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Strategies to Implement Multicultural Education in Communication Sciences and Disorders

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Strategies to Implement Multicultural Education in Communication Sciences and Disorders

Cover Page Footnote

N/A

As the United States' population increases so does cultural diversity which includes but is not limited to socioeconomic status, religion, ethnicity, language, nationality, sexual orientation, class, gender, age, disability, and health differences. The increase of cultural diversity requires professionals and students in the field of communication sciences and disorders (CSD) to be culturally sensitive and provide services that are culturally responsive. The Council on Academic Accreditation (CAA) and the Council for Clinical Certification in Audiology and Speech Pathology (CFCC) of the American Speech-Language Hearing Association (ASHA) oversee the inclusion of multicultural education in accrediting programs (e.g., see CAA standards 3.1.1A, 3.1.1B; CFCC standards IV-C, V-B; ASHA, 2020). Although these councils oversee multicultural education, the breadth and depth at which this training occurs may vary within each program and its curriculum. Furthermore, the training that occurs may not be perceived as effective or present for CSD students and professionals (Horton-Ikard & Munoz, 2010; Randolph & Bradshaw, 2018; Victor, 2012). To ensure effective multicultural education, more research that is aimed to provide effective training methods in CSD courses is needed in the field of CSD.

Multicultural education is a multifaceted process that requires efficient cultural competence and humility, critical thinking, and teaching strategies. Using a piecemeal approach with implicit training techniques to incorporate multicultural education in the curriculum may prove ineffective as students fail to realize multicultural education is being implemented (Randolph & Bradshaw, 2018). Implicit training techniques include those in which the instructor does not explicitly state the goal of course/lecture is to increase cultural humility, knowledge, and competence that is required for clinical work. Furthermore, these goals may not be stated in course objectives. For example, a professor may mention that the phonology across dialects and languages may vary but fails to state the relationship to diversity, cultural humility, and the application to clinical practice. Implicit training techniques may explain why Speech-Language Pathologists (SLPs) lack the ability to recall instruction related to the culturally and linguistically diverse (CLD) population and cultural humility during their matriculation through the CSD curriculum (Hammer et al., 2004). Positive impacts of multicultural education include decreased prejudice toward diverse groups and increased academic achievement (Sleeter & Grant, 1987). Furthermore, multicultural education can spark policy reform that may affect professors, supervisors, students, and clients.

ASHA's commitment to cultural diversity in policies, standards, and resources continually increases and is evident in the code of ethics, accreditation standards, and certification standards (1985; 2016; 2020). Alongside this commitment, the sparsity in research slowly but continually lessens (Hernandez & Hadley, 2020; Papadopoulos & Lee, 2002; Randolph & Bradshaw, 2018). Additionally, the highlights of ineffective implementation of multicultural education in the CSD curriculum continues to increase, which may result in an increase in effective implementation of multicultural education (e.g., Horton-Ikard & Munoz, 2010; Randolph & Bradshaw, 2018). To be effective in serving the diverse population of the U.S., students should receive effective multicultural education and professors should have readily available resources to assist in providing training. This article will discuss approaches (e.g., infused model, study abroad), guiding principles, and culturally responsive teaching strategies that can be integrated and produce effective multicultural education in the CSD curriculum to cultivate cultural competency and humility.

Cultural Humility Education in the Curriculum

The concept of cultural humility was first explored with physician-patient training in multicultural education in the 1990's (Yeager & Bauer-Wu, 2013) and has been taught in other related disciplines including CSD. Cultural humility is a dynamic and continuous process of self-reflection and perspective-taking of the professional to examine belief systems of their own culture and as it relates to others (e.g., values, assumptions, stereotypes; Kumangai & Lypson, 2009; Tervalon & Murray-Garcia, 1998). Further, cultural humility, which builds upon multicultural competence, requires the individual to question power imbalances within working relationships and institutions and develop an attitude that promotes learning from others (Danso, 2018). For example, a clinician who practices cultural humility would not view a patient's religion as a set of group traits but as beliefs that are meaningful to the patient, and they will incorporate the patient's beliefs during clinical services (e.g., patient fasting during Ramadan). Self-reflections require an individual to consider culture from others' perspective by acknowledging aspects of multiculturalism that are unfamiliar and promoting actions that lead to learning.

For some students, the practice of cultural humility may be a novel experience in which educators should provide impactful learning opportunities and facilitate expectations of students' cultural growth. It is important to acknowledge that students are novice learners as they process different concepts (e.g., experiences of cultural blindness) and will require variable needs for support and tools for self-assessment (Hernandez & Hadley, 2020). However, despite students being novice learners about speech-language pathology, they have personal lived experiences within higher education (Hubain et al., 2016) that need to be validated, even interpreted into multicultural education in the CSD field (Dwivedi, 2018). These experiences underscore the importance of educators that validate student voices within a supportive learning environment. Multicultural education within the CSD curriculum is a necessity and the use of evidence-based pedagogy that pairs with culturally appropriate materials for academic learning and clinical practice is critical for successful implementation.

Curricular Models in Multicultural Education

Although SLPs may not recognize when they have had academic and clinical training related to CLD populations (Randolph & Bradshaw, 2018), a prior survey revealed that 100% of CSD program directors agreed that students received some level of multicultural education (Hammond et al., 2009). This suggests differing perspectives that may require CSD programs to periodically assess and perhaps determine curricular models that will be most effective in ensuring adequate access and enduring experiences with multicultural education.

Upon examination of the literature, recurring pedagogical approaches to teaching cultural humility in CSD arose that included infusion of multicultural competence into courses, service-learning courses (SL), and independent multicultural courses. Horton-Ikard and colleagues (2009) agree that an independent multicultural course, alone, is insufficient, but it does provide stability for well-grounded expectations for multicultural education. It is the position of the authors that embedding a combination of approaches into the CSD curriculum will create a synergistic effect on multicultural education and learning. ASHA also suggests that both an infused model and a curriculum-based course would provide a stronger conceptual framework for instruction ("Multicultural/Multilingual Issues", n.d.).

Independent Multicultural Course. An independent multicultural course can provide a foundation for multicultural concepts (e.g., culture, cultural competence, cultural humility, ethnocentrism; Ridley et al., 1996) and clinical practices (e.g., multicultural counseling; Gopaul-McNicol & Brice-Baker, 1998) to develop. It can also set the pedagogical stage to address students' critical thinking skills and perspective-taking (Horton-Ikard et al., 2009) as it relates to the development of cultural humility. Typically, explicit instruction in multicultural education is connected to a foundational course that addresses cultural differences relating to communication differences, disorders and etiologies, and social experiences of CLD groups ("Multicultural/Multilingual Issues in CSD Curricula", n.d.).

One advantage of an independent multicultural course is that it explicitly highlights multicultural education; therefore, students may more readily recognize that multicultural education is occurring. Additionally, multicultural concepts can be discussed in-depth and with breadth as this time is devoted to multicultural education. One of the disadvantages to integrating a multicultural course into the CSD curriculum is the lack of resources and guides available that can assist with designing an effective course. As a result, Horton-Ikard and colleagues (2009), developed a pedagogical framework for teaching a multicultural course in CSD. The model framework was specifically designed to address the cultural discrepancies in multicultural education (e.g., pedagogy, instruction model, short-term objectives). Their course consisted of three dimensions (i.e., awareness, knowledge, skills) that would be addressed across five components. The first component is teaching philosophy, which is considered a foundational piece because it highlights to the students the following key beliefs: (a) highlights the importance of historical, socio-cultural, and personal legacies of individuals and groups, (b) brings attention to culturally sensitive attitudes and culturally responsive behaviors, and (c) supports the gaining of theoretical knowledge and the related impact on communication behaviors (Horton-Ikard, et al., 2009). The remaining components relate to defining the learning objectives, how to choose topics, implementation of strategies, and the evaluation of competency. Specifically, components two through four (objectives, topics, and strategies) are utilized across all three dimensions (awareness, knowledge, and skills). This framework strategically uses various interactive and self-reflective assignments that are meant to be thought-provoking. As a result, establishing class rules, which relate back to teaching philosophy and/or learning objectives, is vital so that uncomfortable topics and discussions are used as a learning opportunity that is maintained in a safe place (Horton-Ikard, et al., 2009; Hyter & Salas-Provence, 2019).

Infused Model. The infused model may include embedding multicultural content in one or more courses by infusing information in a lecture or by devoting one lecture in a unit to multicultural content ("Multicultural/Multilingual Issues in CSD Curricula", n.d.). The infused model, most often used in programs, provides flexibility in that multicultural education is embedded in the academic and/or clinical curricula by instructors across multiple content areas and/or courses (Pope & Mueller, 2005; Stockman et al., 2008). This model provides the opportunity to address specific diversity issues related to each of the nine areas of CSD by providing case examples, perspectives from multiple cultural groups, and diverse learning materials (Anderson et al., 2000). For example, dialect differences may be discussed in a speech sound disorders course and transgender voice feminization may be discussed in a voice course. In cases in which an

independent course is not a part of the curriculum, instructors can adapt methods used in independent courses as an outline to infuse multicultural content [see Mahendra (2019) for example of an independent course model]. A previous study that examined students' perception of infused multicultural education discovered the following: (a) no cultural impact when the deliverer of multicultural education is inflexible and intolerant to students' perspectives, (b) decreased cultural impact with multicultural education that was delivered solely via lectures and guest speakers, and (c) increased cultural and self-awareness when multicultural education was delivered using simulations, projects, cases studies, and practicum experiences (Anderson et al., 2000).

Similar to an independent course, the infused model has disadvantages related to a lack of resources (Hernandez & Hadley, 2020). Horton-Ikard et al. (2009) noted there are very limited resources pertaining to the infused model (e.g., lack of standardization, continuity across the curriculum) that relate to effective pedagogy in class and evidence-based practice in the clinic. Consequently, this may result in SLPs exhibiting bias toward potential clients as highlighted in a recent study in which SLPs were biased toward individuals with nonnative accents (Chakraborty et al., 2019). Furthermore, culturally relevant content in infused courses may not be readily incorporated (Stockman et al., 2008, as cited in "Multicultural/Multilingual Issues in CSD Curricula", n.d.).

Service Learning (SL). Eyler and Giles (1999) define SL as the following:

Service-learning is a form of experiential education where learning occurs through a cycle of action and reflection as students work with others through a process of applying what they are learning to community problems, and at the same time, reflecting upon their experience as they seek to achieve real objectives for the community and deeper understanding for themselves. (p. 3)

SL is a civic engagement model that integrates classroom learning and community participation that centers on a process of self-reflection (Clayton & Ash, 2004; Kenny & Gallagher, 2002). SL can pervade all aspects of the CSD curriculum as it can occur as an independent course or it can be embedded within a course or study abroad program. In contrast to experiential learning (e.g., volunteerism), students and community members are active learners in SL where both parties receive benefits from the shared, meaningful interactions, and strategic reflections (Furco, 2003). In developing the Public Affairs Scale (PAS), Levesque-Bristol and Cornelius-White (2012) described three essential pillars to support SL in the curriculum: community engagement, cultural competence, and ethical leadership. SL is not intended to be a replacement for classroom learning (e.g., didactic teaching, group discussions), but purposefully structured so that curricula can occur in real-life scenarios to enhance learning.

SL can promote academic achievement (e.g., critical thinking, increased learning outcomes), especially when combined with reflection. Reflection has been reported to be essential for positive outcomes in SL (e.g., Krishnan et al., 2016). With scaffolded reflections, students in SL demonstrated growth in personal outcomes relating to multicultural experiences with engaging in diversity and difference (Keen & Hall, 2009), intercultural effectiveness (Kilgo, 2015), and international SL (Chakraborty & Proctor, 2019). Eyler et al. (1996) suggest "The Four C's" criteria for developing reflections, such that it should be a continuous process (e.g., before, during, and after the SL course) that is connected to academic and service experiences, which scaffolds challenging prompts related to a contextualized purpose. For example, students could be

scaffolded to connect health disparity statistics for the United States related to their clinic demographics and community needs. Reflections can occur in multiple modalities and in a variety of activities to acknowledge the varied learning preferences of students (e.g., discussion boards, double-entry journals, role-playing, and oral presentations; Gay, 2018; Peters, 2011). Numerous studies document SL as a high-impact evidence-based strategy in student learning (Brownell & Swaner, 2010; Kuh, 2008) that can promote student self-efficacy (Richards & Levesque-Bristol, 2016) and critical thinking skills (Celio et al., 2011; Novak et al., 2007). SL studies, which highlight the potential of the SL model in clinical education in the CSD curricula are continually increasing including areas relating to cultural diversity measures (Pakulski, 2004; Peters, 2011; Thibodeau & Cokely, 2003). It is imperative to measure students' growth in cultural humility and diversity prior to and following SL activities. This practice can allow instructors to self-reflect about the design of the SL activity as well as make necessary changes as needed to increase the effectiveness of multicultural education.

Learner-Centered Model. The learner-centered model is another pedagogical method that can facilitate critical thinking and support academic performance with students. Although not the focus of the current article, training professionals, including instructors is necessary as multicultural education should pervade all levels of an organization. The learner-centered model consists of five essential elements that should be implemented for instructional change: “(a) shared power between instructors and students, (b) course content as the means to knowledge and not its end, (c) role of the teacher as facilitator, (d) shifting the responsibility for learning, and (e) using evaluation to promote learning” (Weimer, 2002 as cited in Mahendra et al., 2005, para. 9-22). By navigating from a teacher-centered to learner-centered model, inclusion of multicultural education allows a collaboration between students and instructors to share their diverse perspectives. Extant literature has revealed that having authentic relationships with culturally diverse learners increases creativity (Maddux & Galinsky, 2009; Vezzali et al., 2016), which is vital to assessing and treating caseloads with CLD populations described five sequential stages for integrating a learner-centered model for teaching about diversity (see article for full review). These stages include: “1) learning key parameters that characterize cultures, 2) defining one’s own culture, 3) recognizing how stereotypes and prejudice influence our own and others’ behaviors, 4) understanding cultural conflict and its escalation, and 5) learning strategies to effectively reduce and resolve cultural conflict” (para. 24).

Guiding Principles

The guiding principles discussed below can be used as a framework for teaching and developing activities for the curricula models discussed above. Using the guiding principles discussed here can help organize and establish standards, values, and expectations for multicultural education. The guiding principles discussed promote culturally responsive behaviors, teaching, learning, and critical thinking skills.

Learning Objectives. From the area of counseling psychology, Ridley et al. (1996) created ten learning objectives (See Table 1) that instructors should consider during course development that are explicitly clear and highlight a strategic theme of cultural humility. Ridley et al.’s (1996) framework also noted the importance of the instructor’s teaching philosophy and how it is communicated to the students. Teaching philosophy is a masterful tool that instructors can use to

explain their role in the course and provide acknowledgment and validation of multicultural topics. The ten learning objectives can be embedded in SL and/or study abroad program activities and CSD courses to meet CAA and CFCC standards. It is important to note that not all objectives have to be embedded. Instructors should choose those that align with their teaching philosophy for the multicultural education course or courses in which multicultural education is being infused. Ridley and colleagues (1994; 1996) models have been used by CSD professionals to create a guide for developing a multicultural education course for CSD (See Horton-Ikard et al., 2009 for details).

Table 1

Ten learning objectives by Ridley et al. (1997) adapted by the authors

Number	Learning Objectives
1	to display culturally responsive behaviors
2	to demonstrate ethical knowledge and practice
3	to demonstrate cultural empathy
4	to analyze the literature for cultural relevance
5	to develop relevant theoretical perspectives
6	to demonstrate knowledge of normative characteristics of cultures
7	to develop cultural awareness of oneself and others
8	to demonstrate knowledge of within-group differences
9	to define multicultural concepts and issues
10	to display respect for culturally differences

Bello-Harn and Garrett (2008) created VISION, a model to facilitate the development of cultural competence in SLPs. The VISION model examines behaviors in six areas:

- values and beliefs of family and clinician
- interpretation of the family's clinical experience
- structuring relationships to include appropriate family members needed for child's care
- interaction style preferred by the family and clinician
- operational strategies used to address goal development and implementation
- needs or perceived outcomes that are important for family (Bello-Harn & Garrett, 2008)

This model could be utilized in conjunction with Ridley et al.'s (1996) ten learning objectives as the implementation of the model addresses most of the objectives. Additionally, this model can be adapted for case studies and implemented in clinical practice (See Bello-Harn & Garrett's (2008) article for additional information). Inclusion of Ridley and colleagues' (1997) objectives and adoption of the VISION model can serve as a solid foundation to facilitate the growth of critical thinking as it relates to multicultural competence.

Critical Thinking. Critical thinking has been defined in numerous ways (Petress, 2004). The following definition was taken from Scriven and Paul (1987, as cited in "Defining Critical Thinking", n.d.): "Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from or generated by: observation, experience, reflection, reasoning, or communication, as a guide to belief and action" (para. 2). Regardless of the definition given, the underlying foundation for all definitions of critical thinking indicate the importance of "considering a conversant's/listener's or author's/reader's experiences; education, social, political, economic, and/or ideological proclivities; known or suspected motives might accomplish assessing assumptions, hidden values, and conclusions" (Petress, 2004, p. 461).

Critical thinking is essential to the development of cultural humility and should be included as part of multicultural education pedagogy (Bali, 2015; Gonzalez, 1997) with the caveat that different cultures view critical thinking differently (Bali, 2015). Similar to cultural humility, the development of critical thinking is an ongoing process rather than an end goal (Scriven & Paul, 2003 as cited in Petress, 2004). Antonetti and Garver (2015) noted eight pedagogical characteristics that promote student engagement and critical thinking skills (See Table 2). Critical thinking allows students to think through complex diversity issues considering all relevant viewpoints. Furthermore, effective critical thinking skills may facilitate the students' abilities to use cultural humility to correspond to the dynamic needs of a diverse caseload. Instructors should consider these characteristics when planning culturally and linguistically focused activities.

Table 2*Characteristics to support critical thinking by Antonetti and Garner (2015) adapted by authors*

Characteristics	Reflection Questions
Personal Responses	Can the students make the work their own? Can the students use varied responses/formats? Is there an ability to connect the activity to personal experience?
Clear/Modeled Expectations	Do students understand the class rules and responsibilities? Do students have a process to be successful?
Emotional/Intellectual Safety	Do students feel confident to express ideas and beliefs that differ from others?
Learning with Others	Are there opportunities for social interactions and collaborative learning? Can students share, discuss, and evaluate ideas and content?
Sense of Audience	Do students have an interest or investment in the activity? More than getting an “A”, is content valuable to them?
Choice	Do students have opportunities to decide options in their learning content/style? Can students experience aspects of autonomy?
Novelty and Variety	Are students exposed to different styles of learning with materials, procedures, and activities?
Authenticity	Can students connect the material or activity to real-life scenarios? Can students reflect on personal experiences and/or have opportunities to learn different perspectives?

Culturally Responsive Instruction. Culturally responsive instruction can be considered a framework that generated from a pluralistic foundation. Pluralistic teaching uses experiential learning to validate multicultural education through openness of ideas, self-reflection, and perspective taking through diverse, social engagement (Roseberry-McKibbin, 2014). Another important characteristic of pluralistic teaching is to strengthen the instructor-student dynamic so that both are participants in an authentic learning process (Franca & Harten, 2016). The authors will explain methods of culturally responsive instruction, framed in the style of pluralistic teaching. In this context, examples will be organized using Diamond and Moore's (1995) model that describes three roles that instructors should consider when promoting culturally responsive instruction: cultural organizer, cultural mediator, and orchestrators of social contexts.

Cultural Organizer. The instructor should consider his or her cultural role or responsibilities as it relates to the course and to student needs. Cultural organizers must understand how culture is acknowledged in the classroom and between the students (Diamond & Moore, 1995). The importance of clear, explicit class expectations (e.g., with learning objectives, classroom management) is vital and students will likely need scaffolding to learn and reflect on what culture means to them and to others. In her book, *Culturally Responsive Teaching & The Brain*, Hammond (2015) emphasizes the importance of building an authentic and validated relationship with students. Instructors have the responsibility to initiate actions with student relationships where experiences and belief systems are acknowledged by all parties; creating trust through intentional actions of authenticity, vulnerability, and validation (Brafman & Brafman, 2011). The opportunity where instructors self-reflect on their own perceptions of culture and how it can impact the students allows for objectivity and the development of cultural growth. These reflections can consist of guided questions that promote journaling, but formal, more structured measures can be used. For example, Dray & Wisneski (2011) developed a mindful reflection worksheet that allows instructors to unpack their own interpretations of students' cross-cultural communication. The goal is to highlight the instructor's responsibility to learn from and with students, by actively presenting a model of cross-cultural learning.

Another activity is the development of a classroom policy regarding cultural expectations (e.g., ground rules for discussions). This policy would align with both the teaching philosophy and the course objectives, which reinforces the instructor's role to navigate learning in a class with complex and emotional content. The classroom policy could be used as a collaborative teaching tool by the instructor (Gay, 2018) so that students work together to establish rules or expectations that are based on cultural humility. This activity would require individual and group reflections regarding important terms and what they mean to the students (e.g., How do you define culture? What does culture mean to you? What does cultural humility mean to you? What does cultural humility look like to you in actions?). It also allows a safe space for the instructor to build authentic relationships with students and students to build relationships with one another (Kibler & Chapman, 2018; Tatum, 2000).

Another example is a read, reflect, write, or discuss activity in which the instructor can post a thought-provoking quote, art, music, or questions in which student responses are scaffolded by different modalities of reflections (e.g., online discussion, personal or group journal, role-playing, mix media). One example that the authors often use is a reflective activity on equality and equity. First, students critically reflect on the terminology, such as having students self-define terms (not search for definition), then apply the terms to personal experiences. Next, students progress to

discussing the terms within current events and how those events affect the CSD field (e.g., health disparities). Also, instructors should have equal participation in class reflections so that culturally learning is bidirectional.

Cultural Mediator. The focus of a cultural mediator is to facilitate student dialogue that reflects critical thinking and supports perspective-taking. The goal is to help students exchange dialogue about critical ideas, current events, and controversial topics by providing opportunities for students to question, clarify, reflect and reexamine their communication styles and perspectives (Diamond & Moore, 1995). Journal writing is a well-researched tool for critical reflection and it is a creative way to showcase to students that sometimes the words we say do not always match the words we write and how miscommunication can easily arise (e.g., Chabon & Lee-Wilkerson, 2006; Horton-Ikard et al., 2009). Additionally, journal writing is a strategic tool to use for self-reflecting on our biases and assumptions (see Table 3 for examples of reflective prompts).

Table 3

Examples of Writing Prompts

Reflective Writing Prompts	Ways to Scaffold Support	Format
Identify your own cultural assumptions and from where they come?	influence of family, faith, living situations, trauma, fashion, music, and positive/hurtful experiences	journals (dual-entry, group) electronic discussion boards anonymous submissions writing and art combinations
How would those assumptions be likely interpreted by your _____ from a different cultural group?	consider peers, colleagues, students, clients	journals (dual-entry, group) electronic discussion boards anonymous submissions - writing and art combinations
How may those assumptions affect your skills as _____?	consider role as clinician, educator, colleague, researcher	journals (dual-entry, group) electronic discussion boards anonymous submissions writing and art combinations

Another strategy would include the use of culturally diverse learning communities outside of the classroom to explore through a multicultural lens. Community engaged learning can facilitate the development of cultural humility, empathy, solidarity with marginalized communities, and professional ethics (see Veyvoda & Van Cleave, 2020). Community engagement outside the classroom setting can include direct (e.g., supervised speech-language screenings); indirect (e.g., assisting local organizations with facilitating activities with children with disabilities during parents' night out); research-based community engagement (e.g., surveying local clergy's

perceptions of their vocal habits); and advocacy and public awareness (e.g., increasing the community's awareness of communication and swallowing disorders and services offered at the university's clinic online and during community gatherings) activities. Other examples can include taking planned outings that explore culturally distinct groups or situations and discuss the connections to the CSD field (e.g., resources at inner-city children's library vs university-based children's library).

Orchestrators of Social Contexts. Diamond and Moore (1995) consider this category as a vital aspect of the instructor role because instructors who strive for culturally responsive teaching must acknowledge the significant influence social contexts (e.g., environments, cultural history, social dynamics, and media) have on student's learning, especially students from diverse cultural backgrounds. One strategy is to highlight the multifaceted nature of culture by the strategic use of diverse resources and course materials. Careful selection of culturally relevant texts that are written by individuals who represent diverse groups will support the value of authentic texts (Kibler & Chapman, 2018). Instructors that use culturally relevant resources promote students' diversity. In doing so, students take ownership of their cultural identity and have the validation of teaching it to peers and instructors (Gay, 2018).

Acknowledging the connections between cultural texts and clinical education provides an opportunity to discuss the clinician-client relationship. For example, students could be assigned a case study with a child who identifies with a CLD group; the purpose of the project is to create a treatment resource that must embed culturally relevant materials for the child. This may increase the quality of services provided and create a diversity-friendly atmosphere (Hammond, 2019). Additionally, this case study can highlight not only ethnic diversity, but diversity related to religion, spirituality, family dynamics, poverty, and racism. Another option is to create a focus on cultural research, such that journals that focus on race, diversity, and equity are used in assignments.

CSD study abroad programs may be implemented to supplement SoTL activities. Participating in SL study abroad programs has been proven to increase CSD students' s cultural awareness (e.g., de Diego-Lázaro, et al., 2020; Kitsantas & Meyer, 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 SL 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 allowed students to interact with clients from diverse backgrounds (Quach & Tsai, 2017). Some benefits may include increased cultural humility and the ability to provide culturally and linguistically appropriate clinical services such as multicultural counseling.

When implementing study abroad programs, integrating the guiding principles discussed above are pertinent before, during, and after the program. This may facilitate the development of cultural humility and prepare students and instructors to be culturally sensitive. In Krishnan and Colleagues' (2016) study, 12 audiology students from the United States participated in a two-week SL experience in Zambia that consisted of pre-multicultural training before travels, scaffolded opportunities for journaling during the experience, and debriefing sessions with students after

returning to the United States. The students showed a significant increase in cultural awareness, the value of community involvement, and acknowledgments of global challenges in healthcare. In a recent study, de Diego-Lázaro, Winn, & Restrepo (2020) noted significant differences in students' pre- and post-study scores from sections of cultural awareness, cultural competence, and self-efficacy with the Cultural Awareness and Competence Scales (CACS; de Diego-Lázaro, 2018). Speech-language pathology and audiology students completed pre-multicultural learning activities before the SL study abroad (e.g., one credit course the semester before Malawi trip), daily conferencing sessions with supervisors, journal assignments (from clinics, community events, and cultural excursions) and a final reflective paper (de Diego-Lázaro, Winn, & Restrepo, 2020). As noted above, the strategic implementation of guiding principles in the development of SL study abroad programs cannot be overlooked.

Conclusion

Cultural diversity is not a novel construct in academe or within health professions. Likewise, scholarship of teaching and learning in multicultural education in the CSD field is acknowledged, but more is needed. The significance for literature that provides authentic interpretation and promotes evidence-based pedagogies is paramount. Accountability is shared by all CSD professionals when promoting cultural humility in the many facets of the field. This includes demonstrating and cultivating a mindset to students where cultural growth is a dynamic, life-long process. This can only be achieved when multicultural education is based in evidence and paired with strategic directives, so learning is transformative, not stagnant or worse, culturally insensitive.

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