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## **Knowledge and Perceptions of SLP Graduate Students Regarding Multiculturalism**

Evy Jewell Hayes

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Knowledge and Perceptions of SLP Graduate Students Regarding Multiculturalism

by

Evy Jewell Hayes

A Thesis

Submitted to the Graduate School,  
the College of Nursing and Health Professions  
and the School of Speech and Hearing Sciences  
at The University of Southern Mississippi  
in Partial Fulfillment of the Requirements  
for the Degree of Master of Science

Approved by:

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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.

## ACKNOWLEDGMENTS

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## LIST OF ABBREVIATIONS

<i>ASHA</i>	American Speech-Language-Hearing Association
<i>CAA</i>	Council on Academic Accreditation of Audiology and Speech-Language Pathology
<i>CEU</i>	Continuing Education Unit
<i>EBP</i>	Evidence-based Practices
<i>SLP</i>	Speech-Language Pathologist

## **CHAPTER I – Review of Literature**

### **Multiculturalism in the United States**

According to the United States Census Bureau, the population of the U.S. is 330,175,111 people and counting (United States Census Bureau, 2021). This is a significant increase from just two years before in 2019 with a population of 328,239,523 people. It has been projected that in less than 10 years, in 2030, the driving force of population growth in the United States will come from 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. A multicultural individual is someone who identifies with more than one culture. Speech-language pathologists (SLPs) will likely see a greater occurrence of serving clients with a multicultural background. 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. When the terms “multicultural” or “culture” are used, race is often one of the first things that comes to mind, and while race plays a significant role, multiculturalism, and culture itself, encompass many aspects of life. “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). By this definition, 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. With culture being such a heavy influence in people’s lives it is important to know how to interact with others who may identify with a culture different from our own. This is

especially crucial for SLPs who often work with individuals on aspects of communication. Interacting with someone from another culture is not something that is inherently understood; it takes education and learning about that person's culture to interact with him or her appropriately and effectively.

### **Multiculturalism in Graduate Training**

One way that speech-language pathologists can learn how to interact with multicultural clients is in graduate school. Throughout a graduate program, future SLPs learn about language development, various disorders that impact speech, language, and/or swallowing, and how to interact with clients, among other things. All of these things that students learn lay a foundation for their future careers. While everything learned in a graduate program is important, the field of speech-language pathology 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. 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 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 points for cultural competence. This requires graduate programs to educate graduate students and to help them understand how their own ethnocentrism can impact patient care, how the patient's culture can impact care, how different cultures view caregiver interactions, and how to improve understanding of various patient

characteristics. Programs must provide students with opportunities to demonstrate their knowledge and skills in the areas addressed by each standard to become CAA accredited (Council on Academic Accreditation in Audiology and Speech-Pathology, 2020). While these requirements are set, the CAA does not dictate how each program implements these opportunities. In other words, there are no specific course requirements for programs, but they must demonstrate that their students are competent in the areas addressed by the standards. 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. Less than half of these programs offer a course solely focused on multicultural issues as they relate to the field of speech-language pathology. Due to the CAA not having specific course requirements, programs can choose the topics covered during dedicated class time. 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 assimilate multiculturalism as it applies to various disorders related to speech, language, and swallowing disorders.

### **Cultural Competence**

The Council on Academic Accreditation of Audiology and Speech-Language Pathology and the American Speech-Language-Hearing Association 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). Merriam-Webster (2022) defined competence as “the quality or state of having sufficient knowledge, judgment, skill, or strength.” Applying this definition of competence to the area of multicultural clients insinuates the ability to master or become an expert in other cultures. However, due to the vast number of people who identify with multiple cultures, it is not possible to be “competent” in each of the cultures represented, particularly if one does not identify with that particular culture.

Furthermore, a speech-language pathologist may work with several clients who identify with the same culture, but it cannot be assumed one already knows exactly how to interact with them due to working with other clients 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 speech-language pathologists who do not mirror their clients. That is to say, clients who are of another race, or who identify with another culture, are not seeing individuals like themselves equally represented in the field. 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, M. & Murray-Garcia, J., 1998).

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.

### **Implicit Bias**

It should also be acknowledged that an implicit bias can result due to reinforcement of stereotypes over time. 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. According to Learning for Justice (2021), an organization whose goal is to "tackle systemic injustice" and provide resources to help resolve personal biases, studies have shown a link between one's behavior and biases. This means that even if a bias is not out in the open, people can still show these biases through their actions, especially under trying circumstances. Perpetuating these ideas may not be intentional, but they can be difficult to recognize and unlearn. There are many tools that have been developed to help individuals, including professionals such as SLPs, measure their hidden biases (Learning for Justice, 2021). It is important for speech-language pathologists 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 one's own hidden biases can provide

a starting point to implement change in one's 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.

### **Components of Cultural Competence**

According to the Human Services Guide, cultural competency is comprised of four components – awareness, attitude, knowledge, and skills. Being aware of how one's culture can impact interactions with others of a different culture. The attitude component refers to one's attitude about the differences between their own culture and another. The knowledge aspect pertains to a person's knowledge of varying cultural beliefs, practices, and values. Skills tie into cultural competence in how a person handles those differences among cultures (HumanServicesEDU.org, 2021). All four areas are critical to developing a better understanding of one's own culture and attitudes and how that relates to different cultures they may interact with or encounter.

### **Cultural Humility**

However, having cultural humility can 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 culturally different clients, 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, among many other things. Listening to a client talk about their culture, values, and preferences allows an SLP to better understand, treat, and interact with them. The American Speech-Language-Hearing Association 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 (American Speech-Language-Hearing Association). 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. Previous researchers have shown that out of 38 school-based SLPs in Mississippi and Alabama surveyed, only 24% reported having a class dedicated to multicultural issues in their graduate programs (Hayes, 2020). A lack of graduate level instruction requires that clinicians to seek out multicultural information elsewhere.

### **Multiculturalism in Continuing Education**

One way that SLPs can learn about multiculturalism is through continuing education units (CEUs). A continuing education unit is a class or seminar on a topic that pertains to assessing, treating, and/or interacting with clients in the field of speech-language pathology. ASHA requires 30 hours of CEUs over the course of three years for clinicians to maintain their professional status with the association (American Speech-



Language- Hearing Association, 2021). Of the 509 continuing education units that members can access, there are only 56 that pertain to the topic of cultural responsiveness (American Speech-Language-Hearing Association Learning Center). Despite the American Speech-Language-Hearing Association recognizing that developing knowledge of cultures different from one's own is a continuous process, it does not require a certain number of CEUs to be completed in this area. In fact, ASHA only requires 1 of the 30 hours to be on the topic of ethics (American Speech-Language- Hearing Association, 2021).

Continuing education units are often 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 evidence-based practice. EBP requires clinicians to use assessment and treatment methods that are established in peer-reviewed research. This provides the clinician with statistics on how a particular method has worked with other patients and how effective it has been. It also allows a clinician to determine if a certain type of intervention is best suited for their client. Future SLPs are taught to research new ways to treat their clients, regardless of diagnosis or client background. If speech-language pathologists would apply this approach to their multicultural clients, it would provide them with insight into their clients who identify with another culture. The American Speech-Language-Hearing Association has a code of ethics that all clinicians must adhere to when practicing or conducting research.

## **Ethics and Multiculturalism**

One thing required by the code of ethics is to utilize best practices with patients. 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 (American Speech-Language- Hearing Association, 2016). 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. Speech-language pathologists are ethically bound to ensure that they are actively educating themselves on current treatment methods and their clients.

## **Best Practices in Serving Multicultural Clients**

The American-Speech Language-Hearing Association has certain requirements for SLPs as they pertain to the services they provide to multilingual and multicultural clients. Some speech-language pathologists are considered bilingual service providers, meaning that they have a native or native-like proficiency in a second language (American Speech-Language- Hearing Association, n.d.). If an SLP has proficiency in the language that a multilingual 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 multicultural or multilingual client uses, it is appropriate for her to

bring in a translator or to refer the client to an SLP who can speak that language.

Knowing when to consult a translator 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. The answer to the question of "When do I consult a translator?" or "When should I refer this patient to another SLP?" can only be answered by what needs the client has based on their linguistic abilities in their first or second language (American Speech-Language- Hearing Association, n.d.). Even if an SLP utilizes a translator, the SLP is still responsible for planning intervention, gathering materials that are culturally and developmentally appropriate for the patient, and giving any assessments needed.

When assessing a multilingual client, it is important for speech-language pathologists 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 speech-language pathologists 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 a translator 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 translator 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, the only "rules" SLPs can refer to when assessing and treating multilingual and multicultural clients are those of using evidence-based practices to ensure that their clients are receiving the best services

possible. 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 speech-language pathologists 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. Speech-language pathologists not only work with communication, but they work with the whole client. Making sure that current and future SLPs have cultural humility should begin in graduate programs and continue throughout their careers. The American Speech-Language-Hearing Association calls for speech-language pathologists 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.

### **Rationale**

The purpose of this project is to look at 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. During this time, graduate students learn important skills they will use throughout their careers. Among those skills, is how to interact with clients professionally and appropriately. Multicultural clients are increasing in number as the population in the United States grows and shifts. Speech-language pathologists should be

well equipped to work with these clients and to incorporate elements of the client's culture into treatment. The training to prepare to work with multicultural clients should not begin when a speech-language pathologist encounters a multicultural client on his or her caseload, but in their graduate education.

## **CHAPTER II – Methods**

### **Purpose of the Study**

The purpose of the study was to determine the knowledge and perceptions of graduate students in speech-language pathology as they pertain to multiculturalism.

### **Research Design**

A mixed survey-based research design was used by the principal investigator. This design was selected to explore the knowledge of graduate students related to multiculturalism and these students' perceptions of issues related to graduate coursework and multiculturalism as they relate to them personally and professionally. The survey was anonymous, and participation was voluntary.

### **Participants**

The participant population for this study included students enrolled in a graduate level communication sciences and disorders program within the Southeastern United States. Participants received an email containing a description of the study, survey announcement, and anonymous link via a professor or program contact. Program contacts were located on school websites for each program.

### **Confidentiality**

Participants were given an assurance of privacy regarding their responses and were presented with a consent document prior to their participation in the study.

### **Instrument**

An electronic survey was created via the University of Southern Mississippi's Qualtrics software and used in data collection for the study. The survey was comprised of four sections: demographics, graduate coursework and training, knowledge, and

perceptions. The demographics section pertained to the participant's program of study, semester of school, languages spoken, among other demographic questions. Graduate coursework and training consisted of questions related to the participant's specific coursework in their program of study. The knowledge section consisted of statements concerning multicultural topics as they relate to assessing, treating, and interacting with multicultural individuals. The perceptions section was comprised of statements corresponding to multiculturalism in terms of assessment, treatment, coursework, and personal and professional biases. Questions and statements were presented in multiple choice, agree/disagree, and a 5-point Likert scale format throughout the survey.

### **Procedures**

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 schools 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 had access to the survey. Complete survey responses totaled 322 out of 394 returned surveys. 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.

**Data Collection**

Data for this study was collected via Qualtrics. The study was open for data collection for five weeks. A total of 394 responses were received and 322 of those responses were complete.

**Data Analyzation**

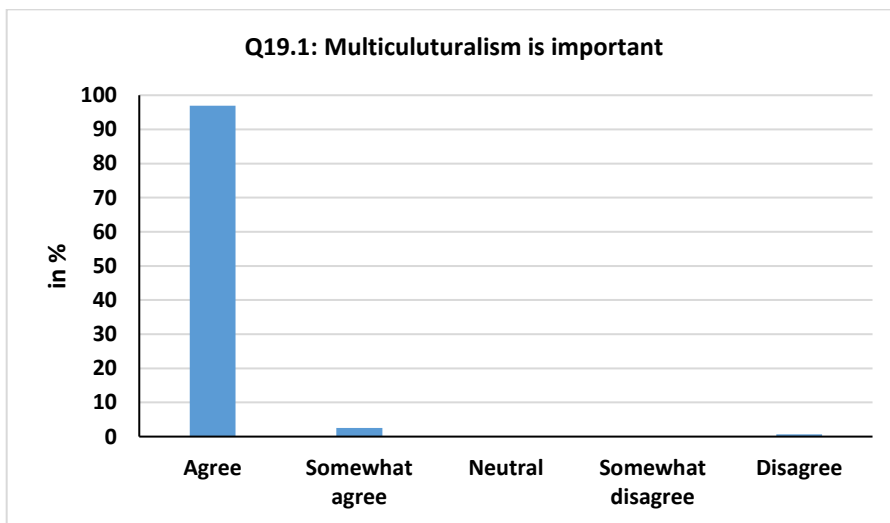
Data was analyzed using both qualitative and quantitative means.



### CHAPTER III - Results

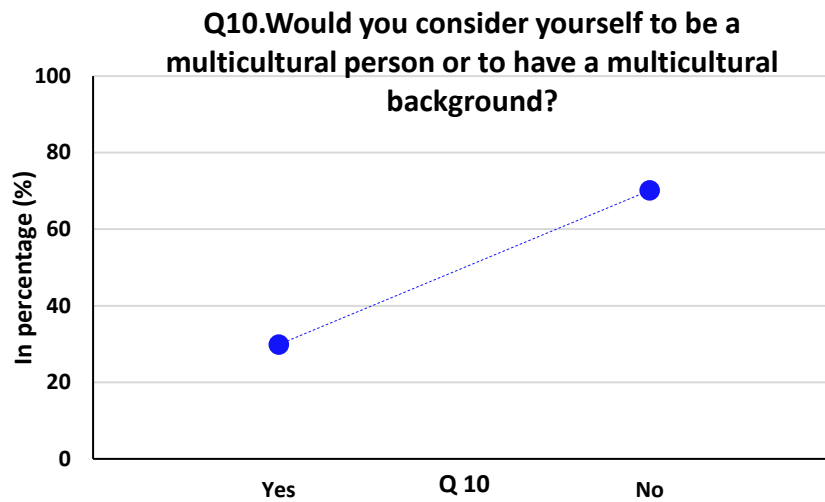
Among respondents, 41 percent reported being first semester graduate students with the next highest number of respondents being fourth semester students. Twenty percent of students reported speaking another language. Other languages included: Spanish, Mandarin, French, American Sign Language, Japanese, Korean, Urdu, Portuguese, Cantonese, Hebrew, and Greek.

*Figure 1. Multiculturalism is Important*



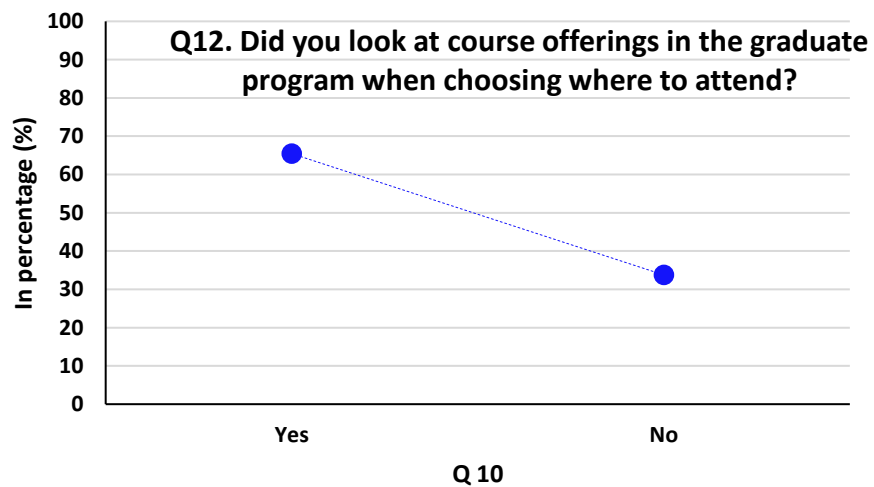
When questioned whether they felt multiculturalism is important, a vast majority of respondents selected “Agree.” Almost 89 percent of respondents indicated that multicultural aspects and issues do pertain to them professionally, with only 62 percent agreeing that it relates to them personally. This 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 2. Would You Consider Yourself to be a Multicultural Person or to have a Multicultural Background?



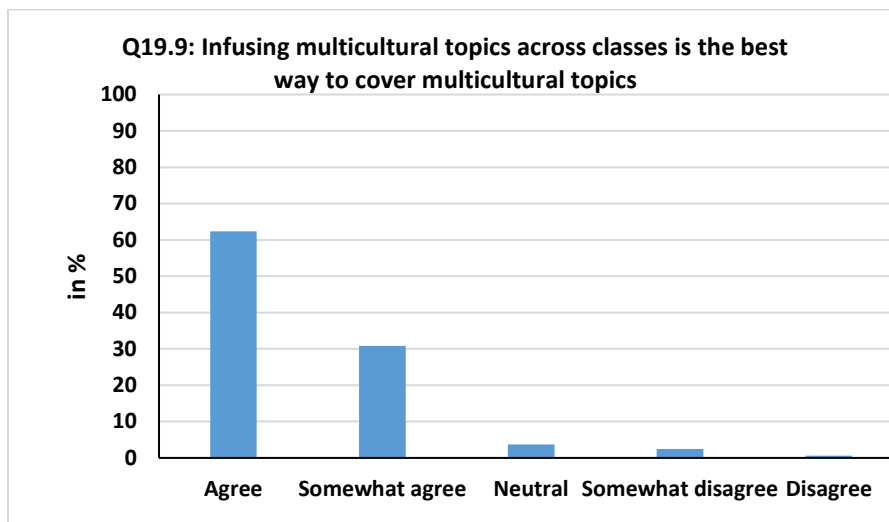
Despite such a high number of participants reporting that multicultural issues pertain to them professionally, over half of all respondents reported that their program does not offer a dedicated course covering such topics. A vast majority of students indicated that they did investigate course offerings of graduate programs when deciding where to attend.

Figure 3. Did You Look at Course Offerings in the Graduate Program When Choosing Where to Attend?



Of the programs that do offer a course dedicated to multicultural and multilingual topics, 68% of students reported that it is a required course within their program. For the programs that did not offer such a course, 92% of participants reported that multicultural and multilingual topics are included in other courses.

*Figure 4. Infusing Multicultural Topics Across Classes is the Best Way to Cover Multicultural Topics*



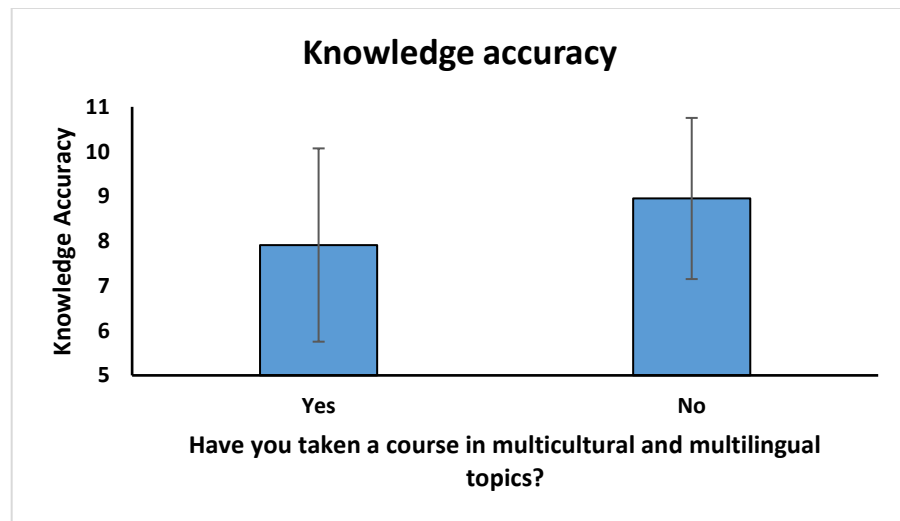
When asked how they felt about including these topics in other courses versus having a dedicated course, a majority responded that infusing these topics across courses was the better way to cover multicultural and multilingual issues.

Most participants indicated that their program does offer opportunities to serve children or adults who identify as multicultural or multilingual. Remarkably, just above half of participants felt confident choosing and administering assessments to linguistically diverse individuals. Even more, approximately 74 percent reported feeling confident knowing when to utilize an interpreter. Regardless of opportunity or comfort levels when working with multicultural and multilingual clients, 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.

Participants responded “Agree” or “Disagree” to statements in question 18 to assess their knowledge about multicultural and multilingual topics in the field of speech-language pathology. Based on responses, an accuracy score was determined and compared to the participants’ answer to question 16. 342 participants received a score of seven or higher, indicating a passing accuracy score.

*Figure 5. Knowledge Accuracy Scores*



Participants’ knowledge accuracy scores compared to response given to question of having taken a multicultural course

Not only were participants asked about their knowledge of multicultural topics, but they were also asked to respond to statements via a Likert scale as it pertained 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, 282 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. Just under 99% of participants indicated that they felt it was important for them to evaluate their own biases they may

hold prior to working with a client who is multilingual or multicultural. Despite having such a high number show that they felt it important to review bias, only 232 participants reported being aware of resources that can help them do this. With many respondents showing that they value reviewing implicit biases, only 240 felt as though they provide services that are culturally and linguistically appropriate for their clients with the remaining responses selecting either “Neutral,” “Somewhat disagree,” or “Disagree” indicating that they do not feel as though their services are appropriate for multicultural and multilingual clients.

## **CHAPTER IV – 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 population and the various cultures represented within the United States (United States Census Bureau, 2020), SLPs are likely going to work with multicultural individuals. Such individuals are underrepresented within the field of speech-language pathology as 270 respondents indicated that they do not consider themselves to be a multicultural person or have such a background. This begs the question are multicultural persons receiving services that take their background and personal histories into consideration?

Learning how to 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 updated Council on Academic Accreditation of Audiology and Speech-Language Pathology standards released in May 2021. The revised

standard now calls 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 does not have a dedicated course reporting that such topics were not being included in other courses. The method of infusing topics across multiple classes allows 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 looking at 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.

The American Speech-Language-Hearing Association requires that SLPs provide services that are appropriate and considered to be best practice, which includes taking into account a patient’s background and experiences. Only 240 respondents indicated

“Agree” or “Somewhat agree” when asked if they felt that the services they provide were culturally and linguistically appropriate. Students are often expected to research new methods of intervention for a client who may present with a disorder 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 some SLPs are not confident in knowing when to consult an interpreter. Eighty-three participants selected “Neutral,” “Somewhat disagree,” or “Disagree” in response to the statement about knowing when to involve 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. Two hundred forty-five participants (76%) indicated that they have been given such an opportunity to work with multicultural or multilingual clients and feel confident doing so. Being provided with a chance to utilize the critical thinking required to identify factors that can impact the level of care that multicultural or multilingual persons receive is included in the CAA’s updated standards. Factors that may impact care 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 (Council on Academic Accreditation in Audiology and Speech-Pathology, 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 for the increased likelihood that they will encounter multicultural or multilingual clients in their future careers.

Moreover, 285 students who participated in the survey agreed that multicultural and multilingual topics do pertain to them professionally, acknowledging the ever-growing 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.

### **Research Questions**

1. Do graduate students feel prepared to work with multicultural clients following graduate school?
2. If a graduate program does not offer a dedicated multicultural course, do their students wish it was part of their program?
3. Are graduate students who take a multicultural course more prepared than those who do not?
4. Do graduate students think that multicultural related topics are important?
5. Do graduate students look at coursework (specifically if there is a multicultural course) when deciding on a graduate program to attend?

## APPENDIX A - 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
- Vanderbilt 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	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					
Multicultural aspects/issues pertain to me professionally					



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

## APPENDIX B –IRB Approval Letter

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.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- 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.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER: IRB-21-325

PROJECT TITLE: Knowledge and Perceptions of SLP Graduate Students regarding Multiculturalism

SCHOOL/PROGRAM: Speech & Hearing Sciences

RESEARCHER(S): Evy Jewell Hayes, Laura Mathews

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.

PERIOD OF APPROVAL: August 26, 2021

A handwritten signature in cursive script that reads "Donald Sacco".

Donald Sacco, Ph.D.  
Institutional Review Board Chairperson

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