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The Evolution of an Urban Bilingual/ Multicultural Graduate Program in Speech-Language Pathology

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Over the past three decades, ongoing concerns have appeared in the literature with respect to the paucity of minority professionals in our field, as well as the need to prepare all future speech-language pathologists to serve culturally and linguistically diverse (CLD) individuals (American Speech-Language-Hearing Association [ASHA] Committee on the Status of Racial Minorities, 1987; Screen & Anderson, 1994). In spite of continued initiatives, graduate programs have been slow to address these urgent issues.

ABSTRACT: Few speech-language pathologists are members of culturally and linguistically diverse groups or have training in multicultural and bilingual areas. This results in a critical shortage of trained professionals to work with culturally and linguistically diverse individuals. To address this need, an urban graduate program was created in New York City. This article describes the conceptualization and development of a graduate program to prepare a culturally and linguistically diverse student body to meet the complex needs of a diverse urban client population. Four underlying constructs were developed by the faculty that incorporate key elements of diversity. These include envisioning multiple perspectives, participating in collaborative processes, understanding adult development, and engaging in reflection. The implementation of the program's academic and clinical components is also described and offered as a model in which majority and minority culturally and linguistically diverse students are prepared for our profession.

KEY WORDS: bilingualism, multiculturalism, graduate education

In the mid-1990s, a small faculty at an urban university began discussing the need for a new graduate program designed to address the cultural and linguistic diversity in the nation and New York City, in particular. The demographic projections at the time indicated that individuals from racial, ethnic, and linguistically diverse groups would grow substantially. These projections have been confirmed by the most recent U.S. Bureau of Census (2001) figures. States like California and New York have become not only the most populous and diverse, but also home to the largest number of foreign-born individuals. To illustrate, since 1990, New York City's (NYC's) Hispanic (of any race) and Asian populations have shown increases of 53.5% and 50% respectively, whereas the White non-Hispanic population has decreased by 6.6% (Burke, 2001). Between 50% to 55% of the city's population is either foreign born or has at least one foreign-born parent (New York City Department of City Planning, 1995).

The NYC public school system, one of the largest in the nation, reflects the diversity in the city, with Asian, Black, and Hispanic students accounting for 84.2% of the population. In contrast, teachers (including speech-language pathologists) from minority racial and ethnic groups account for only 35% of the total number of teachers (New York City Board of Education, 1999). This percentage pales in comparison to the critical shortage of professionals from minority racial/ethnic/linguistic groups in communication sciences and disorders. Of the 99,462 ASHA constituents, only 7.6% are reported to be members of minority racial/

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ethnic groups, and only approximately 1,500 are registered as bilingual speech-language pathologists and audiologists (ASHA Office of Multicultural Affairs, 2000).[1]

With the continued growth in diversity, a critical service need is apparent for the following reasons. First, there is an underrepresentation of individuals from minority ethnic/racial/linguistic groups within the profession of speech-language pathology. It is obvious that linguistic differences between clinician and client impact assessment and intervention outcomes. The impact of cultural differences between clinician and client may be less obvious. There is, however, some evidence from other disciplines that educators from the same ethnic and linguistic backgrounds as clients make a difference in the rate of placement of children into special education programs. Baca and Cervantes (1998) described a number of studies in which the ethnic, race, and language backgrounds of the examiner influenced the percentage of children placed into special education. For example, Norris, Juárez, and Perkins (as cited in Baca & Cervantes, 1998) reported disparity in children's performance on standardized tests, depending on the examiner's race.

Second, many professionals, both from majority and minority backgrounds, lack coursework or specific training related to bilingual and multicultural issues. A recent national survey of public school speech-language pathologists revealed that close to half of the respondents provided services to nonnative English Language Learners (ELL) (Roseberry-McKibbin & Eicholtz, 1994). However, 76% of respondents reported no previous coursework pertaining to ELL students; furthermore, 90% could not provide services in another language. The critical shortage of professionals trained to work with CLD individuals may contribute to the overrepresentation of language minority children in special education (Baca & Cervantes, 1998; Hamayan & Damico, 1991). For example, in NYC public schools, 16% of children are enrolled in Bilingual or English as a Second Language classes, yet ELL children make up 24.3% of the special education population (NYC Board of Education, 1999). Lack of knowledge of normal processes of bilingualism, second language acquisition, and cultural and linguistic universals and variations negatively impact on assessment practices and the delivery of services (Baca & Cervantes, 1998).

CONCEPTUALIZATION OF AN URBAN PROGRAM

In order to address this need, a new graduate program was envisioned in NYC at a large urban university. Because of its ethnic, racial, and linguistically diverse student body, the campus presented an ideal venue in which to develop a program with a bilingual/multicultural emphasis. The goal was to work with students in a broad cultural context in which traditional individualized (independent) and collaborative (nontraditional interdependent) orientations would be inherent in the learning process (Greenfield, 1994). Most mainstream students have experienced an independent learning orientation throughout their education, in which individual accomplishments are emphasized. By adding collaborative experiences in which students from diverse backgrounds work together, it was envisioned that students would gain a deeper understanding of diversity beyond that obtained from the literature. To this end, the faculty was determined to (a) recruit students from CLD populations and (b) prepare all students, both monolingual and bilingual, to meet the complex needs of individuals from CLD backgrounds with communicative handicaps. This would result in training a diverse student body consisting of majority and minority students who come together from varied cultural, ethnic, racial, political, social, economic, and linguistic backgrounds.

Further, the faculty envisioned a program in which congruence between the academic and clinical components would be embedded in a multicultural context. All too often in graduate education, there is a lack of cohesiveness between the classroom and the clinic (integrating theory and practice) (McAllister, 1997).

Framework for the Development of the Academic and Clinical Program

Experienced academic and clinical faculty members came together with strong and differing perspectives on numerous aspects of graduate education. Frank and open discussions ensued, in which multiple perspectives were heard, addressed, and considered in a collaborative process. Out of this collaboration emerged a shared mission: The graduate program provides a context to study human communication sciences and disorders within a CLD society. It promotes lifelong intellectual growth through the recognition and expression of multiple theoretical, cultural, and individual perspectives, which in turn fosters an understanding and appreciation for diversity. This then is applied to appropriate assessment and intervention approaches for each individual.

It is important to note that the establishment of a bilingual/multicultural focus does not minimize in any way the rigorous training of students in speech-language pathology. Rather, it places the study of human communication disorders in a broader and richer sociocultural context. The end result is the development of not only well-trained speech-language pathologists, but also speech-language pathologists who are culturally competent (i.e., clinicians who understand and respect the cultural values, beliefs, and behaviors of families receiving services) (Battle, 1998).

The development of the program was based on four underlying constructs:

- envisioning multiple perspectives,
- participating in collaborative processes,
- understanding developmental processes, and
- engaging in reflective processes.

[1] It should be noted that "minority" populations constitute the majority in many urban areas. Although the term minority is considered pejorative by some, we will use the term to maintain consistency with the literature.

Each construct addresses elements of diversity. Thus, an understanding and respect for diversity permeates all aspects of the academic and clinical programs. For the purposes of this article, these constructs will be discussed separately. In actuality, however, they operate synergistically. This results in programmatic cohesiveness and fosters student and faculty growth (Geller & Walters, 2000).

Envisioning multiple perspectives. Reaching an understanding of multiple perspectives is critical to understanding and valuing diversity and underlies all components of the program. Faculty and students alike must move through a developmental process in order to make conscious their own belief systems as well as that of others (Moses & Shapiro, 1996). This can only be done in a context that challenges individuals to understand and respect multiple cultural, individual, and theoretical perspectives.

The faculty developed an integrated curriculum that addresses (a) an appreciation of universals across cultures that emphasize the commonalities of cultural experiences (e.g., relationships between individuals and a group), and (b) an appreciation of group and individual differences that emphasize how specific cultures and families influence interactions, social and cognitive development, communication, and service delivery (Campbell, Brennan, & Steckol, 1992; Greenfield, 1994). In the program, an understanding of communication, communication disorders, assessment, and intervention is approached from a cultural framework (Taylor & Clarke, 1994), a sociohistorical perspective (Ogbu, 1982, 1991), and multiple theoretical paradigms (Klein & Moses, 1999).

Students enter the program from different cultural/linguistic backgrounds and tend to view the world from their unique cultural perspective. By interacting with others from diverse cultural/linguistic backgrounds and discussing bilingual/multicultural issues, students are faced with conflict that challenges their belief systems. Consequently, students are encouraged to move beyond viewing all behavior from their own cultural perspective (ethnocentrism) to considering an individual's behavior relative to the beliefs, norms, and expectations of that individual's cultural group (cultural relativism). Students also explore commonalities of human experiences (cultural universals).

From the beginning of the students' coursework, their writings and verbal comments contain many biased judgments about varied communication patterns. For example, many students believe that "motherese" and narratives are similar across cultures and that code switching is an atypical communication pattern. As a result of readings, ongoing class discussion, and feedback, students become aware that mothers talk differently to children across cultures and that there are different narrative styles. In addition, they learn that the alternation between two languages within discourse (code switching) is not a disorder in many bilingual communities but is instead a discourse norm. Furthermore, students learn that these communication patterns can change over time as a result of sociohistorical factors. These concepts evolve not only from their readings, but also as a result of shared life experiences among students during classroom discussions and social interactions.

More specifically, in a course required of all students, Communication and Language Learning in Bilingual/Multicultural Populations, resource manuals are developed collaboratively by groups of majority and minority language students (see Appendix, SLP 603). The manuals include information about a particular cultural/linguistic group with respect to culture, acculturation experiences, social–economic identification, and communication and linguistic patterns. This information is applied to the study of typically developing children from the same group who are bilingual, ELL, or speakers of a social dialect. Furthermore, this content is used during intervention with CLD children with communication impairments during clinical practica.

As students move into their clinical work, a developmental and constructivist model for clinical intervention is used (Klein & Moses, 1999). The model addresses understanding and application of diverse theoretical constructs (e.g., behavioral, psycholinguistic, cognitive, and pragmatic) that serve as the basis for all clinical problem solving and decision making. Students learn to appreciate different theoretical principles and how to apply them to the clinical process. They work with clinical supervisors who approach the clinical process from different cultural and theoretical perspectives. By using the Klein and Moses (1999) framework, students in collaboration with faculty and supervisors are challenged to apply their knowledge of different theories and varied belief systems to the clinical process. This gradual transformation leads to an appreciation of multiple beliefs and perspectives and occurs over the 3 years of study. This allows students to problem solve and to generate possible solutions by interpreting events in relation to the culture in which they occur.

Participating in collaborative processes. According to Fenichel (1992), the ideal mechanism for teaching is collaboration and relationship-based learning. This notion can also be applied to the fostering of diversity and is evident in the collaborative partnership among faculty, students, and clinical supervisors. In this collaborative context, knowledge is jointly constructed with a mutual sharing of ideas. This implies contributions from all participants and shared responsibility. In the classroom, students engage in process-oriented work. Students from diverse backgrounds complete group projects that require them to discuss cultural and theoretical perspectives as they relate to clinical practice. For instance, in another required course, Comparative Phonology and Phonological Disorders (see Appendix, SLP 620), monolingual and bilingual students work collaboratively in assessing and planning intervention for a bilingual client. This entails not only exploring and discussing issues related to phonological analysis and intervention paradigms, but also issues related to culture, bilingualism, first and second language acquisition, and phonological variation.

In the clinic, students and supervisors are engaged in a collaborative one-to-one relationship. This involves a shift from the traditional roles played by students and supervisors. Students are challenged to move from being "receivers" of knowledge from an expert (i.e., the supervisor tells the student what to do) to becoming "active" participants in

constructing knowledge (i.e., the student initiates clinical decisions). For example, in the students' first practicum, they are highly dependent on supervisory feedback and direction. As students progress through their practicum experiences, however, they are expected to generate agenda items and lead the supervisory meetings. In such collaborative relationships, students and supervisors are given the opportunity to restructure and reorganize their theoretical and personal knowledge (Gilkerson, 1995).

An understanding and a valuing of multiple cultural and theoretical perspectives allows student-clinicians to engage in collaboration that is authentic and based on trust and honesty. Within this relationship, students are challenged to understand self in relation to others (e.g., supervisors and peers) and to engage in joint problem solving and construction of knowledge. Again, by engaging in collaborative experiences with supervisors and peers of diverse backgrounds, learning transcends the individual and enhances the importance of self in relation to a larger cultural and social group (Geller, 2001).

Understanding developmental processes. In fostering respect for diversity, research suggests developmental stages of learning. Principles from adult cognitive learning theories are used to understand the developmental stages that adults (students) progress through over the course of their graduate education (Moses & Shapiro, 1996; Perry, 1970; Wieder, Drachman, & DeLeo, 1992). Using adult developmental paradigms allows us to analyze each student's strengths and vulnerabilities across academic, clinical, and interpersonal areas. It also highlights the importance of universal as well as individual variation. Adult learning progresses along a continuum. For example, at early developmental stages, students value authority and assume that any question has a single answer. They view knowledge as absolute and believe that it is the teachers'/supervisors' role to impart knowledge. Further, they tend to be self-centered in their thinking. At the next developmental level, there is more uncertainty; however, student behaviors do not change much. Students start to perceive the possibilities of diversity in perspective and theories. Nevertheless, they view this diversity as "unnecessary confusions." Students often think that their professors/supervisors are "withholding" the "correct" answer or theoretical perspective (e.g., faculty often hear, "yes, but what is the right way?").

At more advanced developmental stages, students start to regard knowledge as tentative rather than absolute. They begin to consider problems and situations from multiple and diverse perspectives, while not losing sight of their own perspective. Consequently, they reach a crucial point in which there is increased flexibility, tolerance of ambiguity, and more comfort with conceptual complexity. These characteristics enhance both academic and clinical functioning. Understanding these stages of cognitive thinking enables faculty and supervisors to modify their expectations over time, and thus facilitate classroom and clinical instruction. This theme translates into competencies expected at each point in the student's academic and clinical program. For example, in the clinical process, beginning students usually require explicit supervision. With time, they are expected to need less explicit direction as they collaboratively construct clinical goals and procedures. Finally, toward the end of their practicum experience, students are expected to entertain multiple perspectives that allow them to generate multiple solutions to problems. Thus, they appreciate the complexities of clinical decision making.

Engaging in reflective processes. Developments in cognition follow a period of reflection. Reflection involves an ongoing awareness of one's beliefs and actions. In the classroom, students study human behavior and theoretical constructs relative to culture. As they engage in this study, they are challenged to reflect on how their personal belief systems influence their actions and their understanding of human behavior and theoretical constructs. Over time, changes in the students' perception of culture and belief systems are evident. For example, in the course, Communication and Language Learning in Bilingual/Multicultural Populations, students are encouraged to express their knowledge and beliefs by critically reacting to course content. They write ungraded reaction papers requiring them to agree as well as disagree with class discussions and readings. Critical feedback is then provided in a supportive environment (Perkinson, 1987). Through these semester-long exercises, transformations in students' understanding of different viewpoints take place. In more advanced classes, students begin to bring this knowledge of varied perspectives into their thinking about childhood language disorders by challenging many traditional assumptions in the literature.

This increased ability to reflect is then evident in the clinical context. Here, students are encouraged to step back from the immediate experience of clinical work and to sort through thoughts and feelings about what they are observing and doing. One of the benefits of reflective practice is increased clarity in understanding clients and their communication disorders, as well as increased clarity in understanding of self in relationship to the client as an individual and as a member of a cultural group.

Similarly, clinical supervisors are engaged in a parallel process of reflective supervision. Bilingual and monolingual supervisors meet bimonthly for a supervision group. They study frameworks of clinical supervision, observe and analyze videotapes of their supervision sessions, and engage in the process of reflective practice. Although at different developmental levels than students, the supervisors expand on their own conceptual and interpersonal skills relative to supervision. Thus, individual and professional growth is fostered. This in turn impacts the quality of service delivery for clients and families. In sum, reflection involves a deep learning approach to academic and clinical education. It enables students and teachers/supervisors opportunities to go beyond behavioral goals and techniques by focusing on processes and relationships.

The purpose of developing planned reflection is to ensure that clinical decisions are made out of conscious awareness. A further benefit of reflective learning is that it addresses the affective domain of development. This aspect of academic and clinical education has been ignored and/or minimized. From ongoing reflective work, students, faculty,

and supervisors deepen their understanding of individual values, beliefs, cognitive learning styles, and the cultural contexts that influence academic and clinical relationships. These relationships enable students and supervisors to deepen their understanding of clinical constructs and interactive experiences (i.e., making inner changes in self), while they make outer changes in their clinical development (Geller, 2001).

IMPLEMENTATION

Once the conceptualization of the program was established, the faculty began several initiatives to ensure academic and clinical cohesiveness. These included:

- recruitment of instructional and clinical faculty,
- consideration of several curricular approaches,
- recruitment of a diverse student body and nontraditional admission procedures,
- establishment of support services for students, and
- establishment of biannual faculty retreats.

Recruitment of Instructional and Clinical Faculty

The first priority in the development of the program was the recruitment of faculty who were committed to (a) working with a diverse graduate student body, (b) preparing students to work with CLD individuals, and (c) developing their knowledge of bilingual/multicultural content in order to incorporate this content into coursework and clinical practice. A small new faculty came with varying degrees of expertise in bilingual/multicultural content areas. However, all were interested in expanding their knowledge base. To this end, faculty with expertise in bilingual/multicultural content were recruited and served as resources for other faculty. They shared ideas and disseminated information with respect to course content and curricular approaches (Cole, 1990).

For the first few years, faculty members received release time in order to work on program development. In addition, the department obtained funding from the State Education Department for the development of a bilingual emphasis program. As part of this funding, a consultant was invited to provide in-service training. Within the university, a planning committee was established. Faculty from our department and from bilingual education, as well as bilingual speech-language pathologists, worked together to conceptualize the initial program. Over time, the department has been successful in hiring academic and clinical faculty who mirror the diversity of the graduate student body.

Consideration of Several Curricular Approaches

The program was developed by considering the curricular approaches suggested by the ASHA Committee on the Status of Racial Minorities (1987). Among these approaches are the:

- *pyramid approach,* which consists of a sequence of courses related to multicultural populations in which subsequent courses build on previous ones;
- *unit approach,* which consists of adding a multicultural content unit within a course;
- *course approach,* which includes one or more courses on bilingual/multicultural content; and
- *infusion approach,* which includes bilingual/multicultural content incorporated throughout courses.

The faculty initially used the pyramid and course approaches to incorporate bilingual/multicultural content. This was consistent with the way in which other aspects of the curriculum were designed (i.e., students take required foundation courses before taking more advanced courses). The faculty felt strongly that all students should develop an understanding of bilingual and multicultural content that would serve as a foundation for other academic and clinical courses. It was important that this content not be perceived as peripheral to the understanding of communication sciences and disorders. Therefore, as part of the foundations sequence, two courses are required of all students (see Appendix, SLP 603 and SLP 604). These courses address cultural diversity and how the development of languages occurs within cultural, family, and sociohistorical contexts. Language variation and bilingual and second language acquisition processes are studied to differentiate between language difference and language disorder. In addition, diverse cultural and linguistic groups in the United States are studied with reference to how cultural and linguistic variations impact the assessment and treatment of communication disorders. These courses are taught by faculty who have expertise in these areas. Moreover, these courses address competencies outlined in ASHA's position paper, "Clinical Management of Communicatively Handicapped Minority Language Populations" (1985), and also meet the required competencies for the New York State Bilingual Education Extension Certification, which is required of public school bilingual speech-language clinicians. These competencies include, but are not limited to, knowledge of normative processes with respect to bilingualism, second language acquisition, dialect, bilingual education, nonbiased assessment and intervention procedures, and cultural factors affecting service delivery. Students working toward the State Bilingual Education Extension Certification must also have knowledge of the target language/dialect and demonstrate target language proficiency skills.

Furthermore, faculty with expertise in this area served as a resource for other faculty members in implementing a unit approach in their courses. After a number of years, faculty have become more knowledgeable and comfortable with the material. Consequently, bilingual/multicultural areas have become less separate and more synergistic. This developmental process resulted in the use of an infusion approach (see Appendix, SLP 602 and SLP 620).

Recruitment of a Diverse Student Body and Nontraditional Admissions Procedures

In order to attract a diverse student body interested in a bilingual/multicultural focus, extensive admissions procedures were developed. There are three phases to the admissions process: an application, an interview of prospective candidates, and a faculty review. A weighted rating system was devised to review each applicant's profile. These include transcripts, overall grade point average (GPA), GPA in speech-language pathology, a written personal statement, and three letters of recommendation. Discretionary points are also assigned for exceptional qualities such as maturity, depth of ideas, completion of a strong undergraduate program, and/or belonging to underrepresented CLD groups. The application is independently read by two faculty members, yielding a combined rating. Although this is a time-consuming process, faculty gain a preliminary sense of each student. Selected students are then invited for an interview. It is important to note that Graduate Record Exam (GRE) scores are not required because they may be culturally biased. Furthermore, scores on GREs are not indicative of potential to excel in graduate work; aptitude for graduate study in our field is better predicted by undergraduate GPA than by GRE scores (Forrest & Naremore, 1998).

The second phase of this process is a bidirectional interview process in which small groups of students are invited to meet with the full-time faculty. During these meetings, the program mission is described and faculty members discuss their courses, interests, and research. In a sense, the prospective student is interviewing the faculty. Students are then interviewed in smaller groups and have a chance to meet the faculty on a more intimate level. After the interview, students complete a second writing sample in English and in any other language in which they are proficient. (It should be noted that students preparing for the Bilingual Extension Certification must also pass state language proficiency exams in English and in the target language.) These writing samples, as well as their personal statements, are evaluated for form and content and the possible need for writing support. Again, ratings are completed.

The final phase of the process involves the selection and recruitment of new students. Scholarships and assistantships, funded by the Dean's Office, are offered each year. Twenty-five to thirty percent of entering students each year receive assistance. Students who demonstrate academic merit or financial need can apply for these forms of financial assistance. In return, students are required to work with academic and clinical faculty. In sum, these admissions procedures have resulted in a consistent enrollment of a diverse group of students.

Establishment of Support Services for Students

Another important component of the program is an understanding and appreciation of different learning styles. This has required the faculty to accommodate individual learning styles (e.g., visual, auditory, experiential, etc.). In addition, we provide appropriate support to students when needed. Courses were designed to be process oriented (i.e., students apply theoretical content and procedures to client studies throughout the semester). Students are given the opportunity to rework sections of class projects until they have an acceptable product. In addition, two types of writing seminars are offered, free of charge, on an ongoing basis: academic/research and clinical/diagnostic. Furthermore, several foundation courses include required and/or optional laboratory components so students have additional opportunities to understand research methods, as well as language sampling procedures, phonological analysis, and so forth, related to clinical projects. For example, in the class, Language Disorders in Children, weekly lab sessions are required. These interactive sessions focus on student projects. Videotapes of children with language impairments are used to discuss language sampling procedures and analyses, play assessments, narrative analyses, and social–emotional profiles. Although these supports are time consuming for the faculty and costly for the department, they have resulted in a higher quality of written work and performance.

Finally, all students receive a faculty advisor/mentor upon entering the program. Students are followed by this person over the course of their studies. This process enables graduate students to have a faculty member who supports, advises, and guides them through the program.

Establishment of Biannual Faculty Retreats

Since the inception of the program, the faculty has come together for winter and summer retreats away from campus. These retreats serve to maintain a spirit of community and collaboration among the faculty. They involve lively and provocative discussions on varied program issues related to student diversity, bilingualism, dialect, and how these relate to interpersonal relations and future program growth. On a more intimate level, discussions relate to faculty development, research initiatives, and individual goals.

From these retreats emerge immediate and long-term goals. To illustrate, as we grew to understand our diverse student body and their varied academic needs and learning styles, we incorporated laboratory components into many courses and more project-based learning. In the clinic, the initial campus-based clinical practicum was offered for one semester. As we reflected on the student body and grew to appreciate adult developmental learning stages, we expanded the first clinical experience to a 1-year practicum. Further, in order to provide our students with in-depth experiences that mirror our diverse community, clinical supervisors now accompany and train our students at off-campus satellite centers. This provides students with varied opportunities to work in diverse community settings under close supervision and mentoring.

DISCUSSION AND CONCLUSIONS

Since the inception of this program, there have been many significant outcomes. First, we have become increasingly

diverse. More than one-third of our 2001 incoming class were members of underrepresented minorities, including African Americans, Asians, and Latinos. Approximately 40% of the students are bilingual. Additionally, 50% of our full-time academic faculty are members of minority culture/language groups, including African, Asian, and Latino. Second, we have seen many transformations in students from ethnocentric perspectives to greater appreciation and understanding of diverse cultural perspectives. In advanced courses and in clinical seminars, students initiate dialogues related to culture, communication differences, and disorders. These dialogues reflect the integration of bilingual/multicultural concepts across academic and clinical areas. Third, our bilingual students have attained the various academic, linguistic, and cultural competencies required by the state and suggested by ASHA (1985) in order to work with bilingual clients. Finally, many of our majority- and minority-language graduates have become empowered and outspoken professionals. They advocate for the rights and needs of language-minority children with respect to appropriate assessment, placement, and intervention if needed.

Although ASHA has a long-standing commitment to diversity and multicultural education, the demographic changes in our country necessitate more immediate and widespread action. The integrated framework implemented at our university is offered as a model in which majority and minority culture/language students are prepared to work together with CLD individuals.

Components of this model can be adapted to already existing programs in communication sciences and disorders and other health-related professions. For example, when university resources are limited, departments can hire consultants to facilitate faculty development. ASHA's Office of Multicultural Affairs is an excellent source for information with respect to resources, educational programs, consultants, and funding. In addition, collaboration with faculty from other programs within the same institution may be helpful. Faculty from bilingual education and/or linguistics can serve as ongoing consultants, as well as engage in collaborative teaching. This can lead to the early beginnings of an infused curriculum.

Finally, an understanding of the importance of diversity leads to a paradigm shift in how we prepare students to work in our growing multilingual/multicultural society. This awareness led to the evolution of this graduate program.

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APPENDIX. SAMPLE OF COURSE AND INFUSION APPROACHES[a]

Master of Science in Speech-Language Pathology
NYS Education Department Registration – Teacher of Students with Speech-Language Disabilities (TSSLD) – Bilingual Extension
Incorporation of SLP, TSSLD and Bilingual Education Content Across the Curriculum

Course	*Speech-language pathology*	*Education*	*Bilingual/multicultural content relevant to professional practice*	*History/ culture*
SLP 602 Advanced Language Acquisition (Infusion Approach)	Study theories of language acquisition (behavioral, early nativist, Piagetian cognitivist, etc.). Explore developing linguistic system in relation to developing sensorimotor, perceptual, and cognitive systems.	Study the development of language and the related areas of cognition, sensorimotor, and psychosocial. Examine learning theories relevant to the acquisition of language and speech-language intervention.	Universals and variation due to culture and bilingualism in language content-form-use interactions and in processes underlying language learning. Developmental stages of normal language development in African American and Hispanic children.	Explore child-rearing patterns cross-culturally and their influence on communication. Develop narratives cross-culturally.
SLP 603 Bilingual/ Multicultural Foundations I: Communication and Language Learning in Bilingual/Multi-culturalPopulations (Course Approach)	Explore theories of second language acquisition. Examine development of the linguistic system (semantics, phonology, syntax, morphology, and pragmatics) in simultaneous bilinguals and second language learners. Determine language difference versus language disorder.	Examine legislation pertaining to bilingual education. Explore the impact of diverse bilingual education models on second language acquisition, literacy, and academic achievement.	Linguistic, neuropsychological, cognitive, and sociocultural dimensions of bilingual and second language development and use in preschool and school-age children. Comparison of structure of Standard American English and another language/dialect (e.g., Spanish, Russian, Hebrew, Greek, French Creole, African American English, etc.).	Examine how the development of first and second languages occurs within cultural and family contexts. Explore how historical and social factors impact bilingual language development, second language acquisition, and literacy.
SLP 604 Bilingual/ Multicultural Foundations II: Assessment and Intervention in Bilingual/ Multicultural Populations (Course Approach)	Examine research associated with variations that impact the assessment and treatment of communication disorders. Explore alternative assessment approaches: ethnographic interviews, observational inventories, and dynamic assessment procedures. Determine the language(s) of intervention.	Establish a conceptual framework for assessing and treating communication disorders in culturally and linguistically diverse populations. Determine culturally and linguistically appropriate methods and materials for the assessment and remediation of communication disorders. Examine legislation pertaining to bilingual education and special education.	Distinguishing between communication disorder and communication difference. Familiarization with bilingual/ multicultural assessment tools and procedures and treatment methods and materials; modification and adaptation of test materials. Explore the role of culture/race/ ethnicity on specific communication disorders. Role of translators/ interpreters.	Examine the influence of culture on communication. Overview of the diverse cultural and linguistic groups in the United States with reference to clinician-client-family interactions during the assessment and treatment of communication disorders.
SLP 620 Comparative Phonology & Phonological Disorders (Infusion Approach)	Explore phonological theory, research associated with normal articulatory and phonological development, and factors related to articulatory and phonological disorders. Examine assessment and remediation principles for specific disorders.	Examine methods and materials for assessing and treating children with phonological disorders. Determine phonological difference from phonological disorder.	Cross-linguistic phonological systems and developmental patterns. Bilingual and dialectal developmental similarities and differences. Implications for assessment and intervention.	Phonological systems used by African Americans and Hispanics in the United States. Determine phonological disorder versus phonological difference.

[a] Adapted from Walters, S. Y., & Moses, N. (1995). *New York State Education Department registration for new program: Teacher of speech and hearing handicapped with a bilingual extension.* Brooklyn, NY: Long Island University/Brooklyn Campus.