*Review of ASHA's Current Resources Related to
Global Engagement—and Recommendations
for Enhancing Them*

June 2021

**Final Report by the
Ad Hoc Committee to Develop Guidance for Members and Students
Engaging Globally in Clinical, Scholarly, and Other Professional Activities**

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Background

In 2017, ASHA International Issue Board (IIB) members (chaired by Brooke Hallowell at the time) engaged in focused discussions, readings, and continuing education of its members on ethics in global engagement. They discussed several examples of unethical practices in violation of the *Universal Declaration of Human Rights* (United Nations General Assembly, 1948) and examples of culturally unresponsive practice, especially in health-related professions. Some of these activities are described by Hallowell and Hickey (2015) and observed in some programs led by ASHA members. They also recognized the "urgent need" for guidance for audiologists and speech-language pathologists engaging in globalwork, emphasized by Hyter and colleagues (2017).

The IIB members recognized that ethical challenges in global engagement are outside the scope of the ASHA Code of Ethics, which is directed at ASHA members working professionally within the United States. Upon agreeing that ASHA members face serious ethical challenges related to engagement across cultures and national boundaries, IIB members discussed specific examples demonstrating the need for more guidance for ASHA members and for students within programs accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

In consultation with Edie Hapner and Perry Flynn (who at the time were Vice Presidents for Planning and Board of Directors liaisons to the IIB), ex-officio Lemmietta McNeilly (Chief Staff Officer for Speech-Language Pathology), and Lily Waterston (Director of International Programs), the IIB members then drafted a resolution to the ASHA Board of directors, highlighting the need for a working group to provide such guidance. Recognizing the breadth and depth of work to be done in this regard, the IIB chair obtained input on the resolution from the leadership of Special Interest Group 17 (Global Issues in Communication Sciences and Related Disorders), the Multicultural Issues Board, the Board of Ethics, the Journals Board, and the National Student Speech Language Hearing Association. Thus, the writing of the resolution reflected collaborative input from a broad set of ASHA constituencies. There was strong agreement that the content complemented two of ASHA's Strategic Objectives (SOs)—*Strategic Objective 7, Enhance International Engagement,* and *Strategic Objective 8, Increase Members' Cultural Competence*—within ASHA's Strategic Pathway to Excellence (ASHA, n.d.-b). The ASHA Board of Directors unanimously approved the resolution in 2019. A summary of the approved resolution is shown in the Appendix to this report.

Committee Charge

In 2019, ASHA's Ad Hoc Committee to Develop Guidance for Members and Students Engaging Globally in Clinical, Scholarly, and Other Professional Activities was charged to "develop guidance for members and students for engaging globally in clinical, scholarly, and other professional activities" (ASHA, 2019; see Appendix).

Committee Process and Major Influences

The committee met in person at the ASHA National Office in December 2019 and held monthly working sessions via Zoom though May 2021. Between meetings, members worked individually and in small groups on the tasks set as priorities during the initial meeting. We initially shared numerous readings and other resources through the ASHA Online Community and then transitioned to sharing more resources and our working documents through a shared Dropbox folder. In January 2020, Craig Coleman replaced Perry Flynn as the ASHA BOD liaison in the role of Vice President for Planning. In January 2021, Valeria Matlock replaced Arlene Carney in the role of Vice President for Standards and Ethics in Audiology.

The timing of our Committee's service overlapped with major historic national and global challenges that greatly influenced the nature and importance of our work.

The COVID-19 pandemic. In March 2020, we were all stunned at the unfolding news of the COVID-19 pandemic; its life-altering effects continued to challenge our Committee members as we persisted with our global engagement work plans while facing tremendous trials in our personal and professional lives. In addition, given the passion that every one of the members of this group has for transnational work, we experienced deep concerns about the future of many of our own global programs and projects.

Anti-racist reckoning. Also, during the time in which this committee worked together, the intensified imperative to dismantle systemic racism—at all levels of our institutions and in our communities, nation, and world—appropriately demanded our concerted attention and action. Although anti-racism was already a focus of our Committee's work, we became more attuned to (a) the need to incorporate anti-neocolonial and anti-racist approaches and (b) an appreciation for linguistic diversity in service, research, education, and clinical programs in global contexts. We intensified our focus on ASHA members' important needs for more guidance regarding the interwoven values of social justice, diversity, equity, inclusion, access, participation, human rights, and sustainability in global engagement programs and activities.

Political strife. All the while, political divisiveness exacerbated during the time of our Committee's service threatened civil discourse in our nation. This threat not only challenged us individually in our varied personal and professional contexts, but it also added to our sense of responsibility to address the importance of mutual understanding and respecting *everyone* as we ASHA members engage globally.

In light of these challenges, we were grateful that the ASHA Board of Directors approved our request for an extension through May 2021.

Guiding Tenets

Recognizing the Essential Role of Non-U.S. Professionals Moving Forward

Given that this committee is intentionally composed of ASHA members (due to the nature of its charge), we provide an important disclaimer here: It will be essential to have our recommendations and work that we plan to disseminate in the future vetted by non-U.S. professionals in communication sciences and disorders, representing diverse national origins, races, ethnicities, cultures, and linguistic groups. As individuals, committee members have all agreed to include non-U.S. professionals as co-authors and co-presenters of the work we each plan to continue after the Committee is disbanded.

Working Definitions Regarding Ethics and Global Engagement

The committee regularly discussed and wrote about the challenges with and nuances regarding terminology we use when communicating about ethics and global engagement. At certain times, the reason for our attention on terminology was to ensure that we were all grounded in shared referents related to our charge. At other times, we focused on terminology and word choice as an important area for ethical global engagement. Ethical considerations in the use of terminology are presented later in this report, as one of the key areas of the Committee's content focus. In this section, we review content related to the basic constructs of global engagement.

Globalization is defined as interconnections and interdependencies across multiple domains that transcend national borders (Steger, 2013; Yeates, 2002). With an increase in globalization, audiologists and speech-language pathologists have been engaging professionally more and more across national boundaries. Ideally, *global engagement* is "a collaborative or bilateral and sustainable interaction with communities in parts of the world different from the part of the world with which one may be most familiar" (Hyter, 2014, p. 115).

Global may be defined as relating to the whole world, whereas *global ethics* may be defined as a philosophical construct based on accepted definitions of universal values. These values then rule decisions and actions for human behavior. It is well known, however, that different individuals and groups of people vary in what they consider to be ethical; ethics is practiced differently depending on worldviews and social histories (Lahman et al., 2011), and ethical beliefs may change over time. Thus, creating a consensus or a set of global guidelines for ethics is a challenging task. Despite this, there is a movement toward the promotion of global ethical principles and practices applicable across all cultures or groups. Examples of this movement are as follows:

- *Universal Declaration of Human Rights* (United Nations General Assembly, 1948), an international document that outlines common standards for all people.

- *Belmont Report* (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979), which outlines ethical principles for research involving human participants.

- *Declaration of Helsinki* (World Medical Association, 2013), which outlines the ethical principles of involving human participants in medical research.

- The [International Communication Project](), which encourages people of any age or origin to recognize communication as a basic human right (for an overview, see Mulcair, Pietranton, & Williams, 2018).

Engagement is defined in this report as any interaction that affects multiple parties, either directly or indirectly. Crucial to its meaning is that engagement is not unidirectional. Thus, one does not engage with another by performing some actions *for* them or *to* them. Rather, engagement implies dynamic, bidirectional (or multidirectional), and meaningful interaction (Embleton, 2015).

Ethics differs from *morality: Ethics* is recognized by a specific group, culture, or social system (and thus guides conduct through a source external to individuals), whereas *morality* is internal to individuals. The recommendations in this report are offered to enhance guidance for *ethical* global engagement for ASHA's members and students in communication sciences and disorders.

ASHA's Code of Ethics (n.d.-a) broadly addresses both professions, including the supervision of students, and the Board of Ethics specifically exercises its jurisdiction in matters arising in the United States. ASHA's ethical obligations clearly apply to ASHA members and certified individuals wherever they practice, teach, research, and supervise students. Still, members and students engaged in global activities within or outside the United States often seek additional guidance for issues that arise abroad—including their obligations to people, families, and communities.

Global Context for the Committee's Work

The world is interconnected now more than ever before as people in every country experience the rippling consequences of the global pandemic crisis of the 21st century. Recently, until the COVID-19 pandemic, people around the world increasingly perceived and experienced more porous national borders. For the past 25 years, more and more ASHA members and students have been traveling outside the United States to engage in professionally related programs and services. Furthermore, even with restrictions on transnational travel due to the global COVID-19 pandemic, there are growing opportunities for telehealth and other forms of virtual engagement outside the United States (Clark, 2020). In addition, more than 2,500 ASHA members currently live outside the United States (ASHA, 2020 [Table 3, p. 8]), and many of them work within areas defined in ASHA's *Scope of Practice in Speech-Language Pathology* (2016). Thus, there are clearly ongoing needs for ASHA members to gain more guidance from ASHA on the ethics of global practices.

A Focus on Global Engagement With People Outside the United States

The Committee recognized that many activities of ASHA members and students within the United States are of a global nature. We acknowledged the uneven worldwide impacts of

monopolies in technology, financial markets, natural resources, media, and war machinery (Amin, 2014) among minority-world countries[1] and the forcible displacement of groups living in majority-world countries.[2] We noted that, in 2018 alone, people from more than 110 different nationalities were granted asylum in the United States (most from China, Egypt, El Salvador, Guatemala, Honduras, and Venezuela, [American Immigration Council, 2020]). We recognized that ASHA members and students *in* the United States—not just *outside* the United States—have increasing opportunities to work with individuals and families and in communities that do not mirror their own ethnic, racial, linguistic, economic, or religious backgrounds. Many of the ethical challenges faced through engagement outside the United States are common within professionals' and students' work within the United States. Still, given the Committee's charge, we focused our work on ethics in global engagement with people *outside* the United States.

Conceptual Framework

The Committee's work and ultimate recommendations on global engagement are rooted in a critical theoretical and conceptual framework that informs culturally responsive and globally sustainable practices (Hyter, 2014; Hyter & Salas-Provance, 2019; Staley et al., 2020). Critical theories and frameworks are based on actions that extend beyond the existing order (i.e., the status quo or entrenched practices) and that focus on changing those entrenched practices (Kress et al., 2013). These goals are particularly relevant for guiding practice across cultures, ethnicities, races, languages, and nationalities. Some of the goals of critical theories are collaborative participation among all constituents; social justice; equity; respect for the humanity of all persons; awareness of power, imbalances, colonialism, and coloniality; and acknowledgment of interdependence (Agger, 2006; Levinson et al., 2015; Pillay & Kathard, 2018; Pillay & Ramkissoon, 2020). These theories are particularly useful for individuals from the United States engaging globally because they

- help identify the value commitments (points of view, self-interests) that inform policy and practice;

- require individuals and groups to make explicit their assumptions that are typically implicit;

- require critical examination of the worldviews that inform our own practices; and

- require constant self-reflective practice (Levinson et al., 2015).

Being grounded in these premises will help professionals in communication sciences and disorders continue to move along a continuum of cultural responsiveness.

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[1]Where the minority of the world's populations live (e.g., Europe, North America, Israel, Australia).
[2]Where the majority of the world's populations live (e.g., in the region known as sub-Saharan Africa, parts of Asia, Central and South America, and the Caribbean [British Broadcasting Corporation, 2016; Sparke, 2013; Steger & James, 2019]).

The term *cultural competence,* so readily used in the literature, is not optimal due to the erroneous perception that competence is static—a level of skill, knowledge, and disposition that one can acquire and master. As described further below, we advocate for the use of terms that have a dynamic connotation, such as *cultural responsiveness,* which includes cultural humility and a dedication to ongoing attention and sustainability.

Introduction to the Committee's Recommendations

In our work, we highlight the importance of terminology and word choice—and of critically evaluating and strengthening clinical, service-related, educational, and research activities to be culturally responsive and globally sustainable (Pillay & Kathard, 2018). We recommend guidance for planning and evaluating intercultural and transnational experiences, and we suggest a critical analysis of ASHA standards and policies to ensure that they reflect ethical principles in global engagement. In addition, we recommend new ways of recognizing excellence in global engagement.

Key Areas of Needed Ethical Guidance and Recommendations

The Committee identified key areas within the broad category of global engagement by ASHA members and students for which ethical guidance is needed. We recognize that these identified key areas are not mutually exclusive and that the list is not exhaustive.

A. Use of terminology that affects thinking, communication, and action in global engagement

B. Engagement in clinical practice, supervising U.S.-based student clinicians, carrying out service projects, and participating in humanitarian efforts outside the United States

C. Global consulting, assistance in the development of academic and clinical programs, and the teaching and advising of non-U.S. students and colleagues

D. Global engagement in research and other scholarly endeavors

E. Global education of U.S.-based students

F. Recognition of excellence in global engagement—ASHA's awards and highlights across publication platforms

Note that Items B, C, D, and E each refer to specific types of professional activities in global engagement. We provide an overview of potential challenges related to each of these key areas, followed by recommended actions for the ASHA Board of Directors, the ASHA constituency groups (e.g., committees, councils, boards, caucuses, Special Interest Groups), ASHA staff, and the membership in general to consider.

A. Use of Terminology That Affects Thinking, Communication, and Action in Global Engagement

Our choice of words matters tremendously in the arena of global engagement. Ideally, heightened awareness of the negative connotations and origins of terms helps us to choose terms that are less xenophobic, racist, ethnocentric, sexist, or otherwise offensive or harmful (Center for the Study of Social Policy, 2019; Young, 2009). Words and their underlying connotations provide a connection between thinking and behavior. What we think about something will guide how we act toward it (Giddens et al., 2020; Hamilton et al., 2018). Dismissing the importance of word choice as "political correctness" is unacceptable. Although there are many constructs for which we do not all agree on the use of a single ideal term, there are clearly egregious terms that, from an ethical standpoint, should be eliminated entirely.

Consider, for example, the history of referring to regions of the world based on their juxtaposition with *Western,* industrialized countries. *Third world* is a term that some people still use, despite the fact that the regions to which the term refers constitute the majority of the world. *Developing country* is a term that carries the negative connotation of not yet achieving a certain likeness to a Western country. The term *resource poor* is often used to refer to countries that are actually replete with resources, albeit not as defined by (and perhaps not yet usurped by) *Western* countries. Such terms have been criticized for their association with colonialism and neocolonialism in that their origins are tied to oppressor/oppressed (unequal power) relationships. *Majority world* is a more appropriate description for regions that previously were referred to as *developing* or *third world.* Similarly, *minority world* can be used to describe regions that have been previously labeled as *developed* or *first world*. The contrast of *majority world/minority world* is also sometimes referred to as *Global South* and *Global North*, despite the fact that these terms

- refer to political and socioeconomic differences more than geographic ones;

- are geographically inaccurate in that some of the southern hemisphere countries (e.g., Australia, New Zealand, Argentina, and Chile) have higher levels of income and industrialization indices than do some of the northern hemisphere countries (e.g., Ukraine);

- homogenize regions as if they all share important characteristics;

- suggest a permanence to a country's non-geographical status because of the hemisphere in which it is located; and

- obscure the tremendous wealth gaps within countries (such as in India, which has the largest population of low-income people yet also has large middle-income and extremely wealthy elite populations (Royal Geographical Society, n.d.; Silver, 2021; Toshkov, 2018a, 2018b).

Our committee considered numerous additional terms that are readily used in the types of global engagement that we were tasked to consider in our charge—terms that are readily used in ASHA publications and other forms of ASHA-related communications. Far too numerous to discuss in this report, we list additional examples here to help substantiate our recommended actions.

Service is often used to describe what U.S.-based professionals and students bring to those with whom we engage transnationally. We raise these questions: In what contexts might the term *service* convey an assumption that . . .

- . . . economically privileged people are needed to solve challenges for less economically privileged people?

- . . . the knowledge and methods introduced by the U.S.-based professionals are appropriate for application to those actually being served?

- . . . people who are being served actually want and need the service that is being offered?

- . . . people who are being served gain more benefit from the engagement than do the people who are serving?

- . . . people who are serving have the cultural and linguistic capacities needed to engage effectively—and with humility and cultural responsiveness?

Often, those providing services outside their own culture are actually doing so to satisfy their own wishes (e.g., to travel, to learn about another culture, to feel good about giving)—despite the fact that their experience imposes burdens on the local people and contexts being served. This practice is aptly termed *voluntourism* rather than *service,* and is especially evident when programs or projects are unsustained, are short-term, and entail one-off activities.

Below we list some examples of additional terms that require thoughtful consideration for usage in the global engagement contexts in which they are given in this report:

- *Cultural competence,* suggesting a definable and achievable set of skills and abilities and a set of "correct" ways to accomplish things, as opposed to *cultural humility* and *cultural responsiveness* (see Hyter & Salas-Provance, 2019), suggesting an ongoing process of humble learning in which we (a) continue to challenge our thinking about what is ideal in a certain context and (b) recognize the importance of *intersectionality*—that is, the intersection of social categories (such as race, gender, ethnicity, and socioeconomic status) with systems of oppression and privilege (such as racism, sexism, heterosexism; Crenshaw et al., 2019; DiAngelo, 2018).

- *Diversity,* a term that is often used to convey *non-White*, although that is not the term's definition, and that conveys an inherent power differential between those who are White and those who are not White.

Other terms requiring thoughtfulness in usage include *colonialism, coloniality, equity, ethnicity, minority, pathology, ageism, race, racism* and *anti-racism* (structural and systemic), *cultural representation, poverty, privilege,* and *progress.*

Recommended Actions Regarding Terminology and Communicating About Global Engagement Topics

As our work on the ethics of global engagement continues to evolve, so does our thinking about terms such as those described above. Any of us may inadvertently use terms that offend or demean others without meaning to. We all benefit from challenging one another to improve the sensitivity and reduce the tones of oppression and exclusion in our language.

A1. We recommend providing ongoing guidance to ASHA members and ASHA staff regarding the importance of word and concept usage in the context of the myriad types of work in which we engage across cultures. With the aim of stemming offensive or demeaning terminology and language use, we recommend that

> **A1a.** educational materials be developed and disseminated to members and staff through *The ASHA Leader, ASHA Voices podcast*, the ASHA Convention, and the ASHA website and

> **A1b.** enhanced instructions regarding the importance of word and construct usage be shared with the Journals Board, journal editors and reviewers, and authors submitting to ASHA journals.

A2. We recommend a review of current ASHA policies and ongoing communications to ensure critical examination and thoughtful use of terminology.

B. Engagement in Clinical Practice, Supervising U.S.-Based Student Clinicians, Carrying Out Service Projects, and Participating in Humanitarian Efforts Outside the United States

As we noted above, *service* is a loaded term. Most of us came into the discipline of communication sciences and disorders with a sincere wish to help others and make the world a better place.

When working outside of our own cultural contexts, we may have the best of intentions, yet still we fail, at times, to do the "right" thing. That usually happens because of our lack of something—whether it be cultural awareness, cultural knowledge, cultural humility, linguistic competence, or general knowledge. It is important to recognize, too, that most global engagement activity has inherent ethical challenges; we frequently have to make compromises for what we and our transnational partners consider to be a greater good.

Recommended Actions Regarding Clinically Related Practices Outside the United States

B1. We recommend that the ASHA Board of Directors support ASHA publications, web-based resources (e.g., online, and on-demand courses, case studies), podcasts, and workshops to provide guidance on ethical considerations in the design and implementation of clinically related programs and experiences involving students and/or clinicians. This includes guidance about hidden or unconscious ethical dilemmas and biases common to such programs and experiences—and how they might be addressed proactively at the program level as well as the individual level. It also includes guidance to support individuals in (a) identifying their own cultural values and biases and (b) preparing themselves to be aware of differences in culture as they continuously develop their humility and responsiveness.

B2. Recognizing that some related guidance has been published and presented to date among ASHA members, we recommend that a resource list be developed and shared on the ASHA website. This list should be vetted by subject matter experts to ensure the integration of the precepts in this report, and it should be updated regularly.

B3. We recommend the development, vetting, and dissemination of a tool to be used for designing and improving programs involving U.S.-based students and/or clinicians in experiences outside the United States (e.g., de Diego-Lázaro, 2018). This may include a set of checklists, with accompanying queries, regarding each aspect of the Association's global engagement programs that ASHA members leading such programs could use. Members of our Committee have begun to work on such a checklist and will be glad to collaborate with others, including partners from various regions of the world, in developing it further. The tool will ideally address topics such as

- engaging host partners in program design and determination of the non-U.S. participants' needs and desires;

- ensuring reciprocity and mutuality;

- considering resource implications (time, funding, personnel, transportation, meals, lodging, entertainment, tourism) and addressing related ethical concerns;

- attending to sustainability and continuity;

- thoughtfully representing the experience in advertisements and recruitment materials and in social media, photos, videos, and publications related to the experience;

- recruiting and preparing participants;

- ensuring important knowledge, skills, and dispositions among participants and acknowledging important limits in what participants will be permitted to do;

- designing formative and summative impact assessments and associated steps for responsiveness;

- recognizing and providing appropriate support for U.S. and non-U.S.participants; and

- ensuring meaningful reflection throughout each step of design and implementation.

We envision that each topic area will include a set of thought-provoking queries to ensure recognition and discussion of ethical compromises and to encourage meaningful ethical decision making.

B4. We recommend that ASHA continue to identify, expand, and formalize collaborations with other professional associations and organizations engaging in similar global professional activities, including those associated with communication sciences and disorders as well as those affiliated with other related professions. Such collaborations will provide increased insights as to how ASHA may support its members and students in ethical global engagement.

B5. We recommend that ASHA develop specific resources that support members when they have ethical concerns about a particular global practice being conducted by other ASHA members. These resources should include

- a statement that directly explains the role of the ASHA Board of Ethics in addressing global matters (i.e., the board does not adjudicate global complaints) and

- suggestions for how a member might respond to concerns—including ethical case examples, possible member action in response to concerns, and specific resources to support addressing the concerns.

C. Global Consulting, Assistance in the Development of Academic and Clinical Programs, and The Teaching and Advising of Non-U.S. Students and Colleagues

In consulting with educators and practitioners outside the United States to develop academic and clinical programs, it is important that ASHA members consider all of the issues discussed earlier related to global clinical practice. In addition, members should consider reflective questions related to

- the development of students' cultural humility and cultural responsiveness (i.e., knowledge, self-reflection, dispositions, and skills);

- self-assessment of responsiveness;

- reciprocity;

- accountability in program development; and

- program sustainability.

Recommended Actions Related to Global Consulting, Assistance in the Development of Academic and Clinical Programs, and the Teaching and Advising of Non-U.S. Students and Colleagues

C1. We recommend the development, vetting, and dissemination of a tool that members can use for consulting to develop academic and clinical programs outside the United States. This tool may include a set of checklists, with accompanying queries, presenting essential considerations for ASHA members when engaging in global consultations. Members of our Committee have begun to work on such a checklist and are available to collaborate with others—including partners outside the United States—in developing it further. Examples of reflective questions that address this topic may include the following:

- How do students learn about and respond to the social, cultural, political, andeconomic contexts of the host country or international community?

- How do members who are serving as consultants to academic and clinical programs outside of the United States assess emerging competencies (mindset, knowledge, skills)?

- What collaborative efforts are these ASHA members who are serving as consultants making with in-country partners to set targets and identify benchmarks in order to gauge the progress of each given program?

- How do the consultants develop trust, respect, and shared accountability in building partnerships between themselves (service-program representatives) and local communities?

- Who benefits most from the partnership?

- How do the proposed practices guard against colonialism or coloniality?

D. Global Engagement in Research and Other Scholarly Endeavors

Responsive global engagement occurs when we take part in research in a way that is consistent with the cultural values of the local community. When we do this, we should do it with humility, self-awareness, global knowledge, and reciprocity within every interaction with the local community (Hyter, 2014, 2021). In order to be a global citizen, we need capabilities. These capabilities include adherence to values of social justice, diversity, equity, environmental sustainability, intergroup empathy, and felt responsibility—all while demonstrating global awareness and openness (Millar et al., 2019).

Ethical global research requires ongoing self-reflection on the appropriateness of activities related to

- *research participants* (e.g., participant recruitment, informed consent, participant incentives, involvement of Institutional Review Boards and ethics panels, and use of animals in research);

- *research dissemination* (e.g., considerations of authorship and intellectual property, choice of language for publication, target audience/readership, and publication); and

- *research sustainability* (e.g., researcher qualifications, community engagement in setting research priorities and conducting research activities, conflicts of interest, translation of research to real-world practice).

Recommended Actions Related to Engaging in Global Research and Other Scholarly Endeavors

D1. We recommend that the Convention Planning Committee—and reviewers for other ASHA conferences—be charged with the education of reviewers who are evaluating proposals for presentation to ensure that engagement in global work that has been accepted for presentation meets explicit guidelines for ethical practices. This includes proposals that address reports of service, clinical, educational, and consulting work involving colleagues and participants outside the United States and speakers of languages other than English.

D2. We recommend that the ASHA Journals Board and other groups who review and edit ASHA publications be charged with the education of reviewers who evaluate submitted manuscripts for publication. The reason is to ensure that global engagement work that has been accepted meets explicit guidelines for ethical practices—including those that address reports of research, service, clinical, educational, and consulting work involving colleagues andparticipants outside the United States and speakers of languages other than English.

D3. We recommend that the ASHA Journals Board ensure inclusiveness of research involving participants from diverse national and linguistic groups through the implementation of formal processes.

D4. We recommend that the Board of Directors support ASHA publications, web-based (on-line and on-demand courses, case studies, library of relevant articles) resources, podcasts, and workshops to provide guidance on ethical considerations in conducting transnational research. In these communications, ASHA members and students should be provided with ASHA contact information, so they are encouraged to ask questions and obtain support for conducting ethical global research.

D5. We recommend the development, vetting, and dissemination of a tool to be used for conducting research with non-U.S. collaborators. Committee members have initiated work on such a guide and are available to collaborate with others, including global partners, to finalize the tool. The tool will ideally address all three of the bulleted topics listed in this section.

D6. We recommend that the Board of Directors earmark funding for a global research grant/award for scholarly projects that demonstrate ethical practices in global collaborations. In addition to incentivizing ethical practices, this award may develop an evidence base for best practices with a significant positive impact.

E. Global Education of U.S.-Based Students

Many ASHA members are engaged in work within the United States with individuals and families who are immigrants and/or refugees and yet, those ASHA members have inadequate knowledge about these populations (Maldonado et al., 2019). In addition, ASHA members have increasing opportunities to travel and teach, engage in clinical services, and conduct research in countries around the world. As noted throughout this report, members often struggle with employing practices that are just and equitable for receiving communities (Pillay & Kathard, 2018; Pillay & Ramkissoon, 2020). The Committee recommends that the standards of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) be modified to address pre-professional preparation for global engagement.

Recommended Actions Related to Global Education of U.S.-Based Students

E1. We recommend that edits to the proposed CAA Standards 3.4A and 3.4B related to diversity, equity, and inclusion address ethics of global engagement. Engaging in practice with diverse populations (list of such populations to include ability, language, gender identity, nationality) both within and outside the United States should be considered. Suggested changes in the ***proposed*** new standards (CAA, 2021) are indicated in bold.

Standards 3.4A and 3.4B of the proposed standards (under "An effective audiology/speech-language pathology program . . .")

- The program must provide evidence that students are given opportunities to identify and acknowledge the impact of ~~both~~ implicit and explicit bias**, racism, ableism, genderism, coloniality, and other** practices **that systematically exclude individuals or groups** in clinical service delivery **in and outside the United States,** and actively explore individual biases and how they relate to clinical services **within and outside the United States.**

    . . . .

- The program must provide evidence that students are given opportunities to identify and acknowledge the impact of how their own set of cultural and linguistic variables affects patients'/clients'/students' care (these variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status) **within and outside the United States.**

F. Recognition of Excellence in Global Engagement: ASHA's Awards and Highlights Across Publication Platforms

In light of the content of this report and the recommendations in sections A through E above, it is important that ASHA recognize members whose work furthers the goals of ethical global engagement. This will help draw attention to excellent examples of such work and help motivate members to aspire to engage in ongoing efforts to continually enhance their transnational programs and projects from anti-racist and anti-neocolonial perspectives.

Recommended Actions Related to Recognition of Excellence in Global Engagement

F1. We recommend that ASHA publication platforms—such as *The ASHA Leader,* podcasts, webinars, and so forth—raise awareness of excellence through regular and frequent recognition of ASHA members and students who embrace and practice the tenets of ethical global engagement as outlined in this report. Selection of outstanding candidates may be vetted by ASHA members of Special Interest Group 17 (Global Issues in Communication Sciences and Related Disorders), the Board of Ethics, the Multicultural Issues Board, and the National Student Speech Language Hearing Association. Award categories may include the following:

- engaging in clinically related practices

- teaching and advising

- consulting and aiding in the development of academic and clinical programs

- advancing innovation and excellence in research and scholarly endeavors (e.g., for empirical laboratory research, clinical research efficacy, case studies,clinical service and delivery issues, and student education and supervision)

F2. We recommend that ASHA reframe its current "Certificate of Recognition for Outstanding Contribution in International Achievement" to explicitly include a description and criteria related to ethical global engagement—and that it be renamed the "Excellence in International Engagement Award."

F3. We recommend that the Journals Board and Editorial Boards for ASHA's peer-reviewed journals create awards to recognize authors whose publications advance innovation and excellence in research and scholarly endeavors that require global practices. Publications considered for these awards should address the need for global engagement and collaboration to answer specific research questions or to develop scholarly tutorials. In addition, eligible publications should present evidence that demonstrates global responsiveness and ethical global practices in the conceptualization and execution of the research project. Research relevant to global engagement may take many forms and may include (but not be limited to) topics that involve empirical laboratory research, clinical research efficacy, case studies, clinical service and delivery issues, and student education, and supervision.

Committee Deliverables in Addition to This Report

The committee was slated to present a master class as a SIG 17–invited session at the 2020 ASHA Convention, which was cancelled due to the COVID-19 pandemic. SIG 17 has invited us to present at the 2021ASHA Convention, and we have agreed to do so. In addition, we had planned to have representation at a global ethics thinktank session and to present about our Committee's work at the 2020 convention of Speech Pathology Australia (SPA), which was cancelled due to the COVID-19 pandemic. Yvette Hyter and Brooke Hallowell represented the

Committee at this year's virtual SPA convention (June 2021), the theme of which is "Local contexts, global practice".

Committee members have been working on a series of manuscripts and plans for publication, web-based resources, podcasts, and workshops on each of the areas of focus described above (see Sections A–F). Once this committee is disbanded, as individuals, we will continue to work on these activities, and they may be considered as the basis for future materials to guide the ASHA membership, with the expectation that additional co-authors, including those from outside the United States, will be included.

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Appendix A
Resolution to Establish This Ad Hoc Committee

From 2019 Resolutions and Motions
https://www.asha.org/about/governance/bod/2019-resolutions-and-motions

BOD 04-2019

RESOLVED, That the American Speech-Language-Hearing Association (ASHA) Board of Directors (BOD) establish the Ad Hoc Committee to Develop Guidance for Members and Students Engaging Globally in Clinical, Scholarly, and Other Professional Activities (hereafter, "the Committee") to develop guidance for members and students for engaging globally in clinical, scholarly, and other professional activities; and further

RESOLVED, That the Committee be comprised of seven (7) members, at least two (2) of whom will be audiologists. All Committee members, including the Chair, shall have voting rights. The Committee on Committees shall appoint all Committee members, including selecting the Chair. The Committee will include two (2) members of the International Issues Board, one (1) member of Special Interest Group 17 (Global Issues in Communication Sciences and Related Disorders), two (2) current or former members of the Board of Ethics, one (1) member of the Multicultural Issues Board, and one (1) member of the National Student Speech Language Hearing Association; and further

RESOLVED, That the Vice President for Planning and the Vice President for Standards and Ethics in Audiology shall serve as BOD liaisons and may participate in activities of the Committee; and further

RESOLVED, That the Committee recommend guidance regarding clinical services, student supervision and research to the BOD no later than December 31, 2019; and further

RESOLVED, That the Committee be funded for one 2-day, face-to-face meeting in 2019; thereafter, it shall complete its work by electronic and virtual means; and further

RESOLVED, That the "Policy" section of the *Standard Operating Procedures for the Ad Hoc Committee to Develop Guidance for Members and Students Engaging Globally in Clinical, Scholarly, and Other Professional Activities* be approved.

Approved: 14-0

Note: In the Fall of 2020, the date for the Committee's completion of its charge was extended by the Board of Directors to May 31, 2021.