Foreword

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What if we were all the same?
What if we all said or did things the same way?
What if all our clients/patients/students were the same?

The reality is that our clients/patients/students are not all the same, nor are all audiologists and speech-language pathologists. And, if we were all the same, and said and did things in the same manner, what richness our professions would lack, and what an uninspiring existence for our discipline!

Part of the beauty of the practice of our professions is the intrinsic variety. No client/patient/student is exactly like a former one. The uniqueness and challenge of diversity is part of the calling and attraction to our chosen vocations. The vast scope of practice across the lifespan and along every possible dimension of diversity is part of the appeal. But with that diversity of clientele comes the challenge of appropriately identifying the range of differences and disorders—and addressing those differences and disorders that can occur in speech, language, hearing, swallowing, and balance. The very thing that pulled many of us into these professions keeps us awake at night.

Nearly every respected and credible audiologist or speech-language pathologist has had a humbling experience where they’ve questioned their ability, second-guessed their training, and wondered whether they picked the right profession. When that experience occurred in conjunction with a cross-cultural exchange gone wrong, often we were left to our own devices. Our ability to appropriately address culture and language in service delivery hinges on our recognition of the beauty and complexity of the intersection of language and culture in daily life—and the extent to which we’ve had practice addressing those complexities.

What makes a good audiologist or speech-language pathologist good in the first place, though, is that nagging in the back of our minds about whether the course of action we’re about to take is right. That dose of humility can make an even bigger difference than we often realize. (I would argue that a healthy dose of humility is always a requisite skill, especially when we realize that we are one part of a larger ecosystem that will influence any one individual’s success in achieving their personal goals—of which communication may be just a part). What is it that increases our comfort and quiets that questioning voice, to some extent? It’s familiarity—it’s the sense that we’ve seen something like this before.

If we’re only as good as the collection of experiences upon which we can draw, our success will be severely limited. The guided scenarios included in this workbook expand our exposure and provide access to a more diverse pool of cases than we’re likely to have seen or experienced in our professional training—and, in some cases, in years of service delivery. The insight that this workbook provides offers professional challenges that may have been missing in your clinical education and will help you think through circumstances that you may not have been exposed to or seen before. These scenarios can provide you with a bit of familiarity upon which to draw when you encounter something similar in your future clinical interactions.

Finding ways to enhance our skills and continue to grow in our ability to address culture and language in service delivery is every clinician’s imperative. This resource is a valuable tool for the necessary self-reflection, learning, and growth that we as clinicians need in order to consider the unfamiliar and enhance our knowledge, skills, and clinical judgment—and to do so in a manner that values diversity and serves all clients/patients/students appropriately and effectively.