



A MODEL FOR CSD FACULTY TO IMPLEMENT ORGANIZATIONAL MULTICULTURAL COMPETENCE IN HIGHER EDUCATION

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— ABSTRACT —

Multicultural competence (MC) is essential for unbiased, successful delivery of academic curriculums and clinical practices in the field of communication sciences and disorders (CSD). To achieve a greater degree of MC, it must be implemented at all organizational levels in higher education (e.g., university, department). However, there is limited research documenting the specific frameworks of MC relating to the organizational infrastructure in higher education within the CSD field. The authors will synthesize empirical findings, summarize frameworks, and highlight resources that support organizational cultural competence at three different levels: university, department/program, and the individual. Additionally, the authors propose a model, **A**ssess, **P**lan, **T**ake action (APT) that can be used by CSD faculty to implement MC at all organizational levels within higher education.

Keywords: multicultural competence, organizational cultural competence, cultural humility, cultural competence in higher education

Embedding multicultural competence (MC) into the communication sciences and disorders (CSD) program is necessary to ensure instructors, students, and clinicians are culturally responsive when working with diverse populations. However, to achieve a culturally competent environment and prepare individuals in the CSD profession for a pluralistic society, MC must be addressed at the macro- and micro-levels of an organization within a university setting. Top-down (e.g., organizational cultural competence) and bottom-up (e.g., student and staff cultural competency) implementations of cultural competence are needed to facilitate an organizational practice of cultural humility and foster an environment in which individuals value and advocate for cultural diversity in various settings (i.e., work, academic and clinical). To foster MC, CSD faculty and staff must be familiar with cultural competency at all organizational levels.

To provide further clarity, it is necessary to differentiate the following terms: MC (i.e., cultural competency) and cultural humility. The terms MC and cultural competency can be used interchangeably and the authors purposefully chose to use the term MC to highlight the importance of the multicultural aspect. MC is not easily defined because of its multidimensionality (Sue, 2001), and how the term is defined can be considered limiting in scope (i.e., as a skill set to be studied and mastered versus ongoing learning (Ginsberg, 2018; Juarez et al., 2006). However, the American Speech-Language Hearing Association (ASHA) defines the term cultural competency as "...a dynamic and complex process requiring ongoing self-assessment and continuous expansion of one's cultural knowledge (ASHA, n.d., para. 3). Further, ASHA clarifies that

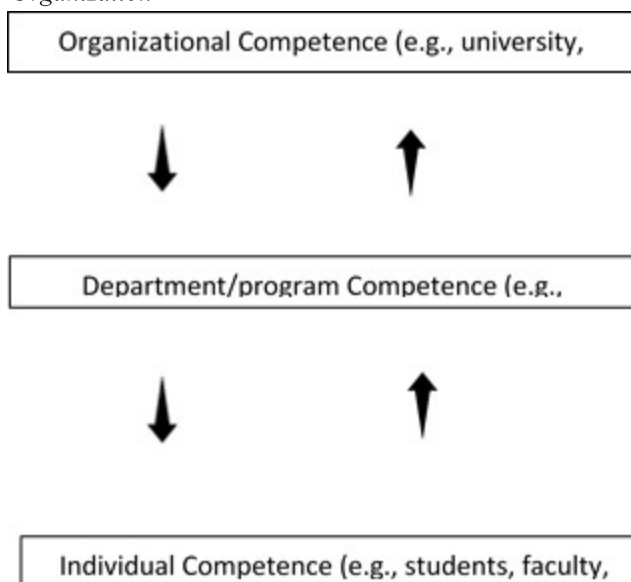
Culture as a concept may represent a wide range of variables including but not limited to age, disability, ethnicity, gender identity (encompasses gender expression), national origin (encompasses related aspects e.g., ancestry, culture, language, dialect, citizenship, and immigration status), race, religion, sex, sexual orientation, and veteran status. Linguistic diversity can accompany cultural diversity. (ASHA, 2017, para. 3).

MC requires that the individual is culturally aware and acknowledges cultural differences between oneself and others and that individuals identify with a variety of cultural identifies that may be visible (e.g., religious clothing and ethnicity) and invisible (e.g., sexual orientation and citizenship; Ortega & Faller, 2011; Sue, 2001). Comparably, cultural humility is the dynamic and continuous analysis of self-reflection to explore one's belief systems and biases, question power imbalances within working relationships and

institutions, and develop an attitude that promotes learning from others (Bradshaw & Randolph, 2021; Danso, 2018). The latter characteristic requires an individual to consider culture from others' perspectives and to acknowledge aspects of a culture they may be unfamiliar to them (Isaacson, 2014).

To cultivate an environment that supports MC and cultural humility, an organization should align goals and objectives (e.g., mission statements) that promote multicultural learning and interactions in people, policies, curricula, and activities (Keršienė & Savanevičienė, 2005). The organization must define a set of values and principles that support the behavior, attitudes, and structures across cultures (Center for Substance Abuse, 2014). The organization's valuing of diversity can be demonstrated by conducting assessments, effectively managing cultural differences, and adapting to the cultural needs of the community in which it exists. The dynamic relationship between the organization and its constituents (i.e., students, faculty, clients) allows for the creation and maintenance of MC at each organizational level. All constituents (e.g., faculty, staff, and clinicians) provide significant contributions to cultural diversity that must also include their ability to develop cultural awareness in knowledge and skills that relate to MC and cultural humility. To be the most effective, the support and resources of higher organizational levels (e.g., university, university) are needed. Figure 1 depicts the possible flow of MC within an organizational unit. It is proposed that addressing MC and cultural humility at each of these levels will allow for the cultivation of continuous multicultural learning in education and practice.

Figure 1
Depiction of the Flow of Multicultural Competence in an Organization



In pursuing cultural competence, organizations can look to Sue's (2001) multidimensional model of cultural competence (MDCC) for guidance. The MDCC model is presented in the context of a 3 x 4 x 5 cuboid design, which represents the multiple dimensions of MC and interactions. The primary dimensions of MC represented include race- and culture-specific attributes (e.g., African American, Asian American), foci (e.g., societal, organizational), and components of cultural competence (e.g., awareness, knowledge). Organizations can use this model as a guide for assessing multicultural competence by examining each area within the MDCC, creating a plan, and implementing the plan.

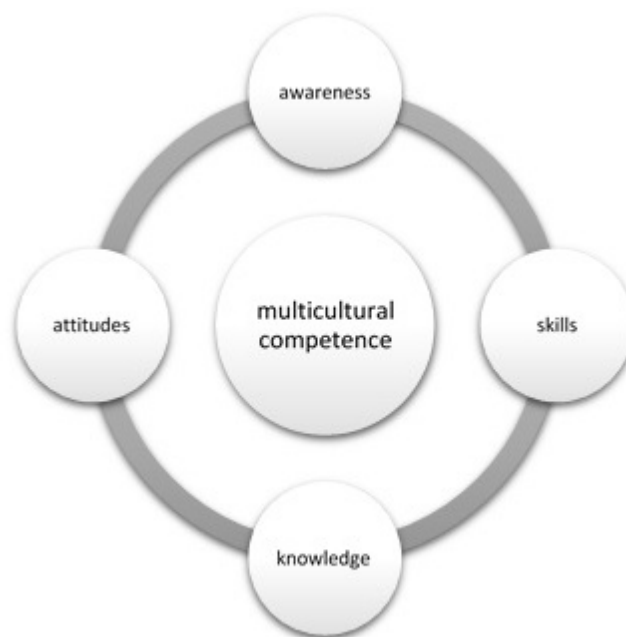
In addition to exploring the dimensions of the MDCC, organizations can integrate the four components of MC designated by Martin and Vaughn (2007). These components include awareness, attitudes, skills, and knowledge, which work together to create a synergistic effect (North Carolina State University, 2022, <https://diversity.ncsu.edu/cultural-competence-toolkit/>). All levels of the organization should work to continuously improve the four components of MC (see Figure 2) especially individuals because they make up a large proportion of the MC that exists within an organization. It is important to highlight that these components may look slightly different at each level (e.g., awareness at the departmental level may include policies but self-awareness at the individual level).

Awareness consists of self-examination of one's culture and the culture of others. This includes acknowledging biases and stereotypes that exist about other cultures that may stifle learning and professional and personal development. Attitude encompasses the ability to be receptive to learning about and accepting the differences in one's culture and others' cultures. A positive attitude toward various cultures coupled with knowledge may facilitate constructive cross-cultural experiences. Knowledge requires gaining information about other cultures to decrease the degree of variance between beliefs and attitudes and actions. Research has shown individuals' increased cultural knowledge may not be congruent with their actual behaviors (Devine, 1989). It is vital to teach individuals how to recognize that personal behaviors towards groups (e.g., inappropriate labels/descriptions, offensive body language, and biased assumptions) can be connected to one's belief systems; only by cultivating a practice of transformative learning, that values diversity, can one's thoughts and behaviors be more synchronous with MC. Skills is a necessary added dimension that may sometimes be subsumed into the other dimensions (Alizadeh & Chavan, 2016; Sue, 2001). Skills require the individual to possess and practice a subset of

skills when engaging in cross-cultural encounters.

Figure 2

Four Components of Multicultural Competence



Engaging in MC at all levels of an organization is most likely to thwart the notorious ~isms (e.g., racism, sexism, ageism, colorism) and other discriminatory behaviors that create barriers to learning, thriving in a work environment, and providing culturally appropriate clinical services. Possible benefits of an organization that continually implements MC and cultural humility practices include a decrease in disproportionality in disciplines and increased knowledge of engaging with diverse clientele, colleagues, and students. Additionally, there may be an increase in diverse perspectives, personal development, and knowledge of world views.

It has been suggested that multicultural experience can contribute to increased creative thinking via "... recruitment of ideas from unfamiliar cultures for creative idea expansion and spontaneous retrieval of unconventional knowledge from memory" (Leung et al., 2008, p.7). Creativity is a needed skill in the field of CSD as clinicians may frequently encounter cases that challenge the implementation of traditional assessment and treatment procedures when providing MC services. At higher organizational levels, the administration may need to be creative when integrating, acknowledging, and respecting the cultural and linguistic views of faculty and staff during the planning of events and/or creation of policies and procedures.

Conceivably, modeling MC at the micro- and macro-levels will instill in CSD students and profession-

als the knowledge and skills necessary to implement or initiate culturally responsive practices at their current and future organizations (e.g., skilled nursing facilities, schools) or within organization departments. The following discussion will focus on the university, departmental, and individual levels in CSD as participation for all levels is required for effective, ubiquitous outcomes. The CSD profession as an organization will not be discussed in depth but requires a comprehensive analysis of policies, procedures, and staff to determine the essentials for the continuous improvement of MC. Accordingly, all organizational levels can design their procedures to fit the proposed APT model; that is each level should Assess, Plan, and Take action as it relates to implementing MC and embedding cultural humility.

It should be noted that implementing the APT model is an ongoing, cyclical process, which should integrate accountability at each level. Assessing requires analyzing current practices at each organizational level as it relates to MC and cultural humility. After the assessment process, planning should be implemented and consists of using assessment data to establish measurable goals. These goals should include the what, who, when, and how. This will help to facilitate more efficient goal achievement. Additionally, at the assessment level of each organizational level, a Strength, Weakness, Opportunity, Threat (SWOT) analysis or the Stop, Start, Continue, Change (SSCC) method (Hoon et al., 2015) can be conducted to gather information about the current state and implementation of MC and cultural humility. Taking action is an indispensable aspect of the APT model and requires the implementation of goals established as well as assessment of goal outcomes. The following discussion will outline specific targets that should be considered for the APT model at three organizational levels; university, department/program, and individuals in CSD. It should be noted that each organizational level consists of sublevels (e.g., staff and faculty, clinic), which should also employ the APT model especially as it relates to individual MC and cultural humility. A continuous example of the implementation of the APT model will be given for each level. Additionally, distinct examples of assessing, planning, and taking action for each level will be given.

University level

Promotion of MC on university campuses can result in positive, lasting impressions. Research suggests that increased interracial interactions facilitate leadership ability, cultural knowledge (dependent upon campus diversity; Antonio, 2001), and academic development (Astin, 1993a, 1993b as cited in Antonio, 2001). In turn, students are better prepared to enter

a globalized workforce.

Assess

Policies, Procedures, Committees, and Constituents. Policies, procedures, administration, and service delivery that systematically involve clients and the community (Center for Substance Abuse, 2014) influence the climate of the campus and the implementation of MC. Therefore, these factors should be assessed for hegemony. In other words, consider whether the aforementioned factors have been evaluated or modified using a multicultural lens. One procedure that may be examined includes the orientation of campus personnel and students to a culturally inclusive environment. Policies at primarily White institutions (PWIs) that have not been altered may reflect content that primarily serves and provides advantages to the majority population (Hurtado et al., 1998). The effects of these policies may filter to the departmental level and should be examined at that level as well.

Examining committees that oversee and/or create policies and procedures related to MC and cultural humility for the university is vital. Committees should be created to examine the cultural climate of the university. For example, does the library have books on reserve with authors that reflect cultural diversity? Is the diversity present in university constituents reflected in university decor and marketing materials? Additionally, individuals serving on committees should assess their MC and cultural humility.

Budget. The budget and other monetary assets should also be examined to parcel resources for multicultural programs and other initiatives. Implementing multicultural awareness programs in higher education settings will require additional resources including finances, volunteerism from campus constituents (e.g., CSD faculty), and physical space for multicultural programs. The impact of these programs as well as other collaborative opportunities may lead to increased cultural interactions (Cheng & Zhao, 2007). Nevertheless, it is a consensus that solely diversifying the faculty or student population alone does not lead to MC (Hurtado et al., 1998) and strategic programs and other policies should be used to encourage interaction among students from diverse backgrounds (Cheng & Zhao, 2007).

Programs and Activities. Multicultural programs should be assessed for efficiency if they exist. If not, opportunities to establish programs should be evaluated. Such programs may help to quell biases and microaggressions in addition to reducing hostile environments for students, faculty, and staff from multicultural backgrounds (Grapin & Pereiras,

2019). College and departmental level degree programs can also be evaluated to determine how and to what extent MC and cultural humility are implemented. Programs and activities aimed to increase MC can impact structural diversity and retention and recruitment of culturally and linguistically diverse (CLD) faculty and students (see below).

Recruitment and Retention. Recruitment and retention at the college and departmental levels should also be examined. Recruitment of minority students and faculty has been a longstanding issue in higher education (e.g., Larke, 1987; Pruitt & Isaac, 1985; Toretzky, 2018; Writer, 2019) especially in the CSD field (Nuruz et al., 1992 as cited in Saenz, 1998). The number of minority members of ASHA has only risen 1% in the past 24 years (ASHA, 2021). Recruitment and retention efforts should be analyzed to determine the level of structural diversity and strategies to recruit and retain students from diverse backgrounds (Soria et al., 2015). Increased structural diversity may allow students to gain knowledge and experience diversity at all organizational levels via formal and informal interactions (Gurin et al., 2002). Retention efforts should include examining available civic engagement activities that may also contribute to the development of MC and cultural humility. Recruitment of minority faculty should also be examined. There is ample evidence to support racial and ethnic student-teacher matching (e.g., Cherng & Halpin, 2016; Egalite et al., 2015; Grissom et al., 2017). Additionally, retention of minority or CLD students and faculty should be analyzed as retention will continually support growing structural diversity at a university. There is data that suggests the recruitment of CLD faculty serves to promote program recruitment and academic achievement of CLD students (Boser, 2014; Cherng & Halpin, 2016; Grissom et al., 2017). Students who identify with similar ethnicities/race as the faculty members (i.e., race-congruent matching) demonstrate higher rates in academic success (Dee, 2004; Egalite et al., 2015), increase in positive teacher expectations (Fox, 2016) and lower rates of academic misconduct (e.g., detentions and suspensions; Holt & Gershenson, 2015).

Plan

Policies, Procedures, Committees, and Constituents. Following the assessment process, a plan and measurable goals should be created to reflect the findings that address policies, procedures, and constituents. The plan should consider Rhoads and Black's (1995) proposed seven principles that can serve as a foundation to help higher education settings to decrease instances of bias incidents for CLD students. The principles include the following: "(a) creating organizational systems, (b) building

empowering social/cultural settings, (c) developing communities based on commitments to democracy and ethic of care, (d) setting conditions to support decision-making inclusive of diverse faculty, staff, and students, (e) respecting cultural differences, (f) treating students as equals in developing just and caring academic communities that influence society, and (g) embracing conflict in striving for transformative academic communities (pp. 418–419)." Embedding these principles into the plan is likely to increase MC in higher education settings. For example, each principle has potential effects on the scholarship of teaching and learning and student achievement throughout university matriculation.

Considerable thought should be put into planning for committees that would contribute to increased MC at the university level. For example, establishing a goal related to the creation of a diversity, equity, and inclusion (DEI) committee at each organizational level within the university/university would be favorable. More importantly, DEI committees at each organizational level should coincide to increase effectiveness. Members should have adequate training and knowledge of MC.

Committee members should assume levels of individual and community accountability to ensure goals related to MC are met. Community accountability is efficient in team settings in which all members are working toward achieving similar goals (Knowledge-workx, 2018). Effectively implementing community accountability may result in a nurturing environment in which individuals feel safe to ask for help and/or address sensitive issues.

Budget. Budget planning occurs at all organizational levels and is necessary to help facilitate programs and other initiatives to support MC and cultural humility growth on university campuses. Budget committees at each level should include a plan to parcel funds for activities, procedures, and programs among others that are related to increasing MC and cultural humility. The budget plan should be developed prior to the beginning of the fiscal year to ensure consideration prior to the implementation of initiatives. Denial of funding can be circumnavigated by applying for outside funding such as grants, scholarships, or private donors. During the planning process, linking budget needs with the university's strategic plan may increase the likelihood of funding. Another aspect to ponder is hiring minority-owned businesses to provide materials, services, or trainings as needed. It may be that these businesses are able to provide services and products that are more relatable to students from diverse backgrounds.

Programs and Activities. Programs should be planned thoroughly to ensure successful imple-

mentation. Including representation of all relevant constituents (e.g. program directors, students, administrators) is vital to the planning process. Some considerations should include creating measurable goals that address MC and cultural humility. Specific timelines and accountability measures should be included in the plan. Planning programs and activities may be costly; therefore, individuals planning should consult the budget and work closely with the budget committee to ensure funding is available to maintain or create programs and activities.

Recruitment and Retention. Individuals responsible for recruitment and retention should evaluate assessment outcomes to help develop a plan and goals to increase the diversity of administration, faculty, staff, and students. It is especially important for CSD faculty to be included in this process given the minimal number of minorities in the CSD field. The plan should include input from individuals at all organizational levels including the community. For example, minority alumni and current students could take part in the planning and implementation processes. Additionally, recruitment and retention activities should be planned in coordination with the Office of Multicultural Affairs or related divisions.

Take Action

Policies, Procedures, Committees, and Constituents. Implementing the plan can occur in multiple instances. MC of higher education personnel can be targeted by utilizing human resources management functions such as selection, training, development, appraisal, and motivation. Developing empathic awareness skills may be effective for personnel training at all organizational levels. Recent findings revealed this type of intervention decreased the use of implicit biases by White teachers toward Black students (Whittard & Emerson, 2019). Additionally, the inclusion of a multicultural course as a part of the orientation process for faculty, students, and staff may result in reduced implicit racial biases (Castillo et al., 2007; Keim et al., 2001).

In order to ensure a sincere commitment to the process of MC, accountability measures may be necessary. Accountability processes may facilitate the implementation and teaching of MC within courses and program curricula (Quaye & Harper, 2007). These processes may include the implementation of personnel evaluations that assess MC practices or rubrics that assess the effectiveness of the integration of MC at the university level. When transitioning from MC to cultural humility, one must assume personal accountability when challenging university policies that may impact marginalized groups (Fisher-Borne et al., 2015).

For example, modifying admission policies may result in increased diversity and improve recruitment. Several studies have suggested that the requirement of standard scores only as an admission prerequisite may be biased against CLD students (e.g., Scott & Shaw, 1985). Standardized scores such as the SAT or ACT are better predictors of the achievements of White students rather than CLD students (Silverman et al., 1976) and present a cultural bias when exclusively used as an admission requirement (Woollen, 2008). This bias with standardized assessments extends into various cultural veins that can also include interpretation bias against multicultural students who are bilingual, but may not consider English their native language (Padilla & Borsato, 2008). Further, standardized exams are largely based on a dominant social culture (e.g. reading Mark Twain in American literature) which can be problematic for students that maintain a diverse cultural identity and practice of beliefs (e.g., students of immigrants) and have chosen not to fully acculturate with the mainstream American culture (i.e., acculturation bias; Portes & Zady, 2001; Kim & Zabelina, 2015). Admission procedures at the department/program level should also be adapted to facilitate the increase of CLD individuals in the field (Frierson, 1991; Guinier, 1997). There is also evidence that including a measurement of creativity may reduce bias in university admissions (Kaufman, 2010).

Budget. The budget should be executed according to the budget plan. Justifications for budget items requested should be created and provided to the appropriate budget committee. This may increase the chance of the funding being provided for the initiatives proposed. Once budget expenditures have been completed, data should be collected from initiatives implemented to provide support for future budget requests. Data may also provide useful information about the impact of initiatives implemented on MC and cultural humility.

Programs and Activities. Higher education settings should provide opportunities and programs for white and non-white students to interact (Cheng & Zhao, 2007). These opportunities may consist of cultural organizations, student government, and volunteer/community service groups. Increased interactions between students may result in richer learning experiences and increased cognitive and affective development. However, university programs should be cautious in forcing interactions as that may prove to inhibit successful cross-cultural interactions among students. In a recent study, the implementation of a virtual multicultural intervention program resulted in increased multiculturalism of university students (Black & Li, 2020). Furthermore, the intervention proved to be timesaving and inexpensive. Peer men-

torships for faculty and students can prove promising and have a positive impact on retention (e.g., Good et al., 2000; Williams et al., 2020; Zambrana et al., 2015).

Recruitment and Retention. The programs and activities discussed above can impact recruitment and retention of CLD faculty and students. Student initiatives that may have a positive impact include summer enrichment programs, curriculum change and enhanced program offerings (Snyder et al., 2015), and financial support (e.g., scholarships and grants; Proctor & Romano, 2016). Other initiatives include developing and implementing cultural and social recruitment, orientation, and welcoming activities, providing additional support for financial aid and funding, increasing minority faculty, and offering culturally related events and activities throughout the school year.

For faculty, procedures should be put in place to provide support such as peer mentorship, social activities, and Administrators should address concerns from minority faculty as it relates to promotion, tenure, and other teaching duties (Whittaker et al., 2012)

Equipped with the above knowledge, CSD faculty participating in university-level committees and contributing to the creation of related procedures and policies can be more effective in integrating MC and cultural humility from a top-down level to the CSD department.

Departmental Level

This section reflects CSD department or program structures. The APT model can be modified to fit either structure; the departmental structure will be used in the current discussion. Clinical experiences are vital to CSD departments. The governance structure of the clinic may be embedded with or be separate from the department's structure. For example, some CSD have a university-based clinic; whereas other departments may solely use off-campus clinical sites to provide clinical curriculum. Consequently, the APT model for the clinic can be implemented independently or in tandem with the department's APT model. It is important to note processes occurring at the departmental and individual levels may appear somewhat indistinguishable. This is because the constituents (e.g., department chair) at the individual level are responsible for and implements the processes discussed in the APT model. For example,

The disproportionality of racial groups within the CSD profession is not reflective of the clinical population (ethnic groups) being served (See Gregory, 2020). This may also present challenges in achieving MC, which requires an individual to spend time

with a person from another culture or to become submerged in another's culture (Crigger et al., 2006). The levels of organization within culture as it applies to the health system (Kirmayer, 2012) can be applied to the CSD department. These levels include systems (i.e., ASHA and state-licensing boards), training and composition (i.e., academics), and models of care (i.e., clinic). Although not a focus of the current review, ASHA has a direct influence on the MC that occurs at the departmental level. This influence is realized in certification and accreditation standards. Developing culturally competent programs at the department level should also occur in both a top-down and bottom-up fashion. Departmental administration should set aside funding, create a diversity and inclusion committee, and facilitate a positive, encouraging climate for MC to exist.

Assess

Procedures and Policies. Assessment at the departmental level should include evaluation of constituents, organizational structure, and procedures. Procedures should be put in place to ensure that administration, faculty, staff, and students are aware of their levels of cultural competence, which can take the form of completing MC surveys or checklists and self-reflections can be implemented. Surveys such as the Implicit Association Test (IAT) can also be administered to increase awareness of constituents' biases against other cultural groups (Adams et al., 2014; Greenwald et al., 1998). Additionally, ASHA has made a series of surveys (e.g., Service Delivery, Personal Reflection) available that can be used to assess MC. The Policies and Procedures survey can be amended as needed by departments to assess cultural awareness (ASHA, 2010). Is important to note how other organizational levels (e.g., university, ASHA) policies and practices may facilitate or impede multicultural development (Sue, 2001); this analysis could reveal changes that need to be made and highlight the need for intervention at the departmental and individual levels.

An analysis of the departmental budget, similar to the university organizational level, may need to be completed to determine whether funds are available to support current and new initiatives.

Curriculum. An evaluation of course content and curricula may need to occur as it relates to the conceptual and theoretical framework. There are many conceptual and theoretical frameworks that guide practices within the psychology and CSD fields (Sue, 2001). Therefore, the following question should be considered: How do theories embedded from a predominately European perspective impact teaching and subsequently clinical practices? This is espe-

cially important in CSD, a predominately white field that lacks diversity in students and professionals.

Assessing how MC and cultural humility are addressed across and within (i.e., infused or separate courses) courses in the curriculum is warranted. Infusion or separate courses alone may not be efficient (Randolph and Bradshaw, 2018). When assessing courses, observing the occurrences of microaggressions and implicit biases should ensue. Microaggressions can prevent student success and affect matriculation in a program (Murray, 2020). It is also useful to assess the faculty's knowledge of teaching and implementing principles of MC and cultural humility to support faculty's learning needs and provide support (2016).

Student Organizations. The need for multicultural related student organizations within the department should be assessed. For the creation of student organizations, students could be surveyed to determine the level of MC and cultural humility engagement needed to excel and feel a sense of belonging. The current policies, procedures, and by-laws of current organizations should be assessed for inclusion of MC and DEI principles.

Plan

Procedures and Policies. Following a comprehensive assessment of current practices at the departmental/program level, strategic planning should ensue to address areas of weaknesses that initiate or modify plans for nonexistent or current policies and procedures. One example could include the data from a strengths, weaknesses, opportunities, and threats (SWOT) analysis to fortify strategic planning. All plans created should coincide with university-level plans including MC, if they exist, and with the policies of our governing organization, ASHA.

Curriculum. A plan should be created to determine how to expand multiculturalism and DEI in the current curriculum. Curriculum planning should ensure that MC and cultural humility are addressed for the broad nine topics (e.g., speech sound disorders, fluency) required to be incorporated in the CSD curriculum. For example, dialect should be addressed in speech sound disorders and transgender vocal training should be addressed in voice. A plan to invite guest speakers from various multicultural groups can be established to achieve the best outcome.

Student Organizations. The student organization for CSD, the National Student Speech-Language Hearing Association (NSSLHA), can provide increased opportunities for cross-cultural interactions between faculty and students and may facilitate student success. Local NSSLHA chapters can be organized to serve as allies and as a support system

for CLD students. A subcommittee within NSSLHA chapters can be created to support the training and implementation of MC for students. Alternatively, new organizations can be created to support CLD students, which may help to create a more inclusive atmosphere. Community outreach activities could also provide opportunities for NSSLHA members to interact with individuals from diverse backgrounds; members should receive training in MC prior to engagement.

Take Action

Procedures and Policies. If weaknesses are found as a result of the SWOT analysis or SSCC method, they should be addressed in the strategic plan (e.g., measurable goals). This includes embedding a DEI statement in the department's and clinic's mission statements. When possible, weaknesses can be alleviated using the identified strengths and opportunities from the SWOT analysis. For example, if the strength is a course in which there are minimal instances of biases and microaggressions as well as ideal implementation of multicultural education, it could be used as a platform to begin peer mentorships within the course. Additionally, the course could serve as an ideal example for other faculty to observe. Although it is essential to address weaknesses, attention should be given to identified strengths as well including maintaining and continuing to build upon them. Adding the above actions as standard procedural teaching or including them in departmental policies would help to ensure these actions are implemented in perpetuity.

Though not a direct relation to teaching and learning, a budget should be created with a plan on how to spend funds effectively to support the implementation of MC in the CSD department. For example, training faculty staff and hiring faculty with expertise in MC may be costly. Additionally, funds will be required for the recruitment and retention of students and faculty from diverse backgrounds. These processes may require advertisements, travel, and other budget-depleting processes.

Curriculum. It can be argued that CSD, like psychology, is a culture-bound field of study (See Sue 2001); similar theories serve as a foundation for both fields. Integrating theories from other cultures may prove more culturally relevant when implementing clinical services. Although the professional level is not specifically discussed in the current article, it deserves a thorough review of historical and philosophical artifacts and procedures to assess cultural boundaries since professional level practices filter down to the departmental level.

It is vital that MC is taught as a part of the curric-

ulum, but it is just as important to address instances of explicit and implicit biases that may occur with student-to-student and teacher-to-student interactions in the classroom setting (Boysen et al., 2009). Procedures effective for addressing biases include utilizing culturally responsive teaching practices, measuring the effectiveness of responses, and sharing learning experiences with other professors (See Bradshaw & Randolph, 2021). Increasing awareness of biases (teachers and students) and providing scaffolding to address these interactions may deter CSD students from engaging in biases with clients, especially during the MC process. Integrating anti-oppressive practices (AOP) into the curriculum is another strategy that can be utilized (See Young et al., 2021 for more descriptive details). AOP can also be taught and embedded into clinical practices such as the family interview procedures that is vital to the evaluation process.

CSD study abroad programs provide strategic opportunities that can support culturally responsive teaching, as well as to supplement scholarship of teaching and learning (SoTL) activities. Participating in service-learning study abroad programs has been proven to increase CSD students' s cultural awareness (de Diego-Lázaro et al., 2020; Kitsantas & Meyers, 2001; Stanford & Gay, 2017), competence, and self-efficacy (de Diego-Lázaro et al., 2020). Sass (2013) created a survey that can be used to measure gains in students' multicultural competence before and after completing a study abroad program. Although study abroad programs are beneficial, cross-cultural interactions can occur in one's community via service-learning activities (Goldberg, 2007). These interactions can be as beneficial as study abroad programs in increasing multicultural competence. A recent article outlined the benefits of a community program, Project Tapestry, which allows students to interact with clients from diverse backgrounds (Quach & Tsai, 2017). Some benefits may include increased MC and the ability to provide culturally and linguistically appropriate clinical services.

Student organizations. The department should support the development of new student organizations. This support may be presented in the form of funding to provide training in MC and cultural humility to the leadership teams and advisors of student organizations. Advisors should ensure student organization leaders and members address the principles of DEI in the organization's by-laws, procedures, and policies. This inclusion can range from planning activities for holidays that represent all student cultures to planning community outreach for ethnic and/or underrepresented populations.

The clinical aspect of the CSD department/program is essential as it presents an opportunity for graduate students to provide services for community members which may be similar to the clinical population they will serve as future clinicians. Clinical services, as they relate to MC, can be subsumed into the procedures implemented by the department; however, care should be taken to consider the intricacies of providing clinical services and should include the community to provide feedback. For example, engaging in a local lesbian, gay, bisexual, transgender, questioning, intersex, and asexual (LGBTQIA) community may help graduate students understand the perspectives of clients requesting transgender voice and communication services (Goldberg, 2019).

Assess. Assessment of MC and cultural humility at the clinic level should include how the former is integrated into the various aspects of the clinic (e.g., environment, clients, supervisors). Additionally, cultural responsiveness of the treatment environment should be assessed to determine diverse structures ranging from graduate clinician MC and cultural humility to strategies used to serve diverse populations. MC in the triadic relationship between the supervisor, supervisee, and client should be assessed. Are MC and cultural humility practices being implemented consistently and with fidelity? All constituents in this relationship should be queried about their level of comfort and engagement with MC and cultural humility. The clientele demographic should be assessed to determine whether marginalized groups are being provided with clinical services and whether marketing strategies address and reach these groups.

Plan. Creating a plan would allow marginalized groups that normally would not visit the clinic to receive needed services. However, multiple aspects of providing the service would be need to be considered during the planning stages such as finances, liabilities, and avenues that can be used to provide services. MC and cultural humility goals for the clinic can be embedded in the department's strategic plan.

A plan should be created to allow graduate clinicians to experience practicing with a diverse population as required by ASHA for certification and CAA for accreditation. Additionally, planning should be considered for supervisors and graduate clinicians after completing surveys related to MC.

Take Action. Opportunities should be provided to engage in multicultural counseling in all clinical services and these services should be reflective of the culture within the community being served (Bradshaw & Randolph, 2016). Moreover, a culturally responsive treatment environment should be established. Categories of tasks to consider when creating culturally responsive environments include the

following: (1) organizational values, (2) governance tasks (e.g., choosing a culturally diverse and competent advisory board), (3) planning tasks (e.g., strategic collaborations), (4) evaluation and monitoring (e.g. examine practices used to provide MC services), (5) language services tasks, (6) workforce and staff development, and (7) organizational infrastructure (e.g., create outreach strategies to reach underserved populations). See Center for Substance Abuse for a full review (Linkins et al. 2002).

Clinic personnel should be a reflection of the diversity present in the surrounding communities. Care should be taken to learn about the cultures in the community as faculty, staff, and students strive to increase their cultural humility. For example, ethnic matching can be implemented to train students and supervisors in specific cultural knowledge and may result in increased communication and trust between the provider and client (Kirmayer, 2012).

Marketing strategies should be created to target individuals in the community from marginalized groups. Moreover, developing approaches to provide services to these individuals is essential. This could include teletherapy or mobile service delivery.

To facilitate a diversity-friendly environment, changes in the structural representativeness, increased access to clinical services, and culturally relevant services are warranted. This may translate to including individuals from diverse backgrounds in photographs used in décor, marketing materials, or on the clinic's website. This may occur in the context of mobile services or telehealth (Fairweather et al., 2017). Finally, providing culturally relevant services are necessary to ensure the highest quality of care and create an inviting environment for clients. Choosing culturally relevant materials when providing service is one example (Hammond, 2019). Ensuring that pictures depicted in materials used coincide with the client's cultural background may increase the quality of services provided and create a diversity-friendly atmosphere for the client.

Individual Level

As constituents continually develop cultural competence, so do the organizations in which they exist. Individuals may willingly acknowledge biases present at other organizational levels; however, they may not acknowledge personal biases, which may prevent personal growth and increased MC (Sue, 2001). Becoming culturally competent requires an individual to acknowledge biases, be honest, and be receptive to the hopes, fears, and concerns of all groups within a society (Gregory, 2020). Students, faculty, and staff may benefit from the effective implementation of MC in CSD. For example, students are more like-

ly to complete their program, form lasting relationships, and be better prepared to provide services in a pluralistic society. Faculty from diverse backgrounds are more likely to be retained.

Assess

There is an abundance of literature that supports faculty teaching and creating inclusive environments for students and teacher biases (Fuse & Bergen, 2018; Ginsberg & Mayfield-Clarke, 2021; Lee & Carrasquillo, 2006). However, few studies address students' cultural sensitivity and cultural biases toward professors (e.g., Basow et al., 2013; Lee & Janda, 2006). These biases should be analyzed as they could impact faculty-student relationships, faculty effectiveness, and student achievement in a course. Faculty-student relationships are essential as they create the climate in which teaching and learning take place. An environment lacking in cultural inclusivity may inhibit teaching and learning processes. A recent study found that Black students may be less likely to agree with their professors that they have low effort (Kozlowski, 2015). On the other hand, teachers are likely to have a biased, positive attitude toward White and Asian students in comparison to Black and Hispanic students. Self-evaluation should be a part of the assessment process. Humans are not impartial beings.

At the departmental and individual levels, assess opportunities for individuals to interact with people from a variety of cultural backgrounds; this will involve administrative processes set up by the department and participation from individuals by assessing and reporting their interactions. The assessment should include evaluation of peer mentorship opportunities and effectiveness for faculty and students. For example, do faculty and students interact with others from different cultural backgrounds? If so, what is the nature of the interaction or relationship that these individuals have? Individuals should query their contribution to the successful implementation of MC and cultural humility as it serves as foundation of all organizational levels.

Finally, assess avenues that CSD constituents can use to share experiences, report grievances, and provide comments about positive cultural encounters. CSD constituents should analyze their MC and cultural humility. This is a vital process in ensuring MC and cultural humility pervades all organizational levels. These procedures can help to increase personal accountability in progressing toward MC. International or CLD students may not feel accepted as they may feel ignored and experience cultural intolerances such as verbal insults and confrontations (Lee & Rice, 2007). Addressing these issues may be present-

ed as an advantage during the recruitment and retention of underrepresented individuals in CSD.

Plan

Strategic planning on how to embed cultural awareness and knowledge for individuals within the CSD department is essential. As such every individual in the department should have the opportunity to contribute to the plan. Plans to address issues that may occur within the department such as implicit and explicit biases, microaggressions, and lack of infusion of cultural content in courses will create a culturally responsive environment for individuals.

Take Action

Peer mentorship, which facilitates the growth of faculty and students, may result in positive outcomes (Kosoko-Lasaki et al., 2006). However, formal training should be provided to the mentor to increase success (Zambrana et al., 2015). Peer mentorship for CLD faculty may contribute to the increased recruitment and retention of CLD faculty (Lewellen-Williams et al., 2006). It should be noted that ASHA offers mentorship to CSD students through the S.T.E.P. program, which claims to facilitate the recruitment and retention of underrepresented students. The National Black Association for Speech-Language Hearing (NBASLH) also offers a mentorship program to Black students and faculty. There are also other multicultural constituency groups (MCCGs) associated with ASHA that support various cultural groups that may offer mentorship as well and include the Hispanic, Asian Indian, Asian Pacific, Haitian, L’GASP–GLBTQ, Hispanic, and Native American caucuses. Although these MCCGs offer a wealth of resources and support, mentorship at the departmental level may prove beneficial as well.

Establish informal and formal procedures for students, staff, and faculty to report cultural misappropriations or biases if they do not currently exist. Students may be more apt to use informal rather than formal procedures to report grievances. Bias response teams can be formed to receive grievances; however, more research is needed to improve the effectiveness of such teams (LePeau et al., 2018; Miller et al., 2018). Bias response teams are responsible for providing support for individuals filing reports and engaging involved individuals in educational conversations. Additionally, teaching individuals how to effectively respond to implicit biases and microaggressions may empower them (Sue, 2020). Bias response teams can be included at any of the organizational levels.

Specific training of students, faculty, and staff as it reflects personal MC and multicultural competence

as it relates to CSD is essential. If training occurs as a part of a multicultural course, the professor will need expertise in the area of MC. Transformative learning, which is the “... action of closely inspecting one’s beliefs, values, and assumptions in order to gain understanding and developing new knowledge” can be integrated into training methods to increase the effectiveness of learning (cited in Bezard & Shaw, 2007, p.37). In a recent study, the use of transformative learning was found to increase cultural competence in instructors and resulted in a positive effect on students (Bezard & Shaw, 2017). Faculty can include goals related to MC and cultural humility in scholarship, teaching, and/or service sections of their annual faculty reports.

Conclusion

In conclusion, each of the organizational levels works to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities they serve as facilitated by the implementation of the APT model. Each of the above values and principles should be incorporated into policy making, administration, practice, service delivery, teaching, and student engagement (National Council for Cultural Competence, 2009) as historical perspectives may reveal culturally bound processes and policies. MC practices at all organizational levels are essential for teaching, learning, and implementing MC during clinical practices in CSD. Utilizing the APT model may allow CSD faculty to effect change at all organizational levels within the university. Although not discussed in this article, implementing MC at the college level is essential as well. Many of the same processes and procedures (e.g., forming a diversity, equity, and inclusion committee) discussed above can be integrated into the APT model and applied.

Cultural diversity is not a novel construct, but research in cultural diversity as it relates to our field is relatively still in its infancy, particularly as it relates to the university and organizational aspects of CSD in higher education. It is imperative that all CSD faculty (i.e., clinicians, educators, researchers, and administrators) and students are held accountable to practicing MC and promoting cultural humility in the many facets of the CSD field. This will help to ensure the top-down and bottom-up implementation of MC is effective in all units within the university including the CSD department. CSD faculty are strongly encouraged to examine the APT model and examples given in the current paper, modify the examples to fit their university as needed, and facilitate implementation at all organizational levels in higher education.

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