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Speech-Language Pathologists on Multicultural Counseling Competency

Denise Moore Revel
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Denise Moore Revel

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Review Committee
Dr. Mary Bold, Committee Chairperson, Human Services Faculty
Dr. Lillian Chenoweth, Committee Member, Human Services Faculty
Dr. Tina Jaeckle, University Reviewer, Human Services Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University

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Abstract

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Denise Moore Revel

MS, Howard University, 1995

BS, University of North Carolina-Greensboro, 1993

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Despite reports of speech-language pathology graduate-level programs focusing on multicultural competence, the literature suggests speech-language pathologists are not adequately educated and trained to be culturally competent. The purpose of this study was to examine the experiences of public school-based speech-language pathologists' graduate-level academic instruction and the clinical practicum experiences in multicultural competence, specifically in the area of multicultural counseling. Guided by the theory of multicultural counseling and therapy, this study used a phenomenological approach, employing semistructured, in-person interviews with 7 participants. The inclusion criteria used for selecting study participants included: having a master's degree in speech-language pathology, graduation from an accredited, graduate-level speech-language pathology program, certification by American Speech-Language-Hearing Association, employment as a speech-language pathologist for at least 2 years, and employment within the public school setting for at least 2 years at the time of the study. Concept mapping was used to analyze the participants' responses which allowed the organization of themes and subthemes that emerged. The analyzed data revealed the 7 participants shared experiences and perceptions in the following 5 themes: (a) the role of clinical practicum supervisors, (b) the approaches used to address multicultural counseling in academic instruction and clinical practicum experiences, (c) the influences in developing cultural competence, (d) feelings of preparedness once in the workplace, and (e) the effect adjustment counseling has on service delivery. The findings of this study support the need for more focus on multicultural competency in the area of multicultural counseling in the academic instruction and clinical practicum experiences of speech-language pathologists programs.

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Dedication

This dissertation is dedicated to the two people on this planet who have always believed in my educational abilities, even when I did not. First, I want to dedicate this dissertation to my dad, Phil. I have always considered myself a "Daddy Girl" because you have always been there for me as my supporter, encourager, and guide. Thanks for setting the expectation high for me to do well and not allowing me to do less than what you knew I was capable of achieving. *Thanks, Daddy.*

Secondly and equally, I dedicate this dissertation to my mom, Lillian. You were my first teacher. Before I stepped into a classroom, you taught me how to read and write. Before I started kindergarten, you made sure I had a great foundation to be life-long learner. Thank you for listening to me read and allowing to me to ask a million questions. Your patience allowed me to love to read and recognize that having an inquisitive mind is a gift…not a burden. *Thanks, Mamma.*

There are loved ones who I consider my eternal supporters. Although they have passed on through this life, their love that I hold in my heart has kept me strong and inspired. I dedicate this dissertation to them as well.

Acknowledgments

There are many that I want to acknowledge for my completing this document. First, I thank my Heavenly Father and my Lord and Savior, Jesus Christ for this opportunity to complete my doctoral degree and dissertation. *With God, all things are possible.*

I would like to extend a heartfelt thank you to Dr. Mary Bold, Committee Chair. Dr. Bold's guidance and support throughout the dissertation process was invaluable to me personally and professionally. Thank you Dr. Bold for knowing when to push and when to pull me along the journey. Also, I would like to thank Dr. Lillian Chenoweth, Committee Member, for her insight, support, and feedback.

A very special thanks to my study participants. To my colleagues and fellow speech-language pathologists who work tiredly to give a voice to those who struggle to find the right words, understand words, or who struggle to say their words more clearly.

Lastly, but not least, to my family, church family, and friends…words cannot fully express my gratitude to you. Your support for me over the years has not gone unnoticed. Thank you for every word of encouragement and your unyielding faith in me. *Thank You!*

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Chapter 1: Introduction to the Study

Background of the Problem

Communication disorders represent the most common type of developmental disorders for young children American Speech-Language-Hearing Association [ASHA], 2008; National Institutes of Health, 2013). Statistics show that approximately 7 million children and adults in the U.S have some type of language disability (National Institute of Deafness and Other Communication Disorders, 2013). Communication disorders can greatly affect the education, employment, and well-being of children and adults (ASHA, 2010). When an individual is faced with a communication disorder, sometimes the person or family members may exhibit a negative emotional response (Kuo & Hu, 2002). Due to the negative emotional reactions some individuals experience when diagnosed with communication disorders, counseling strategies are necessary skills SLPs should employ during treatment (Alavez *et al*., 2009; English, 2008; Millar , Harrow, & Morgan, 2010; Phillips & Mendel, 2008). As Atkins (2007) pointed out, the lack of adequate academic instruction and clinical practicum experiences in the area of counseling could lead to decreased success in the treatment of communication disorders.

Speech-language pathologists should consider the role of culture when providing counseling services (ASHA, 2004; Kuo *et al*., 2002; Lee, 2012; Olivares & Altarriba, 2009; Sue & Sue, 2013). Graduate-level academic instruction and clinical practicum experiences play a vital role in preparing speech-language pathologists to serve culturally and linguistically diverse populations (Griffer & Perlis, 2007; Hammond, Mitchell, & Johnson, 2009; Stockman, Boult, & Robinson, 2008). Speech-language pathology graduate-level programs have reported various efforts to address multicultural competence in academic

instruction and clinical practicum experiences (Hammond, Mitchell, & Johnson, 2009; Horton-Ikard & Muñoz, 2010). For example, Hammond, Mitchell, and Johnson investigated speech-language pathology program directors' perceptions of their programs' academic and clinical practicum.

Statement of the Problem

Despite reports of graduate programs focusing on multicultural competence, the literature suggests that speech-language pathologists are not adequately educated and trained to be culturally competent (Halvorson-Bourgeois, Zipse, & Haynes, 2013; Harris, Fleming, & Harris, 2012; Horton-Ikard *et al.*, 2010; McCarthy, Meyer, & Schupbach, 2014; Riquelme, 2013). Researchers have inquired about program directors' perceptions on the ability of graduate-level speech-language pathology programs to provide effective academic instruction and clinical practicum experiences in cultural diversity. However, my literature search did not find significant research that investigated speech-language pathologists' perspectives on how their graduate-level academic instruction and clinical practicum experiences affecting them once in the workplace. This was an important gap in the literature needing to be addressed.

Nature of the Study

The nature of this study was a qualitative phenomenological approach. The phenomenological approach involved describing the meaning of a phenomenon or experiences of several individuals (Trochim, 2006). This study examined the experiences the participants have in common as they encountered an issue, event, or phenomenon (Giorgi, 2009). The phenomenon that was explored in this study was graduate-level

academic instruction and clinical practicum preparedness within speech-language pathology programs.

Research Questions

To meet the research objectives, I probed the following questions:

RQ1: How do public school–based speech-language pathologists perceive their graduate programs' academic instruction in multicultural counseling prepared them to effectively work with diverse populations in the workplace?

RQ2: How do public school–based speech-language pathologists perceive their graduate programs' clinical practicum experiences in multicultural counseling prepared them to effectively work with diverse populations in the workplace?

Purpose of the Study

The purpose of the study was to examine the experiences and perceptions of public school–based speech-language pathologists on the graduate-level academic instruction and clinical practicum experiences they received to prepare them to effectively provide multicultural counseling services in the workplace.

Theoretical Framework

The theoretical framework for examining multicultural counseling is based on the theory of multicultural counseling and therapy (Sue & Sue, 1999). A multicultural approach to counseling challenges the assumption that one style of counseling is the best approach for all clients. As Sue *et al*. indicated, a counseling approach that does not take cultural and linguistic background into consideration is not an example of best practices for effective service delivery.

The multicultural counseling approach makes other significant assumptions. One assumption is the belief that culturally different does not parallel with "deviancy," "pathology," or "inferiority" (Sue, Arredondo, & McDavis, 1992, p. 478). Another assumption of multicultural counseling is the recognition that racial and ethnic minorities are a part of more than one cultural context. The third assumption of multicultural counseling approach is that a person is regarded in relationship to his or her environment or culture in which he or she lives (Sue *et al*., 1992). The individual person is viewed as the primary factor in determining the appropriate actions and service delivery.

Definition of Terms

Speech-language pathology is the study of speech, language, hearing, cognitive communication, and swallowing development. Speech-language pathology involves various disciplines in the prevention, assessment, diagnosis, and treatment of oral communication and swallowing disorders in children and adults (ASHA, 2014).

Professionals who practice speech-language pathology are referred to as speech-language pathologists, speech-language therapists, or speech therapists. More specifically, *school-based speech-language pathologists* work across grade levels, kindergarten through Grade 12. School-based speech-language pathologists work with students demonstrating a variety of communication disorders. *School-based speech-language pathologists* work to ensure that all students receive quality, culturally competent services.

Communication disorders are impairments in the ability to receive, send, process, and comprehend concepts of oral, nonverbal, and written language. *Communication disorders* include problems associated with speech, language, and auditory processing (ASHA, 1993).

For the purpose of this study, the terms *academic instruction* and *education* will be used interchangeably. *Academic instruction* and *education* refer to curriculum leading to a master's degree with a major emphasis in speech-language pathology (ASHA, 2014).

Further, the terms *clinical practicum experience and training* will be interchangeable. The terms refer to the clinical practicum experience component of the speech-language pathology graduate-level programs (ASHA, 2014).

For the purpose of this study, the term *culturally diverse populations* will refer to people who are exposed to and immersed in more than one set of cultural norms, values, perspectives, and beliefs. The norms, values, perspectives, and beliefs may be influenced by factors such as ethnicity, race, gender, religious affiliation, and socio-economic status (ASHA, 2004). Also, *linguistically diverse populations* will refer to groups of people who have had a considerable amount of exposure to more than one language or dialect (ASHA, 2004).

For the purpose of this study, the term *counseling* will refer to two principles: informational and adjustment counseling. The term *informational counseling* is defined as the imparting of information about a broad range of topics, such as screening and assessment results, information on scope and type of communication disorders, and recommendations for intervention (ASHA, 2008). *Adjustment counseling* refers to addressing any negative emotional reactions a person may have as a result of acknowledging and accepting the diagnosis of a communication disorder (ASHA, 2008).

In this study, an operational definition of *cultural competence* is "a continuum of attitudes and behaviors relative to cultural and linguistic differences" (ASHA, 2004). Cultural competence also involves the ability to recognize and respond to the specific

cultural characteristics the client brings to the professional-client relationship (ASHA, 2004*). Cultural* and *cross-cultural competence* will be used interchangeably in this study Finally, an operational definition of *multicultural counseling* is an approach to counseling that acknowledges that it is essential to consider variables such as ethnicity, nationality, religion, language, age, gender, education, economic-status, and family in terms of assessment, diagnosis, and intervention (Pedersen, 1991; Sue *et al*., 2013).

Assumptions

The following are assumptions of this study:

- Examining multicultural counseling competency is relevant and significant to the scoop of practice for public school-based speech-language pathologists.

- Participants will respond truthfully and accurately about any information provided.

- A semistructured interview design is the most effective and efficient data collection method to address the research questions.

- Data analysis methods used are appropriate for the type and scope of the study.

- The results of this study will have significant meaning to future research and program development.

Limitations

The following are limitations of this study:

- The results of the study will be limited because the sample is restricted to a small sample of public school-based speech-language pathologists.

- Participants may not answer honestly; thus, the results might not accurately reflect the views of all members of the included population.

- Due to the qualitative design, the findings of the study will not be generalized beyond the sample.

- I may be biased to the data collected. Working as a public school–based speech-language pathologist, my academic instruction and clinical experiences may affect data collection and interpretation.

Delimitations

The following are delimitations of this study:

- Study participants must meet specific criteria established by me to participate in the study.

- Due to the large number of potential participants in the study population, the population involved in the current study focused only on school-based speech-language pathologists within one specific public school district.

- Examining the effect that multicultural counseling has on service delivery in the public school setting as opposed to examining other settings of practice.

- Examining graduate-level program academic instruction and clinical practicum experiences as opposed to examining other aspects.

Significance of the Study

Effective and appropriate counseling is more than only providing information. Effective counseling can be described as supporting and empowering clients in making the best decisions about their care when coping with a disability (Phillips *et al*., 2008). Cultural competence is vital for effective service delivery. It is essential that speech-language pathologists consider their clients' personal beliefs, needs, and attitudes when providing services. People's cultural beliefs may affect how they describe their health problems, the

manner in which they present their symptoms, whom they seek for health care, how long they remain in care, and how they evaluate the care provided (Tomoeda & Bayles, 2002).

As the importance of the cultural and ethnic backgrounds of those experiencing communication disorders continue to grow (ASHA, 2008), best practices in counseling need to be examined to ensure that speech-language pathologists can effective in serving their clients from culturally and linguistically diverse backgrounds. The ethical responsibility of speech-language pathologists is to provide services that take careful consideration of the individual (ASHA, 2008). The implications of speech-language pathologists improving their multicultural counseling skills are tied directly and indirectly to the effectiveness of their service delivery to their clients (Millar *et al*., 2010).

Phillips *et al*. (2008) suggested that although research indicates increased interest in the need for academic instruction and clinical practicum experiences in counseling persons with communication disabilities, actual academic instruction and clinical practicum experiences in counseling are not adequate. It is critical that graduate-level speech-language pathology programs provide academic instruction and clinical practicum experiences for students to prepare them to effectively provide multicultural counseling when in their workplaces. This study may provide insight into public school-based speech-language pathologists' experiences and perceptions concerning their academic instruction and clinical practicum experiences in counseling persons with communication disorders from culturally and linguistically diverse backgrounds.

Summary

As the importance of the cultural and ethnic backgrounds of those experiencing communication disorders continue to change, best practices need to be examined to ensure

speech-language pathologists can be effective in the service of their clients. It is imperative that speech-language pathologists are prepared to meet the demands they encounter once they are in the workplace. It was important to examine multicultural counseling competency of speech-language pathologists working with people from culturally and linguistically diverse backgrounds. Speech-language pathologists should be able to adequately support their clients from varied backgrounds to successfully manage their emotional issues when they are faced with a communication disorder.

Chapter 2: Literature Review

The Field of Speech-Language Pathology

Speech-language pathology is the study of speech, language, hearing, cognitive, communication, and swallowing development (ASHA, 1993). Speech-language pathology evolved out of medicine, education, and public speaking (Center on Human Development and Disability, 2010). Initially, speech-language pathology focused primarily on speech problems, such as stuttering (Center on Human Development and Disability, 2010). In 1925, a group of speech-language pathologists formed the American Speech-Language-Hearing Association to help establish professional and accreditation standards for those within the profession.

As the field of speech-language pathology evolved, the scope of practice expanded as well. The initial narrow focus of the field grew to include a broader emphasis on the range of speech and language disorders. Also, the effect of various factors, such as the social and psychological issues, on communication disorders became more evident (Center on Human Development and Disability, 2010). Currently, the field of speech-language pathology involves biological, medical, psychological, and physical principles in preventing and treating oral communication and swallowing disorders in children and adults (ASHA, 2004).

Communication disorders are impairments in the ability to receive, express, and comprehend concepts of verbal, nonverbal, and written language (ASHA, 1993). Communication disorders may range in severity from mild to profound. Communication disorders can be present at birth or acquired later in life. Some causes of communication disorders include hearing loss; neurological disorders; traumatic brain injury; intellectual

disability; drug abuse; physical impairments, such as cleft lip or palate; emotional or psychiatric disorders; and developmental disorders.

Professionals who practice speech-language pathology are referred to as speech-language pathologists, speech-language therapists, or speech therapists. A master's degree is the entry-level degree required for individuals who seek to practice as a speech-language pathologist (ASHA, 2014). Speech-language pathologists can be found in a variety of settings, such as preschool programs, elementary and secondary schools, colleges and universities, hospitals, private practices, corporations, government agencies, and uniformed services.

School-based speech-language pathology work across grade levels, kindergarten through Grade 12. School-based speech-language pathologists work with students who demonstrate a variety of communication disorders originating from a various etiologies. The roles and responsibilities of school-based speech-language pathology are primarily related to providing services that promote operative educational outcomes for students. School-based speech-language pathologists must be able to attend to their students' personal, family, social-emotional, academic, and employment needs that affect them achieving their educational goals (ASHA, 2000). School-based speech-language pathologists are responsible for working to ensure that all students receive quality, culturally appropriate services (ASHA, 2000).

Counseling in Speech-language Pathology

For the purpose of this study, the term *counseling,* within the field of speech-language pathology*,* will encompass two concepts. The first concept is informational counseling. The foundation of *informational counseling* is medically based (Flahive &

White, 1981; Luterman, 2008). The term *informational counseling* is defined as imparting information about a broad range of topics, such as screening and assessment results, information on scope and type of communication disorders, and recommendations for intervention (ASHA, 2008).

In informational counseling, the speech-language pathologist provides information on diagnosis, advises available intervention options, and provides guidance about treatment options (Shames, 2000). For example, a speech-language pathologist may inform a parent that her or his child has a speech disorder. The speech-language pathologist may then inform the parent of the intervention and treatments options available to treat the speech condition. The speech-language pathologist may also offer guidance as to which treatment options may be best suited for the child and the family.

The second component of counseling, within the field of speech-language pathology, is *adjustment counseling*. *Adjustment counseling* refers to addressing any negative emotional reactions a client may have as a result of acknowledging and accepting the diagnosis of a communication disorder (ASHA, 2008). Although informational counseling is an essential component of counseling, it does not address the other key factor in supporting individuals and families when faced with challenge of a communication disorder.

For many people, the diagnosis of a communication disorder can be life altering (Spiller, 2007). The adjustment counseling approach is needed to help the individual and family members address emotional needs (Bussolari & Goodell, 2009; Spiller, 2007). Luterman (2008) indicated that adjustment counseling may be needed to help individuals manage any information that caused their negative emotional responses. Adjustment

counseling is recognized as an integral part of counseling for speech-language pathologists because it allows individuals and families to discuss their feelings and then move their focus to treatment options (Philips & Mendel, 2008). Clark (2003) determined that adjustment counseling allowed participants to achieve better family functioning and prevented a decline in the family functioning after six months of intervention.

Importance of Counseling in Speech-Language Pathology

Some mental health professionals may consider counseling outside of the scope of practice for the speech-language pathologists, but rather the responsibility of a counselor, psychologist, or another mental health professional. However, the ASHA recognized the important role counseling has on the service delivery of speech and language diagnosis and intervention. Therefore, ASHA mandated that counseling be an integral part of the scope of practice for speech-language pathologists (ASHA, 2007).

Charles Van Riper, a notable scholar in the field of speech-language pathology, recognized the social-emotional effect communication disorders have on some persons and their families. Van Riper (1939) noted that a severe speech defect could provoke psychological and emotional responses of rejection that could lead to feelings of low self-esteem. Van Riper asserted that a person's speech is deemed defective when it draws undue attention, interferes with effective communication, or causes a person to be unstable.

In some cases, a person may have difficulty accepting the diagnosis of a communication disorder. For example, English (2008) reported clients experiencing difficulty accepting the diagnosis of hearing loss. Other studies support the difficulty some experience and their negative responses, such as denial, anger, guilt, and fear, when diagnosed with a communication disorder (English, 2008; Luterman, 2008; Shames, 2006).

Research indicated that not only does the individual diagnosed with the communication disorder demonstrate negative emotions, but family members and caregivers exhibit difficulty accepting the diagnosis as well (Jackson, Traub, & Turnbull, 2008; Tornqvist, Thulin, Segnestam, & Horowitz, 2009). Due to the emotional reactions some individuals experience when diagnosed with communication disorders, counseling strategies are essential skills SLPs should employ during treatment (Alavez *et al*., 2009; English, 2008; Millar *et al*., 2010; Phillips *et al*., 2008).

Training in Counseling for Speech-Language Pathologists

Speech-language pathologists need to be adequately prepared to provide counseling, though some researchers maintain that university programs are not adequately preparing clinicians in this area (Atkins, 2007). Some speech-language pathologists reported purposefully avoiding focusing on emotionally sensitive topics with their clients (Simmons-Mackie & Damico, 2011). Simmons-Mackie *et al*. reported that some speech-language pathologists were uncomfortable counseling their clients. The speech-language pathologists preferred to discuss factual information, employed humor to redirect emotional reactions, and focused directly on intervention activities. The speech-language pathologists reported that the tactics were used to avoid challenging social-emotional interactions and to avoid any misconception or confusion about the appropriateness of them providing counseling services (Simmons-Mackie *et al*., 2011).

For example, Alavez *et al*. (2009) examined graduate students' experience of the academic instruction and clinical training they received in the area of counseling parents of children with communication disorders. The researchers explored the students' perception of their ability to provide effective counseling services to parents whose children were

enrolled in an early intervention program. Alavez *et al*. (2009) suggested that given the right approach, counseling training for speech-language pathologists can be beneficial.

Atkins (2007) sought to uncover speech-language pathologists and audiologists' perceptions of their counseling skills. The purpose of the study was to examine graduate-level students' experiences of their academic instruction and skill development in counseling when working in an early intervention program. The study emphasized the importance of speech-language pathologists providing counseling services to their clients. The researcher pointed out that the lack of education and clinical training in counseling for speech-language pathologists could lead to less success and thus ineffectiveness of the treatment of a communication disorder. The study supports the idea that counseling training for speech-language pathologists is central and valuable as it relates to effective service delivery.

Millar *et al*. (2010) suggested that graduate-level speech-language pathologists and audiologists should receive specific education and clinical training in counseling as part of their academic preparation. The authors concluded that counseling skill development is an area that is often neglected in many graduate-level programs. Millar *et al*. indicated that an absence of a formal course in counseling in graduate-level programs limits learning opportunities for speech-language pathologists prior to early work experiences. Participants of the study indicated they had a lack of confidence in providing counseling services to their clients. The implications of speech-language pathologists improving their counseling skills is tied directly and indirectly to the effectiveness of their service delivery with their clients (Millar, *et al*., 2010). This study supports the need for speech-language pathologists

programs to provide appropriate academic instruction and clinical practicum opportunities in counseling (Millar, *et al*., 2010).

Paris and Gottwald (2009) asserted that counseling is a necessary skill speech-language pathologists should utilize as they help people to address communication challenges. The scholars found graduate-level speech-language pathologists students begin their clinical work experience with little knowledge about and experience in counseling. Paris *et al*. suggested that the role of the university clinical supervisor is to assist students in developing the counseling skills they need to provide effective service delivery. The study suggested that when given an effective model, students' counseling competency can be developed (Paris *et al*., 2009). This study emphasized the important role university programs and personnel play in preparing speech-language pathologists students in counseling.

Boundaries of Counseling Practice

Philips *et al* (2008) noted that although counseling is within the scope of practice for speech-language pathologists, speech-language pathologists must adhere to appropriate boundaries. Speech-language pathologists' level of counseling should be maintained within the context of communication disorders (Crowe, 1997). In other words, speech-language pathologists do not have the training as other mental health professionals, such as psychologists, counselors, and social workers, to address chronic psychological issues and conditions. It is essential that speech-language pathologists recognize when a referral to a qualified mental health professional is warranted (Holland, 2007).

Multicultural Counseling: Theoretical Framework

The theoretical foundation for examining multicultural counseling is based on the theory of multicultural counseling and therapy (Sue, Ivey, & Pedersen, 1996). Multicultural counseling as a counseling approach that integrates cultural-specific awareness, knowledge, and skills (Arredondo *et al.*, 1996). With time, the multicultural counseling approach has evolved, which in turn has expanded its scope and legitimacy in the counseling field (Pope-Davis, Toporek, & Ortega-Villalobos, 2003). A broader, more expansive definition of multicultural counselling, proposed by Pederson (1994), considers variables such as ethnicity, nationality, religion, language, age, gender, residency, socio-economic status, educational status, and affiliations to family or organizations. Pederson proposed that an individual exists simultaneously within different cultures or identities. The person's culture or identity is relevant, depending on the time, place, and situation the person is operating within (Pederson, 1994). As Sue *et al.* (2013) indicated, there are factors to consider when working with minority groups who are faced with the complexity of identity issues. As Sue and Sue pointed out, people identify with more than one group, such as race, ethnicity, gender, and sexual orientation. A person's identity is shaped and influenced by those he or she closely relates to on various levels. For example, a person may be identified as a female African who is living in the United States as a single heterosexual. The client's identity is not one facet, but multifaceted. The person may need to address issues pertaining to the various aspects of her identity. For example, the person may need to address issues or beliefs pertaining to being an immigrant, a female, as well as being single. A multicultural counseling approach recognizes the complexities of identity to be able to help the person work through many factors.

Multicultural counseling has also been defined as an approach that acknowledges that providing counseling support exists within a cultural context (Ivey, Ivey & Simek-Morgan, 1997). More specific aspects of multicultural counseling involve the recognition of the important role family and cultural play in how individuals view themselves and a more keen awareness of the differences and similarities that exits among and within cultural groups (Ivey, Ivey & Simek-Morgan, 1997).

The multicultural approach to counseling was thought to have originated in the 1970s (Brimerose, 1996). It was thought to begin when some scholars and professionals began to probe as to why it appeared certain groups of people were not receiving counseling, or, if they did receive counseling services, very few of those individuals would return after the first visit (Brimerose, 1996; Leong & Lau, 2001). It became apparent that individuals from diverse ethnic groups were unlikely to seek counseling services or those who did receive services were not likely to receive long-term intervention (Brimerose, 1996; Leong & Lau, 2001).

Brimerose (1996) proposed the reason why individuals from diverse backgrounds did not widely participate in counseling services can be found in acknowledging that applying mainstream approaches to diverse groups was not appropriate. Sue, Arrendondon, and McDavis (1992) reasoned that conventional counseling approaches were based on White, middle-class values and assumptions. For most researchers and practitioners, White middle-class values and assumptions were considered the norm or the standard.

Ethnocentrism is defined as using one's own cultural values, beliefs, behaviors, and attitudes as the standard or the norm others are measured. Sue, Arrendondon, and McDavis (1992) maintained that if the idea of normality is based on White middle-class culture, this

approach is inappropriate to non-White individuals. The scholars believed maintaining White middle-class values and assumptions had the potential to alienate non-White individuals from receiving counseling (Sue, Arrendondon, & McDavis, 1992).

Some theorists argue that ethnocentrism cannot be prevented. However, as Borden (2007) pointed out, ethnocentrism is justifiable. Moreover, ethnocentrism should not cause a person to only believe his cultural beliefs, values, and behavior are the norm and in turn, believe others' cultural believes, values, behaviors, and attitudes are deviant, immoral, inferior, and unacceptable. Unlike other counseling approaches, the multicultural approach to counseling is based on assumptions that culture is an essential component to consider when considering assessment and intervention options.

For example, Kuo and Hu (2002) discussed how speech-language pathologists can collaborate with Asian communities to better understand the Asian culture. The researcher stated that in order to facilitate the process of counseling during interventions, SLPs need better understanding of their clients' culture. Kuo and Hu (2002) suggested that in order to help someone diagnosed with a communication disorder understand and manage any negative emotional reactions, a speech-language pathologist should employ specific counseling strategies that take culture into consideration. For example, Asian Americans typically consider outward signs of emotion to be inappropriate. When working with Asian Americans, it is important to use counseling techniques and strategies that do not focus too heavily on expressing emotions that are generally seen in mainstream American culture (Sue & Sue, 2013).

Asian Americans have a history of valuing a collectivistic orientation to family and community (Sue & Sue, 2013; Yeh & Huang, 1996; Yeh, Inman, Kim, & Okubo, 2006).

When working with Asian Americans, consideration of the family and community context during evaluation and defining problems or issues is essential to remember (Sue & Sue, 2013; Yeh & Huang, 1996). Many Asian American family structures are hierarchical in nature. When working with Asian American families, determining the family structure and the appropriate way to communicate with the family is imperative to service delivery. For example, it may be culturally inappropriate to use a child who is more fluent in English than his parent as an interpreter for the parents (McGoldwick, Giordano, & Garcia-Preto, 2005; Sue & Sue, 2013). The multicultural counseling approach works with individuals in a way that honors and respects their cultural values, beliefs, and ideas.

Multicultural Counseling Competency

Researchers identified specific skills, in addition to general counseling skills, that professionals need to effectively work with clients from culturally diverse backgrounds (Sodowsky, Taffe, Gutkin, & Wise, 1994). The multicultural counseling framework developed by Sue and Sue (1999) consists of the following concepts: being aware of one's own assumptions, values and beliefs; understanding the world view of those from culturally different backgrounds; and developing culturally appropriate assessment and intervention strategies and techniques. A conceptual framework for multicultural counseling was developed that consists of a matrix in which multicultural counseling skills can be organized or developed.

Being aware of one's own cultural beliefs, values, attitudes, and behaviors is important to the multicultural approach to counseling. As Hays (2008) pointed out, the first step to providing culturally responsive and competent counseling is to "explore the influence of one's own cultural heritage on one's beliefs, views, and values" (p. 61). In

order to develop self-awareness, Sue and Sue (1999) proposed that professionals could ask questions similar to the following:

- What is my cultural background?

- What cultural group or groups do I most identify with?

- What values, beliefs, assumptions, and attitudes are consistent with mainstream culture?

- What values, beliefs, assumptions, and attitudes do I have that are different from mainstream culture?

- How did I obtain my values, beliefs, and attitudes?

- What unique abilities, aspirations, expectations, and limitations do I have that might influence my relations with culturally diverse individuals?

Sue and Sue (1999) maintained that a multicultural approach to counseling must begin with the professional exploring aspects of one's own identity, beliefs, perspective, and values and recognize those concepts are influenced by cultural experiences.

Understanding the world view of a person from a culturally different background is another essential component of multicultural counseling. As Hays (2008) indicated it is more important to see differences less critically, but with more of an attitude of understanding. Hays maintained that having an attitude of understand is necessary in grasping the world view of others. Professionals must realize that everyone may not have the same experiences they have. It is vital for professionals to understand that their clients may not share the same values and beliefs about certain issues. Professionals should not be judgmental in their attitudes towards others whose values and beliefs differ from their own. For example, as Sue and Sue (2013) pointed out, religion and spirituality are important to a

large number of people in this country and around the world. The effect of religion and spirituality was ignored by the counseling and psychological professions (Sue & Sue, 2013). The counseling and psychological professions need to address the relevance of religion and spirituality in counseling and therapy (Marsella, 1993; Sue & Sue, 2013).

Professionals will need to acknowledge the role and effect religious and spiritual attitudes, perceptions, values, beliefs, and behaviors have on certain groups of people. In some cultures mental or physical illnesses are thought to be the result of evil spirits possessing a person's body. As Matsumoto and Juang (2008) indicated, if a person is unaware of the cultural norms surrounding religion and spirituality, then he could possibly attribute a behavior as abnormal, when in fact the behavior is normal for that specific culture.

The effect and implications of religion and spirituality on counseling may include professionals being knowledgeable about indigenous beliefs and healing practices, consulting healers within the client's cultural community as needed, and being willing to provide services within the clients' community. As Sue and Sue (2013) pointed out, it is not necessary for the professional to entirely embrace and integrate the client's religious or spiritual practices or beliefs into intervention. But the professional should be willing to support the clients' needs in ways that are as effective and meaningful as possible. A multicultural counseling approach requires that professionals continue to challenge their thinking and understanding about the diverse experiences and perspectives others may have.

The third component of the multicultural counseling framework involves developing culturally appropriate assessment and intervention strategies and techniques.

Professionals need to consider the way in which assessments and intervention strategies can be adapted or changed to accommodate the particular needs of certain groups.

A multicultural counseling approach requires that professionals consider questions like: "What are the standards of assessment and intervention measured or based upon?" In order words, if standards of assessments and intervention strategies are based on White middle-class values and beliefs, would those same standards of assessments be appropriate to be used with persons from culturally diverse backgrounds? Professionals may need to think about the way in which their approach to assessment and intervention should to be adapted or changed to accommodate the particular needs of certain client groups. Mollen, Ridley and Hill (2003) pointed out that a culturally-responsive professional has credibility with minority clients. Researchers found that clients are more willing to return to counseling and have greater satisfaction with counseling when the counselor is sensitive to multicultural practices (Mollen, Ridley, & Hill, 2003).

If a person does not understand someone's culture, behaviors may be misinterpreted. For instance, understanding the cultural views of an Asian-American female as it relates to proxemics in a counseling session is important. In the Asian-American culture, more specifically, those from countries in Southeast Asia like Japan and China, the comfort zone regarding proxemics or personal space is typically closer than that of Americans (Marsella, 1993). Asian-Americans typically stand or sit in close proximity during conversation. If administering an assessment to a female client from Southeast Asia, the appropriate arrangement of the environment would need to be considered from the vantage point of her cultural expectations. The professional should allow the seating to be in close proximity to one another. The professional's own cultural norms for proximity may tend to greater

spatial distance in the seating arrangement than what is common for Asian-Americans. However, the professional should ensure the environment is comfortable for the client. Helping the client to feel comfortable and free to share openly during the session should be a primary focus of professionals.

An example of being able to adjust assessment and intervention strategies to accommodate those of diverse backgrounds can be seen in haptics. Haptics refers to the use of touch. As Knapp and Hall (2007) pointed out, touch is an important non-verbal communicator. Haptic communication varies across cultures. It is important to use touch appropriately, according to cultural expectations. In the Asian-American culture, touching by strangers or new acquaintances is not culturally welcomed (Marsella, 1993). When working with an Asian-American female client, the professional would need to be mindful of appropriate touching. Touching, such as a hand on the shoulder, a pat on the back, or a hug may not be appropriate when working with someone from a culture that does not deem such haptics practices appropriate.

As Hays (2008) pointed out, new opportunities exist to expand the field of multicultural counseling. In the past, research used participants primarily from mainstream America. However, the expansion in multicultural counseling research includes the use of more participants from diverse backgrounds (Hays, 2008; Laureate Education, Inc., 2007). In the past, theories and research were not inclusive of the diverse challenges and issues facing culturally and ethnic minorities. People from diverse cultures and backgrounds were forced to fit into the theories and paradigm constructed on White, middle-class ideas, beliefs, and worldview (Laureate Education, Inc., 2007; Reynolds, 2011). Multicultural counseling research is creating new theories and models that more accurately reflect the

ideas, beliefs, and worldviews of people from culturally and ethnically diverse backgrounds (Hays, 2008; Reynolds, 2011).

Multicultural Counseling and School-based Speech-Language Pathologist

Speech-language pathologists who work within the school setting can work with students from grades kindergarten through grade twelve. The duties and responsibilities of school-based speech-language pathologists are primarily related to providing services that promote effective educational outcomes for their students. Counseling is essential in helping speech-language pathologists provide support to students in achieving their educational goals. Informational counseling would provide the student and family with information about the diagnosis of a speech-language disorder, provide information on available intervention options, and offer guidance about intervention options available within the school setting. As an example, the speech-language pathologist may inform a parent that his child has an expressive language disorder. The speech-language pathologist may then inform the parent of the intervention options, such as the appropriate classroom environment and modifications on class assignments, available to address the expressive language disorder. The speech-language pathologist may also offer assistance in choosing which intervention options may be best suited for the student in the school environment.

School-based speech-language pathologists must also be able to attend to their students' personal, family, social, as well as emotional needs that affect their educational goals (ASHA, 2000). School-based speech-language pathologists are responsible for ensuring all students receive culturally-appropriate services (ASHA, 2000). Any counseling services provided by school-based speech-language pathologists must be culturally appropriate.

Counseling support exists within a cultural context (Ivey, Ivey & Simek-Morgan, 1997). School-based speech-language pathologists must recognize the focal role culture and familiar relationships have on how their students view themselves and the world (Ivey, Ivey & Simek-Morgan, 1997). Along with providing insight and guidance, school-based speech-language pathologists should guide students and families to their own relevant solutions through a process that is focused on the individuals' needs (ASHA, 2004).

Cultural Demographics

The U.S. has become a multicultural, multilingual, and multiethnic country in recent years (Sue *et al*., 2013). The growth in the number of people from culturally and linguistically diverse backgrounds has increased on the past decades (U.S. Census Bureau, 2012). Currently, minorities, non-Hispanic whites, compose 37% of the U.S. population (U.S Census Bureau, 2012). That number is projected to increase to 57% of the population in 2054 (U.S. Census Bureau, 2012). According to population estimate projections, culturally and linguistically diverse groups, such as Hispanics and Asians, numbers are estimated to double by 2042 (U.S. Census Bureau, 2012).

According to the U.S. Census Bureau (2012), due to the significant increase in the number of people from culturally and linguistically diverse background living in the United States, it is projected that the United States will be described as a majority-minority nation. A majority-minority society means, although the non-Hispanic White population will remain the largest single group, no single group will make up a majority (U.S. Census Bureau, 2012).

According to U.S. Census Bureau data, it is reported that approximately 20% of the homes in the United States speak a language other than English (U.S. Census Bureau, 2010).

Approximately 50% of school-based speech-language pathologists who completed a survey reported having children on their caseloads who spoke a language other than English (Shakhan, Watson, & Lof, 2007). It appears that having speech-language pathologists prepared to effectively service a diverse society is critical.

Cultural Competence

As the cultural demographics of the United States continue to shift away from a single majority culture, but instead to a society that is more diverse and pluralistic, it is imperative that professionals are equipped to provide culturally relevant and effective services (Pope-Davis, Toporek, & Ortega-Villabos, 2003; Sue & Sue, 2013). Cultural competence is "a continuum of attitudes and behaviors relative to cultural and linguistic differences" (ASHA, 2004). Cultural competence also involves the ability to recognize and respond to the specific cultural characteristics the client brings to the professional-client relationship (ASHA, 2004*).

ASHA mandates that, "speech-language pathologists s are responsible for ensuring that individuals, families and caregivers, and other relevant persons receive counseling about communication and swallowing issues" (ASHA, 2007). Counseling involves supporting and empowering clients in making the best decisions about their care when coping with a disability (Phillips *et al*., 2008). Being culturally competent is a vital component for effective service delivery. It is essential that speech-language pathologists consider their clients' cultural beliefs, needs, and attitudes when providing services. A person's cultural beliefs may affect how he describes his health problems, the manner in which he presents his symptoms, who he seeks for health care, how long he remains in care, and how he evaluates the care provided (ASHA, 2004; Tomoeda & Bayles, 2002).

As the importance of the cultural and ethnic backgrounds of those experiencing communication disorders continue to change (ASHA, 2008), best practices in counseling need to be examined to ensure that speech-language pathologists have the ability to be effective in serving their clients from culturally and linguistically diverse backgrounds. The ethical responsibility of speech-language pathologists is to provide services that take consideration of the individual's needs (ASHA, 2004). The implications of speech-language pathologists improving their multicultural counseling skills are tied directly and indirectly to the effectiveness of their service delivery to their clients (Millar *et al*., 2010; National Institutes of Health, 2013).

Olivares and Altarriba (2009) pointed out that when working with minorities who exhibit communication impairments, it is important for speech-language pathologists to understand that treatment goes beyond focusing on the clients' communication deficits. The scholars stressed that speech-language pathologists' understanding of the connection between communication disability, emotions, and culture, for minorities will have implications for service delivery. Kuo and Hu (2002) discussed how speech-language pathologists can collaborate with Asian communities to better understand the Asian culture. The researcher stated that in order to facilitate the process of counseling during interventions, speech-language pathologists need better understanding of their clients' culture. Kuo and Hu (2002) suggested that in order to help someone diagnosed with a communication disorder understand and manage any negative emotional reactions, a speech-language pathologist should employ specific counseling strategies that take culture into consideration.

Researchers stressed the importance of various service providers being able to appropriately service people of diverse cultures and backgrounds. Roysircar, Dobbins, and Malloy (2009) emphasized the need for professionals, such as psychologists, to demonstrate cultural competence as part of effective service delivery. Suarez-Balcazar, Rodawaski, Balcazar, Taylor-Ritzler, Portillo, Barwacz, D., *et al*. (2009) explored the cultural competence of professional occupational therapists. The purpose of the study was to assess the perceived level of cultural competence from professional occupational therapists. The researchers believed that the need for cultural competence as an important aspect of service delivery for occupational therapists. The study emphasized that healthcare professionals recognize the importance of cultural competence as a key factor of in effective service delivery.

University Programs

The initial narrow focused field of the field of speech-language pathology in time grew to include a broader range of communication disorders. The results of the expansion and scope of practice were evident in the structure of university instruction and clinical practicum experience. The speech-language pathology programs drew from principles and practices from fields such as psychology, medicine, biology, physiology, and education (Center on Human Development and Disability, 2010). As the field of speech-language pathology continues to expand, the necessity to look at topics, such as counseling and cultural competence, should continue to be widely reflected in university instruction and clinical practicum (Stockman, Boult, & Robinson, 2008).

Phillips and Mendel (2008) explored whether speech-language pathologists and audiologists felt prepared and comfortable in providing counseling services activities upon

beginning of their clinical work experience. The study also examined the amount of training in counseling offered in some speech-language pathology graduate-level programs. A large number of participants in the study indicated that they felt that it was within the speech-language pathologists' scope of practice to provide counseling services to their clients, but most did not feel comfortable or prepared to provide this service once they were in their work setting. Eighty percent of the participants of the study reported they did not receive formal courses counseling in their graduate-level programs.

Researchers emphasized the importance of education and training at universities in preparing students in areas of cultural competency (Griffer & Perlis, 2007; Roysircar, Dobbins, & Malloy, 2009). Griffer *et al*. suggested that in order to meet the increasing and ever-changing demands of a diverse workplace, universities have the responsibility in preparing their students. University programs and personnel play a vital role in preparing speech-language pathology students in cultural competence (Griffer *et al*., 2007).

In a study by Hammond, Mitchell, and Johnson (2009), the researchers examined program directors of speech-language pathology graduate-level programs assessment of the academic instruction and clinical practicum experiences they provided students to work with culturally and linguistically diverse populations. The researchers stated it is necessary to examine the present status of graduate-level speech-language pathology programs in order to determine if any changes are needed relative to cultural competence instruction and training in serving individuals from culturally and linguistically diverse backgrounds (Hammond *et al*., 2009).

The results of this study indicated that speech-language pathology program directors reported that they believed their programs provided students with at least some academic

training and clinical experiences related to cultural diversity. The authors concluded that graduate-level programs should continue to strive to provide greater amounts of the academic and clinical training in issues of cultural and linguistic diversity.

Horton-Ikard *et al*. (2010) addressed the efforts toward multicultural academic instruction and clinical training in speech-language pathology and audiology graduate-level programs. The authors utilized a multicultural competency checklist to solicit information from program directors on counseling practice, supervision, minority representation, curriculum issues, research considerations, student and faculty competency evaluation, and the physical environments. The study calls attention to the state of multiculturalism in the field of speech-language pathology graduate-level programs.

Other professions also recognizes the vital role university programs play in preparing students to service the diverse cultures that exist in the United States. For example, Sumpter and Carthon (2011) examined nursing programs' acknowledgment of the need for health care students to be culturally competent and the role education and training has in the preparation of culturally competent professionals. The researchers noted that nursing educators sought to address the issue of cultural competency by integrating cultural competence material into the nursing course curriculum. Sumpter and Carthon pointed out that although nursing programs indicated there was an integration of cultural competence material in the curriculum, few studies have examined the students' perceptions on the integration of the material. The purpose of the study was to evaluate nursing students' perceptions of the integration of cultural competence in the nursing curriculum. Studies conclude that graduate-level programs should continue to strive to provide greater amounts

of the academic and clinical training in issues of cultural and linguistic diversity (Hammond *et al.*, 2009; Griffer & Perlis, 2007; Sumpter & Carthon, 2011).

For this study, I completed a limited survey of the course of studies of thirteen universities that offer graduate-level speech-language pathology programs, located in the District of Columbia, Maryland, and Virginia. All thirteen programs are accredited by Council on Academic Accreditation in Audiology and Speech-language Pathology (CAA) of ASHA (ASHA, 2014). Three of the thirteen university programs offered courses such as, "Counseling in Communication Disorders, Counseling in Audiology, and Counseling". The course description of one of the courses, "Counseling in Communication Disorders", indicated that it focuses on counseling children and adults with communication disorders and their caregivers. The course description denoted that counseling theories and techniques highlighting application for speech-language pathologists are discussed in the course (Loyola University, 2014.) Six out of the thirteen programs surveyed offer a course specifically on multiculturalism and diversity. The courses offered included: "Multicultural Issues in Speech-language Pathology, Dialogues on Diversity, Public School Methods in a Diverse Society, Teaching in the Multicultural Classroom, Multicultural Issues in Communication Disorders, Sociolinguistics, and Bilingual Speech-language Pathologists". One course, "Multicultural Issues in Communication Disorders"*,* focuses on the assessment and intervention issues of communication disorders in culturally and linguistically diverse populations. The course also addresses the sociocultural and linguistic factors that may affect service delivery as it relates to communication disorders. The course curriculum provides specific evidence-based practices on assessment and intervention strategies related to multicultural populations (Howard University, 2014).

Chapter 3: Research Method

Research Design

Within qualitative research approaches, several designs may be used to explore and discover the essence of the research problem. One qualitative research approach is the phenomenological design. First introduced by Husserl (Giorgi, 2009), phenomenological research design focuses more precisely on specific phenomena, ideas, and events. The phenomenological approach involves describing the meaning of a phenomenon or experiences of several individuals (Trochim, 2006). A phenomenological study describes experiences the participants have in common as they encounter an issue, event, or phenomenon (Giorgi, 2009). As Ritchie and Lewis (2003) indicated, the center of a phenomenological study is to find the universality of an experience by reducing all the participants' experiences to common components of the experience. One of the benefits of using a qualitative research design is to explore the participants' thoughts, ideas, and opinions (Ritchie *et al*., 2003).

In any study, the selection of participants is vital. In my study, a component of participants was selected by various sampling strategies. Given the focus of the study, I determined that a criterion sampling strategy would be the most appropriate strategy to identify and solicit school-based speech-language pathologists to participate. This type of sampling involves the selection of participants on the basis of predetermined criteria. Criterion sampling allowed me to select school-based speech-language pathologists who met specified criteria (Este & Tachble, 2009; Patton, 2002). The participants in this study met the criteria of having a master's degree in speech-language pathology, having graduated from an accredited program, and having worked for more than 2 years as a certified speech-

language pathologist. Criterion sampling worked well for this phenomenological study because all participants had experienced the phenomenon being studied (Creswell, 2013). Criterion sampling is valuable for quality assurance (Este *et al*., 2009; Creswell, 2013).

Another sampling strategy I used was purposeful sampling. Purposeful sampling helps provide credibility when the potential sample is very large (Coyne, 1997; Creswell, 2013). Currently, over 300 school-based speech-language pathologists work in the targeted school districts. I chose participants from those who met the initial criterion sampling phase. The concept of purposefully selecting participants in qualitative research supports the idea of focus which helps to strengthen the study (Coyne, 1997; Patton, 2002). The rationale for purposeful sampling is not based on logic or a prescribed sample size (Patton, 2002). The basis of purpose samples is according to the purpose and rationale of the study itself (Patton, 2002).

Research Questions

To meet the research objectives of this study, the following was probed:

RQ1: How do public school–based speech-language pathologists perceive their graduate programs' academic instruction in multicultural counseling prepared them to effectively work with diverse populations in the workplace?

RQ2: How do public school–based speech-language pathologists perceive their graduate programs' clinical practicum experiences in multicultural counseling prepared them to effectively work with diverse populations in the workplace?

Participants

The target population for this study was school-based speech-language pathologists employed in three public school districts located in Maryland. All the participants have a

master's degree in speech-language pathology, have graduated from a graduate-level speech-language pathology program accredited by CAA of ASHA and have been certified by ASHA as a speech-language pathologist. The participants have worked in the field of speech-language pathology for at least 2 years. All of the study participants had been working within the public school setting for at least 2 years at the time of the study.

Procedure

Public school-based speech-language pathologists were recruited from three public school districts located within 25 miles of Prince George's County, Maryland. I identified six speech-language pathologists through my informal network of contacts. I contacted four of the six speech-language pathologists I identified to solicit their help in recruiting participants for the study. The speech-language pathologists were asked to distribute the recruitment flyer (Appendix B) via email or in-person to public school–based speech-language pathologists within their informal network. If the targeted sample size of 15 was not achieved from the initial contact of the four speech-language pathologists, then I would have contacted them again and ask that the flyer be redistributed. I also contacted two speech-language pathologists from my informal network to solicit their assistance in recruiting potential participants. The speech-language pathologists who indicated an interest in helping to recruit study participants were sent the recruitment flyer via email. Potential participants who received the recruitment flyer contacted me via telephone or email to indicate an interest in participating in the study. I then contacted potential participants who indicated an interest in participating in the study to schedule the individual interview. Each participant received a reminder email and telephone call 3 days and 1 day prior to the scheduled interview.

Prior to beginning the interview session, the participants received a written copy of the study overview (Appendix C). The study overview included the description of the study, the purpose of the study, and the procedures of the study. The participants also received a written copy of an informed consent form (Appendix D) and the definition of terms handout (Appendix E). I read the description of the study, purpose of the study, procedures of the study, informed consent form, and definition of terms handout aloud to the participant. I asked the participant whether he or she had any questions or concerns about the documents provided. I provided clarification of the information as needed. Each participant was asked to provide his or her signature on the informed consent form. A copy of the signed consent form was provided to each participant at the conclusion of the interview.

Open ended, semistructured interview protocol (Appendix F) was used to gather perceptions of the participants related to the purpose of the study. Each participant was interviewed one time for approximately 45 minute times. The interview protocol was used to record notes and observations made during the interview. At the conclusion of the interview session, the participant received a copy of the signed informed consent form, a written thank-you card, a written invitation (Appendix G) to attend a presentation to discuss the study results after data analysis is completed, and a gift card to a department store selected by the researcher.

The interviews took place in-person. The interviews took place at an office located in suburban Maryland. All interviews were audio recorded and transcribed verbatim to text.

Data Collection

Using the most effective data collection methods for a study is critical (Trochim,

2006). Trochim (2006) stressed that the researcher must utilize data collection methods that will allow the pulling out of the most significant information that addresses the research problem and questions. In my study, I explored public school based speech-language pathologists' experiences of their graduate-level academic instruction and clinical practicum in multicultural counseling. One of the benefits of using a qualitative research approach for my study is the approach allowed me the opportunity to explore more deeply the school-based speech-language pathologists' thoughts, ideas, and opinions about their graduate programs.

My study utilized semi structured interviews of participants. The semistructured interviews utilized open-ended questions. This approach allowed the discovery and exploration of the public school-based speech-language pathologists' shared experiences, ideas, opinions, and perceptions (Knox & Burkard, 2009). As Patton (2002) pointed out, everything cannot be observed. A researcher cannot observe abstract concepts like feelings, thoughts, and intention (Patton, 2002). The purpose of the interview is to allow me as a researcher to enter into the participants' perspective or mind (Patton, 2002). The open-ended questions probed the participants' academic instruction and clinical practicum experiences as they relate to multicultural counseling competency skills, specifically in the areas of multicultural knowledge, multicultural awareness, multicultural counseling skills, and multicultural relationships (Pope-Davis, Reynolds, Dings, & Nielson, 1995). By using open-ended questions, I was able to gather data and get answers to questions that have a contextual basis (Ritchie, Lewis, & Elam, 2003). Additional questions that were asked during the interview included demographics information, such as age, ethnicity, and gender.

Data collection involved in-person interviews. I utilized an interview protocol when asking each participant questions that included research questions, sub-questions, and potential prompts. I recorded each participant's responses on a designated interview protocol sheet. To ensure accuracy of the participants' responses to interview questions, the interviews were also audio recorded. The audio recording of the in-person interviews were transcribed verbatim to text. Using interview protocols and proper equipment during interviews will help address any issues of quality assurance (Patton, 2002).

Data Analysis

Based on the nature of the research design, an inductive data analysis was conducted. The data collected from the study was coded and analyzed. Manual coding, as well as the use of computer software, was used to more efficiently analyze data. I identify categories and themes that served as the foundation of an initial coding framework and system. Being able to organize abstract concepts and ideas is important in the process of being able to effectively communicate data and information to others. I used mapping to provide a visual model of abstract ideas and concepts (Creswell, 2013). I utilized the mapping of the participants' responses to allow for more efficient organization of themes and concepts that emerged.

Chapter 4: Results

Introduction

As the importance of the cultural and ethnic backgrounds of those experiencing communication disorders continue to change, best practices need to be examined to ensure speech-language pathologists can effectively serve their clients. Despite reports of graduate programs focusing on multicultural competence, the literature suggests that speech-language pathologists are not adequately educated and trained to be culturally competent (Halvorson-Bourgeois *et al*., 2013; Harris *et al*., 2012; Horton-Ikard *et al*., 2010; McCarthy *et al*., 2014; Riquelme, 2013).

The purpose of this study was to examine the experiences and perceptions of public school-based speech-language pathologists on the graduate-level academic instruction and clinical practicum experiences they received to prepare them to effectively provide multicultural counseling services in the workplace.

Research Questions

To meet the research objectives, the following questions were probed:

RQ1: How do public school–based perceive their speech-language pathology graduate programs' academic instruction in multicultural counseling prepared them to effectively work with diverse populations in the workplace?

RQ2: How do public school–based speech-language pathologists perceive their graduate programs' clinical practicum experiences in multicultural counseling prepared them to effectively work with diverse populations in the workplace?

Procedure

Public school–based speech-language pathologists were recruited from 2 public school districts located within 25 miles of Prince George's County, Maryland. I identified speech-language pathologists through my informal network of contacts. I contacted speech-language pathologists via telephone to solicit their help in recruiting participants for the study. Six speech-language pathologists were asked to distribute the recruitment flyer (Appendix B) via email or in-person to public school-based speech-language pathologists within their own informal network. Potential participants who received the recruitment flyer indicated via email an interest in participating in the study. Two potential participants who initially indicated an interest to participate in the study decided not to participate due to personal issues and difficulty attending the in-person interview. Each participant self-scheduled the interview session by using an online scheduler website. Each participant received a reminder email 2 days prior to the scheduled interview session.

Setting

The interviews were held at my private practice office. Prior to beginning the interview session, the participants received a written copy of the study overview (Appendix B). The study overview included the description of the study, the purpose of the study, and the procedures of the study. The participants received a written copy of an informed consent form (Appendix C). I read the description of the study, the purpose of the study, the procedures of the study, and the informed consent form aloud to the participant. I clarified any questions or concerns participants had about the documents provided. Each participant was asked to provide a signature on the informed consent form. Each participant was informed that the interview would be audio recorded and transcribed verbatim to text.

I used an open ended, semistructured interview protocol (Appendix D) to gather the participants' perceptions and ideas related to the purpose of the study. I interviewed the participants individually for approximately 45 minutes. I used the interview protocol to record notes and observations made during the interview. At the conclusion of the interview session, the participant received a copy of the signed informed consent form, the study overview form, a department store gift card, a written thank-you card, and a written invitation (Appendix E) to attend a follow-up meeting to discuss the study results following data analysis.

Demographics

The sample was composed of seven public school-based speech-language pathologists employed in two public school districts located in Maryland. Participants were employed in the targeted public school districts. All the participants held master's degrees in speech-language pathology, were graduates from a graduate-level speech-language pathology program accredited by CAA and SLP of ASHA, and were certified by ASHA as speech-language pathologists. The participants have worked in the field of speech-language pathology for at least 2 years. All of the study participants were working within the public school setting for at least 2 years at the time of the study. Two of the participants were known to me prior to the interview. One participant attended graduate school with me and the other participant worked for my private practice company for 1 year, approximately 5 years prior to the study.

Eight participants were scheduled for interviews. One scheduled interview was canceled by the participant to indicate withdrawal from the study. The study included seven

participants. All the participants were females. Six participants identified their ethnicity as African-American and a participant identified herself as a Black-Jamaican.

All the participants graduated from a graduate-level speech-language pathology program accredited by CAA of ASHA, between the years 1983 through 2007. The graduate-level speech-language pathology programs were located in three geographical regions within the United States (northeastern, south, and west regions). The participants' certification by ASHA as a speech-language pathologist ranged from 1984 through 2008.

The participants have worked within the public school setting for a range of 7 to 31 years. The caseloads of the participants ranged from 23 to 54 students. The grade levels of the participants' caseloads ranged from kindergarten to Grade 12. The ethnicities of the students on the participants' caseloads included: African-Americans, Hispanics, Africans, Asians, Pacific Islanders, and Caucasians. The participants described the linguistic identity of the students on their caseloads as English, Spanish, Igbo, Mandarin, Krio, and Fujinanes.

Table 1 presents a summary of each participant's demographic information, such as number of years working as an ASHA certified speech-language pathologist and the number of years working in the school based setting. Table 2 presents a summary of the demographic information about the participants' caseloads.

Table 1

Summary of Study Participants

	gender	ethnicity	year graduated from graduate school	years certified	years in public school
Participant 1	Female	African-American	1983	31	31
Participant 2	Female	African-American	1983	29	29
Participant 3	Female	African-American	2008	7	7
Participant 4	Female	African-American	1995	19	19
Participant 5	Female	Black-Jamaican	1996	18	18
Participant 6	Female	African-American	2007	8	5
Participant 7	Female	African-American	1990	25	25

Table 2

Summary of Caseload Demographics

Demographic category	Characteristics
Ethnicity	- African - African-American - Asian - Caucasian - Hispanic - Pacific Islander
Linguistic identity	- English - Fujinanes - Igbo - Krio - Mandarin - Spanish
Grade Level	Kindergarten–Grade 12

Data Collection

Data collection was accomplished through in-person interviews. I utilized an interview protocol when asking each participant questions that included main questions, sub-questions, and prompts. The semistructured interviews assisted me in creating a discussion with the participants regarding their experiences, and to foster an understanding of the lived experience of the participants. The semistructured format of the interviews allowed the researcher the flexibility to alter the sequence of questions, or to probe for more in-depth responses when seemed fitting by the answers and comments of the participants (Merriam, 1998). During the semistructured interviews, participants were asked to share their thoughts, opinions and experiences regarding their academic instruction and clinical practicum experiences during their graduate-level speech-language pathology programs. Participants were encouraged to offer descriptions and examples of these topics. When additional elaboration was needed, participants' responses were followed up by the researcher with additional questioning or probing that included comments such as: "Talk more about that" and "Expound on that a little bit more."

The protocol for the semistructured interview was developed by the researcher with consultation with the dissertation committee members who are experienced with similar research methods. I recorded each participant's responses on a designated interview protocol sheet. To ensure accuracy of the participants' responses to interview questions, the interviews were audio recorded by using a small digital recorder. The audio recordings of the in-person interviews were transcribed verbatim to text.

Data Analysis

Based on the nature of the phenomenological research design, an inductive data analysis was conducted. The data collected from the study was coded and analyzed. Manual coding, as well as the use of computer software, was used to more efficiently analyze data. I identified themes and subthemes by multiple readings, key words, and sorting that served as the foundation of an initial coding framework and system. Once the themes were identified, the data were reviewed inductively to determine more specific subthemes that were supported by the data. Inductive content analysis relied on inductive reasoning, in which the themes and subthemes emerged from the raw data through repetitive assessment and comparison. The specific subthemes within each theme are used to discuss the main themes in more detail. I used concept mapping to provide a visual model of abstract ideas and concepts (Wheeldon & Faubert, 2009). The use of concept maps was used as a strategy to explore and analyze the data from the participants' responses. I utilized concept mapping of the participants' responses to allow for more efficient organization of themes and subthemes that emerged. I probed the interview transcripts to discover if any connections between them existed. I used concept mapping to identify any central concepts or themes to assist in identifying any possible connection between them. For example, I looked for the connections participants made between what they learned in academic instruction and their clinical practicum experiences in the area of multicultural counseling. Concept maps were created of each interview to depict what participants said about their academic instruction and clinical practicum experiences pertaining to multicultural counseling. I examined the various contexts in which the topic was addressed. The concept maps were used to create a category or coding system. After the maps were created from each

interview, I went through the maps to discover if recurring themes existed. Once the theme and subtheme system were created, the actual data was coded and concept maps were connected to individual data samples.

Following the in-depth interviews, a professional transcription service transcribed the audio data. As I listened to the audio recordings and read through the transcribed data, I identified ideas. Coding categories was a means of sorting the descriptive data. The coding of themes led to the identification of initial patterns and new subthemes. The codes were merged and adapted. As patterns emerged, themes were distinguished. The themes reflected the ideas that were reiterated by the participants. I grouped the themes, which were grounded in the data from the interviews. Each of the following themes will be discussed: (a) the role of clinical practicum supervisors (b) the approaches used to address multicultural counseling in academic instruction and clinical practicum experiences, (c) the influences in developing cultural competence, (d) feelings of preparedness once in the workplace, and (e) the effect adjustment counseling has on service delivery.

The following table provides a review of the results that are presented in this chapter. Table 3 presents a summary of the themes, as well as the subthemes within each themes.

Table 3

Summary of Themes and Subthemes

Themes	Subthemes
Role of clinical supervisor	- Being mentor and role model - Being a valuable resource - Having cultural/linguistic awareness
Approaches to addressing multicultural counseling	- Direct approach - Infusion approach - Self-directed, independent approach
Influences in developing cultural competence	- Having empathy for others - Personal experiences - Work experience - Continuing education
Feelings of preparedness once in the workplace	- Feeling confident - Feeling uncertain about abilities and skills - Feeling incompetent and unprepared
The effect adjustment counseling has on service delivery	

Role of Clinical Practicum Supervisor

When participants were asked to describe their clinical practicum experiences, 5 participants indicated their clinical practicum supervisors had an effect on their abilities to learn about multicultural counseling. The clinical practicum supervisor was described by participants in the following ways: (a) being seen a mentor and role model, (b) being seen a valuable resource, and (c) been seen as having cultural and linguistic considerations in supervision.

Mentor and Role Model

One role the clinical practicum supervisor was described as being by study participants was that of being seen as a mentor and role model. The participants described their clinical practicum supervisors as someone who mentored them. The mentoring relationship was described as the clinical practicum supervisor providing guidance and instruction to the participants in the best practices in providing multicultural counseling to their clients. Mentoring can be defined as developing effective ways to build skills, influence attitudes, and cultivate aspirations (ASHA, 2008). In one instance, Participant 2 referred to her clinical practicum supervisor as her "mentor" when describing the clinical practicum experience. Participants described the relationship with their clinical practicum supervisors as important and meaningful in their developing multicultural counseling skills. Participant 3 shared her thoughts about the importance of mentorship:

> So, I would just think sharing and mentorship is really key, too, to helping you through challenging issues in your career that are upcoming like ethics, evidence-based practice and counseling. We need to kind of collaborate with each other to find out what are other people doing, how can I get better in this area?

In being a mentor and role model, the clinical practicum supervisors were described as being easily accessible, willing to offer critical feedback on the participants' performance, as well as demonstrating techniques and practice protocols. Participant 3 described her clinical practicum supervisor as:

> Yes, my supervisors did talk to me about it . . . it was more of me doing research and coming to them and saying, "This is what I found," or "Do you think this is a good idea that I work with this client," or "What do you think of me incorporating this?" But we did receive some instruction, and of course guidance, as to whether they thought that was appropriate.

Participants also described the clinical practicum supervisors as being seen as role models. Two participants shared that the clinical practicum supervisors directed them to watch as they provided multicultural counseling to specific clients. In essence, the clinical practicum supervisors wanted to provide a first-hand, visual model on how to provide counseling services. Participant 1 described her clinical practicum supervisor in terms of providing a model of how to work with clients from various cultural and linguistic backgrounds as, "My supervisor was good at that."

In being a mentor and role model, the clinical supervisors were described as being willing to offer critical feedback on the participants' performance. Participants 1 and 2 noted how having clinical practicum supervisors who they could watch demonstrate multicultural counseling strategies was important. Participant 2 stated, "I think it was more that I watched her [*supervisor*]". Participant 1 noted:

> *"I just watched him [supervisor] every week work with that one patient and trying to draw his family in to come in to be a support to him."*

Valuable Resource

Another aspect in which the clinical practicum supervisors were described by participants was being seen as a valuable resource for information. Four participants pointed out that their clinical practicum supervisors provided resources such as text books, handouts, and verbal information on individuals from culturally and linguistically diverse backgrounds for the participants to utilize when working with their caseloads. Participants indicated that having a supervisor who provided relevant information at the time it was needed was invaluable. As Participant 3 reported, her supervisor was a valuable resource in helping with challenges:

> *"I was able to apply what I learned in that course, and of course work with my*
> *supervisors to kind of work through some of those difficult challenges."*

Participants 1 and 2 reiterated to idea that clinical practicum supervisors were vital to the participants' experiences in developing multicultural counseling competence. As Participant 1 noted:

> My one supervisor in Brooklyn, she was Jewish, so she made you make sure you
> knew. She said, "Well, I know you know about your culture – but let me just explain
> to you about this one and that one."

Participant 2 shared:

> I remember watching her. I can remember watching her give that kind of
> information, and then I did have the opportunity to also, and for her to critique me
> about what she thought I did good or what I didn't, or even in the same way with the
> children. She spoke to me about, "What did you do about a particular student's
> difficulty, and how did you handle it?" those kind of things.

Participant 4 shared the sentiments as other participants in terms of viewing her clinical practicum supervisor as a valuable resource in providing information, guidance and support. Participant 4 stated that some of her questions and challenges in working with her clients were "brought it to me out of their own [*supervisors*] experience and some would were generated out of my questions about, "What do I do with this kind of patient" or "I want to do this. Is this a good idea? What are your thoughts on it?"

Cultural and Linguistic Considerations in Supervision

Differences in cultural values have an effect on the nature and effectiveness of all aspects of clinical interactions, including supervisor-supervisee relationships. As Coleman (2000) pointed out, supervisors must take into consideration culture when supervising their students if their interactions with them are to be successful. One participant shared how her supervisor asked her to share her thoughts on a client that was of the same ethnicity as the participant. Participant 2 noted:

> My clinical supervisor was a different ethnicity than I was, and so she was wondering about what I could tell her about somebody who maybe had an ethnicity such as mine, or the influence on the child, or even the way I would say a word or the way I would make a statement.

The supervisor's actions of seeking input from the participant highlights the supervisor's awareness and consideration that learning about others' cultures in vital to be effective with working with others.

Approaches to Addressing Multicultural Counseling

As participants were probed to discover how multicultural counseling was addressed in their graduate-level speech-language pathology programs, three different approaches were noted. The 3 approaches that emerged included: (a) a direct approach, (b) an infusion approach, and (c) a self-directed, independent approach.

Direct Approach

The direct approach to addressing multicultural counseling was described as purposeful, targeted, and focused. Participants indicated that issues of cultural and counseling were directly addressed both in the academic instruction and clinical practicum experiences. The direct approach to multicultural counseling was described as graduate-level speech-language pathology programs having required or elective courses or clinical practicum opportunities. Participants 3 and 6 shared that there were specific courses and clinical practicum opportunities designed to specifically address the issues of cultural and providing counseling. Participant 3 indicated that she took a course, "Professional Issues" that discussed issues of cultural competence. Participant 3 also noted that the "Professional Issues" course "talked about interview and counseling".

Infusion Approach

Another approach that was described as being used to address multicultural counseling in graduate-level speech-language pathology programs was the infusion approach. As opposed to the direct approach that involves having specific courses or clinical practicum experiences on multiculturalism and counseling, 4 participants described the infusion approach as the main approach to learning about multicultural counseling. The

infusion approach involved integrating information on cultural and counseling into various courses and clinical practicum experiences. Participant 3 remarked:

> We had multiculturalism and cultural competence infused into our course called "Professional Issues".

Participants 2 and 5 indicated the same idea about the infusion approach to cultural and counseling. Participant 2 described the infusion approach in terms of her academic instruction as:

> I would say that, I think it [multiculturalism] was a consideration pretty much across a lot of the courses that I took. Yeah, I feel pretty confident about that.

Participant 5 reported the infusion approach to multicultural counseling within the courses as:

> What they did do, they would talk about how you would counsel the client within the disorder, so if I took the fluency class, they would touch on it within the class itself, about how you deal with the young child who's a stutterer, and things you would do with them as far as strategies as well as counseling with them. They would talk to you about working with aphasic patients, and what you would have to do as far as talking to the patient and then dealing with the family. That's when you got the part about counseling, but it wasn't a separate class. It was within the class that they had.

The infusion approach to addressing multicultural counseling, whether in the academic instruction or clinical practicum experiences, was the approach Participant 4 echoed when she was asked to describe how counseling was addressed in her graduate-level speech-language pathology program.

Self-directed, Independent Approach

Another approach that emerged when participants were asked to describe how multicultural counseling was addressed in their graduate-level speech-language pathology programs was the self-directed, independent approach. This approach was characterized as participants having to gather information on multicultural counseling on their own due to the limited amount of information they received through courses and clinical practicum experiences. Participant 1 commented that "it was more of me doing research and coming to them [supervisors]", as well as reaching out to others for information and support." Four participants noted that they did not have specific courses on multicultural counseling or there was limited infusion of multicultural counseling materials into academic instruction and clinical practicum experiences. Participants 4 and 2 comments were similar in terms of the need to be self-directed and independent in learning about multicultural counseling during their graduate-level speech-language pathology programs. Participant 4 indicated:

> I don't think the academic instruction prepared me to do that. I think it was the experiences that came as part of extern placements that even allowed me to see it in action and to develop my own understanding of what the differences could be and how you would have to potentially address those differences in your practice.

Influences in Developing Cultural Competence

As participants were probed to gain a greater understanding of their thoughts and perspective about developing cultural competence, 4 distinct contributing factors emerged from the data. The 4 different contributing factors described by the participants as being influences in helping them to develop cultural competence included: (a) having empathy for others, (b) personal experiences, (c) work experiences, and (d) continuing education

Having Empathy for Others

Two participants, Participants 3 and 4, stated that having empathy for others helped them to grow in the area of multicultural counseling. Participant 3 stated that "just being empathetic and listening to other people" has helped her to develop in the area of cultural competence. Participant 4 went on the elaborate on the idea of having empathy. She made comments such as, "put yourself in the other person's shoes" to convey the idea of the importance of having empathy when providing counseling. Participant 4 comments about empathy as an important influence that helped her to develop cultural competence was expressed in the following:

> The most would be seeing it through the lens of the parent or the family member, not always the parent, the biological parents that are receiving the information. And my own experience and even taking on the role of thinking like the parent.

Personal Experience

Another contributing factor to developing cultural competence for 2 participants was their own personal experience. Participant 6 described her personal experience as:

> I have a son who has special needs so I kind of see that either the kids or the parents' perceptions are different or they might need help adjusting to what they're dealing with.

The participant's personal experience of having a child with a disability also lends to the idea of having empathy. The participant shared that she is able to relate or put herself in other parents' shoes when she has to provide counseling about a communication disorder because of her own experience as a parent with a child with special needs.

Participant 5 shared similar sentiments about how personal experience influenced and shaped her ability to develop cultural competence. She stated that her own ethnicity was a contributing factor in her development of cultural competence. The participant shared, "I guess my background as well being a Jamaican and it's like you have to explain we all come from different backgrounds."

Work Experience

Many of the participants described their work experiences as having the greatest effect on developing cultural competence. Five of the 7 participants made similar comments about the effect that work experience played in developing cultural competence in counseling. As Participant 1 stated, "I feel much more comfortable and confident just from experience, but also myself, going out to help myself understand and taking classes". Another participant reported:

> I think they prepared me for the beginning, and I just think I had to do more after that on my own, and consult with mentors, speech pathologists, and just kind of go out there and gain more experience to get comfortable.

Participants 3, 4, and 7 described work experience as the key influence in helping them to develop cultural competence in counseling those from culturally and linguistically diverse backgrounds. The participants' comments such as "Trying experiences out of your professional comfort zone", "It has all be experiential over the span of the years," and "And so what you bring to it, of course, is all those other experiences that – so you have a responsibility to give yourself those other experiences, so that you can have them to resource to yourself when you're in other – in situations where you may need to do that" all

support the idea of work experiences effect on developing multicultural competence. Participant 4 noted:

> As I have come into contact with more diverse families and children I've had to seek it on my own and begin to rely on experience after experience historically to know how to kind of guide conversations.

Continuing Education

A final influence that emerged from the data when participants were probed concerning the factors that contributed to developing multicultural counseling competence was the idea of continuing education. Three participants described how they have taken courses offered through their employers or courses offered through professional associations after completing their graduate-level speech-language pathology programs. The participants' comments indicated that in order to develop their cultural competence, they needed to go beyond the graduate-level academic instruction and clinical practicum experiences. As Participant 5 stated, "I'm continuously learning, continuously doing my research because things change". Participant 1 noted that "taking those classes helped me to deal with the parents". The participants' comments help to illustrate the idea that ongoing learning is used to develop multicultural counseling competency. For example, as Participant 7 expressed, "I seek to utilize every ongoing education opportunity that's geared towards the Spanish-speaking populations."

Feelings of Preparedness Once in the Workplace

When the participants were asked to express their overall feelings, thoughts, and perspectives on their preparedness to effectively provide multicultural counseling to a culturally and linguistically diverse caseload of students once they were in the workplace,

the responses ranged from: (a) feeling confident, (b) feeling uncertain about abilities and skills, and (c) feeling incompetent and unprepared.

Feeling Confident

Participant 2 believed her graduate-level speech-language pathology academic instruction and clinical practicum experiences prepared her to be effective in providing multicultural counseling to a culturally and linguistically diverse caseload of students. Because Participant 2 believed her academic instruction and clinical practicum experiences provided an adequate foundation for her to be effective in the workplace, she conveyed the idea of feeling confident. Participant 2 thought that her course work, various clinical practicum experiences, and support from her supervisors made her feel certain and assured that she was able to effectively provide multicultural counseling in her workplace. Her comments included: "I felt like that I had a good background. I felt too that because I had done a lot of clinical experience in where I was going to work, that I felt like I had a better grip, or I felt – not to say that I wasn't scared or that there wasn't a lot to learn. Looking back over my career, there was a lot I learned, but I felt like they – that it was good preparation."

Feeling Uncertain

Although Participant 2 described feelings of confidence and assurance, the other participants did not share the same perspective. The participants' comments pointed towards feelings of having some basic information about multicultural counseling, but lacked the opportunities to gain practical experience. For example, Participant 4 shared:

Again, there was some exposure in some level of discussion, but not in terms of having had a lot of opportunities to really dig into it. It was just kind of happenstance if you will.

Participant 3's comments conveyed the same idea of feelings of uncertainty:

I feel much more comfortable and confident just from experience, but also myself, going out to help myself understand and taking classes, but my initial classes didn't help me. The practicum helped me more than the classes, 'cause the classes didn't offer anything.

Feeling Incompetent and Unprepared

Five of the participants described feelings of incompetence and unpreparedness when asked to express their overall feelings, thoughts, and perspectives on their preparedness to effectively provide multicultural counseling to a culturally and linguistically diverse caseload of students once they were in the workplace. Participants expressed comments such as, "I feel very basic, very surface level" and "I don't feel like I am capable or have the resources to do anything really effective or deeper, I don't think so". One participant, Participant 5, shared that:

 I think in that environment [*clinical practicum*] you're a little bit sheltered because you had your supervisor there, whereas when I started working I was on my own and so I had to learn as I went along and I had to call up all my speech-language pathologists [SLPs] that I know.

It was concluded that the feelings of incompetence and being unprepared were based on participants' comments about the lack of adequate academic instruction and clinical

practicum experiences they received in their graduate-level speech-language pathology programs.

The Effect of Adjustment Counseling on Service Delivery

The researcher probed the participants to get more specific information on counseling. Although participants made comments about the importance of informational counseling, 3 participants indicated the critical effect adjustment counseling had on service delivery. As Participant 6 indicated, adjustment counseling is needed to help some people to move forward with treatment. She indicated:

I would say the adjustment counseling that came secondary if you noticed that the client or the family was having trouble or having a hard time dealing with it that was just me personally seeing that there was some kind of uncomfortability with it and then I would talk to them.

Participant 4 noted:

That takes me from informational counseling immediately to adjustment counseling. To going from dispensing information about your child's performance let say on assessments, to okay now you've received this information now I need to encourage you to be accepting on what the challenges are and to realize that there is potential for progress. So it almost goes hand-and-hand now. You go from one side and quickly have to shift to the other side.

Participant 1 described the effect adjustment counseling has on service delivery in terms of:

It's not just all therapy, just straight therapy, trying to solve that problem with the therapy. There's another component, and there's always an emotional part attached

to it, and you have to be careful with what you say, how you say, explain, not
explain.

Summary

This chapter presented and discussed the findings of this study as obtained from in-
person, semi structured interviews with 7 public school-based speech-language
pathologists. In order to meet the research objectives, public school-based speech-language
pathologists were asked how they perceived their speech-language pathology graduate
programs' academic instruction and clinical practicum experiences in multicultural
counseling prepared them to effectively work with diverse populations in the workplace.
The transcribed data allowed me to identify ideas. Coding themes was a means of sorting
the descriptive data. The coding of themes led to the identification of initial patterns, new
themes and subthemes. The themes were merged and were adapted. The themes reflected
the ideas that were echoed by the participants. These themes were grouped from the data
from the interviews. Each of the following themes were discussed: (a) the role of clinical
practicum supervisors (b) the approaches used to address multicultural counseling in
academic instruction and clinical practicum experiences, (c) the influences in developing
cultural competence, (d) feelings of preparedness once in the workplace, and (e) the effect
adjustment counseling has on service delivery.

Chapter 5 will discuss the interpretation of the study's findings, the limitations of
the study, recommendations, and implications for social change. Within the final chapter of
this dissertation, a description of each theme and category and relevant literature will be
utilized to discuss the fundamental nature of the phenomena being studied. The fundamental
nature underscores the common experiences of all the study participants and supports the

understanding of the lived experience of those who experienced the phenomena being studied.

Chapter 5: Discussions, Conclusions, and Recommendations

Introduction

An estimated 7 million children and adults in the United States have some type of language disability (National Institute of Deafness and Other Communication Disorders, 2013). When a person is diagnosed with a speech, language, and hearing disorder, sometimes the individual or family members may demonstrate a negative emotional response (Kuo *et al*., 2002). Because of the negative emotional reactions some individuals experience when diagnosed with communication disorders, it is vital that speech-language pathologists employ effective counseling strategies during treatment (Alavez *et al*., 2009; English, 2008; Millar *et al*., 2010; Phillips & Mendel, 2008). Speech, language, and hearing disorders affect people from all cultures. It is necessary that speech-language pathologists consider culture when providing services such as counseling services (ASHA, 2008). Despite reports of graduate programs focusing on improving multicultural competence, the literature suggests that speech-language pathologists are not adequately educated and trained to be culturally competent (Halvorson-Bourgeois *et al*., 2013; Harris *et al*., 2012; Horton-Ikard *et al*., 2010; McCarthy *et al*., 2014; Riquelme, 2013). The purpose of this study was to answer the following research questions: (a) how do public school–based speech-language pathologists perceive their graduate programs' academic instruction in multicultural counseling prepared them to serve diverse populations in the workplace, and (b) how do public school–based speech-language pathologists perceive their graduate programs' clinical practicum experiences in multicultural counseling prepared them to serve diverse populations in the workplace? Seven public school–based speech-language

pathologists participated in this study to gather their thoughts and perceptions about their

respective graduate-level programs.

Interpretation of the Findings

The findings, based on the participants' experiences and perceptions, will be

discussed in terms of 5 themes. Five themes emerged from the data: (a) the role of clinical

practicum supervisors, (b) the approaches used to address multicultural counseling in

academic instruction and clinical practicum experiences, (c) the influences in developing

cultural competence, (d) feelings of preparedness once in the workplace, and (e) the effect

adjustment counseling has on service delivery.

Role of Clinical Practicum Supervisor

The role of the clinical practicum supervisors proved to have a significant effect on

participants' abilities to learn about multicultural counseling. The clinical practicum

supervisors were described by participants as mentors and role models. Identified as a

valuable resource, clinical practicum supervisors were also viewed as having cultural and

linguistic awareness when providing supervision. The participants shared experiences about

their clinical practicum supervisors support the idea of the importance role university

personnel have in effectively preparing students for the workplace.

The findings of this study are in line with the study conducted by Paris *et al*.

(2009), "Mentoring Graduate Clinicians as They Become Counselors." Those researchers

indicated that the role of the university clinical supervisor is to assist students in developing

the counseling skills they need to provide effective service. Paris *et al*. (2009) proposed that

when given an effective model, students' counseling competency can be developed.

Whether the clinical practicum supervisors were depicted as mentors and role models or a

valuable resource, and demonstrating cultural and linguistic considerations when providing supervision, the findings of this study support the important role personnel play in preparing speech-language pathology students in multicultural counseling. The role university personnel play should be an area of continued assessment and focus that graduate-level programs address to ensure best practices in developing culturally competent graduates.

Approaches to Addressing Multicultural Counseling

When participants were inquired as to how multicultural counseling was addressed in their graduate-level speech-language pathology academic instruction and clinical practicum experiences, three approaches were distinguished. The study's findings included the following approaches: a direct approach; an infusion approach; and a self-directed, independent approach. Of the three approaches revealed, four participants identified the infusion approach as the primary approach used to address multicultural counseling. The infusion approach involved integrating information on cultural and counseling into various courses and clinical practicum experiences.

This study, along with other research findings, concluded that the other approaches to addressing multicultural counseling were often used as well. In the study conducted by Millar *et al*. (2010), the researchers suggested that graduate-level speech-language patholgists should receive specific academic instruction and clinical practicum training in counseling as part of their academic preparation. The authors concluded that development in the area of counseling competency is often neglected in many graduate-level programs. Millar *et al*. indicated that an absence of a formal course in counseling in graduate-level programs limits learning opportunities for speech-language pathologists prior to early work experiences. In a study by Phillips and Mendel (2008), 80% of the participants of the study

reported they did not receive formal courses counseling in their graduate-level programs. Whether graduate-level academic instruction and clinical practicum experiences used the direct, infusion, or self-directed approach to address multicultural counseling, it was concluded from the study by Philips and Mendel, as well as this study, that an approach in which multicultural counseling is featured topic in graduate-level academic instruction and clinical practicum experiences is necessary. Further inquiry could be made as to which approach, infusion, direct, or independent, self-directed, participants perceived to most effective and beneficial.

Influences in Developing Cultural Competence

As participants were questioned to gain a greater understanding of their thoughts and perspective about developing cultural competence, various influences were noted. Four different contributing influences were described by the participants as being primary in helping them to develop cultural competence. The influences included: having empathy for others, personal experiences, work experiences, and continuing education.

Some of the influences that allowed the participants to develop cultural competence are based in the specific concepts of the theoretical framework of multicultural counseling. The multicultural counseling framework developed by Sue and Sue (1999) consists of the following concepts: being aware of one's own assumptions, values, and beliefs; understanding the world view of those from culturally different backgrounds; and developing culturally appropriate assessment and intervention strategies and techniques. The idea of being aware of one's own assumptions, values, and beliefs was distinguished by study participants who shared how their own personal experiences, such as having a child with special needs, affected the development of effective multicultural counseling

skills. Participant 5 shared similar sentiments about how her own ethnicity: "I guess my background as well being a Jamaican and it's like you have to explain we all come from different backgrounds", supports the premise that being aware of one's own assumptions, values, and beliefs is important to developing multicultural counseling competence.

The multicultural counseling framework developed by Sue and Sue (1999) is also founded of the basis that understanding the world view of those from culturally different backgrounds is key to being culturally competent. It is vital for professionals to understand that their clients may not share the same values and beliefs about certain issues. The findings of this study revealed that 2 participants comments, like "put yourself in the other person's shoes, conveyed the idea of empathy or understanding the world from the other person's perspective. The concept of having empathy for others is needed to develop multicultural competence. As Participant 4 commented, "seeing it through the lens of the parent or the family member" supports the research findings of Kuo and Hu (2002). Kuo and Hu stated that in order to facilitate the process of counseling during interventions, speech-language pathologists need better understanding of their clients' culture. Hays (2008) maintained that having an attitude of understanding is necessary in grasping the world view of others.

Many of the participants described their work experiences and continuing education pursuits as having the greatest effect on developing cultural competence. Five of the 7 participants made similar comments about the significance work experiences played in developing their cultural competence in counseling. In addition, 3 participants' continuing education activities were influencers in developing multicultural counseling competency. The participants indicated that in order to develop their cultural competence, they needed to go beyond the graduate-level academic instruction and clinical practicum experiences.

The idea of "going beyond" the graduate-level program, whether by navigating various work experiences or through taking additional courses, "going beyond" implies the ideas of growth and development. Within the concepts of growth and development lies the idea of adapting or changing. As Participant 5 stated, "I'm continuously learning, continuously doing my research because things change." Being able to adapt and change supports the third component of the multicultural counseling framework.

The third component of the multicultural counseling framework involves developing culturally appropriate assessment and intervention strategies and techniques. Being able to develop culturally appropriate assessments and intervention strategies is the result of professionals being open to "go beyond" their initial foundation of understanding and learning. Professionals need to consider different ways in which assessments and intervention strategies can be adapted or changed to accommodate needs of certain groups. Multicultural counseling approach is about using experience and continual education opportunities to create new models that more accurately reflect the ideas, beliefs, and worldviews of people from culturally and ethnically diverse backgrounds (Hays, 2008; Reynolds, 2011).

Feelings of Preparedness Once in the Workplace

Participants were asked to express their overall feelings and perspectives on their preparedness to effectively provide multicultural counseling to a culturally and linguistically diverse caseload of students once they were in the workplace. The responses included feeling confident, feeling uncertain about abilities and skills, and feeling incompetent and unprepared. One participant's comments indicated feelings of confidence and assuredness of her preparedness to effectively provide multicultural counseling to a

culturally and linguistically diverse caseload of students once they were in the workplace. A review of previous research studies indicated no significant research findings that echoed Participant 2's feelings of confidence and preparedness. However, a review of previous research studies found several studies that support the feelings of uncertainty and incompetence that several participants of this study described.

Similar to this study's participants, participants in the study conducted by Mackie and Damico (2011), noted they did not feel comfortable or prepared to provide counseling services once they were in their work setting. Mackie and Damico reported that some of the participants purposefully avoided focusing on emotionally sensitive topics with their clients because of their feelings of being unprepared to effectively provide the service. As with this study participants, those researchers pointed out that the limited or lack of education and clinical training in counseling for speech-language pathologists lead to participants' feelings of uncertainty and incompetence; thus leading to the ineffectiveness of the treatment of a communication disorder (Atkins, 2007; Paris & Gottwald, 2009). The overall conclusions regarding participants' feelings of preparedness once in the workplace included feelings of uncertainty, incompetent, and unprepared. Six of the 7 participants of this study expressed negative feelings about their level of multicultural counseling competency once in the workplace.

The Effect of Adjustment Counseling on Service Delivery

Participants described the important role adjustment counseling had on effective service delivery. As one participant noted, adjustment counseling is needed to help some people to address negative emotional reactions to help move forward with treatment. This

same idea can be found in previous studies (English, 2008; Jackson, Traub, & Turnbull, 2008; Luterman, 2008; Shames, 2006; Tornqvist, Thulin, Segnestam, & Horowitz, 2009).

Another participant indicated that moving towards providing adjustment counseling is at times immediate, due to perceiving the negative emotions of clients or family members. The participant commented: "you go from one side and quickly have to shift to the other side." Participant 1 described the effect adjustment counseling has on service delivery in terms of:

It's not just all therapy, just straight therapy, trying to solve that problem with the therapy. There's another component, and there's always an emotional part attached to it, and you have to be careful with what you say, how you say, explain or not explain.

The participants of this study reiterated what other researchers found on the importance of moving to adjustment counseling to demonstrate effective service delivery (Bussolari & Goodell, 2009; Clark, 2003; Philips & Mendel, 2008; Spiller, 2007).

Limitations of the Study

The following were limitations of this study:

- The findings of the study are limited because the sample is restricted to 7 public school based speech-language pathologists,

- The participants may not have answered honestly, thus the results might not accurately reflect the views of all members of the included population,

- Due to the qualitative design, the findings of the study cannot be generalized beyond the sample,

- I may have been biased to the data collected, as well as the results. Working as a public school based speech-language pathologist, my academic instruction, and clinical experiences may have affected data collection and interpretation. To minimize my bias during the interviews, an interview protocol was used with each participant to avoid asking questions that were leading to specific answering, putting words into the participants' mouths, and causing misunderstanding of what was being asked.

Recommendations

Based on the findings from this study, recommendations for further research that are grounded in the strengths and limitations of this study are provided. Through the completion of this study, I gained further insights into the shared experiences of public school-based speech-language pathologists. By examining the data that emerged from this study, further research inquiry could be made. Opportunities to expand research, in terms of the sample studied, would be to choose the sample based on criteria such as workplace setting, the number of years worked in the field of speech-language pathology, or the geographical area the participants attended graduate-level speech-language pathology programs. For example, this study used the public school setting as one of the criteria to participate in the study. A further study could use the healthcare or medical setting as a criteria for study participants. As the study by Sumpter and Carthon (2011) pointed out, the need for healthcare professionals to be culturally competent is essential as well.

Also, the number of years the study participants have worked in the field of speech-language pathology ranged from 7 to 31 years. Further research that examines the perceptions of the academic instruction and clinical practicum experiences of school- based

speech-language pathologists with less than 5 years' work experience may offer different findings. As Hammond, Mitchell, and Johnson (2009) concluded, graduate-level programs should be continually assessed so they can continue to strive to provide greater amounts of the academic and clinical training in issues of cultural and linguistic diversity.

An area that further research can be expanded is in examining more specifically the themes and subthemes that emerged from the data. In this study, 4 main themes emerged, as well as subthemes within each theme. For example, one of the themes that surfaced from this study was the influences in developing cultural competence. Within that theme, 4 subthemes were noted. Further research could be conducted to explore the 4 subthemes that were cited. For example, a survey instrument could be designed that may be administered to a much larger group of speech-language pathologists to provide more information regarding empathy, personal experiences, work experiences, and continuing education as influences in developing multicultural counseling competence. Examining more closely the ideas of empathy, personal and work experiences, and continuing education could add extremely beneficial information to the literature, as it closely relates to the framework of the theory of multicultural counseling.

Recognizing how graduate-level speech-language pathologist students are prepared may allow those who are managing programs to improve the academic instruction and clinical practicum training that speech-language pathology students receive. University personnel roles are vital when structuring the components of any graduate-level program. Hence, another promising area of inquiry would further examine the clinical practicum supervisors' roles within a speech-language pathology graduate program in helping to develop clinical skills, such as multicultural counseling. Further research in this area could

provide valuable insight into how clinical practicum supervisors' roles can improve clinical practicum training and supervision of graduate-level students.

Implications for Social Change

Effective and appropriate counseling is more than just providing information. Effective counseling can be described as supporting and empowering clients in making the best decisions about their care when coping with a disability (Phillips *et al*., 2008). Participant 4 echoed these sentiments when she stated, "I think over the years there are different things that you may want to consider when you're providing informational counseling to a family that is of a different cultural and linguistic background." Being culturally competent is vital for effective service delivery. It is essential that speech-language pathologists consider their clients' personal beliefs, needs, and attitudes when providing services. A person's cultural beliefs may affect how he describes his health problems, the manner in which he presents his symptoms, who he seeks for health care, how long he remains in care, and how he evaluates the care provided

(Tomoeda & Bayles, 2002).

As the importance of the cultural and ethnic backgrounds of those experiencing communication disorders continue to change (ASHA, 2008), best practices in counseling need to be examined to ensure that speech-language pathologists have the ability to be effective in serving their clients from culturally and linguistically diverse backgrounds. The participants of this study were asked as to share what they thought about the social and practice implication this study has for speech-language pathologists providing multicultural counseling. Participant 4 stated:

I'm glad for this study, because I think about the potential that it could have to

open up therapists and other providers to the importance of it. We are not just practitioners, we are people who I believe are in this profession because you have a heart to serve and serving doesn't mean just providing treatment. Servicing means trying to meet the full spectrum of needs within your purview of the students and the families that you provide service to. Yeah sometimes it's just counseling…far beyond the therapy. The therapy is a small piece.

Another participant stated that her supervisor took her and others to the neighborhoods of where the students lived because she wanted to help the professionals understand "where our population was coming from" and to help them understand their students' needs more clearly. The ethical responsibility of speech-language pathologists is to provide services that employs sensitivity to the individual (ASHA, 2008). The social implications of speech-language pathologists improving their multicultural counseling skills are tied directly and indirectly to whether they are effective in providing services to their clients (Millar *et al*., 2010).

Conclusion

Although graduate-level speech-language pathology programs reported focusing more on multicultural competence, the literature suggested that speech-language pathologists are not adequately provided academic instruction and clinical practicum experiences to develop cultural competent (Halvorson-Bourgeois, *et al*., 2013; Harris *et al*., 2012; McCarthy *et al*., 2014; Riquelme, 2013). My literature search did not find significant research that investigated speech-language pathologists' perspective on how their graduate-level academic instruction and clinical practicum experiences affected them once in the workplace. This was an important gap in the literature that needed to be addressed.

Although studies have looked at the academic instruction and clinical practicum opportunities that graduate-level speech-language pathology programs offer, the studies did not seek to gather the thoughts and perceptions from those who actually matriculated through the programs. For example, in a study by Hammond, Mitchell, and Johnson (2009), the researchers surveyed program directors of speech-language pathology graduate-level programs to get their perceptions of the academic instruction and clinical practicum experiences they provided students to prepared them to work with culturally and linguistically diverse populations. The findings of the study indicated that speech-language pathology program directors reported that they believed their programs provided students with at least some academic training and clinical experiences related to cultural diversity. I think it is beneficial to get program directors' perceptions of their respective programs. However, I believe it is more advantageous to seek the speech-language pathologists who went through the programs to share their perceptions of the programs to gain a more in-depth idea of whether programs are actually providing what it is intending to provide for their students. Hammond *et al.* (2009) concluded that graduate-level programs should continue to strive to provide greater amounts of the academic and clinical training in issues of cultural and linguistic diversity. University programs must assess whether they are preparing students to effectively demonstrate multicultural competency. One approach university programs can assess their programs could include gathering information from students when they enter the programs and when students graduate from the programs. Focus groups, surveys, interviews, and other methods could be used to gather information university programs could utilize to assess their programs effectiveness in preparing their students. With the diversity of students and families found in the public school setting, it is

imperative that professionals, such as school-based speech-language pathologists, leave graduate-level programs with the academic and clinical practicum experiences that allow them to be effective in the workplace. Students, teachers, school administrators, and families are relying on school-based speech-language pathologists to be effective in providing quality services that help students to be successful in the education environment.

As the awareness of the cultural and ethnic backgrounds of those experiencing communication disorders continue to expand, it is imperative speech-language pathologists be prepared to meet the cultural-specific demands they encounter once they are in the workplace. It is important to examine multicultural counseling competency of speech-language pathologists working with people from culturally and linguistically diverse backgrounds. Speech-language pathologists should be able to adequately support their clients from varied backgrounds to successfully manage their emotional issues when they are faced with a communication disorder. As one study participant so aptly stated:

My final thought is just that I think we need to get busy because I would say in the next at least 10 years our demographics will be changing rapidly. Not just here in this area, but everywhere. We have different ethnic backgrounds and international people moving everywhere.

I strongly agree with this study participant's sentiments that "we have to get busy" in ensuring that the services professionals, such as speech-language pathologists, provide are fundamentally meeting the needs of the people who rely on them to provide effective, and for some, live-changing solutions. With over 7 million children and adults in the United States exhibiting some type of language disability that can significantly affect their education, employment, and the well-being, speech-language pathologists are busy helping

a large number of people (ASHA, 2010; National Institute of Deafness and Other Communication Disorders, 2013). But more importantly, speech-language pathology graduate-level programs must remain busy working to help speech-language pathologists be prepared to ensure the services they are providing to so many children and adults are effective and successful in meeting the needs of those they serve. The findings of this study are relevant to the current literature on the topic of multicultural competency because the findings provide a current look into the perceptions of school-based speech-language pathologists who are challenged with meeting the needs of a diverse student population. This study contributes to the gaps that were previously identified in the literature.

Although ASHA has mandated that counseling be an integral part of the scope of practice for speech-language pathologists (ASHA, 2007), very little research has been conducted to identify ways to best improve this area of practice for many speech-language pathologists. The findings of this study continue to support the idea that others such as Millar *et al*. (2010), support that graduate-level speech-language pathologists and audiologists should receive specific education and clinical training in counseling as part of their academic preparation. Multicultural counseling should not continue to be a neglected area in the academic instruction and clinical practicum experiences of graduate-level speech-language pathology programs. University programs will need to do more in the future to ensure speech-language pathology students are adequately prepared to meet the challenges in working with persons with communication disorders from culturally and linguistically diverse backgrounds. University programs can do more by recognizing the role influences, such as the most effective approach to develop multicultural competency, the role of clinical supervisors, continuing education opportunities after graduating from

graduate-level programs, and training within the workplace, has on develop cultural competency. Once university programs acknowledge the effect those influences have, then additional resources, such as supervisor training, continuing education courses and workplace mentoring programs, could be put into place to support speech-language pathologist in developing and expanding their capacities and competencies in working with individuals from culturally and linguistically diverse backgrounds. As the importance of the backgrounds of those experiencing communication disorders continue to change, it is imperative speech-language pathologists be prepared to meet the cultural and linguistic-specific demands they encounter in the workplace. It is important to keep multicultural counseling competency of speech-language pathologists in the forefront of evidence-based service delivery awareness and efforts.

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Appendix A: Email to Informal Network of SLPs

To: ████████ Speech-Language Pathologist

████████ County Schools-Instructional Specialist

To: ████████, Speech-Language Pathologist (████ County Public Schools)

To: ██████, Speech-Language Pathologist ████████ County Public Schools)

Reference: Soliciting Participants for Research Study

Hi ████████████████

I hope all is well. Thank you for taking the time to talk to me about my research topic. Your insight into how beneficial my study is to our profession was very encouraging.

Per our conversation, I have provided a description of my study, *SLPs on Multicultural Counseling Competency*, along with other pertinent information. Your assistance in helping me to solicit participants is greatly appreciated.

If you have any questions about the information I have provided, feel free to let me know. Again, thank you for your support!

Denise

Denise Moore Revel, MS
Speech-Language Pathologist
Walden University Doctoral Candidate

Appendix B: Participant Recruitment Flyer

RESEARCH PARTICIPANTS NEEEDED

PUBLIC SCHOOL BASED
SPEECH-LANGUAGE PATHOLOGISTS

PURPOSE: Explore the perceptions and experiences of graduate-level SLP programs in preparing school based SLPs in multicultural counseling.

ELIGIBILITY: Participants must have the following to be eligible to participate:
-hold a master's degree in SLP
-hold ASHA certification for at least 2 years
-worked in public school for at least 2 years
-currently working in public school setting at the time of the study (part- or full-time)

BENEFITS: This study may help public school based speech-language pathologists to have a better understanding the role their graduate-level academic instruction and clinical practicum experiences prepared them in providing multicultural counseling in their workplace.

COMPENSATION: Gift card (valued at $15.00)

CONTACT: **Denise Moore Revel,**

Speech-Language Pathologist

240-XXX-XXXX

Denise.MooreRevel@Waldenu.ed

All interested participants should contact Denise via email or telephone.

- Participants must be able to complete one (1) in-person interview.

- Interview will take approximately 45 minutes to complete.

- Location of Interview: Maryland

Appendix C: Study Overview

Description of the Study

As the importance of the cultural and ethnic backgrounds of those experiencing communication disorders continue to change, best practices in counseling need to be examined to ensure that SLPs have the ability to be effective in serving their clients from culturally and linguistically diverse backgrounds.

Purpose of the Study

The purpose of this study is to explore the experiences and perceptions of public school based SLPs on the graduate-level academic instruction and clinical practicum experiences they received to prepare them to effectively provide multicultural counseling services in the workplace.

Procedures

Participants will participate in an open-ended, semi structured interview. Each participant will be interviewed one time for approximately 45 minute time period.

Appendix D: Definition of Terms Handout

- *Communication disorders* are impairments in the ability to receive, send, process, and comprehend concepts of oral, nonverbal and written language. Communication disorders include problems associated with speech, language, and auditory processing.

- For the purpose of this study, the terms *academic instruction* and *education* will be interchangeable. Academic instruction and education refer to curriculum leading to a master's degree with a major emphasis in SLP.

- For the purpose of this study, the terms *clinical practicum experience and training* will be interchangeable. The terms refer to the clinical practicum experience component of the SLP graduate-level programs.

- For the purpose of this study, *culturally diverse populations* will refer to people who are exposed to and immersed in more than one set of cultural norms, values, perspectives, and beliefs. The norms, values, perspectives, and beliefs may be influenced by factors such as ethnicity, race, gender, religious affiliation, and socio-economic status.

- For the purpose of this study, *linguistically diverse populations* will refer to groups of people who have had a considerable amount of exposure to more than one language or dialect.

- For the purpose of this study, the term *counseling* will refer to two principles: informational and adjustment counseling. The term <u>informational counseling</u> is defined as the imparting of information about a broad range of topics, such as screening and assessment results, information on scope and type of communication disorders, and recommendations for intervention.
- <u>Adjustment counseling</u> refers to addressing any negative emotional reactions a person may have as a result of acknowledging and accepting the diagnosis of a communication disorder.

- In this study, an operational definition of *cultural competence* is "a continuum of attitudes and behaviors relative to cultural and linguistic differences". Cultural competence also involves the ability to recognize and respond to the specific cultural characteristics the client brings to the professional-client relationship. The following terminology will be used interchangeably in this study: *cultural competence and cross-cultural competence.*

- For the purpose of this study, an operational definition of *multicultural counseling* is an approach to counseling that acknowledges that it is essential to consider variables such as: ethnicity, nationality, religion, language, age, gender, education, economic-status, and family in terms of assessment, diagnosis, and intervention.

Appendix E: Interview Protocol

Participant #_____   **Date of Interview:_____/_____/2015**

QUESTIONS ALIGNED WITH RESEARCH QUESTIONS		
RESEARCH QUESTION #1: RQ1: How do public school based SLPs perceive their SLP graduate programs' academic instruction in multicultural counseling prepared them to effectively work with diverse populations in the workplace?		
Sub-questions for RQ1:		
How many students are on your current caseload?		
How would you describe the ethnicity of the students on your current caseload?		
How would you describe the linguistic identity of the students on your current caseload?		
How many required or elective courses did you take on culturally and linguistically diverse populations during your graduate-level program in SLP?		
Describe the required or elective courses on culturally and linguistically diverse populations you took during your graduate-level program in SLP.		
How was culturally and linguistically diverse populations addressed in any of your academic instruction (courses) during your graduate-level program in SLP?		
How many required or elective courses on counseling did you take during your graduate-level program in SLP?		
Describe the required or elective courses on counseling you took during your graduate-level program in SLP.		
How was counseling addressed in any of your academic instruction (courses) during your graduate-level program in SLP?		
How do you perceive your SLP graduate program's *academic instruction* prepared you to provide multicultural counseling to the (see participant's response to sub-question #1b) population(s) on your caseload?		

RESEARCH QUESTION #2: RQ2: How do public school based SLPs perceive their SLP graduate programs' clinical practicum experiences in multicultural counseling prepared them to effectively work with diverse populations in the workplace?		
Sub-questions for RQ2:		
How many required or elective clinical practicum experiences did you have with culturally and linguistically diverse populations during your graduate-level program in SLP?		
Describe the required or elective clinical practicum experience with culturally and linguistically diverse populations you had during your graduate-level program in SLP.		
How was culturally and linguistically diverse populations addressed in your clinical practicum experiences during your graduate-level program in SLP?		
How many required or elective clinical practicum experiences did you have to provide counseling during your graduate-level program in SLP?		
Describe the required or elective clinical practicum experiences in which you provided counseling during your graduate-level program in SLP?		
How was counseling addressed in any of your clinical practicum experiences during your graduate-level program in SLP?		
How do you perceive your SLP graduate programs' clinical practicum experiences prepared you to provide multicultural counseling to (see participant's response to sub-question #1b) populations in the workplace?		
What problems do you encounter in dealing with diversity?		
What has helped you the most to be able to meet the needs of culturally diverse students?		
Overall, how prepared do you feel to meet the needs of a diverse group?		

Demographic Information:

Questions	Responses/Notes	
What graduate-level SLP program did you attend?		
What year did you graduate from your graduate-level program in SLP?		
In what year did you receive your ASHA (ASHA) Certified Clinical Competency (CCC's) status?		
How many years have you worked as a certified speech-language pathologist?		
How many years have you worked in the public school setting as a speech-language pathologist?		
Participant's gender	Male Female	
How do you describe your ethnicity?		

Additional Notes:

_____

_____

_____

_____

_____

Appendix F: Invitation to Findings Presentation

Speech-Language Pathologists on Multicultural Counseling

You're invited to attend…

Research Study Findings Presentation

Denise Moore Revel will be presenting the findings of her doctoral research project.

When: Saturday, September 2015

Time: 1 pm

Where: Lanham, MD 20706

Please RSVP before: December 2015

240-XXX-XXX

Denise.MooreRevel@Waldenu.edu

Light Refreshments will be served

Appendix G: Survey of University Programs

Survey of University Programs in District of Columbia, Maryland, and Virginia

University	Location	Counseling Course	Multicultural/Cultural Diversity Course
Gallaudet University	District of Columbia	None	None
George Washington University	District of Columbia	None	None
Howard University	District of Columbia	None	*Multicultural Issues in Communication Disorders* *Sociolinguistics* *Bilingual Speech-Language Pathology*
University of the District of Columbia	District of Columbia	None	*Sociolinguistics*
Loyala University	Maryland	*Counseling in Communication Disorders*	*Multicultural Issues in Speech-Language Pathology*
Towson University	Maryland	None	None
University of Maryland-College Park	Maryland	*Counseling*	None
Hampton University	Virginia	None	*Dialogues on Diversity*
James Madison University	Virginia	*Counseling in Audiology*	None
Longwood University	Virginia	None	*Public School Methods in a Diverse Society*
Old Dominion University	Virginia	None	*Teaching in the Multicultural Classroom*
Radford University	Virginia	None	None
University of Virginia-Charlottesville	Virginia	None	None