



## JOURNEY TO CULTURAL COMPETENCE: PERCEPTIONS OF A MULTICULTURAL COURSE IN COMMUNICATION SCIENCES AND DISORDERS

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### — ABSTRACT —

The field of communication sciences and disorders requires multicultural content in graduate programs. This qualitative study explored student perceptions of a foundational multicultural course in its ability to increase cultural competence. The findings revealed that the student participants made growth; they gained new knowledge and skills for working with culturally and linguistically diverse clients, they critically questioned issues, and they reflected on their cultural competence journey. The results suggest that we need more than just a single multicultural course in order to better prepare speech-language pathologists to work increase cultural competence and better serve culturally and linguistically diverse clients.

*Keywords:* Scholarship of teaching and learning, Multicultural coursework

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### Multicultural Requirements and Cultural Competence

Instructors in graduate communication sciences and disorders (CSD) programs have the responsibility to “prepare students for entry into professional practice and provide curriculum (academic and clinical education) that reflects current knowledge, skills, technology, scopes of practice, and the diversity of society” (ASHA, n.d.-a, para. 1). To this end, the American Speech Language Hearing Association requires that all graduate programs contain multicultural content and clinical practica experiences with diverse populations (ASHA, n.d.-a ; Council for Clinical Certification in Audiology and Speech Language Pathology of the American Speech Language Hearing Association, 2013). There are two approaches for incorporating multicultural content into speech-language pathology programs; the infusion and foundational course approaches (ASHA, n.d.-a). The infusion approach entails embedding content about culturally and linguistically diverse (CLD) populations into courses across the curriculum. The

foundational course approach calls for one or more courses dedicated solely to multicultural content to be required in the program. Currently there are no standard approaches for clinical practicum experiences with CLD clients (Sheepway et al., 2011; Stewart & Gonzalez, 2002). During the 2018-2019 academic year, 96% of individuals who earned an undergraduate degree and 95% who earned a graduate degree in CSD were female. White, non-international students made up 71% of individuals who earned an undergraduate degree and 81% of individuals who earned a Master’s degree in speech-language pathology (CAPCSD & ASHA, 2020). These statistics contrast sharply from the U.S. population as 51% identified as female and 42% of people identified as Black, American Indian, Asian, Native Hawaiian, Hispanic/Latino or biracial (U.S. Census Bureau, 2019). This lack of diversity in the field represents a great need for cultural competence in coursework.

Increasing cultural competence has been identified as an essential component of the multicultural requirement in CSD programs (Cotton et al., 2016;

Farrugia-Bernard et al., 2018; Horton-Ikard et al., 2009; Hyter, & Salas-Provence, 2019; Johnson et al., 2016). Cross et al. (1989) proposed a model, which ASHA has endorsed (ASHA, n.d.-b), in which cultural competence is on a continuum with six stages: cultural destructiveness, in which thoughts and actions that are destructive to the culture are demonstrated; cultural incapacity, in which individuals do not choose to be destructive to cultures but lack the ability to help; cultural blindness, in which individuals believe in no bias and that everyone is the same; cultural pre-competence, in which individuals possess an awareness of their own culture; cultural competency, in which individuals are not only aware of their own culture and others but also possess a sensitivity and respect for all cultures; and cultural proficiency, in which individuals not only respect all cultures but also seek to add to culturally competent practices. Battle (2000) defined cultural competence in CSD as “a process through which one develops an understanding of self, while developing the ability to develop responsible, reciprocal, and respectful relationships with others” (p. 20).

A limited number of researchers have examined cultural competence in multicultural preparation in CSD (Farrugia-Bernard, 2018; Franca et al., 2016; Stewart & Gonzalez, 2002; Stockman et al., 2004). The purpose of this study is to investigate CSD student perceptions of a foundational multicultural course in its ability to increase cultural competence and prepare students to work with culturally and linguistically diverse clients. Understanding these perspectives will aid in the development of effective multicultural content needed to begin to remove the stranglehold of racism in CSD.

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## Method

This qualitative investigation employed a phenomenological approach through the lens of the scholarship of teaching and learning. Phenomenology is a qualitative research approach that seeks to understand a lived experience from the participants' perspective (Schram, 2006). The phenomenological paradigm employs a constructivist approach in which individuals construct their own distinct perspective of the world (Glesne, 2006). Phenomenological inquiry is not done with the intention to generalize the results but rather to yield interpretive understanding, based on the examination of the experiences and perspectives of individuals (Brantlinger et al., 2005).

The scholarship of teaching and learning is a method in which educators critically examine teaching and learning through scientific inquiry and disseminate results. Shulman (2004) describes the process of teaching and learning by stating, “When we step back and reflect systematically on the teaching we have done, in a form that can be publicly reviewed and built upon by our peers, that we have moved from scholarly teaching to the scholarship of teaching” (p.166).

## Data Collection

Data collection began after receiving Institutional Review Board approval in April 2016. The informed consent document was presented and collected by a colleague, not on the research team; the principal investigator was not present. The principal investigator did not know which students agreed to participate in the study until after grades had been turned in and the term had ended. All students enrolled in the researcher's seven week Multicultural Issues in Intervention for Communication Disorders courses during the 2016 and 2017 terms were eligible to participate in this study. The sample group was composed of 76 student participants. In the 2016 cohort there were 40 student participants. All of the participants were female and four students self-identified as a person of color. In the 2017 cohort there were 36 student participants. All of the participants were female and one self-student identified as a person of color. This sample was not purposefully homogenous by race and gender, however, it does accurately reflect the current demographics and lack of diversity in the field.

The course described in this paper is a two-credit graduate level course focused on multicultural cultural issues in the field of CSD. The course does not assume any prerequisite multicultural or social justice knowledge. Student cohorts take this course at various points in their program. This course is only offered in the summer semester, face-to-face, and lasts 7.5 weeks. Each week a lecture is delivered that ties speech-language pathology content to diverse communities through case studies. See table 1 for how content topics and communities were presented. Following the lecture and case study work, guided large and small group discussions focusing on the threaded discussions from students take place. In addition, videos known as community spotlights are shared each week where community member representatives that self-identify as belonging to the featured cultural group share experiences and perspectives.

**Table 1****Course Content**

<b>Topic</b>	<b>Community Spotlight</b>
Cultural Competency Continuum	(Dis)Ability
Assessment	African American/ Black
Speech	LGBTQA+
English Language Learners	Indigenous/ Latinx
Language	Asian American
Swallowing	Arab American

The data collected for this study were required components of the course—no outside time or activities were required of the student participants. Data gathering involved compiling three digital journal entries at week one, three, and six of the course as illustrated in table 2. Journal entries were self-reflective and focused on the development of cultural competence and the delivery and content of the course.

**Table 2****Digital Journal Prompts**

<b>Sequence</b>	<b>Topic</b>
Week 1	What topics do you think will be covered? How do you feel about this course being a required in the program? What is your level of cultural competence going into the course?
Week 3	What is the most valuable thing you have learned so far? What is the least valuable thing you have learned so far? What are any general comments about the course?
Week 6	Describe your cultural competency as a result of taking this course. Will you continue to learn about cultural competence? If so how? What would you change in this course to make it more beneficial?

**Data Analysis**

In order to understand the experiences of the participants, the researcher analyzed the journal entries. A modified version of Hycner's (1985) steps for phenomenological data analysis was followed: transcription of journal entries, bracketing (suspending belief so as to enter with no preconceived attitudes or opinions), listening to the entries for a sense of the whole, delineating units of general meaning, delineating units of meaning relevant to the research questions, eliminating redundancies, clustering units of meaning, determining themes from clusters of meaning; summarizing each entry, modifying themes, identifying general and unique themes for all journal entries, contextualizing of themes, and creating of a composite summary.

Data analysis began during the data collection process, while reviewing the journal entries in order to begin to identify commonalities among the student participants' experiences. Themes, or common experiences of the participants that impart the essence of the phenomenon, (Creswell, 2013) were identified. When all journal entries were completed, the researcher commenced line-by-line focused coding to cluster frequently used terms and common experiences into themes. A composite approach, in which the narratives of the participants were organized and presented in themes, was chosen because it was the most effective and efficient way to illuminate the participants' various responses, both those that were similar and different, while also protecting their confidentiality.

## Results

The student participants detailed their cultural knowledge throughout the course in their self-reflective journals. While each student participant's experiences and perspectives varied, three major themes emerged: lack of knowledge, resistance, and fluidity.

### Lack of Knowledge: "There was just so much I didn't know about."

Many of the student participants were very surprised at the lack of knowledge they had about cultural diversity in general and related to speech-language pathology specifically. Students commented on the fact that they did not know basic terms to enter into conversations about diversity, "As sad as it is to admit, before being introduced to the topics in this class, I viewed opportunity as equal to people of all cultures." One student commented, "I had never heard the term microaggressions before this past week." Another student stated, "I had no idea what a model minority was and that even a positive stereotype could be harmful." One more wrote, "The ethnographic interview style is new to me and I think trying it out on an SLP was good. My supervisor didn't even know about it." More than just surprised, several students expressed anger that they were not given resources earlier in the program. One student wrote,

I am one year into the speech-language pathology master's program and yesterday was the first time I learned about the Diagnostic Evaluation of Language Variation (DELV) test. The CELF (Clinical Evaluation of Language Fundamentals) is brought up in every class I have taken, yet the DELV has been forgotten. I find this really frustrating.

Another student questioned, "Why am I learning about dynamic assessment for the first time in my LAST class? This would have been really useful in my school internship." Similarly, a student exclaimed, "Why is this framework of the EMIC model just being introduced to us now? It would make sense that this model or the mix of both the ETIC and EMIC models are used when treating all disorders and all ages." Expanding their cultural knowledge led to discussions both in and out of the class. As one student put it, "To be honest, I haven't liked every part of your class, but I have probably discussed more of the topics you presented than any other class I have ever had. There was just so much I didn't know about."

### Resistance: "How is this going to help me be a better SLP?"

While nearly every student acknowledged that she learned new information throughout the course, many were still resistant to accepting this as truth

and changing her own behaviors. If the information presented did not specifically align with their personal experiences, they determined it was not an issue. Many students found themselves in a state of cognitive dissonance. For example, one student explained, "I tried to discuss the Black Lives Matter movement with a group of classmates and we unanimously voiced that we were 'tired of hearing about it' and didn't believe racism or White privilege was an issue." Another student shared a story of why she resisted believing she had privilege:

I think minority privilege exists in many situations these days. My little brother did not get into [college's] engineering program. I knew that although my brother had straight A's, a high ACT score, was captain of the robotics team that went nationally his senior year, and was involved in many other activities, it would be a challenging program to get into. However, I became very upset when some of his friends who did not appear as accomplished and did not have as good of grades were accepted and he was not. These friends were a part of my brother's robotics team and went to the same high school. The only thing I could assume is that these friends were half Asian and that's why they got in.

In conjunction with resisting new cultural information as being personally relatable, many students expressed they felt they were being attacked. One student angrily commented,

What about "White" people? We are all racist. We are all privileged. Everything is easy for us. We don't have to worry about our skin color having an impact on how we are treated, yet because I am white I have to keep my mouth shut because I don't understand.

While some students resisted by merely questioning new information, others articulated blatant racism in their journals. Students made statements such as "I honestly think that White English speaking woman are the majority of this field because we are the people who know about it and are willing to go the extra few years for a Master's degree." and "For society to remain society some things must remain, such as qualified people performing jobs. A lot of people of color just aren't." One student wrote, "I also feel, though an unpopular opinion, that in some situations the barriers created by society are needed."

A large number of students just simply did not see how learning about culture as it relates to current events was related to their roles and responsibilities as an SLP. One student wrote, "For me, it is easier to find information about current events and current

issues that minorities face outside of class... Applications of cultural differences to therapy, however, are much harder to find” and “If the discussions stay speech related it would be better.” Other students stated, “I was annoyed that we had to talk about these news items, and I really didn’t see the point. How is this going to help me be a better SLP?” and “We lose the connection between the general cultural discussion we’re having and how this relates to our work as SLPs.” Another said, My future clients might have more important issues—like learning to care for a loved one after a stroke—and they won’t have the energy to ‘educate’ me about what is important to them [referring to culture].

### Fluidity: “A person may not always progress.”

The vast majority of students followed the same trajectory with respect to where they believed they fell on the cultural competence continuum. In the beginning of the course most students felt like they were at the midpoint, “I think I have a moderate level of cultural competence because I respect other people’s beliefs and opinions and don’t judge them for the way they were raised and what culture they thrive in.” One student explained, “I would say that I am moderately culturally competent...I have been lucky enough to travel to countries in Europe and Asia, so I could see differences firsthand.” Another student wrote, “My level of cultural competence? I suppose it’s as good as it can be for a White girl who grew up in a college town that celebrates privilege.”

By the middle of the course, the students “realized how little I know about multicultural issues” and began to question if they actually were culturally competent. A student wrote, “I am slowly realizing that I do not have as much multicultural experience as I previously thought.” Students made comments such as, “I realize now, especially after taking the self-assessment on cultural competency- in which many of my answers were “barely” or “not at all”, there is so much more to learn, considerably more than I expected.” One student commented that her internship that co-occurred with the course made her question her cultural competence, “I think now my level of cultural competence is very low. I am from a very small town where diversity is almost non-existent. When I began my internship, I was overwhelmed by the culturally diverse environment.” One student lamented,

I thought that I would be able to answer the questions without a problem because considered myself to be aware of people of different cultures. However, the truth is that I had to guess about many of the answers to the questions.

At the end the course, many students believed they were culturally proficient, with comments such as,

“I think I have made strides in my cultural growth” and “What was the most eye opening to me was how much I’ve grown in my cultural competence and proficiency.” However, some students noted that while they progressed closer to cultural competence, they were not there yet, “Overall, I think that there is more that I do not know than that I do.” One student commented, “I do feel that I am at least more aware of my limitations. I like to believe that I am now not ignorant about the role that differences in culture, dialect and ethnicity play in speech and language intervention.”

One student insightfully commented on the fluidity of the continuum,

I really like the idea that a person may not always progress to a more advanced stage, and that certain situations can actually cause them to regress to an earlier stage along this cultural continuum. I appreciate this view not only because it is more realistic, but also because it caused me to reflect on and gain a better appreciation of the experiences I have had in my own life.

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## Discussion

### Lack of Knowledge

In order to prepare students to work with CLD clients, most speech-language pathology programs utilize the infusion approach (Stewart & Gonzalez, 2002; Stockman et al., 2004). The program in this study employed the foundational course approach. The foundational course approach has been found to be problematic in that it does not adequately develop the cultural competence needed by future clinicians to work with CLD clients. This was evident as the student participants expressed anger in not having multicultural resources and knowledge earlier and/or along the course of the program. No matter the approach, SLPs do not feel that they have received adequate training to confidently and effectively work with CLD clients (Hammer et al, 2004; Kohnert et al., 2003; Roseberry-McKibbin et al., 2005).

In an effort to better prepare speech-language pathologists (SLPs) to work with CLD individuals, academic programs with a multicultural/bilingual emphasis, such as the one in New York, New York detailed by Walters and Geller (2002), were created. While 61 of these CLD intensive programs exist, only 28 focus on multicultural preparation while the others have a bilingual or specific cultural group emphasis (ASHA, n.d.-c). While multicultural emphasis programs may be effective in better training SLPs to work with CLD populations, the limited number

of them may make access to them for aspiring SLPs difficult.

### Resistance

Students tend to enter academic programs viewing experiences from their own cultural perspective and have limited opportunities to engage in experiences with diverse cultural groups to build cultural competence (Hancock, 2011). Internship experiences can create the cognitive dissonance needed to progress toward cultural competence. Bucher (2004) theorized that cultural competence can be developed by pre-service clinicians through critically examining themselves and the world, increasing their knowledge of others experiences, becoming a witness to social injustices, and committing to action. By professionally interacting with individuals whose cultures differ from their own during pre-service experiences, speech-language pathology students may experience challenges to their belief system and move beyond viewing experiences from their own cultural perspective, a necessary skill for working with CLD populations and progression toward cultural competence (Walters & Geller, 2002).

When many of the traditional candidates in academic programs are presented with information about social inequities and anti-racist frameworks of teaching, they reject it (Grant, 1989; Haberman, 1991; King & Ladson-Billings, 1990; Zeichner, 1992). This resistance was noted in the student participant journals as they pushed back against new knowledge. However, this resistance is not the end of the process for many. The concerns-based adoption model (Hall & Hord, 2005) stated that when individuals are presented with new information or strategies, such as information about CLD communities, they follow predictable stages. At first, the new information is not used. Next, a general awareness of the new information is acquired. After time, the information is mastered and applied consistently. Finally, the knowledge is not only adopted but also shared with others.

### Fluidity

Cultural competence is based on a person's past experiences and its development is not a linear process (Cross et al., 1989). As Hyter and Salas-Provance (2019) note, "It can be said we go in and out of being culturally responsive at any point in time" (p. 7). The student participant's experienced this circular development with feeling that their level of cultural competence varied throughout the short time frame of the course depending on the situation. Self-awareness and the ability to critically self-reflect are essential skills in assessing cultural com-

petence (Campinha-Bacote, 1999). Many students are still developing these skills and may not be able to accurately assess where they fall on the cultural competence continuum (Hollinsworth, 2013).

While the stages of cultural competence from Cross et al. (1989) are widely accepted across disciplines, it is not without criticism (Fisher-Borne, 2015). Newer models of cultural competence such as cultural humility (Tervalon & Murray-Garcia, 1998) and culturally responsive practices (Ladson-Billings, 1995) that better account for self-reflection, circular development, the meaning of culture, and power structures may be beneficial for students to learn instead of or in conjunction with cultural competency.

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## Implications

Cultural competence takes time to develop (Cross, Bazron, Dennis, & Isaacs, 1989). While one course can improve students' preparation to work with CLD clients, true cultural competency requires a much more in-depth approach. Programs should employ a combination of the infusion and foundational course approaches with opportunities all throughout the program to develop cultural competency as well as self-assessment skills. Students in this study commented on this idea in their journals with statements like "I think the program and its students would benefit from this class being taught at the beginning of our coursework" and "I still wish these issues could be integrated more fully into all of our previous classes, including clinical experience." It is not enough to merely have multicultural coursework in the program in order to fulfill the requirement. Careful attention must be paid to the type of content that is presented with particular emphasis on incorporating intersectionality (Crenshaw, 1991) and anti-racist frameworks (Squire et al., 2018). Researchers such as Horton-Ikard et al. (2009) have outlined best practices for teaching a multicultural course in speech-language pathology but more information and research is needed.

Faculty in speech-language pathology programs must also be cognizant that while multicultural academic course work can be an important step toward cultural competence, true cultural competence amongst professionals does not merely come from academic knowledge of speech and language differences but also from experiences with people from diverse backgrounds (Laing & Kamhi, 2003). One way to accomplish this is through deliberate and intentional clinical placements with diverse clients. Partnerships with diverse school districts and healthcare facilities are a valuable way to provide experience for SLPs in a diverse setting where they can apply the

information learned throughout coursework (ASHA, 2010; Carter et al., 2016; Walters & Geller, 2002).

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### Limitations

This study is limited in that the data were from a small number of participants, all attending the same university in the Midwest. A larger participant pool from various geographic locations would be needed in order to provide a more nuanced perspective about students' journey to cultural competence. It should also be noted that despite preparation practices in speech-language pathology programs, implicit personal bias, beliefs, and experiences does impact the increase of cultural competence.

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### Conclusion

The results of this study suggest that students do make progress toward cultural competence with a foundational multicultural course. When analyzing the student journals it was evident that the students made growth; they gained new knowledge and skills for working with CLD clients, they critically questioned issues, and they reflected on their cultural competence journey. The multicultural requirement represents a concrete opportunity for students to begin to develop the self-reflection, knowledge, and clinical skills necessary for the equitable assessment and treatment of all clients. We have heard the stories of racism and discrimination that are prevalent in our communities. It is time for action. However, one course is not enough—it cannot be the only solution offered. CSD faculty need to be committed to fostering life-long learners that constantly progress toward cultural proficiency. This can only be achieved by faculty holding themselves to that same standard. As one student so poignantly stated,

I have lived a lot of life, a lot of trauma. I always have more to learn. I can always learn to be a better advocate and work on being a better person and being a person who lives my ideals and philosophies more fully.

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