Advancing workplace diversity through the Culturally Responsive Teamwork Framework

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Abstract

Purpose: Diversification of the profession is an important element of combating racism, bias, and prejudice in the speech-language pathology workforce at national and systemic levels. However, national and systemic change needs to be combined with equipping individual speech-language pathologists (SLPs) to adapt to the challenges that they face to engaging in culturally responsive practice. This paper presents four interacting levels of practice within the Culturally Responsive Teamwork Framework (CRTF): (1) intra-personal practices, (2) inter-personal practices, (3) intra-professional practices, and (4) the inter-professional practices.

Conclusion: CRTF is a practical, strengths-based framework that draws on international research and expertise to expand personal and professional practice and describe critical behaviors within the workplace that can be used to promote principles of evidence-based practice and social justice, especially when working with people from non-dominant cultural or linguistic groups.

Keywords: Diversity, workforce, professional practice, culture, multilingual

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Introduction

Historically the majority of the speech-language pathology workforce throughout the English-speaking world has been built upon a foundation of white, middle-class women (e.g., American Speech-Language and Hearing Association [ASHA], 2020; Deal-Williams, 2020; Litosseliti & Leadbeater, 2013; Royal College of Speech and Language Therapists, 2020; Speech Pathology Australia [SPA], 2019). As such, the values, cultural expectations, and linguistic norms of white, middle-class women have become inherent in the practices of the speech-language pathology profession (Farrugia-Bernard, 2018). Similar values, cultural expectations, and linguistic norms have also been adopted in the speech-language pathology profession in many non-English speaking parts of the world. However, in recent times, the voices of speech-language pathologists (SLPs) from cultural and linguistic backgrounds that fall outside this historically white foundation are beginning to be amplified (Atherton et al., 2017; Chu et al., 2019; Desormes, 2020; Farrugia-Bernard, 2018; Simon-Cereijido, 2018). These voices provide insights into non-dominant experiences as SLPs, struggles to be visible within the profession, and opportunities that have been lost in supporting the communication of diverse speakers in the homogenizing of the profession.

In an increasingly mobilized world, SLPs are working with colleagues and providing services to people representing a wide range of intersecting dimensions of cultural diversity (including ethnicity, language, dialect, age, gender, sexuality, religion dis/ability, social class and profession) that are different from their own (Byrd et al., 2020; McLeod et al., 2017). As such, there have been calls for the diversification of the profession to more accurately reflect the populations that SLPs serve (Pascoe et al., 2018). While diversification of the profession is an

important step in addressing the mismatch between diverse populations and the prominently white, middle-class feminized SLP profession (particularly in predominantly English-speaking post-colonial countries such as US, UK, Australia, New Zealand, and Canada), it is also important for SLPs from dominant cultures to consider additional practices to ensure they engage in culturally responsive practice with all people (e.g., Brewer & Andrews, 2016).

Cultural responsiveness is a perpetual journey, not a destination. Oelke et al. (2013), analysed existing models of cultural competency to develop an overlapping 5-stage "journey of learning and reflective practice" (p. 369) through which individuals cycle as they reach higher levels of cultural erudition. Cultural advocacy, at the apex of the Oelke et al. (2013) model, is consistent with the term cultural responsiveness used in this article and other speech-language pathology texts (e.g., Hyter & Salas-Provence, 2019). Both terms assume that the culturally responsive SLP is a person who highly values cultural diversity, seeks to further their knowledge of different cultural perspectives, and acts to create work and community spaces where cultural diversity is respected and valued. Culturally responsive SLPs understand that knowledge is context dependent and thus the journey to cultural responsiveness is ongoing and evolving as SLPs engage with less-familiar cultures.

To be culturally responsive practitioners, SLPs need to be reflective and introspective. As a profession there is a need to recognize when interactions result in cultural dissonance between oneself, clients, and colleagues. Given that culture is the mediating lens through which individuals make sense of their world, it can be confronting to consider that the viewpoint held by an individual may not be the only way to understand a situation. To be culturally responsive, SLPs need to recognize that culture binds people through shared norms and beliefs (Hyter & Salas-Provance, 2019). Consequently, a central pillar of culturally responsive practice is to

understand culture and its role in successfully building: (1) therapeutic alliances with clients and their community, and (2) respectful and productive relationships with professional colleagues (Oelke et al., 2013).

Too often consideration of culture in speech-language pathology practice is considered in isolation; that is, the culture of the clinician, culture of the client, or culture of colleagues. However, SLPs do not work in isolation. They work in teams and create communities of practice. In some clinical settings teams are small (e.g., private practice sessions between a clinician and an adult client). In other settings, teams are large (e.g., acute hospital settings where decisions involve multiple clinicians, the client, and their caregiver/s). Additionally, there is a need to understand that teams may also involve others from beyond the physical boundaries of the workplace (e.g., community elders, priests) (e.g., Hopf et al., 2018). Thus, regardless of setting, culturally responsive practice requires a collective teamwork focus to maximize success in any therapeutic relationship (McLeod et al., 2017).

Existing teamwork frameworks predominantly highlight inter-professional aspects of practice rather than the inter-personal (e.g., Canadian Interprofessional Health Collaborative (CIHC), 2010; D'Amour & Oandasan, 2005; Interprofessional Education Collaborative [IPEC], 2011; World Health Organization [WHO], 2010). These documents acknowledge potential assets of a diverse team; however, they tend to be context dependent and complex for everyday use. For example, IPEC (2016) provides a comprehensive guide for curriculum development outlining four core competencies for inter-professional collaboration (values/ethics, roles/responsibilities, interprofessional communication, teams and teamwork) and 39 sub-competencies of interprofessional collaborative practice in the health setting. In education, inter-professional collaboration is identified as a rare, yet desirable outcome of better service provision (Baxter et

al., 2009; Gallagher et al., 2019; Pfeiffer et al., 2019) with barriers to inter-professional collaboration identified as: individual (e.g., a perceived lack of time, a personal resistance to collaboration), and systemic (e.g., lack of workplace support and/or pre-service training) (Pfeiffer et al., 2019). To the authors' knowledge, SLPs' involvement in inter-professional collaboration has not been explored in depth in other settings (e.g., justice, private practice); however, Johnson's (2016) guide to interprofessional education and practice in education and health care settings provides an accessible overview for SLPs.

Inter-professional collaboration and culturally responsive practice are goals of speech-language pathology practice (ASHA, n.d.; Johnson, 2016). While there is significant research describing inter-professional collaboration and exploring individual beliefs and attitudes towards inter-professional collaboration across settings and practitioners (student and/or qualified; medical, allied health, and/or education) (e.g., SLPs in schools: Pfieffer et al., 2019; Rosa-Lugo et al., 2017; SLPs in health: Eaton & Regan, 2015), there is little research on how individual cultural responsiveness influences team dynamics and ultimately the cultural safety of the client. Commentary on this topic from Oelke et al. (2013), Eaton and Regan (2015), and Cahn (2020) emphasized the intersectionality of cultural responsiveness and inter-professional collaboration as critical for ensuring effective team functioning and person-centered practice. These authors identified different ways that cultural responsiveness influences interprofessional collaborations at the individual, team, and organizational level. For example, at the individual and team level, culturally responsive, person-centered practice requires acknowledgement and minimization of inherent power imbalances in the collaborative healthcare relationship. Addressing power imbalances can be achieved during pre-service and in-service training by critically reflecting on beliefs and biases about different cultures as well as personal and professional roles within those

cultures (Cahn, 2020; Eaton & Regan, 2015; Oelke et al., 2013). At the organizational level, healthcare organizations must act to address individual, team and organization behaviors that create access barriers and poor health and social outcomes for particular cultural groups (e.g., discriminatory policies). Cahn (2020) acknowledged that cultural responsiveness at one level is dependent on cultural responsiveness at other levels. Focusing on one level may result in "superficial treatment" (p. 431) of the interconnecting individual, team, and organizational barriers and facilitators to successful cross-cultural interactions. Cahn (2020) proposed that interprofessional teams should seek to strengthen interprofessional practice through development of sound "structural competency" (p. 432). Structural competency requires reflection on the culture of the individual (e.g., whether an SLP's own and others' perceptions of cultural diversity perpetuate potential power imbalances amongst team members), the team (e.g., whether verbal and non-verbal communication practices within the team are respectful of all cultures), and the organization (e.g., whether current policy, practice, staff training, and community engagement create safe spaces for people from all backgrounds) (Cahn, 2020). Interprofessional education includes student learning outcomes that are focused on cultural awareness and culturally safe practice (e.g., Chakraborty & Proctor, 2019; Ellis et al., 2020); however, culturally responsive teamwork has not been defined and operationalized in SLP practice. In an effort to begin this process for SLPs, the authors of the current paper propose the Culturally Responsive Teamwork Framework (CRTF) (Figure 1). The authors acknowledge that the framework is a work in progress that will be informed by others' enhancements and recommendations.

Insert Figure 1 here.

Socio-cultural positioning statement

The authors of this paper are five English-speaking white women. Demographically, the authors are culturally typical of the demography of the speech-language pathology profession in English-dominant countries. Thus, the question may be asked why the voices of white authors should be included in the development of a framework about culturally responsive practice? The answer is that the work of decolonization is not the sole role of the colonized, but rather is heavily the responsibility of the colonizer. Deal-Williams (2020) stated "while we know that diversity of perspective and experience…enhances our professional outcomes, we've maintained systems and processes that we know limit individuals from diverse backgrounds from participating in our professions". Members of the dominant culture of the profession and overarching bodies must collectively be the ones who take responsibility for dismantling systems, institutions and practices that marginalize both our colleagues and our clients to enable the diversification of the speech-language pathology profession. Recent statistics show that just 8.5% of the ASHA membership and affiliates are members of a racial minority (ASHA, 2020). Therefore, change in the profession will not come about from this 8.5% alone taking action. Advocacy and action towards change must be undertaken by every SLP. Those in the dominant culture must engage in the process of dismantling systems of oppression and commit to the promotion of human rights and anti-racist practices. The development of the Culturally Responsive Teamwork Framework draws on the experiences of the authors in cross-cultural research across 6 continents to provide guidance of SLPs who seek to diversify the speech-language pathology profession by changing the culture of the profession from the inside out and by engaging in culturally responsive practices with *all* clients and *all* colleagues in *all* contexts.

The Culturally Responsive Teamwork Framework (CRTF)

The Culturally Responsive Teamwork Framework (CRTF) has been developed to provide guidance for SLPs (and other professionals) regarding how to undertake culturally responsive practice that considers the cultural needs of the whole therapeutic team (clients and professionals) and the organizations in which they operate independent of the setting. The CRTF was inspired by a desire to translate current literature on culturally responsive practice and interprofessional collaboration for everyday use. During a literature review on these topics, IPEC (2016) contained the most comprehensive coverage of concepts related to culturally responsive practice. Additionally, the culturally responsive practice concepts included in IPEC (2016) covered those mentioned in other guidelines (e.g., Canadian Interprofessional Health Collaborative Framework, CIHC, 2010). The seven culture-focused interprofessional collaboration sub-competencies from IPEC (2016; see Table 1) were consequently thematically analyzed with reference to concepts of individual, team, and organizational behaviors derived from the literature. This resulted in identification of four interacting levels of practice deemed useful for guiding SLPs' reflection on culturally responsive interprofessional collaborative practice: (1) intra-personal practices, (2) inter-personal practices, (3) intra-professional practices, and (4) inter-professional practices (see Figure 1). In the remainder of this article each of these four practices is described in detail to illustrate how SLPs can enhance their culturally responsive practice with the whole therapeutic team, even when team members have different cultural backgrounds from their own.

Insert Table 1 here

Intra-personal practices

The first key practice for engaging in culturally responsive teamwork and to support the diversification of the profession is thorough critical self-examination. Looking inward and

recognizing individual uniqueness includes consideration of experience, expertise, cultural identity, and actual or perceived level of power and hierarchy within society and within the teams in which SLPs work. This reflection is consistent with IPEC sub-competency CC7 (Table 1). There are two ways SLPs can enhance their knowledge of their own culture and how it impacts their practice: (1) critical self-reflection and (2) continuing professional development.

Critical self-reflection means to step outside of one's own thinking, context and culture to examine personal beliefs, values, assumptions, and behaviors from an observer's perspective. Consequently, individuals challenge the notion that their own perceptions of the world are the objective truth and recognize that multiple truths co-exist because each person has a culture that colors the way they view, interpret, and engage in the world (Verdon, 2021a). Individual cultures are laden with implicit biases that influence the judgements individuals make about the world around them (FitzGerald & Hurst, 2017). Previously researchers in speech-language pathology have demonstrated how such biases can impact clinical decision making, in particular when encountering speakers of different dialects of the same language (A. Clark et al., 2020; Dagenais & Stallworth, 2014; Farrugia-Bernard, 2018; Robinson & Stockman, 2009; Toohill et al., 2012). For example, Dagenais and Stallworth (2014) found that SLPs were significantly more likely to give poorer ratings to speakers who were from a different linguistic background to themselves when asked to rate the intelligibility, comprehensibility, and acceptability of dysarthric speech. Easton and Verdon (2020) also found that having more negative attitudes towards speakers of non-standard dialects of English translated to a higher incidence of identifying developmental language disorder instead of a language difference in clinical scenarios. Developing self-awareness from engagement in critical self-reflection is the first step to engaging in culturally responsive practice (Verdon, 2021b). Until SLPs develop a critical consciousness about the lens

through which they view the world it is impossible to recognize and engage in practice that considers the subjectivity of any clinical interaction and how it can be interpreted differently by the application of a different cultural lens. One way to develop this lens and thus strengthen engagement in culturally responsive practice is to engage in professional development.

Over the past decade, cultural competence has been a focus of continuing professional development for SLPs (e.g., ASHA, 2010). However, critical literature in the area of professional development has recognized the problematic nature of the term *cultural competence* as it implies that one can obtain competency and that as such, learning in this area has an endpoint, which it does not (Verdon, 2020). Cultural competency training also has traditionally focused on 'othering' practices which ascribes cultural diversity to others but not to those of the dominant culture. This practice directs focus outward towards understanding others rather than recognizing that multiple dimensions of diversity exist within every person (e.g., age, gender, language, culture, religion, sexuality, dis/ability) and starting with an inward focus of understanding one's self in relation to each of these dimensions. As such, Verdon (2020) redefined cultural competence, identifying four key elements for engaging in *culturally responsive* practice that can underpin professional development training:

> "(1) Awareness of their own culture and how it impacts upon their thoughts, actions, interpretation of and interactions with the world;
> (2) A willingness to actively listen, learn and seek out information about the cultures, perspectives and experiences of others;
> (3) Acknowledgment that in any interaction there will always be an element of unknown, invisible or implicit power and cultural nuance; and
> (4) An ongoing process of learning, questioning and re-evaluating their world view and approaches to social interactions." (Verdon, 2020, p. 16)

Members of non-dominant or marginalized cultural groups may be acutely aware of their culture and how it shapes their engagement in the world as their lens is challenged on a regular

basis by practices in the dominant culture. Cultural differences may be made apparent through the experience of microaggressions, defined as "brief and commonplace verbal, behavioral, and environmental indignities, either intentional or unintentional, that are rooted in (implicit or explicit) prejudice and/or racial, ethnic, gender, sexuality, religious, disability, or other stereotypes and that are directed at and subsequently harm members of marginalized groups" (Freeman & Stewart, 2018, p. 412). In contrast, those in dominant cultures are less likely to have their world view challenged as their culture determines the societal rules and constructions in which they live and work. As such, SLPs in dominant cultures may not be cognizant of how existing social and workplace structures restrict the objective of diversifying the speech-language pathology profession by reproducing the existing professional culture that silences or minimizes cultural diversity. By partaking in training to develop culturally responsive practice, SLPs from dominant cultures can identify ways that institutional practices (e.g., racism) marginalizes the voices of colleagues and clients. SLPs in dominant cultures may aim to increase their own awareness of their role in advocating for anti-racist practices in the workplace and draw upon their own power in these spaces to create spaces for diverse perspectives to be shared and integrated into speech-language pathology practice.

Professional development has the potential to positively impact upon professionals' attitudes towards diversity as well as confidence and competence in engaging in culturally responsive practice (E. L. Clark et al., 2020; Verdon, 2020; Verdon & Easton, 2020). One approach to such professional development is consideration of implicit bias (Arora, 2017). Implicit bias training focuses on how the subconscious mind makes judgements about people and experiences. It supports SLPs to interrogate what assumptions they make subconsciously, based on their life experiences, culture, and upbringing and how to become aware of, and challenge,

these assumptions. Recently, a meta-analysis by Forscher et al. (2019) and a systematic review by FitzGerald et al. (2019) similarly found that the impact of implicit bias training varies depending on the approach and content. These review papers found that the most effective forms of implicit bias training involve provision of content that counters stereotypes, applies intentional strategies to overcome biases, and invokes goals or motivations (FitzGerald et al., 2019; Forscher et al., 2019). Both found that immediate effects were stronger than long term effects and emphasized the need for careful evaluation of training to measure its immediate and ongoing impact upon practice. Verdon (2020) highlighted that while professional development may act as a catalyst for change towards culturally responsive practice, such training can only be effective if the person receiving the knowledge approaches this learning with a willingness to grow. That is, if SLPs are not willing to engage in genuine self-reflection upon their practices and the way their own cultural standpoint may influence the perpetuation of marginalizing practices, then true change will not be achieved through professional development.

Verdon (2021a) identified a 4-step process for SLPs addressing their implicit biases:

1. *identify:* engage in critical self-reflection to find out what biases you hold
2. *acknowledge:* recognize the presence of these biases in your life and reflect upon their impact on your judgements, interactions and relationships with others,
3. *confront:* once you are aware of these biases you can work to unpack why you hold them and recognize that these biases are social constructions and not fact
4. *mitigate:* by making your subconscious biases part of your conscious awareness you can work to overcome these biases in your thinking and actions.

The combination of critical self-reflection and professional development in culturally responsive practice are the foundation of critically reflexive practice that can address issues of workplace diversity at the intra-personal level.

Inter-personal practices

Inter-personal practices focus on listening to others. By employing inter-personal practices SLPs can be empowered to engage in culturally responsive collaborations with clients, colleagues and communities. SLPs can only understand their others' perspectives if they ask them about their lived experiences and consider all factors that may be impacting their life situation in planning any assessment and intervention (Verdon et al., 2015). An individual's functioning can be affected at a biological, psychological, and/or sociological level (Blake & McLeod, 2018). Investigating clients' perceptions can provide insight into the impact of any disability, disorder, or difference on their functioning and participation. The International Classification of Functioning, Disability and Health (World Health Organization, 2001), a framework endorsed and employed by professional SLP associations worldwide (e.g., ASHA, International Association for Communication Sciences and Disorders (IALP), Royal College of Speech and Language Therapists, Speech Pathology Australia) encourages SLPs to holistically consider individuals within the context of barriers and facilitators to their functioning, disability, and health. SLPs need to acknowledge that every client is unique. Even if a client belongs to a larger societal group (e.g., African American, Asian, European), their experience of communication disability, disorder, or difference will be specific to their immediate context. Individuals have unique insights about their situation; therefore, they should be consulted and actively involved not only in planning and implementing services, but also in determining policies that impact their situation (WHO & World Bank, 2011). Indeed, according to Article 19

of the Universal Declaration of Human Rights (United Nations, 1948), everyone has the right to "freedom of opinion and expression" which includes the right to express and receive information and ideas. SLPs provide assessment and intervention services in order to support the communication rights and participation of individuals with communication disability, disorders, and differences (McLeod, 2018).

Effective inter-personal communication is essential for equitable delivery of culturally sensitive care (King et al., 2015). Brooks, Manias, and Bloomer (2019) defined *culturally sensitive communication* as effective interactions involving mutual understanding and respect not only for someone else's culture, but also for their beliefs, values, and preferences. There are strategies SLPs can use to facilitate culturally sensitive communication that have been found to promote mutual understanding, increase client satisfaction and alignment with intervention plans, and improve health outcomes and client engagement in the therapeutic process (Brooks et al., 2019). SLPs can prioritize cultural considerations in planning and implementing intervention by determining all factors influencing a client's functioning, such as beliefs and perceptions associated with their presentation and by demonstrating respect for their clients' backgrounds (Brooks et al., 2019; Hopf et al., 2018).

Inter-personal practices involve developing collaborative relationships that encourage clients, their families, and significant others to communicate their views and participate in decision-making to the extent they feel comfortable (Brooks et al., 2019). SLPs should demonstrate a willingness to listen to, learn from, and support their clients. It cannot be assumed that another person's silence, or a lack of communication, equates to agreement or compliance. Instead, SLPs need to provide the time and opportunity to allow clients to communicate their needs or expectations. This strategy may assist in creating rapport, developing trust and allowing

services to be tailored to individuals' situations (King et al., 2015). SLPs are responsible for ensuring their clients are empowered to make informed decisions about their care (SPA, 2020). Therefore, they should provide their clients with information based on evidence, so clients can exercise their right to decide on their own ways of communicating (Nieva et al., 2020).

SLPs should also ensure clients' understanding by providing explanations using clear terminology, by checking understanding, and by encouraging questions (King et al., 2015). Where language differences exist, the best practice recommendation is to use a professional interpreter rather than a family member to ensure accurate communication (Huang et al., 2019), demonstrate respect for the client's background, and contribute to the development of the therapeutic relationship (Brooks et al., 2019). SLPs are also encouraged to continue developing their own interpersonal skills that will support working with people from diverse backgrounds (Nieva et al., 2020). Professional development underpinning interpersonal practices can include listening skills, emotional competence, critical thinking, and reflective practice. These interpersonal skills may empower clinicians working with diverse clients, foster their therapeutic relationships, and assist them in developing individualized strategies to advise and support their clients from diverse backgrounds (Nieva et al., 2020).

Intra-professional practices

The need to support clients who are culturally distinct from themselves is a challenge that transcends national boundaries to unite SLPs globally. In this context, intra-professional practice involves drawing on resources from across the SLP profession in order to increase the diversity of an individual SLP's practice to meet the diverse needs of their clients (Ross-Swain et al., 2017). Such needs may include cultural practices for mealtimes to better service a client with dysphagia, understanding kinship relationships to better design an alternative communication

system for a child with cerebral palsy, and drawing on the linguistic knowledge of other languages to support clients with speech, language, and literacy difficulties.

One key way that intra-professional practice can be used to enhance culturally responsive teamwork is to create spaces for the voices of those already within the profession who come from non-dominant cultural backgrounds to shape the culture of speech-language pathology through the adoption of broader range of cultural perspectives. Many SLPs who do not originate from the pervasive white English-speaking culture of the speech-language pathology profession have reported a feeling of needing to conform to the existing culture of the profession to be accepted professionally (A. Clarke et al., 2020). It is acknowledged that the pressure may not be made explicit but may result from microaggressions experienced during university or clinical practice and a desire to avoid being stereotyped by their cultural group. This means that rather than embracing the opportunities presented by diversity within the profession, those who enter the profession from diverse backgrounds feel pressure to acculturate to the dominant world view of the profession, meaning that the strength of their diversity is lost to the profession and the existing culture of the profession is continually reinforced and reproduced. The impact of the homogenized culture of the profession is far reaching, permeating research evidence, assessment tools, and intervention strategies (Moss, 2010). However, it is not the responsibility of SLPs from marginalized groups to create change in the speech-language pathology profession. Rather, the diversification of the profession must be led by those in the dominant culture who hold power as gatekeepers to enable diverse ways of thinking to be accepted through university training, peer review processes that determine what evidence is published, funding bodies who determine what research is funded, clinical educators who set the tone for the cultural expectations of their practice environment and so on. Creating space for SLPs from diverse backgrounds to strengthen

and enhance our profession by broadening our vision of effective and culturally relevant communication and participation in society, will in turn support cultural safety for people, families and communities for whom speech-language pathology services are provided.

SLPs around the world are united in the challenge of needing to provide services to clients who use languages that are different from the language/s that the SLPs themselves use (Jordaan, 2008; Verdon et al., 2014; Verdon et al., 2016). Given that there are over 7,000 distinct languages spoken in the world (Eberhard et al., 2020) and the many other intersecting dimensions of diversity that an individual may embody, no SLP could be expected to possess the cultural and linguistic knowledge and skills necessary to address the needs of any client who they might be called upon to provide services to. While not knowing the language of the client is often cited to be the problem in such situations (Jordaan, 2008; Kritikos, 2003), it is in fact not knowing *about* the language of the client that can be more of a limitation for professionals. Professionals can, and do, draw on the linguistic skills of interpreters, translators, family members, and community support workers to bridge the gap created by not knowing a client's language (Crowe & Guiberson, 2020). However, knowledge *about* the language is crucial. For example: What is the consonant inventory of the language? What is the typical sequence of consonant acquisition in the language? Is this a head-first or a head-last language? Is the derivational morphology agglutinative? Is this a tonal language? Such information needs to be drawn from intra-professional sources.

Written resources are available for SLPs to access information about languages. For example, the International Guide to Speech Acquisition (McLeod, 2007) and the Multilingual Children's Speech website (https://www.csu.edu.au/research/multilingual-speech/languages) provide a guide for SLPs to the phonetic inventory, phonological and phonotactic features, and

typical and atypical speech acquisition. The MultiCSD website from Portland State University (https://sites.google.com/pdx.edu/multicsd/home) contains detailed and clinically relevant information about many languages and Ethnologue (Eberhard et al., 2020; https://www.ethnologue.com) provides comprehensive meta-information about the world's languages and dialects. However, a much richer resource for enhancing an individual SLP's knowledge about languages exists, and this is their fellow SLPs. While a cursory look around the workplace may reveal the lack of diversity within the SLP profession, it is time to look further, beyond the circle of professionals that an individual SLP traditionally interacts with, to see how diverse the SLP profession is at a national and international level (Verdon et al., 2014). For example, ASHA membership data indicated that 14,487 SLP members report using a language other than English (data provided to the authors by ASHA, October 15, 2020). These members reported using more than 80 different languages. The most often reported was Spanish (4.6% of members/59.3% of sample), American Sign Language (0.3%/4.0%), Russian (0.3%/3.5%), Hindi (0.2%/3.0%), and Hebrew (0.2%/2.8%). Likewise, data describing the 1,203 of the 11,000+ members of Speech Pathology Australia who indicated that they used a language other than English was diverse (data provided to the authors by SPA, October 21, 2020). Forty-six different languages were reported, with the most often reported languages being Cantonese (18.4% of sample), Chinese (12.5%), French (7.3%), Arabic (7.2%), and Spanish (5.7%). Ninety-seven members used one language in addition to English, 75 used two, 46 used three and 23 used between four and seven languages in addition to English.

Taking a bigger picture, the interconnectedness that modern technology allows gives SLPs the ability to engage with colleagues all over the world. In this way SLPs can learn about the languages that their clients use from SLPs who will have deeper knowledge of the cultural

situation of the client. If an SLP in the US has a client with a suspected speech sound disorder who is a bilingual Icelandic-English speaker, The SLP could consider collaborating with an SLP in Iceland who could provide knowledge about typical and atypical speech development in Icelandic and the assessments and interventions routinely used with Icelandic-speaking children. As a further example, if an SLP has a client with aphasia who is a native speaker of Cypriot Greek it would be possible for this SLP to collaborate with an SLP in Cyprus who could provide information about the features of aphasia in this language and best practices in assessing and supporting speakers of Cypriot Greek with aphasia. Alternative appellations for speech-language pathologists include "fonoaudióloga, logopeda, logopedist, logopédiste, orthophoniste, patóloga de habla y lenguaje, speech pathologist, … speech therapist, and speech and language therapist" (International Expert Panel on Multilingual Children's Speech, 2012, p. 1). Lists of SLP associations who may be able to connect SLPs can be found from the Standing Liaison Committee of European Union Speech and Language Therapists and Logopedists (CPLOL; https://cplol.eu/links/associations-and-representatives.html), the International Association of Communication Sciences and Disorders (IALP; https://ialpasoc.info/affiliate-societies/), and ASHA (https://www.asha.org/members/international/intl_assoc/). Additionally, sources such as Ethnologue (Eberhard et al., 2020) and The World Factbook (Central Intelligence Agency, 2020) provide information about the number of percentage of users of different languages in each country, which can guide decisions about which countries may have SLPs with the cultural and linguistic knowledge needed to support a particular client. The challenge of engaging in culturally responsive practice unites SLPs globally, and through intra-professional collaboration, SLPs can draw together in being the solution so that people with communication disorders can get the best quality of care, regardless of the language that they speak.

Inter-professional practices

Interprofessional practices involve a partnership or team of professionals working with clients to share decision-making. Inter-professional interactions often involve multi-person communication; whereas dyadic communication frequently is used in intra- and inter-personal, and intra-professional interactions. For diverse teams to function effectively it is important that all team members acknowledge and respect the cultural and linguistic diversity of each other and make appropriate communication adjustments. Consequently, culturally responsive teamwork requires SLPs to act with *cultural sensitivity and safety* and to upskill in multicultural collaboration (Banfield & Lackie, 2009). Effective leadership of interprofessional teams can address different cultural expectations about role delineation, decision-making, and conflict resolution by clarifying expectations to minimize conflict and support partnerships.

It is important to consider the breadth of interprofessional teamwork and the principles required for these teams to work efficiently and effectively in culturally responsive ways in and across workplaces. Culturally responsive workplaces have structural competency (Cahn, 2020). They enact policies that ensure equitable access to culturally responsive and ethical services. They create respectful physical spaces where team members can openly talk about implications of cultural diversity. Workplaces can then embed principles of the CRTF into their policies and procedures so that when problems arise, teams have guidance on how to best manage conflicts arising from miscommunication, microaggressions, and racism. Workplaces should undertake comprehensive policy reviews to identify content that may directly, or indirectly, marginalize individuals or communities. Workplaces can include cultural awareness training programs and systems to evaluate workforce cultural responsiveness at regular intervals. Critical incident reporting in workplaces can include coding options that specify specific cultural variables (e.g.,

miscommunication due to dialect variation). Training programs can support clients and colleagues to develop their roles in the therapeutic alliance by active acknowledgement of the unique cultural value they bring with them to any interaction. SLPs can play an active part in training that emphasizes the two-way responsibility for communication success and provides strategies for speaker and listener to improve understandability. SLPs can advocate for workplaces where cultural expression is respected and tolerated within the boundaries of occupational health and safety requirements. For example, SLPs could work with team members to create easy access fact sheets that educate others on similarities and differences in communication style, mealtime feeding behaviors, and preferences of specific cultural groups. In case conference meetings, SLPs can take the lead and identify opportunities for talking about the implications of cultural diversity on clinical decision making.

There is also a need to look beyond the immediate workplace when engaged in inter-professional collaboration and to "Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning" (IPEC 2016, p. 12, sub-competency RR7). For example, SLPs can work with pure and applied linguists to translate specific linguistic detail (e.g., acquisition and presentation of typical phonology, morphology, syntax, etc.) about a rare language for speech-language pathology practice (e.g., Hopf et al., 2016). SLPs can reach out to religious leaders within the client's community to understand specific cultural needs with regarding diet to inform swallowing management. SLPs may also liaise with lawyers who have expertise in medical ethics to understand the country's legal precedents regarding practice management (e.g., employment laws, professional indemnity requirements) and specific client services (e.g., dysphagia management, risk/palliative feeding, advance care directives; Kelly et al., 2018). SLPs may liaise with government departments to

understand policies, civil rights and cultural diversity (Ireland et al., 2020). In underserved regions of the world with limited speech-language pathology services, SLPs may work with government and non-government organizations to understand their community's communication capacity (Zamir et al., 2021) and may work with government staff from health, education, welfare, and justice departments to understand and map prevalence and the specific factors that act as either barriers or facilitators to ensuring a community's communicative capacity is fully actualized (e.g., disability inclusive legislation and policy; Hopf & McLeod, 2015; Hopf, 2018). In countries where governments have signed international agreements (e.g., Convention on the Rights of Persons with Disabilities, United Nations, 1989), there are opportunities to demand services that support equitable service delivery for people with communication disability from diverse backgrounds (e.g., interpreters, translators, cultural brokers). Across the world, SLPs can collaborate with colleagues in professional associations to advocate for the needs of culturally diverse clients and coworkers so that the best information for each client and context is available.

Conclusion

Every SLP is charged with the responsibility to enhance each client's capacity to allow full participation in their life. Historically, the speech-language pathology workforce is not diverse, posing challenges for how the needs of clients from cultural backgrounds outside those that dominate the speech-language pathology profession can be met. Diversification has begun via changes to recruitment, education, employment, and workplace policies. However, further change can be driven forward through every SLP supporting diversity within their own practice by implementing the four interacting levels of practice within the CRTF: (1) intra-personal practices, (2) inter-personal practices, (3) intra-professional practices, and (4) the inter-professional practices.

It is important that SLPs do not see the CRTF as prescriptive or procedural. Rather, the CRTF presented is a starting place for SLPs to reflect on specific aspects of their behavior, and how these behaviors interact with and influence others within the broad spheres of professional practice. With this in mind, the authors present two case studies within the appendix that may be used to begin the discussion on CRTF. The authors have provided starting points for each level of the CRTF to be expanded on to enhance SLPs' reflection on and engagement in culturally responsive teamwork.

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Appendix: Two case studies to demonstrate application of the Culturally Responsive Teamwork Framework (CRTF)

These two case studies draw on the four interacting levels of practice within the CRTF: (1) intra-personal practices, (2) inter-personal practices, (3) intra-professional practices, and (4) inter-professional practices identified in this article to engage in culturally responsive practice.

Case Study One: Maya Haddad

Maya is 4 years old. Her family migrated from Lebanon last year. Maya has two older sisters (5 and 7 years) and a younger brother (2 years). Arabic is the main language spoken at home. Her father Hassan also speaks English and works full time in a local factory. Her mother Ghada speaks very little English and stays at home to care for the children. Hassan reports that he makes an effort to speak English with the children and the older two children seem to be learning English at school. Maya understands but does not voluntarily speak any English and prefers to speak with her mother in Arabic. Maya is well behaved and enjoys playing with the other children at her preschool which she attends 2 days per week but does not engage in conversation with others. She uses gestures and pointing to communicate with her teacher. She has been unwell a number of times this year and missed a number of days at preschool. Both her parents and her teacher are concerned about her development and her transition to the English-speaking elementary school.

(1) Intra-personal practices: To engage in culturally responsive practice, reflect upon the cultural assumptions that come to mind when receiving this referral. Examine these assumptions and consider why you hold them and what source of information they are based on. Questions you could ask yourself to reflect upon your cultural lens in relation to this case include:

- What do I see as potential challenges in this case and why do these challenge me?

- Are there any cultural, linguistic, logistic or financial barriers to this family engaging in my service?
- What do I assume about Lebanese culture that may or may not be relevant in this case?
- What do I know about the Arabic language and Arabic dialects?
- What do I think about Maya speaking Arabic and not English?
- What do I know about typical multilingual development that might inform my assessment and diagnosis?
- Why might Maya's development be different to her siblings (i.e., different language acquisition context due to migration)?
- What culturally responsive assessment approaches will I take?
- What cultural assumptions about play and interpersonal communication style might impact upon my assessment?
- How will I communicate with this family? What language will I use?
- What questions will be important to ask?

(2) Inter-personal practices: The most important step to engaging in culturally responsive inter-personal practice is to listen. It is important to ask open-ended questions to inform the co-production of services in collaboration with the client and their family. This means withholding assumptions about the need, goals or outcomes of therapy prior to discussing these in conjunction with the client. Given that Maya's father works full time and her mother speaks little English, an interpreter would be required during the session.

Questions for the parents relevant to this case would be:

- Why have you brought Maya to speech-language pathology?
- How would you describe Maya's communication in each of her languages?

- Are there other communication partners (e.g., grandparents) that may provide further insight into Maya's communication?
- What are Maya's strengths? What does she enjoy?
- Do you have any concerns about her communication? If yes, what are your key concerns?
- Could you give some examples of times she has difficulty communicating? When is she a strong communicator?
- What help or support would you like from a speech-language pathologist?
- What would be your ideal outcome of therapy?

Additional questions are available in the Speech Participation and Activity Assessment of Children (SPAA-C, McLeod, 2004).

(3) Intra-professional practices: You can learn about speech, language, and communication development in Lebanese Arabic (e.g., Ghattab, 2007) and find ways to work with the family from another SLP who shares aspects of the family's culture.

(4) Inter-professional practices: You could visit the preschool and (1) interview Maya's teacher and other staff to better understand their developmental concerns and survey their understanding of Lebanese cultural and communication practices, and (2) observe the variability and effectiveness of Maya's verbal and non-verbal communication with peers and adults and teaching practices to support Maya's language learning. School absence due to illness may need to be explored with the family's doctor. Arabic has great lexical diversity depending on the dialect of Arabic that is spoken, the origins of the speakers and purposes of the communication (formal versus informal). Consequently, to support a bilingual assessment, it may be appropriate to employ an interpreter who is fluent in Lebanese Arabic dialect.

Case Study Two: Joseph

You are an SLP at a rehabilitation hospital. You have received a referral to see Joseph, who has just been transferred from an acute hospital. He is presenting with mild hemiparesis of his upper and lower limbs. The physical therapist saw him yesterday (Sunday) and has come to see you as "he was speaking, but I couldn't follow a word that he was saying – it all sounded jumbled and his speech sounded slow and slurred". Joseph's file states that he is 65 years old. He has a past medical history of hypertension and depression. He has recently semi-retired and is in the process of handing his business over to his son. He lives at home with his wife, Sophia, and has 3 adult children who live locally. Italian is his first language. He and his family are active within their local community. He is becoming distressed and frustrated by his inability to communicate and wants to return home. Your role is to assess Joseph's communication and identify an intervention.

(1) Intra-personal practices: Questions you could ask yourself to reflect upon your cultural lens in relation to this case include:

- What do I see as potential challenges in this case and why do these things challenge me?
- What do I know about the impact of stroke on bilingual patients?
- What do I assume about Italian culture and family structures that may or may not be relevant to this case?
- Does Joseph speak English, and if so, is this his preferred language, or would he prefer an interpreter? Does his wife speak English?
- What questions will be important to ask?
- What culturally responsive assessment approaches will I take?

(2) Inter-personal practices: It is important to consider Joseph within the context of barriers and/or facilitators to his functioning, disability, and health. Questions you could ask Joseph, his family, and other individuals supporting him include:

- What barriers exist to Joseph's participation in activities (e.g., in the community) and to his ability to effectively communicate?
- What factors may facilitate his participation and communication?
- Are there any other factors that impact Joseph's situation that will assist the SLP in planning assessment and intervention?

(3) Intra-professional practices: Consult with an SLP fluent in Italian to gain greater insight into whether Joseph's speech has meaning in Italian, and whether the symptoms Joseph exhibits reflect aphasic symptoms in Italian-speaking clients the SLP has worked with.

(4) Inter-professional practices: Ensure that the hospital team understand that Joseph has a bilingual background (e.g., place a "My languages" notice above Joseph's bed). Access bilingual Italian-English instant translation apps and AAC resources to have available at Joseph's bedside. Ask hospital staff members who are fluent in Italian to pay a social visit to Joseph. With consent, an Italian translator should be employed to assist with SLP assessments and service delivery.

Table 1

Practices within the Culturally Responsive Teamwork Framework (CRTF) *compared with the Competencies and Sub-Competencies within IPEC (2016)*

Teamwork Practices	**Competencies**	**Sub-competencies**
Inter-personal	Values / Ethics	VE3: Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.
Inter-personal + Inter-professional		VE4: Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.
Inter-professional	Roles / Responsibilities	RR3: Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations
Inter-personal + Inter-professional		RR9: Use unique and complementary abilities of all members of the team to optimize health and patient care.
Intra-personal + Inter-personal	Inter-professional communication	CC7: Recognize how one's uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships.
Intra-professional Inter-professional Inter-personal	Team and Teamwork	TT4: Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.

Figure 1

Culturally Responsive Teamwork Framework (CRTF) (reproduced with permission from Hopf, Crowe, Verdon, Blake, & McLeod, 2021)