

# Supervision: The Other Side of Cultural Diversity

**Katrina Evette Miller**

*North Carolina Central University, USA*

## EXECUTIVE SUMMARY

*This chapter addresses the cultural diversity of supervisees encountered by supervisors. This case study addresses the cultural dynamics of a clinical fellow from Saudi Arabia who is completing her clinical fellowship in the United States. Aneshia is a clinical fellow who received her Bachelor of Science degree from King Saud University in Saudi Arabia and then earned her Master's degree from an American university. As a Muslim woman such topics as dress, religion, and culture are described and addressed as it relates to Aneshia and her interaction with patients, coworkers, and caregivers. Areas such as appropriate communication distance, appropriate greetings, and physical interactions (oral motor examination, etc.) are discussed along with strategies for addressing these challenges. Areas including documentation as it relates to Arabic syntax and morphology versus standard American English are described. Strategies for working with professionals from Middle Eastern and Arabic countries are also discussed.*

## INTRODUCTION

Why a case study on supervision as part of a book discussing cultural diversity?

The demographics of the United States dictate it. The shifting demographics of the U.S. are well documented through the United States Census Bureau (U. S. Census Bureau, 2012) and through the American Speech-Language-Hearing Association (ASHA). The U.S. Census Bureau projects that with the continued growth of minority populations, including Native Americans, African Americans, Asians, Pacific Islanders and Hispanics, the combined numbers of minorities will rise to over 60 percent of the population by the year 2060 versus 38 percent in 2017 (U.S. Census Bureau, 2012). This growth of minority residents in the United States also reflects a growth in cultural diversity including a growth in the variety of religions, foods and customs. This growth in minority inhabitants not only affects how speech-language pathologists (SLPs) serve clients from diverse populations, but how SLPs train culturally and linguistically diverse professionals.

Further supporting the need to understand cultural diversity, particularly in the field of communication disorders, is the fact that one out of five children in the United States is speaking a language other than English (U.S. Census Bureau, 2015). In addition, individuals who identify as European Americans have diverse histories, cultures and world views. These numbers make it imperative that practitioners have the knowledge and skills, along with the appropriate attitudes to adequately provide services in a culturally responsive manner to anyone from any racial or ethnic group.

ASHA first identified the need to address multicultural issues in the late 1960's. During that time the Black Caucus of ASHA was formed in an attempt to speak to the racial and social injustices of that time (Wiggins, 2014). Later in 1978, the National Black Association for Speech-Language-Hearing (NBASLH) was created and is still in existence today. These were the early attempts for the organizations to speak and provide research in the areas of communication differences versus communication disorders. Most of these original efforts were geared to African American children. From these initial efforts came the position statements that declared that dialects are variations on communication styles and not disorders (Wiggins, 2014).

Based on the increase in diversity as it relates to the populations being served by speech-language pathologists, as well as the increase in international students, one can see the need for communication sciences and disorders programs to vary teaching and training methodology. Over the past ten years the number of post-graduate international students admitted to universities in the United States has increased (Barta, et al., 2019). This increase in international students studying in American universities implies that professionals charged with educating international students are faced with a unique set of instructional challenges. These instructional challenges are exacerbated by the fact that speech-language pathology and audiology deal with human communication. In a field that must consider the content, form and use of language, understanding and being able to apply this standard to a variety of cultures is not only important in the treatment of communication disorders but in the training of those professionals.

Although the term globalization can be defined many ways depending on the theory being used (Hyter et al., 2017), the need for globalization competencies is imperative for speech-language pathologists and audiologists. This is supported by the increased degree of interdependence among nations and the increased opportunities to live and work with individuals and families from countries other than one's own.

Finally, the disproportionate access to adequate health care by minority populations is well documented in the professional literature (ASHA, 2018). One strategy that has been implemented to increase the access of culturally and linguistically diverse (CALD) populations to health care, is to increase the number of CALD health care professionals. This includes persons in the allied health professions including speech-language pathologists (Attrill, Lincoln & McAllister, 2017). Along with the increase of CALD populations being served, comes the need to provide opportunities for practitioners serving these populations to develop adequate intercultural skills.

While supervision is a specialized area recognized by ASHA, it like other specialized areas requires training and experience to be as effective as possible. Often some of the first professionals students in the communication disorders field bond with are their clinical supervisors. Although young minority clinicians in the speech-language pathology field may not have clinical supervisors that look like them, having one that is culturally responsive can assist with any feelings of disconnection (Gauvin, 2016).

The Clinical Fellowship is viewed as a mentoring relationship since the professionals involved are actively working in the field of speech-language pathology. This case study discusses the mentorship of a Muslim woman as she completed her Clinical Fellowship in a state supported hospital setting. Topics that will be discussed include strategies to assist both the Clinical Fellowship mentor and the clinical

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