their peers. Of the 35% of SLPs surveyed who did not mirror their multicultural clients' behaviors, they said it was because their clients do not expect them to do so, or because they are unaware of what behaviors they should mirror. Some felt that there was no need for them to mirror the behaviors of multicultural clients.

When asked how their multicultural clients' cultures view communication disorders (speech, language, and hearing), over half of the respondents (51%) said they were unaware of these views. Even more respondents (53%) said that they were unaware of how their multicultural clients' cultures normally treated communication disorders.

When asked if they were aware how their multicultural clients' cultures view interacting with female versus male professionals, as it may impact how a client or a caregiver may interact with the SLP, only 47% of SLPs surveyed shared that they were aware of their students' perspectives. The remaining 53% shared that they did not know how their clients' cultures may view male versus female professionals.

Participants were asked if they had conducted any research into their multicultural clients' cultures to ensure the use of best practices. Thirty-three percent reported that they had conducted such research, and an overwhelming 67% reported that they had conducted no research related to their multicultural clients' cultures.

With different cultures having different views on female and male professionals, it follows that such cultures may also have different expectations regarding how children are expected to interact with adults. A majority of participants (64%) reported that they are aware of how their multicultural clients are expected to interact with adults, and only 36% reported otherwise.

There are many ways to conduct research into other cultures, one of these being to simply ask multicultural clients to share about their cultures. Only 28% of the SLPs surveyed reported asking their multicultural clients to share such information with peers or teachers, leaving 72% who did not ask their multicultural clients to share. On the other hand, 46% of SLPs surveyed reported that they have encouraged their clients to ask about U.S. culture or have shared their culture with their clients.

Gathering information about a client's home life provides invaluable insight into who the students are and how they do things. When asked if they had gathered such information about their multicultural clients, 59% of participants shared that they have done so.

A client's home life can also play a role as it relates to participation in their original culture's traditions. Forty-nine percent of SLPs surveyed reported not knowing if their clients participate in original cultural traditions. Forty-six percent reported that their

clients do participate in such traditions, and the remaining 5% stated that their clients do not participate in their original culture's traditions.

When asked how long their multicultural clients had been immersed in U.S. culture, some SLPs reported that their clients had only been immersed for a few months, and others reported up to nine years of immersion. One SLP indicated that she worked with first generation multicultural students.

Multiculturalism often lends itself to multilingual language proficiency, as well. Because SLPs work with clients from a variety of cultures, they also tend to work with clients who speak a variety of languages. When asked if they feel they have an adequate understanding of second-language acquisition, 33% said yes, 44% said no, and 22% said their clients only speak one language. For the SLPs whose clients do speak more than one language, 42% indicated that they were familiar with communication patterns of their clients' other language(s), and 36% said they were not familiar with these patterns.

Clients who speak multiple languages typically have parents who speak their original language to them at home. Seventy-two percent of SLPs surveyed reported that their multicultural clients use their first language in the home environment. The language reported most frequently for home use was Spanish. Traditional Chinese, Russian, Vietnamese, Korean, Japanese, Hungarian, Mandarin, and Thai were other languages reportedly spoken at home. Only 6% of SLPs surveyed reported that their clients do not speak their first language at home.

Multiple languages can also lead to language barriers, especially during parental interviews or sessions with clients. Interpreters can be brought in to help overcome such language barriers, and 58% of participants said they are comfortable contacting an

interpreter, if necessary. Only 6% said they would not be comfortable doing so, while 36% said they have not had to use an interpreter.

While it is common for clients to speak multiple languages, SLPs often speak many languages, as well. Seventeen percent of SLPs surveyed said they speak another language. Most have a basic or conversational knowledge of French, Spanish, or American Sign Language (ASL). One SLP indicated that she is fluent and literate in her second language; however, 83% of the SLPs surveyed said they do not speak another language.

One important aspect to sessions is communicating information to the caregiver or parent about the progress of the client, or the plan for sessions. An overwhelming 81% of SLPs surveyed reported that they adequately convey information to clients and to family members, with only 19% indicating that they are unable to do so.

Discussion

This author has determined from the survey results that many SLPs did not receive adequate multicultural training experiences during their matriculations through graduate school, although some reported that they are prepared to work with multicultural clients based on personal and professional experiences; however, the majority 84% also believed that they would benefit from additional formal multicultural training.

When the survey data analysis was completed by this author, she determined that 24% of the participants received formal multicultural training while attending a graduate school program. Participants who acknowledged having received extensive training in multicultural language issues said that they had attended classes in graduate school, or while attending continuing education presentations, during their professional careers.

Of the seven participants who had one to five years of experience, only three reported that they had received formal multicultural training while attending their graduate school programs. Those three individuals said that they had received recent training relating to the interaction, assessment, and teaching of multicultural clients. One participant said that she had a Bilingualism Certificate in cultural and linguistic diversity. Another indicated that formal multicultural training was obtained through continuing education units (CEUs). Only one of the seven participants with one to five years of experience said that she had never received any formal multicultural training during her educational career.

Multicultural training varied significantly among the most recent SLP graduates. According to ASHA, coursework focused solely on multicultural and multilingual issues is not provided by all Communication Sciences and Disorders (CSD) programs

(*American Speech-Language-Hearing Association*, 2020). As a result, the author determined that participants who indicated that they had little, or no, formal multicultural training attended graduate programs that did not provide a multicultural class.

Although 18 participants received no formal multicultural training while attending graduate school, 5 of those 18 reported that they drew on personal experiences when interacting with multicultural clients. The other 13 participants gained experience by working professionally with other cultural groups, with multilingual clients, and with interpreters. While those five participants utilized knowledge gained through personal experiences, it is unlikely that they were able to apply best practices to serve their clients, and the families of those clients probably were unfamiliar with the speech/language goals and objectives taught to their children during class sessions. Participants who had no professional experience teaching multicultural clients reported that they had difficulties when interacting with multicultural clients for the first time, such as having to adapt articulation tests when scoring to account for cultural differences.

When asked if they were adequately prepared to work with multicultural clients, most participants said that they felt academically prepared to provide their clients with appropriate instruction. Several of the respondents reported that this was due to courses taken in graduate school, due to general curiosity regarding people from different cultures and the way they do things, and due to various learning opportunities provided at conferences they had attended. However, some respondents who received training in graduate school programs noted that they were not taught about how other cultures' beliefs or languages correlated with the English language, or that they were only taught about other cultures who resided in their immediate areas. A few participants indicated

that they would only feel prepared if their client spoke English, or if they were able to bring in an interpreter. Participants who felt unprepared explained that they did not have extensive training in foreign languages, or that their clinical experiences with multicultural clients were limited.

Only six participants believed they would not benefit from formal multicultural training. Some disclosed that they did not have an opportunity to use such training due to a lack of diversity in their school systems. An overwhelming majority of participants said that they wanted to expand their multicultural knowledge, to benefit from additional training, and, most importantly, to support the needs of their multicultural clients. Although most of the survey respondents believed they were adequately trained to teach multicultural clients, they also reported that additional training (both for themselves, and for their clients) would be beneficial.

In addition to feeling adequately prepared, most participants also indicated that they felt comfortable teaching multicultural clients on their caseloads. Those who stated that they did not feel comfortable teaching multicultural clients cited insufficient training and language barriers as problematic contributors. One participant wanted to recognize and to understand any potential obstacles that might prevent beneficial class sessions.

As mentioned previously, if SLPs are proactive when identifying learning obstacles, their class sessions are more productive (Bebout & Arthur, 1992; Martin & Nakayama, 2001). It appears that SLPs in Mississippi and Alabama want to learn more about other cultures so that they can be proactive during class sessions and to better serve their clients. Multicultural training of graduate students should include instruction related to cultural pragmatic differences, to publications related to communication disorders and

treatments of culturally different individuals, to interactions with professionals, to the expectations of culturally different children, and to cultural traditions as they relate to home life.

When 36 participants were asked if they understood most of their multicultural clients' social (pragmatic) cues, 19 indicated that they did. Several reported that local bilingual mentors assisted them, that they have several years of experience in the multicultural arena, or that when they do not understand their clients, they simply ask their clients to assist them. Seventeen participants stated that they do not recognize their students' pragmatic cues because they do not know enough about the social issues related to their specific cultures, different cultures have different social cues, or they do not have sufficient multicultural training.

Twenty-four participants indicated that they mirror the behaviors of their clients' cultures, when appropriate, as it helps them to relate more productively with their clients, and it helps their clients to feel more comfortable during classes. These participants said that they often introduce American customs not only to share their culture, but also to help their clients better adjust to American societal differences and to learn behaviors that they can use during peer interactions. The participants who stated that they do not mirror pragmatic behaviors reported that they do not feel comfortable doing so, they do not feel that there is a need for them to do so, or that they do not know which behaviors to mirror. Participants also shared that some of their clients are already familiar with American culture and social cues, so they use these pragmatic cues in their sessions. One way to help SLPs feel more comfortable mirroring pragmatic cues from a client's culture is to require CSD programs to include a multicultural course on such issues.

Different cultures often have varying approaches to situations such as medical treatment; some cultures believe that homeopathic remedies are best, while others believe in traditional medicine. How one culture views the treatment of communication disorders often differs significantly from another culture's perspective. When asked, only 19 of 37 respondents indicated no knowledge of how their multicultural clients' cultures view communication disorders and treatment methodologies. This number of "No" responses, when compared to the 18 "Yes" responses, suggested that less than half of SLPs surveyed (49%) understood an important aspect of their clients' cultures. Obtaining such knowledge will allow SLPs to better serve their clients.

Another aspect that often differs among cultures is how female professionals are viewed in comparison to male professionals. Some cultures do not believe that women should hold certain professional roles; whereas, in other cultures, women are considered competent to work in any profession. Only 17 of the 36 SLPs surveyed reported knowing how their clients' cultures viewed male versus female professionals. Being aware of how a client's culture views these roles can help SLPs better prepare for client and caregiver interactions.

Many cultures also view children's interactions with adults differently. Some cultures want children to be seen and not heard, while others make children their primary focus. More than half of participants (23) indicated that they were aware of how their clients' cultures expected children to interact with adults, with 13 reporting otherwise. The manner in which children interact with adults in their culture plays a huge role in the teaching process. If an SLP is unaware of this information, it can lead to issues during sessions when the SLP is expecting the client to behave one way, and the client behaves

in another, as a result of being brought up in a cultural environment that differs from that of the SLP.

An important aspect of any culture is tradition as it relates to home life. Traditions tend to be unique to individual cultures, and they can overlap when people identify with multiple cultures. Such traditions can impact many things, but home life activities are particularly susceptible to cultural influences. Numerous participants reported that they did not know if their multicultural clients participated in their first language culture's traditions at home. Incorporating these traditions into teaching sessions can help culturally different clients feel more comfortable and more valued during classes. Participation in a discussion of traditional differences also allows culturally different clients to share more about their cultures with the SLP and their peer groups. Only 10 of the SLPs surveyed said that they have asked their clients to share about their cultures with teachers and/or peers. Encouraging these types of cultural exchange experiences allow teachers and students to expand their multicultural experiences, repertoires, and knowledge.

Clients who incorporated traditional aspects of their home cultures also frequently used their first language in the home environment. An overwhelming majority (26 of 36 participants) reported that their clients speak their first language at home. The language spoken most frequently in the home environment was Spanish (61%), followed by Chinese (17%), and Vietnamese (17%--, primarily due to the large Vietnamese population that resides on the Mississippi Gulf Coast). If a client's first language is not English, then it is likely that the parents' or caregivers' first language also is different. This can be problematic, especially if parents or caregivers have limited English

proficiency when conducting parental/caregiver interviews, when attempting to communicate information, or when asking questions about teaching. In these instances, it is beneficial to utilize an interpreter, if the SLP does not have proficiency in the client's first language. Only six SLPs who were surveyed reported bilingual proficiency, and only two of those respondents considered themselves to have "adequate" conversational speech or linguistic fluency levels. Thirty of the 38 participants did not speak a second language at all, and even if an SLP does speak another language, it may not be in the same dialect as the client's first language. Twenty-one participants said they would feel comfortable bringing an interpreter into a session, while 13 reported that they had not been in a situation where an interpreter was required. While the majority of SLPs surveyed (58%) stated that they would be comfortable using an interpreter, many have not done so. Interpreters often are difficult to locate, and in many instances, SLPs must do the best they can when providing information to clients, parents, or caregivers with limited English proficiency.

As stated previously, multicultural training of SLP graduate students should include as much instruction related to cultural differences as possible; specifically, as it relates to cultural pragmatic differences, to publications that reference communication disorders and the treatment of culturally different individuals, to interactions with professionals, to the expectations of culturally different children, and to cultural traditions as they correlate with home life.

Obviously, it is quite challenging to know how to best serve multicultural clients without a requisite understanding of their languages or cultures. If CSD programs implement multicultural instruction into their curricula, SLPs who graduate from the field

of Speech-Language Pathology will serve their clients more efficiently, and they will feel more comfortable with all aspects of assessment and class instruction. Since this data was gathered from SLPs who currently practice in the states of Mississippi and Alabama, it is unknown if results will vary in other states. Hopefully, SLPs throughout the United States will recognize that there is always more to learn, especially as it relates to serving multicultural clients while utilizing best practices to serve their multicultural clients.

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Appendices

Appendix A: Institutional Review Board Approval

**Office of
Research Integrity**



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NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.^[SEP]
- The selection of subjects is equitable.^[SEP] Informed consent is adequate and appropriately documented.^[SEP]
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data. Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident template on Cayuse IRB.
- ^[SEP] The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER: IRB-19-470^[SEP] PROJECT TITLE:
Perspectives Relating to Multicultural Training with Speech Language
Pathologists SCHOOL/PROGRAM: Speech & Hearing
Sciences^[SEP] RESEARCHER(S): Evy Jewell Hayes, Steven Cloud

IRB COMMITTEE ACTION: Approved CATEGORY: Expedited

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Appendix B: Participant Informed Consent



Institutional Review Board

STANDARD (ONLINE) INFORMED CONSENT

STANDARD (ONLINE) INFORMED CONSENT PROCEDURES
<p>The Project Information and Research Description sections of this form should be completed by the Principal Investigator before submitting this form for IRB approval. Use what is given in the research description and consent sections below when constructing research instrument online.</p>
<div>Edited May 13th, 2019<div>Last</div></div>

Today's date:11/25/2019		
PROJECT INFORMATION		
Project Title: Perspectives Relating to Multicultural Training with Speech-Language Pathologists		
Principal Investigator: Evy Jewell Hayes	Phone: 251-635-2464	Email: evy.hayes@usm.edu
College: College of Nursing and Health Professions	School and Program: School of Speech and Hearing Sciences - Speech Pathology Program	
RESEARCH DESCRIPTION		
<p>1. Purpose:</p> <p>The purpose of this investigation is to determine if Speech-Language Pathologists feel adequately prepared and comfortable interacting with multicultural clients. Results may be used to suggest ways to better prepare Speech-Language Pathologists to work with multicultural clients.</p>		
<p>2. Description of Study:</p> <p>Participants will review survey questions pertaining to their experiences as Speech-Language Pathologists and they will provide answers on the form provided. Participation will take approximately 20 minutes to complete.</p>		
<p>3. Benefits:</p> <p>Participants will have the opportunity to expand the knowledge base in the Speech-Language Pathology community as it relates to multicultural clients.</p>		

4. Risks:

There are no known risks.

5. Confidentiality:

Confidentiality will be maintained throughout the duration and completion of the study.

6. Alternative Procedures:

7. Participant's Assurance:

This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5125, Hattiesburg, MS 39406-0001, 601-266-5997.

Any questions about this research project should be directed to the Principal Investigator using the contact information provided above.

CONSENT TO PARTICIPATE IN RESEARCH

I understand that participation in this project is completely voluntary, and I may withdraw at any time without penalty, prejudice, or loss of benefits. Unless described above, all personal information will be kept strictly confidential, including my name and other identifying information. All procedures to be followed and their purposes were explained to me. Information was given about all benefits, risks, inconveniences, or discomforts that might be expected. Any new information that develops during the project will be provided to me if that information may affect my willingness to continue participation in the project.

CONSENT TO PARTICIPATE IN RESEARCH

By clicking the box below, I give my consent to participate in this research project.

☐

Check this box if you consent to this study, and then click "Continue." (Clicking "Continue" will not allow you to advance to the study, unless you have checked the box indicating your consent.)

If you do not wish to consent to this study, please close your browser window at this time.

Appendix C: Survey Questions

1. How many years of clinical experience do you have?
 - a. 1-5 years
 - b. 6-10 years
 - c. 11-15 years
 - d. 16-20 years
 - e. 21-25 years
 - f. 26-30 years
 - g. 31-35 years
 - h. More than 35 years of experience
2. Have you received any formal multicultural training?
 - a. If yes, when and where?
3. Have you had any personal experiences with cultures different from your own for an extensive time period?
 - a. If yes, what were those experiences?

4. Have you had any professional experiences with cultures different from your own?
 - a. If yes, what were your professional experiences?
5. Do you feel adequately prepared to interact with clients from other cultures?
 - a. If yes, why?
 - b. If no, why not?
6. Do you feel you might benefit from formal multicultural training?
 - a. If yes, why?
 - b. If no, why not?
7. Do you feel comfortable working with any multicultural clients who are enrolled in your caseload?
 - a. If yes, why?
 - b. If no, why not?

8. Do you think you understand most of the social cues and behaviors of your multicultural clients?
- a. If yes, why?
 - b. If no, why not?
9. Do you mirror behaviors of your multicultural clients' cultures that you consider appropriate (e.g., by using different customs and/or forms of greeting with them)?
- a. If yes, why?
 - b. If no, why not?
10. Do you know how your multicultural clients' cultures view speech, language, and hearing disorders? Please elaborate on your response.
11. Do you know how your multicultural clients' cultures normally treat speech, language, and hearing disorders (e.g., do they rely on a clinician's help or use non-traditional methods such as homeopathic remedies)?
12. Are you aware of how your multicultural clients' families or cultures view female professionals vs. male professionals (e.g., how the clients' families/caregivers may interact with a female professional vs. a male professional)?

13. Have you conducted any research into your multicultural clients' cultures to ensure the use of best practices to serve them? If yes, what have you learned?
14. Are you aware of how your multicultural clients' cultures expect children to interact with adults (e.g., some cultures expect children to be seen, not heard)?
15. Have you asked your multicultural clients to share information about their cultures to their peers/teachers? If yes, what did you ask?
16. Have you encouraged your multicultural clients to ask questions about your culture or shared your culture with your multicultural clients? If yes, how did you encourage them?
17. Have you gathered information (via interview, etc.) regarding your multicultural clients' home lives? If yes, what have you learned?
18. Do your clients or their families still participate in their original culture's traditions? If yes, how do they do so?
19. On average, how many years has your client been immersed in U.S. culture?

20. As a speech-language pathologist working with clients who speak more than one language, do you feel that you have an adequate understanding of the process of second language acquisition?
21. If your client speaks another language, are you familiar with the communication patterns of that language?
22. Do your multicultural clients tend to use their first languages at home?
- a. If yes, what languages do they speak?
23. Do you feel comfortable bringing in an interpreter for sessions or assessments, if needed?
24. Do you speak another language?
- a. If yes, what language and at what level of fluency (poor, fair, good, excellent)?
25. Are you able to adequately convey information related to treatment plans/outcomes to your clients and their family members?