¡VIVA MEXICO! THE INFLUENCE OF A SHORT-TERM STUDY ABROAD PROGRAM ON SPEECH-LANGUAGE PATHOLOGY STUDENTS' CULTURAL COMPETENCE

by

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THESIS ABSTRACT

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Title: ¡Viva Mexico! The Influence of a Short-Term Study Abroad Program on Speech-Language Pathology Students' Cultural Competence

Speech-language pathology programs utilize short-term study abroad programs to enhance students' cultural competence. Yet, an investigation of how study abroad impacts students' cultural competence does not exist. This study's purpose was to investigate the effects of a study abroad program in Mexico on the cultural competence of SLP master's students. A two group, pre/post mixed methods quasi-experimental design was used. Participants included a treatment and control group. Pre/post-trip surveys and semi-structured interviews were completed and analyzed for differences in cultural competence between groups and for growth in cultural competence for the treatment group from pre- to post-trip. Findings indicated that the treatment group demonstrated gains across all components of cultural competence, and had significantly higher post-trip cultural confidence as compared to the control group. Gains in the treatment group's cultural competence were influenced by gains in cultural and general professional skills and cultural interactions. Implications for the discipline are discussed.

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INTRODUCTION

The United States demographics have significantly shifted towards an increase in the number of individuals from culturally and linguistically diverse populations. This shift is most apparent in the Latino population, which has increased from 35.2 million individuals in 2000 to 55.2 million individuals in 2014 (Stepler & Brown, 2016). At present, the Latino population makes up the nation's largest ethnic minority (i.e., over 17% of the U.S. population), with the majority of Latinos being of Mexican background (i.e., 63.4%; U.S., Census Bureau, 2016).

These national demographic shifts result in changes in the cultural and linguistic diversity of children who receive special education services in U.S. public schools. In fact, the percentage of students receiving special education who were Latino increased from 7.5% in 2003 to 12% in 2015 (National Center for Education Statistics, 2016). This upward trend is expected to continue, as it is projected that the percentage of students from Latino backgrounds attending U.S. public schools will increase from 25% in the year 2013 to 29% by the year 2025 (National Center for Education Statistics, 2016). This ethnic shift also corresponds to changes in the linguistic backgrounds of students served. Of all students in U.S. public schools who speak a language other than English in their homes, nearly 77% speak Spanish (National Center for Education Statistics, 2016). Therefore, special education service providers, including speech-language pathologists, should be adequately prepared to serve the increasing numbers of children from Spanish-speaking Latino backgrounds on their caseloads.

Speech-language pathologists (SLPs) must be prepared to provide services that are well-informed, respectful, and responsive to the cultural and linguistic needs of the Spanish-speaking Latino population. However, the field of speech-language pathology is not prepared to meet the needs of this growing population for two reasons. First, unfortunately, the changing diversity of the U.S. is not yet reflected among the background of SLPs. Of all SLPs, less than 5% identified their ethnicity as Hispanic or Latino, and only 4% identified as Spanish-language service providers (ASHA, 2016b). Second, few SLPs have the baseline knowledge or training to appropriately serve Latino children. In fact, a variety of nationwide surveys of school-based SLPs have indicated that many have not received adequate training or practical experience working with culturally and linguistically diverse populations, including students from Spanish-speaking Latino backgrounds (Caesar & Kohler, 2007; Hammer, Detwiler, Detwiler, Blood, & Qualls, 2004; Kohnert, Kennedy, Glaze, Kan, & Carney, 2003; Roseberry-McKibbin, Brice, & O'Hanlon, 2005). This lack of training and experience has led to decreased confidence in serving children and families of Latino descent (Hammer et al., 2004). Moreover, a lack of knowledge about home cultures is often cited as an underlying reason for difficulties in serving Spanish-speaking populations (Hammer et al., 2004). Thus, efforts to enhance the preparation of SLPs to include the knowledge, training, and experience relevant to becoming more culturally and linguistically responsive to Spanish-speaking Latino populations are paramount.

One way to enhance the preparation of SLPs is to specifically target their cultural competence for working with Spanish-speaking Latino populations before they enter the professional field. Specific training in providing services to individuals from culturally

and linguistically diverse backgrounds and practical experiences simply interacting with diverse individuals have increased SLPs' confidence and competence in serving this population (Caesar & Kohler, 2007; Guiberson & Atkins, 2012; Kritikos, 2003; Roseberry-McKibbin et al., 2005). Study abroad is one potential way that training and experiences in cultural competence for serving Spanish-speaking, Latino populations could be offered. Therefore, the purpose of this study is to investigate the efficacy of a short-term study abroad experience on the cultural competence of pre-service speech-language pathology students for working with Spanish-speaking Latino children.

Cultural Competence in the Field of Speech-Language Pathology

Becoming culturally competent is critical for speech-language pathologists (SLPs) in particular, as language and culture are inextricably linked (Kohnert, 2013; Rogoff, Mistry, Goncu, & Moiser, 1993; Schieffelin & Ochs, 1986). Not only do languages vary from culture to culture, but views and beliefs on language development, disability, and treatment are culturally dependent as well (Johnston & Wong, 2002; Rodriguez & Olswang, 2003; Westby, 2000). Accordingly, the American Speech-Language and Hearing Association (ASHA), the governing agency of SLPs, considers cultural competence to be a basic professional and ethical requirement (ASHA, 2004; 2016a). SLPs must consider the impact of cultural variables as well as differences in language exposure and acquisition on children and their families, and be culturally responsive during all parts of service provision, including identification, assessment, treatment and management. In addition, the quality of care provided by SLPs must not vary based on cultural background. Therefore, clinicians have the obligation to seek information and expertise required to provide culturally competence services (ASHA, 2016). Given the

importance of cultural competence in the field of speech-language pathology, it is important to define the concept and describe how cultural competence is developed.

Conceptual Models of Cultural Competence

Cultural competence is generally defined as having a thoughtful and sensitive outlook on culture, including understanding the values and needs of others and responding appropriately to provide effective care within the cultural context of a client. This definition has been adopted by the field of speech-language pathology (ASHA, 2017; Franca & Harten, 2016; Kohnert, 2013). A variety of theoretical models define cultural competence and describe the specific components that make up cultural competence (e.g., Burchum, 2002; Campinha-Bacote, 2002; Leininger, 2002; Suh, 2004). Burchum (2002) conducted a review of existing models of cultural competence to identify shared components of cultural competence. This review revealed that cultural competence is generally thought of as a nonlinear dynamic process that involves the development and implementation of seven specific components, including: cultural awareness, cultural knowledge, cultural understanding, cultural sensitivity, cultural interaction, cultural skill, and cultural proficiency. Each of these components has several corresponding subcomponents. Although there has been further development of models of cultural competence since Burchum's review in 2002, more contemporary models continue to reflect the aforementioned components and subcomponents (e.g., Balcazar, Suarez-Balcazar, & Taylor-Ritzler, 2009; Suh, 2004). The description of each component and subcomponent of cultural competence as adapted from Burchum (2002) are included in Table 1. Each will be briefly summarized in the following sections.

Table 1
Attributes and Dimensions of Cultural Competence (Burchum, 2002)

Component	Definition	Subcomponent
Cultural Awareness	The developing cognitive awareness of culture and the ways in which culture shapes values and beliefs.	– Exploration of one's own culture – Recognition of one's ethnocentric views, biases, or prejudices – Awareness of the existence of similarities and differences between and among cultures
Cultural Knowledge	Continued learning of information about different cultures, including their worldview and language. Cultural knowledge is an essential underpinning for cultural understanding.	– Acquisition of conceptual and theoretical frameworks – Recognition of differences in communication styles and etiquette between and among cultures
Cultural Understanding	Ongoing development of insights related to the influence of culture on the beliefs, values, and behavior of diverse groups of people.	– Understanding that culture influences one's beliefs, values, and behaviors – Understanding of how marginalization influences patterns of seeking care
Cultural Sensitivity	Affective recognition of cultural diversity, which is essential for effective cultural interaction.	– Appreciation, value, and respect for cultural differences – Recognition of how one's own personal and professional cultural identity influences practice
Cultural Interaction	The personal contact, communication, and exchanges that occur between individuals of different cultures. One cannot fully develop cultural competence without cultural interaction	– Interaction with those of other cultures – Engagement in practice with those of other cultures
Cultural Skill	The ability to communicate effectively with those of other cultures.	– Investigation and inclusion of an individual's beliefs and values, family roles, health practices, and the meanings of health and illness in assessment and intervention – Provision of care that is beneficial, safe, and satisfying to the client – Provision of care that includes self-empowerment strategies
Cultural Proficiency	Involvement in activities to further develop or change current cultural knowledge	– Acquisition of new cultural knowledge through research, generating new culturally sensitive therapeutic approaches, and by sharing this information with others – Demonstration of change

Cultural awareness. Cultural awareness is the cognitive awareness of culture and the ways in which one's culture shapes his or her values and beliefs. It includes a superficial understanding of one's ethnocentric views, biases, or prejudices, and an awareness of the existence of similarities and differences between and among cultures. For example, SLPs may become aware that they come from a culture that emphasizes individualism, and that this perspective may impact the way they view individuals from cultures where collectivism is emphasized.

Cultural knowledge. Cultural knowledge refers to continued learning of different cultures, including theoretical and conceptual frameworks related to culture, and differences in communication styles and etiquette between and among cultures. An example of cultural knowledge relevant to the SLP is the knowledge that certain cultures prefer direct eye contact when communicating, while others believe that direct eye contact should be avoided with certain communication partners. Cultural knowledge is an essential foundation for the development of the subsequent component of cultural competence, cultural understanding.

Cultural understanding. Cultural understanding is the realization that one culture is not superior to another, and that culture impacts one's beliefs, views, and behaviors. For example, SLPs may realize that their ideal treatment differs from the ideal treatment of a culturally diverse client, and that this difference is okay. Through cultural understanding one becomes aware of the conflicts that can arise due to cultural differences, such as marginalization, which can influence whether or not an individual seeks care and/or how they go about it.

Cultural sensitivity. Cultural sensitivity is the affective recognition of cultural diversity, which is essential for effective cultural interaction. It involves the appreciation, value, and respect for cultural differences, and realization of how one's own personal and professional cultural identity influences practice. For example, Caucasian SLPs from the United States may realize that they generally only involve the client in the therapy due to their cultural views and beliefs of effective therapy, rather than the whole family, which may be a more relevant approach for families from other backgrounds who believe in collective support for individuals with disabilities.

Cultural interaction. Cultural interaction refers to the personal or professional contact, communication, and exchanges that occur between individuals of different cultures. Importantly, one cannot fully develop cultural competence without cultural interaction. An example of this component in speech-language pathology would be providing treatment and/or assessment to children and families from cultural and linguistic backgrounds that do not match those of the treating SLP.

Cultural skill. Cultural skill is the ability to communicate effectively with those of other cultures, and modify service provision to be culturally appropriate. More specifically, it includes the investigation and inclusion of an individual’s beliefs and values, family roles, health practices, and the meanings of health and illness in assessment and intervention; the provision of care that is beneficial, safe, and satisfying to the client; and the provision of care that includes self-empowerment strategies. In the field of speech-language pathology, cultural skill can take the form of making sure to include the family within the intervention of a client whose culture emphasizes inclusion of the family in any and all activities.

Cultural proficiency. Lastly, cultural proficiency is one's involvement in activities that lead to the addition of new knowledge and cultural skill, and involves sharing this information with others. For SLPs, an example of cultural proficiency is conducting focus groups with members of the community to better understand culturally specific views and beliefs of therapy, then using this information to improve their therapeutic methods, and potentially sharing research findings through a publication.

Among these components of cultural competence, cultural interaction is consistently described across models as most crucial to the development of cultural competence. As stated above, individuals must have cultural interactions to progress in the development of cultural competence, as one does not have the opportunity to put cultural competence into practice without interactions with individuals of other cultural perspectives (Burchum, 2002). While there are other ways to enhance the varied components of cultural competence, current conceptual models also indicate that cultural interaction is efficacious in students' further development of certain components of cultural competence. Specifically, students' direct encounters with individuals from diverse cultures are thought to be the critical impetus for increasing cultural awareness, knowledge, and skill (Campinha-Bacote, 2010). Given the significant role of cultural interaction in the development of students' cultural competence, the inclusion of cultural interaction in the pre-service training of speech-language pathologists offers a promising opportunity to develop cultural competence for working with Spanish-speaking, Latino children and families. Therefore, offering opportunities for cultural interactions within study abroad, specifically, has become a priority for many SLP training programs.

Cultural Competence and Study Abroad

Currently, 81 accredited master's programs in speech-language pathology across the nation now include an optional study abroad program, including the University where this study took place. Study abroad experiences provide opportunities for students to have cultural interactions that may not be possible during their typical training, offering students the opportunity to further develop their cultural competence. Furthermore, research has shown that study abroad has the potential to address most components of cultural competence as well as cultural confidence, which refers to one's confidence in their ability to provide culturally competence care (Kohlbry, 2016). Through cultural interaction students are likely to learn about, and may even develop an appreciation for, the target culture, leading to potential growth in cultural awareness, knowledge, understanding, and sensitivity. Furthermore, students participating in study abroad have frequent opportunities to exercise their cultural awareness, knowledge, understanding, and sensitivity through cultural interaction with individuals from the target culture, leading to potential gains in cultural skill.

At present, there is scant research examining the impact of a short-term study abroad program for master's students in speech-language pathology programs specifically. The existing research regarding the efficacy of short-term study abroad experiences in enhancing students' cultural competence has been completed with students training in nursing, physician, occupational therapy, and physical therapy (e.g., Ballestas & Roller, 2013, Caffrey et al., 2005, Ekelman, Bello-Haas, Bazyk, & Bazyk, 2003; Jones, Neubrander, & Hall, 2012; Kohlbry, 2016; Larsen & Reif, 2011; Larson, Ott, & Miles, 2010; Phillips, et al., 2017; Sandin, et al., 2004; Smit & Tremethick, 2013; Smith-Miller,

Harlan, Dieckmann, Sherwood, 2010; Smith, Dowden, Wiggins, Hall, 2014; Vantyle, Kennedy, Vance, Hancock, 2011; Walsh & DeJoseph, 2003). Most often, these programs targeted undergraduate nursing students, ranged from 1 day to 3 weeks, and took place in non-English-speaking countries. The study abroad programs examined in these studies employed various strategies to target student's cultural competence, including educational sessions, clinical placements, and community immersion experiences. Educational sessions were described as periods of time in which students and faculty convened to discuss students' cultural knowledge and awareness, in addition to faculty providing cultural-specific information (e.g., views and beliefs regarding health needs, health-related systems utilized by that culture, etc.). Clinical placements involved the clinical provision of services by students to culturally diverse populations in the community where the study abroad program took place. Community immersion experiences involved student interaction with culturally diverse populations within the community, in a non-professional setting. These studies typically have explored students' attitudes and perceptions of minority cultures, confidence in interacting with minority populations, and their perceptions of the experience as reflections of cultural competence.

Existing studies have used a variety of measures to investigate students' cultural competence including qualitative interviews, student written reflections, self-reported surveys, and student journals. Most studies measured students' cultural competence at post-trip or throughout the trip. More compellingly, others measured cultural competence at pre-and post-trip (Ballestas & Roller, 2013; Caffrey et al., 2005; Jones, Neubrander, & Hall, 2012; Kohlbry, 2016; Larsen & Reif, 2011; Phillips, et al., 2017; Walsh & DeJoseph, 2003). Results from these studies suggest that students made gains in the

development of specific components of their cultural competence, including cultural awareness, knowledge, sensitivity, interaction, and skill. All of these studies have also found gains in students' professional skills following study abroad.

The authors of these studies have postulated that gains in cultural knowledge and understanding resulted from students' examination of their own values and beliefs as they directly faced cultural differences during cultural interactions while studying abroad. It is important to note that studies have generally shown that the longer the program the more significant and lasting the effects are regarding cultural sensitivity (DeDee & Stewart, 2003; St Clair & McKenry, 1999; Zorn, 1996). When comparing treatment and control groups, Caffrey et al. (2005) concluded that students who participated in a study abroad program and a cultural competence course demonstrated higher gains in perceived cultural competence than students who participated in the course only because students were immersed into the cultural group's daily reality through the study abroad experience. Caffrey et al. (2005) also reported gains in professional confidence for nursing students, and linked this to gains in students' cultural competence.

Confidence in providing culturally competent care is thought to be associated to the development of cultural competence. Four studies have examined students' confidence as a measure of cultural competence following participation in study abroad (Bennett, Jones, Brown & Barlow, 2012; Caffrey et al., 2005; Kohlbry & Daugherty, 2015; Larsen & Reif, 2011). These studies examined undergraduate and doctoral nursing students following participation in a short-term (ranged from 1 day-8 weeks) study abroad program in English and non-English speaking countries. Three studies measured confidence using pre-and post-surveys, and one of these studies also used a focus group

post-trip (Bennett et al., 2012). Kohlbry and Daugherty (2015) measured confidence post-trip through a debriefing meeting. Collectively, these studies demonstrated increases in student confidence for providing culturally competent care (Bennett, et al., 2012; Caffrey et al., 2005; Kohlbry & Daugherty, 2015; Larsen & Reif, 2011). Authors of two of the studies concluded that cultural interactions were associated with increased confidence because students felt more comfortable interacting with diverse populations (Caffrey et al., 2005; Larsen & Reif, 2011). Moreover, these studies revealed that increased confidence led to increased cultural interactions, which facilitated further development of cultural knowledge, awareness, and understanding, and skill. Furthermore, it has been proposed that one's own confidence to learn or perform specific tasks or skills influences learning and motivation to learn (Bandura, 1986). Thus, confidence in providing culturally competent care may be linked to further development of cultural competence. Additionally, it is theorized that practice or experience with a skill, such as cultural competence, leads to increased confidence in performing that skill (Bandura, 1997). In other words, increased cultural competence may be expressed through increased confidence.

Study abroad has a strong potential for enhancing students' cultural competence; However, there are several aspects of the current research that limit its applicability to the field of speech-language pathology. For example, although some conclusions can be made on the specific components of cultural competence that were enhanced through studies that measured change in students' cultural competence over time, it is difficult to compare the results due to the variability in how studies measured cultural competence. Moreover, it is important to conduct a study examining the impact of study abroad on the

cultural competence of pre-service speech-language pathology students, specifically, as many speech-language pathologists report that they lack adequate cultural competence for serving linguistically and culturally diverse populations. Also, the training needs of speech-language pathology students differ from those of nursing students or other allied health professionals. Therefore, this study aims to address these limitations.

Purpose of the Study

In summary, pre-service education for graduate students in the field of speech-language pathology requires specific instruction and/or experiences that aim to enhance students' cultural competence for serving the increasing numbers of Spanish-speaking Latino students in special education. Yet, no studies could be found that specifically examined the effect of study abroad on pre-service SLPs, despite the importance of cultural competence to the discipline and the increasing number of graduate training programs that offer study abroad. Therefore, the current study aims to evaluate the effectiveness of a 2-week study abroad program in Mexico in enhancing the cultural competence of speech-language pathology students at a Pacific Northwest (PNW) University. Specifically, this study addresses the following research questions:

(1) How does participating in a brief study abroad experience to Mexico influence the cultural competence of pre-service speech-language pathology master's students as compared to students who do not participate?

(2) What specific skills and experiences gained through a brief study abroad experience to Mexico influence the perceived cultural competence of preservice speech-language pathology master's students?

The Special Education in Mexico study abroad program that is the focus of this study provides a unique opportunity for students to develop all of the components of cultural competence described by Burchum (2002). During the program, SLP students participate in numerous interactions with individuals of Mexican background on a daily basis. Through these interactions students are likely to learn about, and may even develop an appreciation for, Mexican culture, leading to potential growth in cultural awareness, knowledge, understanding, and sensitivity. As students develop these components of cultural competence, they may have frequent opportunities to exercise their cultural awareness, knowledge, understanding, and sensitivity through cultural interactions, leading to potential gains in cultural skill. Students who are not participating in the study abroad program are not expected to have the same experiences to the same extent. Therefore, it is hypothesized that students who participated in the study abroad trip will demonstrate more developed cultural competence than those who did not. Specifically, this program is expected to enhance students' cultural awareness, knowledge, interactions, and skill for working with Spanish-speaking students of Mexican background.

It is further hypothesized that cultural interactions and student gains in professional and cultural skills will influence their perceived cultural competence. This is because existing research has shown that students who interact with culturally diverse populations through study abroad perceive their cultural competence to be higher than students who do not (e.g., Caffrey et al., 2005). As students become more comfortable, or confident, and have more success in interacting with culturally diverse populations, they are likely to perceive themselves as more culturally competent. Additionally, interacting

personally and professionally with culturally diverse populations through study abroad provides frequent opportunity to develop and refine cultural and professional skills (Green et al., 2008; Jones, Neubrander, & Huff, 2012; Philips et al., 2017).

CHAPTER II

METHODS AND PROCEDURES

Design

This study used a two-group, pre/post mixed-methods quasi-experimental design using quantitative and qualitative analysis to determine how a two-week study abroad experience influenced the cultural competence of speech-language pathology master's students. Outcome measures included pre-post self-report surveys and semi-structured interviews designed to measure students' cultural competence and identify specific factors that students perceived to influence their cultural competence.

Participants

Graduate students in a speech-language pathology master's program at a Pacific Northwest (PNW) University who read and spoke English fluently were eligible to participate. All students who had enrolled in the Mexico study abroad program were invited to participate in this study during the Summer prior to the start of the study abroad program. Students who chose to participate were assigned to the "Treatment Group". Students who did not enroll in the study abroad program were recruited as a control group via a program-level email invitation until a sample at least equal to the final number of participants in the treatment group was obtained. Students in the control group were recruited in the Fall. The final sample included 13 students (Treatment group = 6, control group = 7). Institutional review board approval for this study was obtained from the University. Informed consent was received from all participants prior to participating in the study. All participants were compensated with a gift card totaling $10 for participating.

As a group, the students ranged in age from 23- to 33-years-old (M = 26.5 years, SD = 3.3 years). Most students were female (85%) and identified as Caucasian (62%). Several students identified as multiracial (31%), with these students identifying as Caucasian and either Hispanic, Armenian, Asian, or African American. Approximately 31% of all students had studied abroad prior to this study, and 77% had traveled to a country where Spanish was spoken. On a scale ranging from *not at all* to *very well* (See Appendix A for full scale), students in the treatment group reported that they spoke Spanish *well* or *not well* (33% and 67% respectively) and students in the control group reported that they spoke Spanish *not well* or *not at all* (57% and 43% respectively). Independent samples t-tests revealed a statistically significant difference in Spanish oral proficiency for the treatment group (M = 2.3, SD = 0.52) and the control group (M = 1.6, SD = 0.53; t(11)=2.602, p = .025), indicating that students in the treatment group reported higher levels of Spanish oral proficiency than those in the control group. No differences were found between treatment and control groups for age, gender, race, prior study abroad experience, and travel to a Spanish-speaking country. See Table 2 for demographic information for each group.

Procedures

Data was collected during two individual meetings with the student investigator and/or student research assistants held roughly 2-5 weeks apart (M = 3.07 weeks, SD = 1.46). Students in the treatment group completed the first meeting before the Mexico study abroad trip began and completed the second meeting after returning from the trip. The control group completed the meetings in the fall, after the study abroad trip was completed, within the same length of time (i.e., 2-5 weeks in between meetings).

Table 2

Demographic Characteristics of Participants (N = 13)

	Treatment group			Control group		
Characteristic	*M*	*SD*	*%*	*M*	*SD*	*%*
Chronological age in years	27.5	3.15		25.7	3.35	
Sex						
Female			83.3			85.7
Male			16.7			14.3
Race/ethnicity						
Caucasian			83.3			42.9
African American			16.7			
Multiracial			-			57.1
Spanish oral proficiency						
Not at all			-			42.9
Not well			66.7			57.1
Well			33.3			-
Very well			-			-
Previous study abroad experience			33.3			28.6
Previous travel to Spanish-speaking countries			83.3			71.4

Three cultural competence surveys were completed during each meeting (i.e., pre- and post-trip). The surveys completed for the pre-post meetings were identical. A

demographic survey was also completed during the initial meeting only. All students completed the surveys on paper in the presence of a member of the research team. Students in the treatment group were also asked to participate in semi-structured interviews during the pre- and post-meetings. Four (out of six) students chose to complete the interviews at both time points. All meetings took place in a confidential area and lasted approximately 5-20 minutes.

The treatment group participated in the PNW University Special Education in Mexico study abroad program in between pre-and post-meetings. This study abroad program is a two-week program that provides students with the opportunity to improve their Spanish language proficiency and to provide direct intervention to students ages 4 to 18-years-old who receive special education in Mexico. Students and faculty participate in multiple pre-trip meetings to get to know each other, to learn the course expectations, and to develop the lesson plans to be implemented in the special education schools. Students develop two adapted books that are used within their lessons. Prior to the trip, students are provided with a list of articles to read on Mexican cultural perspectives on disability and special education in Mexico. Students are required to use these articles as citations in a reflection paper that they write at the end of the trip; however, students are not obligated to read the articles prior to their pre-trip meetings. The first week of the trip takes places in Chacala, Mexico, where students participate in daily Spanish classes, group cultural excursions, and observations in local special education schools. During the observations in schools, students observe the teaching strategies used within the classroom and provide brief language instruction to children through interactive book-reading. The second week takes place in Puerto Vallarta, Mexico, where students spend 4

hours a day for 5 days implementing their lesson plans in assigned classrooms within a special education school. After each day, students and faculty meet to debrief and discuss their experiences from the day. Throughout the entirety of the trip, students are encouraged to interact with locals and professionals working in the schools to learn more about Mexican culture, including the roles of speech-language pathologists within that culture. As stated prior, students write a reflection paper on their experience at the end of the trip.

The control group did not participate in any culturally-based intervention in between the pre- and post-trip meetings. All students in the control group participated in a mandatory 4-week externship in a public school in the fall before participating in the pre-trip meetings. This experience includes roughly 2-weeks of student participation in the school year preparation process of school-based SLPs and 2-weeks of clinical provision of services to students who may or may not have be of culturally diverse backgrounds. Most of these externships took place within the state of the Pacific Northwest University in this study, and all took place in the U.S.

Measures

Demographic and Study Abroad Experience survey. This survey was researcher-generated and included a total of 7 questions to obtain basic demographic information and information on students' prior study abroad experiences, including: age, sex, race/ethnicity, past travel/study abroad experiences outside of the U.S., and Spanish oral language proficiency. See Appendix A for the full survey.

Cultural Competence Assessment Instrument (CCA). This 25-item survey was developed by Schim, Doorenbos, Miller, and Benkert (2003) in order to assess multiple

components of cultural competence among healthcare professionals, including cultural awareness, sensitivity, and competence behaviors. Respondents indicate their agreement with presented statements on a 5-point Likert-type scale. Possible response options include *always*, *often*, *at times*, *never*, and *not sure*. Examples of statements include "*I find ways to adapt my services to client and family cultural preferences.", "I recognize potential barriers to service that might be encountered by different people.*", and "*I understand that people from different cultures may define the concept of "care" in different ways.*" The numerical values corresponding to the responses are summed to provide a score between 25 and 125 points. Higher scores indicate greater cultural competence. Cronbach's alpha was .89 for the pre-trip survey and .89 for the post-trip survey. These values align with previous works that found that the internal consistency and reliability of the CCA have been reported as greater than .80 (Schim et al., 2003; Doorenbos, Schim, Benkert, & Borse, 2005). Appropriate test-retest reliability and construct, content, and face validity were also established by the authors of the measure. See Appendix B for the full survey.

Confidence Survey. This survey included 9 statements. Five of the statements were designed by Hammer, Detwiler, Detwiler, Blood, and Qualls (2004) to assess the level of training and confidence of speech-language pathologists who serve Spanish-speaking bilingual children and their families. Four questions were created by the researchers of the current study to provide more information on students' level of confidence when working with culturally and linguistically diverse populations, as defined more broadly and guided by current professional practice standards. For each statement, students indicate their level of confidence on a 5-point Likert-type scale,

ranging from *not confident* to *very confident.* Examples include: "*How confident do you feel when assessing bilingual children whose primary language is Spanish?"* and "*How confident do you feel when providing clinical services in a language other than English*?". All items are totaled to generate a score, with a higher score indicating higher levels of confidence in serving individuals from linguistically and culturally diverse backgrounds, especially those who are Spanish-speaking. Possible scores range from 9 to 45. Confidence in one's own ability to perform a given task(s) has been correlated to academic achievement, retention, persistence, and cultural competence development (Bijl & Shortridge-Baggett, 2001). Cronbach's alpha was .87 for the pre-trip survey and .83 on the post-trip survey. See Appendix B for the full survey.

Professional Perspectives Survey. This survey included 16 statements designed by Kohnert, Kennedy, Glaze, Kan, and Carney (2003) to assess the opinions and experiences of speech-language pathologists pertaining to their clinical interactions with diverse populations and requirements for professional education. For each statement, respondents indicate their level of agreement on a 5-point Likert-type scale, ranging from *strongly disagree* to *strongly agree*. Examples of statements include "*I am competent assessing and treating bilingual/multilingual clients*", "*Clinical competence is related to cross-cultural knowledge*", and "*Bilingual and multicultural issues should be considered specialty areas of clinical practice*." Numerical values for each response are totaled to generate a score that ranges from 16 to 80. A higher score indicates that an individual's professional perspectives reflect greater cultural competence. Cronbach's alpha was .37 on the pre-trip survey and -.124 on the post-trip survey. See Appendix B for the full survey.

Semi-Structured Interview. Pre- and post-trip semi-structured interview guides were developed to gather qualitative data related to students' cultural competence and their expectations for and perceptions of the study abroad experience (see Appendix C for interview guides). Questions were developed through a literature review of previous research regarding students' cultural competence and consultation with study abroad faculty members. A total of ten questions were asked during the pre-trip interview, and thirteen were asked during the post-trip interview. Seven questions were asked at pre-and post-trip to gather general information on students' cultural competence and experience working with Hispanic/Latino populations (e.g., "*What do you know about the phrase cultural competency?*", "*What are some important cultural and linguistic considerations when serving the Latino/Hispanic community?*"*).* Three additional questions were asked at pre-trip that related to students' expectations for the study abroad experience (e.g., "*How would you describe the purpose of this trip for you?*"), and six additional questions asked at post-trip related to students' actual experience (e.g., "*What did you learn from your study abroad experience?"*). Additional impromptu follow-up questions were asked during the interview to clarify or elaborate on the information provided by students. Interviews were audio-recorded and later transcribed verbatim for analyses.

Data Analyses

Survey analysis. Quantitative analysis was used to evaluate all pre- and post-surveys. Survey responses were de-identified and entered into an electronic database. The total scores of the CCA, Confidence survey, and Professional Perspectives survey were entered into the database for each participant by time point.

Descriptive statistics (e.g., means, standard deviations) of pre- and post- scores were calculated for the whole group and separately by treatment and control groups using SPSS, Version 25.0 for Mac (IBM, Inc., 2017). Due to initial differences in mean scores between groups on two of the three surveys, change scores were calculated to compare survey results between groups at pre-and post-trip. One-way between groups ANOVAs were used for group-level comparisons of change scores to determine difference in change in cultural competence between the treatment group and the control group. Independent samples t-tests for group-level comparisons of the change scores were conducted to supplement ANOVA results. Effect sizes were then computed to determine the magnitude of significance. A p value of $<.05$ was used to determine statistical significance.

Prior to conducting the ANOVA, the assumption of normality was evaluated using visual inspection of histograms, the Shapiro-Wilk test of normality, and review of values for skewness and kurtosis. Distributions for each survey were associated with a skew and kurtosis of less than |1.96| and greater than |-1.98|. The assumption of normality was met for the Confidence Survey and the Personal Perspectives Survey. Three participants were identified as outliers for the CCA, and their data on the CCA only were removed from subsequent analysis.

Interview analysis. Analysis of the interview data was conducted using directed content analysis to identify themes across students' interview content that address the objectives of this study (Hsieh & Shannon, 2005). Directed content analysis is an approach in which data are analyzed using an existing theory or framework. Key concepts or variables of the existing theory are used to create the initial coding categories

and their definitions prior to initiating the analysis. Codes are then added for responses that cannot be adequately categorized with the initial coding scheme as determined through deep reads of the interview content.

In the present study, the initial coding scheme reflected the components and subcomponents discussed in Burchum's (2002) framework of cultural competence (i.e., cultural awareness, knowledge, understanding, sensitivity, interaction, skill, and proficiency). The student investigator and her advisor independently read each interview in its entirety multiple times to determine the adequacy of the initial codes and to identify content that did not appear to align with the preexisting codes. The student investigator and advisor met to compare and discuss their codes for each interview. During these meetings, the initial codes from Burchum's identified components and subcomponents of cultural competence (2002) were adapted or omitted, and new codes were created to account for emerging content that was not addressed by the initial codes. Codes were adapted to more closely reflect the content of the interviews, and omitted if they were not applicable. The student investigator and her advisor independently recoded various interviews using the modified coding scheme, met to compare and discuss the codes, and modified the coding scheme accordingly. The process of reviewing the interviews, meeting, and modifying the codes was repeated 3 times until the final coding system was established and narrow coding definitions were created. The final coding scheme included 13 primary codes and 42 secondary codes (see Appendix D for full list of codes and definitions).

The interview transcriptions (without codes) were then uploaded to Dedoose, a web-based application that facilitates qualitative analyses (http://dedoose.com/). The final

coding scheme was applied by the student investigator to all pre-and post-interviews. Intra-rater coding reliability was established by re-coding two randomly selected interviews (25% of the sample). Initial intra-rater reliability was 77% due to inconsistent application of codes specific to the timing of factors that may have influenced students' cultural competence (i.e., pre-trip influence vs. post-trip influence). However, all responses conveying experiences that influenced cultural competence were also coded using experience-specific codes. Therefore, removal of the pre- and post-trip influence codes did not impact the results. As such, pre- and post-trip codes were removed from subsequent analysis, resulting in an intra-rater reliability of 91%.

Once intra-rater reliability was established, the content of the pre- and post-trip interviews was compared in order to investigate the influence of participation in the study abroad program on students' cultural competence and specific skills and experiences gained by students. Coded content was analyzed for pre- and post-trip differences in meaning and frequency. Change in cultural competence was examined by calculating the number of times a code was applied at pre-trip and at post-trip for each individual. Then, the number of times a code was applied at pre- and post-trip for each individual was compared to identify any increases in code application from pre- to post-trip. If a code was applied at post-trip only, this suggested that the student added a subcomponent to their perception of cultural competence, as it was not mentioned at pre-trip. If a code was applied at a higher frequency than at pre-trip (e.g., a code was applied once at pre-trip and 4 times at post-trip), this suggested that the student may have been prioritizing the subcomponent more than at pre-trip. The interview excerpts associated with all pre- and

post-trip codes were then reviewed carefully to identify any meaningful change in content from pre- to post-trip.

A change was judged to be meaningful if the post-trip response either (1) demonstrated an enhanced definition of a component of cultural competence (e.g., the student added a subcomponent to their definition that was not revealed at pre-trip), (2) reflected increased specificity of knowledge or skill relevant to Mexican culture (e.g., the student said that culture influences beliefs at pre-trip, and named a specific belief of Latino culture at post-trip), or (3) described gains in a component of cultural competence as a result of an experience the student had during the trip (e.g., the student said that they became more aware of their own cultural biases while in Mexico). Goal achievement was analyzed by comparing application of goal-related codes at pre-trip and at post-trip, for each student. Additionally, any post-trip responses reflecting specific experiences or skills gained during the trip were coded.

CHAPTER III

RESULTS

Descriptive Results of Cultural Competence

Descriptive statistics of pre- and post-trip scores were calculated for each group (see Table 3). On average, students had a score of 105.46 (*SD* = 11.79) on the Cultural

Table 3

Survey Results for Treatment and Control Groups (N = 13)

	Treatment group		Control group	
Survey Results	*M*	*SD*	*M*	*SD*
Cultural Competence Assessment				
Pre-trip	98.0	12.5	111.9	6.7
Post-trip	102.5	11.3	104.3	15.4
Change	4.2	5.3	-7.6	15.7
Confidence Survey				
Pre-trip	21.5	6.6	24.3	7.2
Post-trip	28.7	3.7	22.6	5.2
Change	6.4	3.9	-1.7	3.7
Professional Perspectives Survey				
Pre-trip	57.0	4.0	61.6	2.9
Post-trip	58.7	3.2	60.3	2.6
Change	1.7	4.0	-1.3	3.4

Competence Assessment survey at pre-trip and a 103.46 (*SD* = 13.13) at post-trip, with a mean change score of -2.00 (*SD* = 13.14). Students had a mean score of 23.00 (*SD* = 6.79) on the Confidence survey at pre-trip and 25.39 (*SD* = 5.39) at post-trip, with a mean change score of 2.39 (*SD* = 5.90). Mean scores on the Professional Perspectives survey for both the treatment and control group were 59.46 (*SD* = 4.05) at pre-trip and 59.54 (*SD* = 2.88) at post-trip, with a mean change score of 0.08 (*SD* = 3.86).

Treatment Effect of Cultural Competence

One-way between subjects ANOVAs were conducted for each survey in order to compare the change scores of students in the treatment and control groups. There was no significant effect of participation in study abroad on students' scores for the Cultural Competence Assessment (CCA) for the treatment (*M* = 4.5, *SD* = 4.81) and control (*M* = .60, *SD* = 7.83) conditions (F(1, 9) = 1.035, p = 0.336). Independent samples t-tests for group-level comparisons of the CCA change scores confirmed the ANOVA results, and revealed a non-significant trend appearing to favor improvements among the treatment group in their scores on the CCA (t (7.7) = 1.84, p = .10).

Examination of the Confidence Survey scores between groups using ANOVA analysis revealed that there were significant differences between the treatment (*M* = 7.17, *SD* = 3.97) and control (*M* = -1.73, *SD* = 3.73) groups (F (1, 9) = 14.481, p = 0.004). More specifically, students in the treatment group showed an increase of 6 points on average, suggesting improved confidence for serving children from Spanish-speaking, Latino backgrounds following the trip. The effect size (Eta squared) was calculated to be .62, showing a large effect. Independent samples t-tests confirmed these results.

The ANOVA further revealed that there were no significant differences between the treatment (M = .167, SD = 4.03) and control (M = -1.29, SD = 3.40) conditions in their Professional Perspectives Survey scores ($F(1, 11) = 2.055$, $p = 0.180$). These results suggest that participation in study abroad did not impact students' professional perspectives of working with culturally and linguistically diverse populations. Non-significant results from the independent samples t-tests for group-level comparisons of Professional Perspectives survey scores aligned with the ANOVA results.

Interview Results

Analysis of pre-and post-trip interviews revealed significant gains in students' understanding and reference to all components of cultural competence included in Burcham's (2002) framework of cultural competence. Initially, students demonstrated evidence of the following components of cultural competence: cultural awareness (3/4 students), cultural knowledge (3/4 students), cultural understanding (3/4 students), cultural sensitivity (1/4 students), cultural interaction (3/4 students), and cultural skill (3/4 students). After returning from the trip, several students showed increased cultural competence in two ways: 1) Students demonstrated a more extensive understanding of previously known components of cultural competence, and 2) Students added components to their understanding of cultural competence that had not been evident at pre-trip. Even more noteworthy, students described the clinical application of various components of cultural competence specific to Spanish-speaking Latino populations. Comparisons of students' understanding of the components and corresponding subcomponents of cultural competence at pre-and post-trip are described below.

Cultural awareness. Cultural awareness refers to student gains in the ability to recognize that cultures exist and influence values and beliefs. This component of cultural competence includes the superficial understanding of (a) one's own cultural influences, (b) the influences of other cultures, and (c) cultural diversity. Prior to traveling, none of the students made comments that reflected influences of their own personal culture on their perspectives. However, three of four students indicated before the trip that being culturally competent included the awareness that cultures were distinct.

The student who did not describe an awareness that cultures were distinct at pre-trip added this subcomponent to his/her definition of cultural competence at post-trip. Also, one student's post-trip responses reflected that this student added the subcomponent of personal cultural awareness to his/her definition of cultural competence, as the student indicated that service providers must be aware of differences between their own culture and other cultures in order to be cultural competent. This suggests that two in four students made gains in cultural awareness.

Cultural knowledge. Cultural knowledge refers to student gains in underlying knowledge about different cultures, including theoretical and conceptual frameworks related to culture. To address this component, students' responses were examined for the subcomponents of acquiring cultural knowledge, cultural knowledge of communication, and cultural theory. Before going to Mexico, students' perceptions of cultural competence generally reflected the superficial need to obtain cultural knowledge through comments such as, "[cultural competence is] just like your knowledge of working with individuals from diverse backgrounds." Two students pre-trip responses also reflected the

general understanding that cultures may use different forms of communication, and one student's pre-trip response reflected knowledge of theory of second language acquisition.

Students' responses post-trip reflected acquisition of cultural knowledge and knowledge of communication specific to Latino culture. Some students described how they could apply that knowledge to their clinical practice, which is reflected in the following response:

> But, something that has really helped me is becoming more sensitive to a lot of the issues that are surrounding the Mexican populous. And what's going on with them and how they're viewing the world and how they feel the world views them or how the United States views them. Kind of seeing that has really helped me in terms of that aspect of cultural competence. I feel like I'd definitely be more aware and more sensitive to someone for that.

These findings suggests that through the study abroad experience, two students learned of some of the views and beliefs held by individuals from Mexican cultures, and two students gained knowledge of the aspects of communication specific to Mexican culture, indicating enhancements in cultural knowledge and cultural knowledge of communication. No changes were observed in students' knowledge of cultural theory. This suggests that three in four students made gains in cultural knowledge.

Cultural understanding. Cultural understanding is the understanding that one culture is not superior to another and that culture impacts one's beliefs and views. Through cultural understanding one becomes aware of the conflicts that can arise due to cultural differences and the fact that non-western medicine can also be effective. To address this component, students' responses were examined for the subcomponents of

cultural dominance and marginalization, avoiding stereotyping, cultural influences self, and non-western medicine bias.

Three students' perceptions of cultural competence at pre-trip reflected the understanding that one's culture influences one's views and beliefs and the need to avoid stereotyping individuals based on culture. Two students' pre-trip responses reflected understanding of the existence and impact of cultural marginalization and dominance. The need to avoid stereotyping is reflected in the following pre-trip student response: "I think looking at every family individually is more important than looking at the Latino population as a whole." The following pre-trip response reflects student knowledge of the cultural influences on views and beliefs: "I feel like people have different perspectives on the type of care that they receive and families might not want various interventions based on that belief. They might have different viewpoints on disabilities themselves." No students reflected on the effectiveness of non-western medicine at pre-trip.

One student demonstrated gains in understanding that culture influences oneself, which appeared to be related to participation in the study abroad experience. Prior to the trip, the student commented about how culture impacts one's beliefs on a general level. After the trip, the student provided specific examples of beliefs and views upheld by those of Latino culture. This student said, "So, I know that (like parents of) like Hispanic parents often view learning in a different way than Americans do… they are also more family oriented". Thus, the student's response demonstrated increased understanding of Latino culture and how it might influence views and beliefs on childrearing. No changes were observed in students' perceptions of cultural dominance and marginalization,

avoiding stereotyping, and non-western medicine bias. This suggests that one in four students made gains in cultural understanding.

Cultural sensitivity. Cultural sensitivity is the appreciation, respect, and value for cultural diversity, and realization the one's practice is impacted by cultural identity. This component included responses associated with the following subcomponents: cultural respect and cultural influence on practice. At pre-trip, one student indicated that they perceived respect of other cultures and understanding that culture influences views and beliefs of clinical practice to be components of cultural competence. When describing the skills needed to be culturally competent at pre-trip, this student said, "Just interacting with people who are different from you and getting a lot of practice with that so that I can do it in a way that's not offensive to anyone."

Upon returning from the trip, one student added respect for cultures and knowledge that culture influences one's views and beliefs of practice into their description of cultural competence. For example, when asked about the term cultural competence at post-trip, this student said, "I think it just kind of encompasses being sensitive to people who come from different backgrounds, probably different countries, and just kind of being open-minded to those differences and sensitive to them as well." This suggests that after the study abroad trip, one student revealed increased cultural sensitivity.

Cultural interaction. Cultural interaction is any interaction between individuals of different cultures. This component was associated with student responses relating to interactions with culturally-diverse populations in general or in specific personal or professional settings. At pre-trip, three students specified interaction with other cultures

when describing their perceptions of cultural competence and its development. For example, one student said, “I think exposure to different cultures is the most important one because even if it's just one other culture you realize that the way that you were raised is not the only way to go about being in the world.” Four students described cultural interaction in a personal setting and three students described cultural interaction in professional setting.

No changes in students’ perceptions regarding this component at post-trip were found, as all students indicated that this component was a vital part of cultural competence at pre-trip. However, all four students’ responses reflected that their frequency of interactions with individuals of Latino culture had increased during the study abroad experience, and that these interactions contributed to gains in other components of cultural competence. For example, one student’s post-trip response reflected gains in cultural understanding as a result of several cultural interactions that allowed him to recognize that not all Latinos fit certain stereotypes and realize the importance of viewing each individual of Latino culture individually.

Cultural skill. Cultural skill is the ability to effectively communicate with individuals of different cultures and to modify service provision to be culturally appropriate. Reflection of this component required students to provide information relating to one or more of its four subcomponents, including cultural integration in care, linguistically-responsive communication, provide satisfying care, and self-empowerment. Three students mentioned the subcomponents of cultural integration in care and linguistically responsive communication at pre-trip. Two students’ responses reflected the

need to provide satisfying care at pre-trip, and none of the students reflected the subcomponent self-empowerment at pre-trip.

At post-trip, three students demonstrated a deepened awareness of this component by describing integration of views, beliefs and/or aspects of communication specific to Latino culture. For example, when asked to describe the skills needed to provide culturally competent care, one student said,

> Well, for speech therapy I guess recognizing that a child might be more proficient in one language or the other, they could be bilingual, so making sure when we assess and diagnose we're really giving them a holistic assessment in both languages if possible. And understanding that culture may play a role in it to, just in differences of speech patterns and behaviors.

One student added the need to provide satisfying care to his or her perception of cultural competence at post-trip. When describing what is needed to provide satisfying care, this student said, "Willingness, another thing that's needed for [clinicians] is just sort of awareness on the part of the clinician to really respect their culture". This suggests that four in four students made gains in cultural skill. These gains also reveal potential increases in cultural skill as applied to the field of speech-language pathology, specifically, following participation in the study abroad program.

Cultural proficiency. Cultural proficiency is the involvement in activities that lead to the addition of new knowledge and cultural skill, and involves sharing this information with others. Related student responses pertained to the subcomponents of continued cultural growth and/or cultural commitment. No students demonstrated

awareness of cultural proficiency or its subcomponents within their perceptions of cultural competence prior to the trip.

After the trip, one student demonstrated development towards cultural proficiency. Specifically, when discussing the study abroad experience the student said, "Something else that I noticed about [cultural competency] in terms of skills is making sure to do your research or being willing to do research, and constantly be willing to learn from it." This reflects continued cultural growth, as the student demonstrated the desire to conduct research to identify new cultural information and learn from it in order to provide the most effective care. No gains were made by any students in cultural commitment. This suggests that one in four students made gains in cultural proficiency.

Students expectations and goals. Students' responses reflected gains in a variety of skills and experiences as a direct result of participating in the study abroad experience. Prior to the trip, students initially indicated a desire to increase their Spanish proficiency, cultural knowledge, cultural interaction, general professional skills, ability to avoid stereotyping, and special education service provision skills. After the trip, all students reported having achieved all or most of their goals. Three students reported that their Spanish proficiency increased. Four students perceived enhancements to their cultural knowledge and general professional skills. Two students reported deepened cultural competence as a result of cultural interactions. One student demonstrated gains in understanding the importance of avoiding stereotyping. Other skills and experiences that students reported as a result of the study abroad experience included becoming more appreciative of what one has, an enhanced ability to work with an interpreter, and having a sense of reciprocity through cultural interactions. Of note, many students reported gains

in skills and experiences that were not specifically identified as goals prior to the trip. Additionally, one student mentioned having a new personal goal for himself as a result of studying abroad, which was the desire to improve his ability to self-advocate.

CHAPTER IV

DISCUSSION

This preliminary study was designed to evaluate the effectiveness of a 2-week study abroad program in Mexico in enhancing the cultural competence of master's level speech-language pathology students at a Pacific Northwest University. To the author's knowledge, this is the first study to examine the effect of study abroad on speech-language pathology students' cultural competence using pre- and post-trip quantitative and qualitative measures. Additionally, this is one of few studies to employ a two-group study design. The findings related to each research question will be discussed below.

Baseline Cultural Competence

The students in both the treatment and control groups had relatively high levels of cultural competence at pre-trip, as indicated by the Cultural Competence Assessment (CCA) and Professional Perspectives survey results, and lower levels of cultural confidence at pre-trip, as indicated by the Confidence survey. The control group did report slightly higher scores across all three surveys at pre-trip, suggesting the that control group may have had slightly higher levels of cultural competence and confidence at pre-trip. Although it was not possible to complete statistical analyses to determine if this pre-trip difference was statistically significant, it is plausible that students who perceived themselves as less culturally competent were more inclined to participate in the study abroad experiences than their peers. In other words, students may have self-selected the study abroad experience to address their perceived weaknesses in this area. The qualitative interviews revealed that all students in the treatment group had at least three out of seven components of cultural competence identified by Burcham (2002) at pre-

trip. Overall, these findings indicated that the treatment and control groups already demonstrated relatively high levels of cultural competence at pre-trip. Students with high levels of cultural competence may demonstrate some foundational skills that facilitate the development of deeper cultural competence.

The Effects of Study Abroad on Students' Cultural Competence

The first research question of this study asked how participation in a brief study abroad experience to Mexico influenced the cultural competence of pre-service speech-language pathology master's students as compared to students who did not participate. It was hypothesized that students who participated in the study abroad experience would demonstrate more developed perceived cultural competence for working with Spanish-speaking individuals of Mexican background than the students who did not. This hypothesis was confirmed in that the findings of this preliminary study revealed that students in the treatment group demonstrated gains in cultural competence above those in the control group who did not study abroad.

Meaningful changes in cultural competence were noted for some students for the components of cultural awareness, knowledge, understanding, sensitivity, skill, and proficiency. These gains were noted in the responses students gave during the interviews, specifically. Increases in cultural awareness, knowledge, sensitivity, and skill as demonstrated by the treatment group is consistent with findings from previous research that has measured the effects of study abroad participation of students from a variety of health care professions (Ballestas & Roller, 2013; Caffrey et al., 2005; Jones, Neubrander, & Hall, 2012; Kohlbry, 2016; Larsen & Reif, 2011; Phillips, et al., 2017; Walsh & DeJoseph, 2003). Importantly, gains in cultural skill appeared to be the most

significant change associated with study abroad, as all four students demonstrated gains in this component. It is not surprising that students demonstrated most gains in cultural skill since they were able to practice providing culturally competent care several times throughout the course of the study abroad experience. As discussed prior, findings from previous short-term study abroad research has postulated that interacting personally and professionally with culturally diverse populations through study abroad provides frequent opportunity to develop and refine cultural and professional skills (Green et al., 2008; Jones, Neubrander, & Huff, 2012; Philips et al., 2017).

It is surprising, however, that gains were demonstrated by students in cultural understanding and proficiency, as previous studies did not indicate gains in these components as related to study abroad (Ballestas & Roller, 2013; Caffrey et al., 2005; Jones, Neubrander, & Hall, 2012; Kohlbry, 2016; Larsen & Reif, 2011; Phillips, et al., 2017; Walsh & DeJoseph, 2003). It is possible that students in the treatment group demonstrated gains in cultural understanding because they were able to personally experience what it feels like to be the minority. Cultural understanding includes the notion that culture influences one's beliefs, values, and behaviors, and that marginalization influences patterns of seeking care (Burchum, 2002). By living in a culturally distinct country, students quickly realized that their beliefs and views did not reflect those of the majority population. The language barrier likely faced by most students also contributed to their experience of being a minority. By experiencing what it feels like to be a minority, students were able to recognize their ethnocentrism, which may have led to them developing an understanding of the marginalization experienced by minorities in the United States. Thus, this may have resulted in development of cultural

understanding. In addition, students in the treatment group read a variety of research articles and engaged in a variety of daily group discussions during the trip targeted towards Mexican cultural perspectives. These experiences could have promoted further cultural understanding by enhancing students' awareness of differences between the cultures of the U.S. and Mexico and promoting students' recognition of how cultural differences could contribute to conflicts experienced by minority groups in receiving care.

The use of evidence-based practice is highly promoted at the PNW university, which may have facilitated gains in cultural proficiency. Students were required to read research articles to facilitate the provision of services in Mexico. These factors combined with the study abroad experience may have led to students recognizing the importance of the continual development of culturally-based research to allow for effective service provision to culturally diverse populations, thus facilitating cultural proficiency.

These important gains in cultural competence revealed during the interviews were supported with the results from the Confidence Survey. The significant gains in students' perceived cultural confidence following study abroad are believed to be meaningful, and are the most notable finding of this study. Previous study abroad research has examined confidence as a measure of cultural competence, and associated gains in confidence to result from increased cultural interactions (Bennett et al., 2012; Caffrey et al., 2005; Kohlbry & Daugherty, 2015; Larsen & Reif, 2011). The increase in cultural skill per the qualitative results suggests that as students had frequent interactions and opportunities to develop their cultural skill, they were able to increase their cultural confidence as evidenced through the Confidence survey. The Confidence survey comprised of

questions specific to Latinos. Since students in the treatment group had frequent interaction with this specific population during the study abroad program, they likely felt more confident in working with this population following the experience, and, thus, reported higher scores on this survey. The increase in students' cultural skill and confidence highlight the fact that even students with higher levels of cultural competence are able to benefit from a study abroad experience. Therefore, the significant gains in the treatment group's confidence does in fact suggest increased cultural competence following participation in the study abroad program. Furthermore, as indicated by Caffrey (2005), confidence can be "a proxy measure of [students] commitment to the ongoing process to becoming culturally competence practitioners". Therefore, students' gains in confidence through study abroad may result in continued development of cultural competence after completion of the study abroad program.

Despite the gains made by students in their confidence for providing culturally competent services to Spanish-speaking Latino populations, the remaining survey measures of general cultural competence (i.e., the CCA and the Professional Perspectives survey) did not reflect similar increases. It is possible that significant gains in the cultural competence of the treatment group could not be captured by these measures because they were not designed to be specific to Latino cultures or sensitive enough to detect relatively modest changes in cultural competence following a brief study abroad program. These two surveys examined students' cultural competence on a general level. However, students participating in study abroad had increased experiences interacting with individuals of Latino culture, specifically. As such, students may have felt that their cultural competence for working with the Latino population increased (as noted by the

Confidence Survey), but their cultural competence for working with other cultural groups remained the same as prior to the trip. It is also possible that these surveys were not as sensitive as the confidence survey and qualitative interviews in detecting the subtle, but meaningful changes in cultural competence that are gained through a study abroad experience.

Finally, the student that appeared to demonstrate the greatest gains in cultural competence as revealed through the interview results was the only student in the treatment group to have no prior travel experience to a Spanish-speaking country. Therefore, the other students in the treatment group may have not demonstrated as significant of gains in cultural competence from pre- to post-trip because they already developed some of the components of cultural competence through their previous travel experiences. Based on these findings, it is possible that students who do not have prior travel experience to a Spanish-speaking country at pre-trip may benefit most from this short-term study abroad experience.

The Effects of Skills and Experiences Gained through Study Abroad

The second research question of this study aimed to identify which specific skills and experiences gained through a brief study abroad experience to Mexico influence the perceived cultural competence of preservice speech-language pathology master's students. It was hypothesized that student gains in professional and cultural skills and cultural interactions as a result of the study abroad experience would influence their perceived cultural competence. The Confidence survey and qualitative interviews fully confirmed this hypothesis, as students demonstrated increased cultural competence through gains in cultural and general professional skills (e.g., working with interpreters/in

an interdisciplinary team, classroom behavior management, etc.) and cultural interactions. While a causal relationship between the skills and experiences gained through the study abroad trip and gains in students' cultural competence cannot be definitively determined, potential relationships are suggested based on the students' qualitative interview responses, including their perceptions of what led to gains in their cultural competence, the Confidence survey results, and previous research.

Students experienced growth in both professional and cultural skills, and that this led to gains in students' perceived cultural competence is supported by previous research. Literature examining short-term study abroad experiences (1 day - 3 weeks) and their effect on students from nursing backgrounds demonstrated that gains in students' professional and cultural skills led to student progression in cultural competency (Green et al., 2008; Jones, Neubrander, & Huff, 2012; Philips et al., 2017). These studies found growth in a variety of professional and cultural skills that were also gained by the students in the present study, such as an increased sense of reciprocity through interactions with a diverse culture, as well as skills in adaptability, working as part of a multidisciplinary team, overcoming barriers, and innovation. While gains in professional skills are not directly related to enhanced cultural competence, gains in professional skills improve one's ability to provide competent services to any individual, regardless or cultural background. Thus, these skills are needed as a basis to providing culturally competence care. Furthermore, the professional skills gained by the treatment group, such as adaptability, humility, and even the ability to work with an interpreter, enabled participants to learn about, appreciate and accept cultural differences, thus bolstering the development of cultural competence.

Students' responses reflected gains in components of cultural competence as a result of their cultural interactions during the study abroad trip. Although students did not explicitly state gains in cultural interaction during their qualitative interviews, there is no doubt that students had numerous cultural interactions given the nature of the program. Gains in cultural awareness, knowledge, and skill were likely facilitated through cultural interactions, which is supported by existing theoretical models of cultural competence (Campinha-Bacote, 2010). Furthermore, frequent participation in cultural interactions allowed students to further develop their cultural competence beyond what would be possible through learning alone. As stated by Campinha-Bacote (2015), "Cultural [interaction] is the pivotal construct of cultural competence that provides the energy source and foundation for one's journey towards cultural competence" (The Process of Cultural Competence in the Delivery of Healthcare Services section, para. 1). Therefore, a noteworthy result of this study are the developments in cultural competence made possible through cultural interaction.

Findings from previously discussed studies examining students' cultural confidence and competence following participation in study abroad indicated that cultural interactions and the opportunity to practice developing cultural skill led to increased cultural confidence, and thus increased cultural competence (Bennett et al., 2012; Caffrey et al., 2005; Kohlbry & Daugherty, 2015; Larsen & Reif, 2011). The increase in cultural skill per the qualitative results indicates that students were able to use their existing cultural competence and practice synthesizing those qualities into behaviors during cultural interactions, which enhanced their cultural competence to an even higher level – cultural skill. As students in the treatment group had frequent interactions and

opportunities to develop their cultural skill, they were able to increase their cultural competence, as evidenced through the Confidence survey. Bandura's (1997) theory of self-efficacy supports the relevance of this finding in that students' increased practice or experience in providing care to Spanish-speaking, Latino children and families led to increased confidence in providing culturally competent care to this population.

The skills and experiences identified in the interviews reflect student growth toward cultural competence specific to Spanish-speaking, Latino children and their families, emboldening culturally competent service provision towards this population as future speech-language pathologists. Therefore, these preliminary results suggest that study abroad may be an effective way to gain these skills and experiences as a way to further develop students' cultural competence. As such, future study abroad programs should aim to incorporate opportunities for students to gain these skills and experiences in order to encourage the effectiveness of the study abroad program in developing students' cultural competence.

Limitations and Future Directions

Overall, the findings of this preliminary study indicate that speech-language pathology education may be well served by implementing short-term study abroad programs to help students make gains in cultural competence. Nevertheless, there are three limitations that need to be considered when examining the results of this study.

The first, and most notable, limitation is the lack of direct and long-term measurements of students' cultural competence in delivering speech and language services to Latino populations. At present, it is unknown if self-reported gains in cultural knowledge, awareness, understanding, sensitivity, interaction, skill and proficiency have

any relationship to actual practice. For example, students can report higher levels of cultural competence than they display when interacting with clients from diverse backgrounds. There is also limited research demonstrating that confidence is an effective measure of cultural competence. The integration of quantitative and qualitative methods to study students' cultural competence increases the likelihood of identifying gains in cultural competence; however, an examination of the application of culturally competent behaviors was not completed in this study. Additionally, this study did not examine the long-term effects of the study abroad experience, which is important in order to determine whether or not the gains in cultural competence through the study abroad experience will carry over into student's future practice as a speech-language pathologist. Thus, future studies should aim to evaluate student behaviors that suggest cultural competence during interactions with culturally diverse populations while abroad. Future studies can implement these direct measures 5 months to a year post-trip in a clinical setting to examine the long-term effects of study abroad participation. Similarly, research is needed to compare behavior and self-reported confidence to determine whether students who have high confidence actually demonstrate culturally competent behaviors.

The second limitation of the study is specific to the characteristics of the participants. The sample for the quantitative measures was small and largely homogenous, as most participating students were female and Caucasian. The sample for the interviews was even smaller (i.e., 4 participants). The small sample size is concerning as it can lead to a type one error in which there may be a false positive for identifying study effects. Also, participants from the study were from a single university and single master's program, which may have instilled particular values surrounding cultural

competence unique to the university and program contexts. All of this limits the generalization of the results of the present study. These limitations can be addressed by recruiting more students from multiple universities to participate in future studies on this topic.

The third limitation of this study deals with the appropriateness of some of the measures used to assess cultural competence. Unfortunately, the Personal Perspectives survey was not found to have high reliability among this sample. Previous research using this survey found it to be appropriate with practicing speech-language pathologists (Kohnert et al., 2003), but it may not be appropriate for students' given that they may have not yet experienced some of the clinical practice issues reflected in the survey questions. In addition, the qualitative pre- and post-interviews were comprised of similar open-ended questions, which may have sensitized students to questions or engendered socially desirable response. However, the qualitative interview questions were found to elicit rich responses that demonstrated student transformation in cultural competence over time. Moreover, there were approximately four weeks between the initial administration at pre-trip and the administration at post-trip, which may be a long enough time to limit students' memory of their previous responses. To address these limitations, students' cultural competence could be evaluated using surveys with higher reliability that are designed specifically for administration to students, such as the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Student Version (IAPCC-SV). Studies could also incorporate additional, general qualitative interview questions that address students' study abroad experiences more broadly, or include daily reflection journals written throughout the experience to capture gains in cultural

competence that may not come to light during in-person interviews (e.g., Walsh & DeJoseph, 2003).

Implications

The American Speech-Language and Hearing Association (ASHA) requires speech-language pathologists (SLPs) to be culturally competent to maintain ethical and professional standards (ASHA, 2004; 2016a). This is because effective service provision is highly dependent on cultural variables, which impact individual client's language, speech, and views and beliefs regarding disability and treatment. In addition, the quality of care provided by SLPs must not vary based on cultural background. Therefore, obtaining cultural competence is critical to the field of speech-language pathology. As such, speech-language pathology educators are tasked with providing opportunities that promote cultural competence in their students.

Although this study is preliminary in nature, it suggests that study abroad is one effective way to further develop students' cultural competence, allowing them to participate in experiences relevant to cultural competence that are not easily gained through other means. Through study abroad, students can become the minority in a foreign country and are faced with managing cultural differences every day. As students develop relationships through cultural interactions with individuals from differing cultural perspectives, students are challenged to avoid ethnocentrism and demonstrate cultural and professional skill, all while learning the specific beliefs and views of the target culture. Frequent cultural interactions during the length of the study abroad experience allow students to refine cultural and professional skills, leading to gains in cultural confidence, and, thus, gains in cultural competence.

The findings of this study shed light onto the components and experiences that this PNW university and other universities should incorporate into future short-term study abroad experiences in order to maximize the potential effects of study abroad on speech-language pathology master's students' cultural competence. In this study, frequent cultural interactions appeared to have the most prominent impact on increasing students' cultural competence. Therefore, study abroad programs should incorporate frequent opportunities for students to interact with and provide clinical services to individuals from the target population. Students should also be provided with various resources before the trip that address the cultural views, beliefs, and any identified barriers to receiving healthcare of the target population, as well as common clinical practices undertaken in the host country in order to enhance students' cultural knowledge and their ability to interact effectively with individuals in the host country. Study abroad programs should incorporate frequent guided group discussions during the trip to encourage students' reflection of their cultural experiences and how these might be applied to students' future clinical practice. Lastly, a short-term study abroad experience may be most effective in developing the cultural competence of students who do not already have prior travel experience to countries of the target population. Thus, programs should recruit students with little to no travel experience to these specific countries.

Furthermore, it is recognized that student participation in study abroad programs is not always feasible due to financial and/or other reasons. While research has shown that the effect of study abroad plus a course specific to training on cultural competence increase students' cultural competence above gains resulting from the effect of participation in a cultural competence course alone (Caffrey et al., 2005), the findings of

this study offer implications for enhancing students' cultural competence through non-study abroad opportunities as well. Cultural interaction seemed to have the most significant impact on students' cultural competence, which suggests that master's programs in speech-language pathology can target students' cultural competence by encouraging cultural interaction within the community. Programs can seek out off-campus practicum sites that provide assessment and intervention services to culturally and linguistically diverse populations to build their students frequency of cultural interactions. Also, programs can recruit culturally and linguistically diverse clients for their university clinic for the same purpose. It should be noted that some researchers argue that cultural interaction in the study abroad country has a greater effect on increasing students' cultural competence than cultural interaction in the home country (Walsh and DeJoseph, 2003). Still, increasing the frequency of cultural interactions in students' home country is a low-cost alternative that is likely to positively impact cultural competence to a degree. Programs can also require that all students take a cultural competence course that explicitly targets multiple components of cultural competence. For example, a cultural competence course could teach theoretical models of cultural competence to target cultural knowledge and focus on problem-based learning exercises that seek to enhance cultural skill in terms of application of assessment measures and intervention models. During this course, students can be provided with several articles on cultural competence and be required to reflect on their experiences through group discussion and reflection papers (e.g., Crowe, Sanchez, Weber, Murtagh, 2016; Kohlbry & Daugherty, 2015). Moreover, it is important for schools to deliberately incorporate

opportunities and experiences that are likely to increase students' cultural competence into their curriculum to facilitate student gains in cultural competence.

Conclusion

In conclusion, findings from this exploratory study suggest important promise for utilizing study abroad to advance speech-language pathology master's students' cultural competence for working with Latino populations. This is important because these experiences would help students better serve Latino children in special education in the United States, as well as fulfill ASHA requirements to provide culturally competent care. Therefore, universities should consider incorporating study abroad opportunities within their master's programs to better develop the clinical skills of speech language pathology master's students.

APPENDIX A

DEMOGRAPHIC SURVEY

Student Informational Survey
Mexico Study Abroad: Enhancing Students' Cultural Competence

Student Name: _____

Date: _____

Please answer the following questions about yourself and your previous experience with study abroad programs. Each question includes a skip option if you prefer not to answer.

1. **Are you male or female?**

O MALE

O FEMALE

O I PREFER NOT TO ANSWER

2. **How old are you?**

O _____ AGE IN YEARS

O I PREFER NOT TO ANSWER

3. **Are you participating in the UO's Mexico Special Education Study Abroad program?**

O YES

O NO

4. **Which of the following describes you? You may choose more than one.**

a. **Hispanic or Latino**

O YES

O NO

b. **White**

O YES

O NO

c. **Black or African American**

O YES

O NO

d. **American Indian or Alaska native**

O YES

O NO

(see additional options on the next page…)

e. **Asian**

O YES

O NO

f. **Pacific Islander**

O YES

O NO

g. **OTHER** (*Please specify*) _____

O I PREFER NOT TO ANSWER

5. **Were you born in the United States mainland?**

O YES

O NO…

If no, please indicate where you were born:

_____

6. **What is your current level of schooling?**

O Currently completing a bachelor's degree in (*please specify*):

_____

O Currently completing a master's degree in (*please specify*):

_____

O Currently completing a doctoral degree in (please specify):

_____

O I PREFER NOT TO ANSWER

7. **When you speak to someone you don't know in Spanish, do you <u>speak</u> Spanish…?**

O Not at all, meaning you don't speak Spanish or you can only say a few words

O Not well, meaning you can say simple sentences and ask simple questions

O Well, meaning you can carry out a conversation even if it takes you extra time or you make some errors

O Very well, meaning you are a native speaker or have abilities close to a native speaker

8. **Have you previously completed an educational study abroad program?**

O YES…

If yes, please indicate:

In what country or countries did you complete your study abroad program?

_____

In which year(s) did you complete your study abroad program(s)?

_____

How long was each study abroad program? *Please specify # of months/years.*

_____

O NO

9. **Have you traveled for reasons other than education (e.g., leisure, business, military) to a Spanish-speaking country in Central or South America?**

O YES…

If yes, please indicate:

To which country or countries did you travel?

_____

How long did you visit each country or countries?

_____

O NO

APPENDIX B

PRE-POST CULTURAL COMPETENCY SURVEYS

Professional Perspectives Survey
Mexico Study Abroad: Enhancing Students' Cultural Competence

Please use the following scale to react to the statements listed. Put a check in the box that best corresponds to your level of agreement with each statement.

		1	2	3	4	5
		Strongly Disagree	**Disagree**	**No opinion**	**Agree**	**Strongly Agree**
1.	I am competent assessing and treating bilingual/multilingual clients.					
2.	Compared to other speech-language pathology students (or special education students, depending on your major), I am very skilled in clinical interactions with culturally and linguistically diverse clients.					
3.	I am comfortable assessing and treating an individual from a cultural or racial background other than my own.					
4.	Special knowledge and training is needed in order to provide services to foreign-born clients who want to improve their English skills.					
5.	Communication skills may vary across cultures.					
6.	A course in cultural and linguistic diversity should be required for graduate students in speech-language pathology programs (or other special education majors).					
7.	Special knowledge and skills are needed to diagnose or treat individuals from non-mainstream backgrounds.					

8.	Clinical competence is related to cross-cultural knowledge.					
9.	In assessment with culturally and linguistically diverse clients, I should rely on the results of standardized tests.					
10.	Bilingual and multicultural issues should be considered specialty areas of clinical practice.					
11.	I prefer to assess and treat clients from my own culture.					
12.	I prefer to assess and treat monolingual English speakers.					
13.	Bilingual and multicultural issues should be taught as a special course in graduate programs in speech and language pathology (or all special education majors).					
14.	When serving culturally and linguistically diverse clients in the future, I will prefer to collaborate with another professional with expertise in this area.					
15.	It is acceptable for speech-language specialists (or special education specialists) who are not native speakers of Standard American English to provide clinical services to clients who speak only Standard American English.					
16.	It is acceptable for speech-language specialists (or special education specialists) who speak Standard American English only to provide clinical services to clients who are not native speakers of Standard American English.					

(adapted from Kohnert et al., 2003)

Confidence Survey
Mexico Study Abroad: Enhancing Students' Cultural Competence

Please use the following scale to indicate your level of confidence when engaging in the following services. Check the box that best corresponds to your feeling of confidence.

How confident do you feel when…

		1	2	3	4	5
		Not Confident	**Somewhat Unconfident**	**Somewhat Confident**	**Confident**	**Very Confident**
1.	…assessing bilingual children whose primary language is Spanish?*					
2.	…assessing bilingual children whose primary language is English?*					
3.	…working with bilingual parents?*					
4.	…working with parents who do not speak any English?*					
5.	…working with interpreters?*					
6.	…adapting clinical materials from English into children's primary language?					
7.	…adapting clinical interventions to be responsive to children's primary culture?					
8.	…providing clinical services in a language other than English?					
9.	…providing clinical services in Spanish, specifically?					

(adapted from Hammer et al., 2004)

Cultural Competence Assessment Instrument (CCA)
Mexico Study Abroad: Enhancing Students' Cultural Competence

Please use the following scale to express your level of certainty with each statement provided below. Note that the scale has changed from previous surveys you've completed today.

		1	2	3	4	5
		Never	**At times**	**Not sure**	**Often**	**Always**
1.	I find ways to adapt my services to client and family cultural preferences.					
2.	I welcome feedback from my colleagues about how I relate to others with different cultures.					
3.	I avoid making generalizations about groups of people (stereotyping).					
4.	I act to remove obstacles for people of different cultures when clients and families identify them to me.					
5.	I act to remove obstacles for people of different cultures when I identify them.					
6.	I ask clients and families to tell me about their expectations for care.					
7.	I ask clients and families to tell me about their own explanations of health and illness.					
8.	I welcome feedback from clients about how I relate to others with different cultures.					
9.	I document the adaptations I make with clients and families.					
10.	I document cultural assessments.					
11.	I recognize potential barriers to service that might be encountered by different people.					

		1	2	3	4	5
		Never	**At times**	**Not sure**	**Often**	**Always**
12.	I use a variety of sources to learn about the cultural heritage of other people.					
13.	I seek information on cultural needs when I identify new clients and families in my practice.					
14.	I ask my colleagues not to make comments or jokes about cultural group characteristics in the workplace / school.					
15.	I learn from my colleagues about people with different cultural heritages.					
16.	I include cultural assessment when I do client or family evaluations.					
17.	I have resource books and other materials available to help me learn about clients and families from different cultures.					
18.	Even if I know about a person's culture, I assess their personal preference for care.					
19.	Language barriers are not the only difficulties for recent immigrants to the U.S.					
20.	Spirituality and religious beliefs are important aspects of many cultural groups.					
21.	People with a common cultural background often have individual differences.					
22.	I think that knowing about different cultural groups helps direct my work with individual clients and families.					
23.	Clients and families may identify with more than one cultural group.					

		1	2	3	4	5
		Never	**At times**	**Not sure**	**Often**	**Always**
24.	I believe that everyone should be treated with respect no matter what their cultural heritage.					
25.	I understand that people from different cultures may define the concept of "care" in different ways.					

(Schim, Doorenbos, Miller, & Benkert (2003))

APPENDIX C

PRE-POST INTERVIEW GUIDE

General Cultural Competency Questions (Asked at pre- and post-trip)

1. What do you know about the phrase "cultural competency"? *
   Probe – What kinds of skills do you think cultural competency includes?
2. What (if any) additional qualities or skills are needed for professionals in education who are delivering services to individuals with disabilities specifically to be culturally competent?
3. Why do you feel it is important for professionals involved in services to individuals with disabilities to be culturally competent?
4. Describe any experiences - educational, travel, or otherwise- that you believe has influenced your personal level of cultural competence.
   Probe – how did these experiences influence your cultural competence?
5. There is a growing Hispanic/Latino population in Oregon and across the US. Please describe any encounters you have had with people of Hispanic/Latino origin. *
6. What do you think are the specific needs of individuals from the Latino/Hispanic community who are receiving special education services?
7. What are some important cultural and linguistic considerations when serving the Latino/Hispanic community?

*adapted from Larson, Ott, & Miles (2010)

Additional Pre-Trip Questions

1. Why did you decide to participate in this study abroad experience?
2. How would you describe the purpose of this trip for you?
   Probe - What (if any) personal goals do you wish to achieve by participating in this trip?
3. How do you think this experience will change your practice in the special education field?

Additional Post-Trip Questions

1. Describe how the study abroad experience in Mexico met or did not meet your expectations.
2. What did you learn in your study abroad experience?
3. Describe how you were able to meet the personal goals you had set for this experience? Or if you were not able to meet your goals, please describe why.
4. How do you feel this experience did or did not enhance your cultural competence for working with Hispanic/Latino populations?
5. How do you think this experience has or has not changed your practice in the special education field?
6. What are some suggestions you have for enhancing the Mexico study abroad experience?

APPENDIX D

QUALITATIVE CODING SCHEME

Primary Codes	Secondary Codes	Definition
Cultural Awareness	Personal Cultural Awareness	Explore one's own culture and/or become aware of one's ethnocentric views, biases, and prejudices
	Knowing Cultures are Different	Superficial, simplistic awareness that cultures are different in some way from a global sense (Note. no specific cultural features are identified)
Cultural Knowledge	Acquiring Cultural Knowledge	Recognition of the need to seek, hold, and acquire specific cultural knowledge for self
	Cultural-Knowledge of Communication	Acquire recognition of differences in communication styles, patterns, and etiquette between and among cultures. Acquire knowledge about differences across content, form, and use between and among languages.
	Cultural Theory	Acquire familiarity with conceptual and theoretical frameworks.
Cultural Understanding	Non-Western Medicine Bias	Understand that "Western medicine" does not have all the answers.
	Culture Influences Self	Understand that culture shapes one's beliefs, values, and behaviors. This code includes the understanding that culture influences perspectives and approaches towards disability, assessment, and intervention.
	Avoiding Stereotyping	Understanding that specific cultures vary and individuals from particular cultural groups should not be stereotyped
	Cultural Dominance & Marginalization	Understands that concerns and issues occur where there is marginalization or one's values, beliefs, and practices differ from those of the dominant culture
Cultural Sensitivity	Cultural Respect	General statements that individuals' culture should be respected, appreciated, and valued but no explicit links to practice. Diversity is important and being sensitive to individuals' diversity is also important.
	Cultural Influence on Practice	Appreciate how one's own cultural background may influence professional practice.
Cultural Interaction	Culturally-Diverse Interaction	Interacting with those of other cultures in **personal** settings (either respondent's experience doing so, lack of experience doing so, or general statement of the importance of personal cultural interactions).
	Culturally-Diverse Practice	Interacting with those of other cultures in **professional** settings (either respondent's experience doing so, lack of experience doing so, or general statement of the importance of professional cultural interactions).

	Cultural Interaction - General	Interacting with those of other cultures but no specific reference to personal or professional experiences
Cultural Skill	Cultural Integration in Care	Explicit reference to SLP practice that integrates cultural values, beliefs, and practices in assessment and/or uses technique to differentiate true disorder from cultural or linguistic influences
		Explicit reference to SLP practice that integrates cultural values, beliefs, and practices in intervention to provide the best care possible to individuals of different backgrounds. If respondent is expressing knowledge or awareness about a particular culture, then they must link that information directly to practice in some way. Includes adapting existing practice to other cultures.
	Linguistically-Responsive Communication	Communication, either personally or through interpreters and other resources, is designed to effectively understand and respond to those who speak other languages, either through verbal or nonverbal means.
	Provide Satisfying Care	Provide care that is beneficial, safe, satisfying, welcoming, and comfortable to the client. Provide care that incorporates development of a respectful and therapeutic alliance.
	Self-Empowerment	combine both codes; Helping client/patient to be self-empowered and face barriers in care related to their CLD background
Cultural Proficiency	Continued Cultural Growth	Add new knowledge through conducting research, by developing new culturally sensitive therapeutic approaches, and by delivering this information to others
	Cultural Commitment	Evidence a commitment to change
General Professional skills	General Professional Skills	Respondent references general clinical or professional skills not specific to diverse populations. Includes ability to respond to challenges
Need for Culturally Competent Professionals	N/A	Respondent references the shortage of professionals or the need for professionals from other cultural or linguistic backgrounds
Goal for Study Abroad	Increase Spanish Proficiency	Respondent expresses a desire to improve Spanish language skills
	Increase Cultural Competence	Respondent expresses a desire to increase cultural understanding, knowledge, or skills
	Increase Cultural Interaction	Respondent expresses a desire to have more experiences interacting with individuals of other cultures
	Increase General Professional Skills	Respondent expresses skills related to confronting personal or professional challenges. For example, confidence, adaptability, resiliency, humility, or organization.

	Other Goal	Any goal for study abroad not included in the above
Other	N/A	Respondent expresses something meaningful that is not represented by any other code.
Outcomes for Study Abroad	Enhanced Avoidance of Stereotyping	Respondent expresses that the experience enhanced his/her ability to avoid stereotyping
	Enhanced Spanish Proficiency	Respondent expresses that his/her Spanish language skills improved
	Enhanced General Cultural Knowledge	Respondent expresses that his/her knowledge of the culture improved including how the culture influenced values, beliefs, and behaviors and how classrooms/teachers operate in the school system
	Enhanced SLP Skills	Respondent expresses that his/her cultural competence improved in the area of SLP practice with Spanish-speaking, Latino populations and/or Mexican populations
	General Professional Skill Improvement	Skills applicable to all individuals in practice improved, such as working with interpreters, working on an interdisciplinary team, classroom behavior management, and/or skills as a special educator. This also includes improved skills related to confronting personal or professional challenges For example, confidence, adaptability, resiliency, humility, or organization.
	No change	No change/trip did not meet expectations
	Increased Cultural Interaction	Respondent expresses that they had increased cultural encounters during the trip
	OTHER outcomes	Respondent expresses outcomes for studying abroad that are not included in any of the above outcome codes. This could include a desire to meet new goals made as a result of studying abroad.
Suggestions for Improvement	Increase Direct SLP Practice	Respondent indicates that he/she would have liked more experience with SLP practice (versus general classroom practice)
	Increase Information	Respondent indicates that he/she would have liked more information regarding the trip logistics (e.g., budget, schedule, etc.). This includes information that was provided but may have not been accurate or was not provided in general, such as information on the children in the classroom or the type of classroom to expect.
	Increase Interdisciplinary Practice	Respondent indicates that they would have liked more interdisciplinary experience
	Increase Cultural Interaction	Respondent indicates that he/she would have liked meeting additional professionals, families, etc. to enhance understanding of practice and/or cultural values or beliefs

Pre-Trip Training/Preparation	Respondent indicates that he/she would have liked pre-trip training specific to skills needed to work with the population in Mexico (e.g., behavior management) or different types of pre-trip work
Spanish Class	Respondent indicates that he/she would advise changes to the Spanish class (e.g., to account for multiple levels of proficiency)
Increase Clinical Discussion	Respondent indicates that he/she would advise increased discussion related to experiences in Mexico (in the classroom or elsewhere) during the trip, including how this information/experience would relate to future practice
Trip Length	Respondent indicates that/he would have liked a longer/shorter trip

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