2023 Multilingual Service Providers Survey Results

Survey Methodology and Response Rate

To gather information about the recruitment, training, and retention of multilingual service providers (MSPs), ASHA sent a survey to all certified audiologists, audiology assistants, speech-language pathologists (SLPs), and speech-language pathology assistants (SLPAs) who had self-identified as an MSP, resided in a U.S. state or territory, and was employed full or part time, according to the association’s membership database.

Survey invitations were emailed on December 5, 2023, to 15,544 MSPs (772 audiologists, 2 audiology assistants, 14,683 SLPs, and 87 SLPAs). Reminders were emailed to nonrespondents on December 12 and 19. The survey closed on January 17, 2024.

Of the 15,544 MSPs, 75 had undeliverable email addresses and 18 unsubscribed from receiving online surveys, which left 15,451 possible respondents. The actual number of respondents was 2,557 (91 audiologists, 2,444 SLPs, and 22 SLPAs)—an overall 16.5% response rate (11.8% for audiologists, 16.7% for SLPs, and 25.6% for SLPAs).

Notes

Results are presented by certification status and work setting and by all respondents. The “CCC-A and CCC-SLP in Schools” group includes audiologists and SLPs in all school types and Early Intervention. The “CCC-A in Health Care” and “CCC-SLP in Health Care” groups include audiologists and SLPs in hospitals, residential health care facilities, and nonresidential health care facilities—which include private practices.

Percentages are rounded and may not add to exactly 100%. Comments have been edited for spelling, grammar, and punctuation. Gail Brook, Surveys and Analysis, prepared this report.
Key Findings

Background Information

- Most respondents worked in schools (53%) or nonresidential health care facilities (24%).
- Most respondents’ primary employment facility was located in California (19%), Texas (12%), New York (11%), Florida (8%), or Illinois (6%).
- Most (95%) respondents’ professional role was SLP.
- Most respondents had been employed in the audiology and/or speech-language pathology professions for 1–10 years (42%) or 11–20 years (31%).
- In addition to English, 75% of respondents were qualified to provide professional and/or clinical services in Spanish.
- In a typical week, most respondents spent 1%-25% or 26%-50% of their total work time at their primary employment facility providing professional and/or clinical services using their language(s) in addition to English.

Preparation and Recruitment

- When asked who or what inspired or motivated them to become a service provider in audiology or speech-language pathology, most respondents selected family member or friend (36%) or academic coursework (24%).
- When asked what types of preparation had been most useful to them as a multilingual service provider, 65% of respondents selected self-teaching on the job.
- When asked how they obtained the language skills needed to self-identify as a multilingual service provider, 67% of respondents selected I grew up using my languages regularly with my family, in my home, and/or in my community.
- When asked what recommendations they had for increasing the number of multilingual service providers, 67% of respondents selected advocate for better compensation for their skilled work.
- When asked about their positive experiences working as a multilingual service provider, respondents listed many. These include: (a) they’re doing the work they trained to do and love to do (b) they’re meeting a clear need (c) their clients/patients/students and families are grateful to work with someone who understands their primary language and culture (d) they’re better able to build rapport and trust with clients/patients/students and families, which leads to better outcomes (e) they’re able to discern communication differences from disorders (f) they’re able to provide direct services without an interpreter (g) their work is mentally stimulating and inspires creativity, and (h) they never have difficulty finding a job and they’re sometimes paid more for their multilingual skills.
Resources for Current Providers

- When asked what barriers prevent them from providing ideal services using multiple languages for their clients/patients/students, 59% of respondents selected *insufficient assessment materials in clients'/patients'/students' languages.*

- When asked what types of support they found most helpful in their work as a multilingual service provider, 59% of respondents selected *discussions with coworkers, other professionals,* or *friends in similar professions.*

- When asked to indicate their preferred format for obtaining information to support their work as a multilingual service provider, 76% of respondents selected *watching (e.g., videos, webinars).*

- When asked, in terms of resources, what content areas would most support them in their work, 59% of respondents selected *advocating for their role as a multilingual service provider (e.g., compensation, caseload/workload, training).*

Job Satisfaction and Retention

- When asked to rate the current job market for multilingual service providers in their type of employment facility and in their geographic area, 74% of respondents selected *more job openings than job seekers.*

- When asked did/will they receive a salary supplement or increased compensation in 2023 for having multilingual skills, 82% of respondents selected *no.*

- When asked to indicate the major causes of dissatisfaction in their role as a multilingual service provider, 72% of respondents selected *salary/pay does not reflect multilingual language skills and clinical expertise or extra time needed for serving multilingual clients/patients/students.*

- When asked if they personally knew any multilingual service providers who had left the profession in the last 12 months due to dissatisfaction with their career, 70% of respondents selected *no.*

- When asked what recommendations they had for reducing the number of multilingual service providers who leave the professions, many respondents wrote in *higher pay and smaller caseloads/workloads.*
Survey Results

Background Information

1. In what type of facility do you work all or most of the time? (Select one.)

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>CCC-A and CCC-SLP in Schools (n = 1,344)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 161)</th>
<th>CCC-A in Health Care (n = 57)</th>
<th>CCC-SLP in Health Care (n = 870)</th>
<th>All Respondents (n = 2,557)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School (includes preschools)</td>
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<tr>
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<td>0.0</td>
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<td>2.9</td>
</tr>
<tr>
<td>Nonresidential health care facility (e.g., home health care setting, outpatient rehabilitation center, private practice, etc.)</td>
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<td>0.0</td>
<td>52.6</td>
<td>66.8</td>
<td>24.1</td>
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<tr>
<td>N/A; I am currently unemployed or retired.</td>
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<td>0.0</td>
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<tr>
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<td>0.0</td>
<td>2.7</td>
</tr>
</tbody>
</table>

Note. Respondents who selected N/A; I am currently unemployed or retired were automatically skipped to a disqualification page.

Other

- 50% home health, 50% daycare programs and schools
- AAC company
- AAC device company
- All of the above – AAC consultant
- Assistive technology grant with in-home visits. I also have a pediatric private client.
- Association
- Association and PRN for home health
- Autism center
- Beginning my own practice
- Bilingual outpatient clinic and school
- BOCES
- Both home health and schools
- Both schools and medical
- Both: residential and nonresidential health care (home health and outpatient rehabilitation clinic)
- Center of child development
- CI industry
- Clinic and home care
- Community-based (wherever the client is located)
- CPSE evaluation sites
- DD waiver
- DDSA
- Edtech
• Employed by school district – services are completed at home
• Equal time spent in private practice/consulting and university settings
• Evaluation center
• Federally funded program training professionals on DHH language acquisition from 0–3
• Had a private practice, now I only do bilingual school age evaluations
• Home
• Homes, community settings, schools, clinics
• I currently work for an SGD sales company.
• I provide services from my business office in my home.
• Industry (n = 2)
• Managing my company
• Manufacturer/clinic
• Multiple settings – school, clinic, homes
• Neuro inpatient/outpatient
• Newborn hearing program
• Nonprofit ESIT (birth–3) agency
• Nonprofit industry and educational settings
• Nonpublic special education
• PhD student
• Private practice (lifespan), teletherapy, and schools
• Private practice and a school
• Private practice and home health
• Private practice, ORF, home health
• Private practice/schools
• Private telepractice company
• Remote
• Residential health care facility (SNF) AND nonresidential health care facility (outpatient rehab)
• School and hospital
• School and private practice

• School, home heath, and acute care hospital
• School, private practice
• School, private practice, and a university
• Schools and private practice
• Schools, hospitals, and home health
• Self-employed
• Setting up a private practice to contract with school districts for evaluations and with businesses for accent coaching/management
• Specialty practice
• State department of education
• Telehealth/telepractice/teletherapy (n = 5)
• VA government contracting practice
• Virtual, consultant
### In which U.S. state or territory is your primary employment facility located?

<table>
<thead>
<tr>
<th>State</th>
<th>CCC-A and CCC-SLP in Schools ( (n = 1,334) )</th>
<th>CCC-A and CCC-SLP in Colleges/Universities ( (n = 159) )</th>
<th>CCC-A in Health Care ( (n = 57) )</th>
<th>CCC-SLP in Health Care ( (n = 861) )</th>
<th>All Respondents ( (n = 2,499) )</th>
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</table>

(Table continues)
2. In which U.S. state or territory is your primary employment facility located? (continued)

<table>
<thead>
<tr>
<th>State</th>
<th>CCC-A and CCC-SLP in Schools $(n = 1,334)$</th>
<th>CCC-A and CCC-SLP in Colleges/Universities $(n = 159)$</th>
<th>CCC-A in Health Care $(n = 57)$</th>
<th>CCC-SLP in Health Care $(n = 861)$</th>
<th>All Respondents $(n = 2,499)$</th>
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<tbody>
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<td>1.3</td>
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<td>South Carolina</td>
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<td>South Dakota</td>
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<td>Utah</td>
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<td>Washington</td>
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<td>3.5</td>
<td>1.9</td>
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</tr>
</tbody>
</table>

*(Table continues)*
2. In which U.S. state or territory is your primary employment facility located? (continued)

<table>
<thead>
<tr>
<th></th>
<th>CCC-A and CCC-SLP in Schools (n = 1,334)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 159)</th>
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<th>CCC-SLP in Health Care (n = 861)</th>
<th>All Respondents (n = 2,499)</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Virginia</td>
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<td>1.3</td>
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<td>0.2</td>
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</tbody>
</table>

Other
- Armed Forces Pacific
- DoDEA
- Guatemala
- Karachi, Pakistan
- Not in USA
- Outside the US
- US military base overseas

3. What is your professional role? (Select all that apply.)

<table>
<thead>
<tr>
<th></th>
<th>CCC-A and CCC-SLP in Schools (n = 1,333)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 161)</th>
<th>CCC-A in Health Care (n = 57)</th>
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<tr>
<td>Speech-language pathologist (SLP)</td>
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<td>87.0</td>
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<td>94.6</td>
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<td>1.8</td>
<td>0.2</td>
<td>1.1</td>
</tr>
<tr>
<td>Other (Please specify.)</td>
<td>2.0</td>
<td>26.1</td>
<td>1.8</td>
<td>2.3</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Other
- Administrator (n = 2)
- Administrator, Teacher of the Deaf
- Agency owner
- And a supervisor, private practice owner, and CEO
- And associate professor
- And research associate
• And university professor
• Assistant professor (n = 7)
• Assistive technology
• Associate clinic director
• AT/AAC specialist
• Bilingual SLP diagnostician
• Bilingual education, counseling, and assessment specialist
• Bilingual speech-language diagnostician
• Board certified orofacial myologist
• Case manager
• Certificate of Clinical Competence
• Certified lactation counselor
• CF supervision
• Chief therapy officer
• CLC
• Clinical consultant (n = 2)
• Clinical educator/faculty
• Clinical professor
• Clinical supervisor
• Clinical supervisor and manager
• Communication coach
• CPSE/CSE chairperson
• Dean of special education and intervention
• Department head (n = 2)
• Developmental vision specialist
• DHH Teacher/Teacher for D/HH/Teacher of the Deaf (n = 3)
• Director
• Director of aphasia research lab
• Director of SLP clinical education
• Director of speech-language services
• Doctoral student
• Early Start Denver model certified supervisor
• Educator
• ESE specialist, supervisor
• Executive director
• Faculty/university faculty (n = 5)
• IBCLC
• Instructional lead
• Instructor of SLP
• Interpreter
• Lead clinical research coordinator
• Managed care resource
• Owner and director of Bright Star Speech and Language Services
• Owner/operator of a private practice
• Professor (n = 8)
• Professor (SLP educator)
• Professor and clinical supervisor
• Program specialist supporting SLPs across 40 LEAs
• Rehab director
• Rehab manager
• Research faculty
• Researcher (n = 4)
• Researcher, university faculty
• Senior bilingual consumer program manager
• SLP administrator in schools
• SLP team lead
• Special education director
• SPED administration
• Speech and communication coach
• Speech/OT manager
• Supervisor (n = 2)
• Supervisor of pupil services
• Supervisor of special education
• Supervisor of speech-language pathology
4. How many years have you been employed in the audiology and/or speech-language pathology professions?

<table>
<thead>
<tr>
<th></th>
<th>CCC-A and CCC-SLP in Schools ($n = 1,332$)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities ($n = 161$)</th>
<th>CCC-A in Health Care ($n = 57$)</th>
<th>CCC-SLP in Health Care ($n = 861$)</th>
<th>All Respondents ($n = 2,496$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>0.2</td>
<td>0.0</td>
<td>8.8</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>1–10 years</td>
<td>41.5</td>
<td>25.5</td>
<td>49.1</td>
<td>44.7</td>
<td>41.8</td>
</tr>
<tr>
<td>11–20 years</td>
<td>31.3</td>
<td>34.2</td>
<td>14.0</td>
<td>30.1</td>
<td>30.6</td>
</tr>
<tr>
<td>21–30 years</td>
<td>20.7</td>
<td>26.7</td>
<td>15.8</td>
<td>15.0</td>
<td>18.9</td>
</tr>
<tr>
<td>31–40 years</td>
<td>5.2</td>
<td>9.9</td>
<td>8.8</td>
<td>7.3</td>
<td>6.3</td>
</tr>
<tr>
<td>More than 40 years</td>
<td>1.1</td>
<td>3.7</td>
<td>3.5</td>
<td>2.4</td>
<td>1.9</td>
</tr>
<tr>
<td>N/A; I have never been employed in the professions.</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
5. In addition to English, in which language(s) are you qualified to provide professional and/or clinical services? (Select all that apply.)

<table>
<thead>
<tr>
<th>Language</th>
<th>CCC-A and CCC-SLP in Schools (n = 1,326)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 160)</th>
<th>CCC-A in Health Care (n = 56)</th>
<th>CCC-SLP in Health Care (n = 859)</th>
<th>All Respondents (n = 2,486)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Sign Language</td>
<td>6.0</td>
<td>9.4</td>
<td>10.7</td>
<td>5.4</td>
<td>6.4</td>
</tr>
<tr>
<td>Arabic</td>
<td>1.2</td>
<td>0.6</td>
<td>1.8</td>
<td>1.4</td>
<td>1.3</td>
</tr>
<tr>
<td>Chinese (Cantonese, Mandarin, or other dialects)</td>
<td>3.0</td>
<td>6.3</td>
<td>12.5</td>
<td>2.4</td>
<td>3.2</td>
</tr>
<tr>
<td>French</td>
<td>2.4</td>
<td>5.0</td>
<td>3.6</td>
<td>4.7</td>
<td>3.5</td>
</tr>
<tr>
<td>German</td>
<td>0.6</td>
<td>3.8</td>
<td>1.8</td>
<td>1.5</td>
<td>1.2</td>
</tr>
<tr>
<td>Greek</td>
<td>0.2</td>
<td>2.5</td>
<td>0.0</td>
<td>0.9</td>
<td>0.7</td>
</tr>
<tr>
<td>Hebrew</td>
<td>1.4</td>
<td>1.3</td>
<td>1.8</td>
<td>1.4</td>
<td>1.5</td>
</tr>
<tr>
<td>Hindi</td>
<td>2.5</td>
<td>5.6</td>
<td>3.6</td>
<td>4.2</td>
<td>3.3</td>
</tr>
<tr>
<td>Korean</td>
<td>0.9</td>
<td>3.1</td>
<td>0.0</td>
<td>1.5</td>
<td>1.3</td>
</tr>
<tr>
<td>Polish</td>
<td>0.5</td>
<td>0.0</td>
<td>3.6</td>
<td>0.9</td>
<td>0.7</td>
</tr>
<tr>
<td>Portuguese</td>
<td>2.6</td>
<td>1.3</td>
<td>1.8</td>
<td>2.1</td>
<td>2.4</td>
</tr>
<tr>
<td>Russian</td>
<td>2.1</td>
<td>2.5</td>
<td>5.4</td>
<td>4.1</td>
<td>2.9</td>
</tr>
<tr>
<td>Spanish</td>
<td>76.5</td>
<td>63.8</td>
<td>64.3</td>
<td>73.9</td>
<td>74.5</td>
</tr>
<tr>
<td>Urdu</td>
<td>0.7</td>
<td>1.9</td>
<td>0.0</td>
<td>1.3</td>
<td>1.0</td>
</tr>
<tr>
<td>Yiddish</td>
<td>1.8</td>
<td>0.6</td>
<td>0.0</td>
<td>0.9</td>
<td>1.4</td>
</tr>
<tr>
<td>N/A; I am not qualified to provide services in a language other than English.</td>
<td>1.4</td>
<td>0.0</td>
<td>0.0</td>
<td>0.8</td>
<td>1.0</td>
</tr>
<tr>
<td>Other (Please specify.)</td>
<td>9.1</td>
<td>11.9</td>
<td>5.4</td>
<td>11.5</td>
<td>10.1</td>
</tr>
</tbody>
</table>

Note. Respondents who selected *N/A; I am not qualified to provide services in a language other than English* were automatically skipped to a disqualification page.

Other
- AAVE
- Also I speak basic Spanish.
- Armenian (n = 7)
- Armenian, Farsi
- Bahasa Indonesia
- Bangla (n = 2)
- Belizean Creole
- Bengali (n = 4)
- Bengali, Kannada
- Bosnian
- Bosnian/Serbo-Croatian
- Bulgarian (n = 2)
- Catalán
- Creole (n = 3)
- Cued Speech (modality, not a language)
- Dutch (n = 2)
- Eastern and Western Armenian
- Farsi (n = 13)
- Farsi conversant not certified clinical
- Filipino (n = 2)
- Filipino/Tagalog (n = 5)
- Given I use the MannaQure Battery
- Gujarati (n = 10)
- Gujarati – limited proficiency for work
- Gujarati and Bahasa Indonesia
- Gujarati and Marathi (n = 2)
- Haitian Creole (n = 13)
- Hmong (n = 2)
- Hopi
- Hospitals still required translators for Native English speakers even though I am qualified to work in Spanish, Italian, and Portuguese.
- Hungarian
- I am able to provide stuttering and articulation therapy only in Spanish.
- I am fluent in Spanish but have provided culturally/linguistically informed assessments in many other languages. I would check all boxes here because I feel qualified to do these assessments but realize it may skew your data. If by “services” you mean therapy, then I would only feel comfortable in English or Spanish.
- I am fluent in Swedish (my native language) but have not provided services using this.
- I am proficient in Spanish and provide therapy in Spanish and English. However I specialize in multilingualism and treat patients that speak other languages (Russian, Portuguese, Arabic, etc.)
- I do also speak French but have only had one opportunity to provide service in this area and feel quite rusty so I’m not confident enough to select it to claim I provide quality service.
- I don’t know how to get qualified to provide services.
- I speak Italian; I do cross-linguistic work in Portuguese but do not speak it.
- I speak Spanish and I am qualified but my state requires additional requirements that I do not have due to financial restrictions.
- I speak Spanish and NYS does not require a bilingual extension to provide EI services, but as I do not have a NYS teaching certificate I am not certified bilingual.
- Indonesian
- Indonesian, Malay
- Italian (n = 22)
- Italian, Serbian, Croatian (n = 2)
- Iu Mien
- Japanese (n = 23)
- Japanese for parent consultation
- Kannada (n = 3)
- Kannada and Kodava
- Kannada, Rajasthan, Gujarati
- Kannada, Tamil
- Kapampangan (Filipino language) and some Tagalog
- Kashmiri (n = 2)
- Konkani, Marathi
- Lithuanian (n = 2)
- LUO, Swahili
- Malayalam (n = 14)
• Malayalam, Kannada
• Malayalam, Tamil
• Malayalam, Tamil, and Kannada
• Manipuri
• Marathi \( (n = 5) \)
• Marathi, Gujarati
• Marathi, Kannada
• Marathi, Konkani
• Navajo
• Navajo/Dine'
• Nepali
• Norwegian
• Persian (Farsi) \( (n = 2) \)
• Portuguese Creole (dialect)
• Punjabi \( (n = 6) \)
• Québécois and Dutch
• Romanian
• Samoan
• Serbian
• Serbian, Croatian, Bosnian \( (n = 2) \)
• Sinhala
• Some fluency in Arabic and Punjabi
• Some Haitian Creole
• Speak Filipino Tagalog

• Speak, understand French
• Swahili
• Swedish
• Swedish, Danish
• Tagalog \( (n = 9) \)
• Taiwanese
• Tamil \( (n = 3) \)
• Tamil, Bahasa Indonesia, and Malayu
• Telugu \( (n = 4) \)
• Thai
• Turkish
• Ukrainian \( (n = 5) \)
• Ukrainian, Welsh
• Vietnamese \( (n = 9) \)
• What do you mean by qualified? I provide services in French, Kreyol, and some ASL (not an interpreter).
• Will be intermediate Russian in 2024
• With consideration to federal and state mandates, I am qualified to do assessments in all languages as someone trained to do culturally responsive assessments. A consideration: this question continues to invest in ideologies that service providers from majority cultures are NOT QUALIFIED to support multilingual communicators.
• Yoruba
6. In a typical week, how much of your total work time at your primary employment facility is spent on providing professional and/or clinical services using your language(s) in addition to English?

<table>
<thead>
<tr>
<th></th>
<th>CCC-A and CCC-SLP in Schools (n = 1,300)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 158)</th>
<th>CCC-A in Health Care (n = 55)</th>
<th>CCC-SLP in Health Care (n = 849)</th>
<th>All Respondents (n = 2,445)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10.9</td>
<td>21.5</td>
<td>12.7</td>
<td>10.1</td>
<td>11.2</td>
</tr>
<tr>
<td>1%–25%</td>
<td>33.5</td>
<td>41.8</td>
<td>50.9</td>
<td>30.5</td>
<td>33.5</td>
</tr>
<tr>
<td>26%–50%</td>
<td>22.5</td>
<td>16.5</td>
<td>16.4</td>
<td>25.0</td>
<td>22.8</td>
</tr>
<tr>
<td>51%–75%</td>
<td>14.5</td>
<td>6.3</td>
<td>9.1</td>
<td>18.3</td>
<td>15.3</td>
</tr>
<tr>
<td>76%–100%</td>
<td>18.2</td>
<td>6.3</td>
<td>10.9</td>
<td>15.7</td>
<td>16.4</td>
</tr>
<tr>
<td>N/A; I don’t provide professional and/or clinical services.</td>
<td>0.3</td>
<td>7.6</td>
<td>0.0</td>
<td>0.5</td>
<td>0.9</td>
</tr>
</tbody>
</table>
### Preparation and Recruitment

#### 7. Who or what inspired or motivated you to become a service provider in audiology or speech-language pathology? (Select all that apply.)

<table>
<thead>
<tr>
<th>Motivation</th>
<th>CCC-A and CCC-SLP in Schools (n = 1,291)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 156)</th>
<th>CCC-A in Health Care (n = 55)</th>
<th>CCC-SLP in Health Care (n = 846)</th>
<th>All Respondents (n = 2,431)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family member or friend</td>
<td>38.5</td>
<td>25.6</td>
<td>23.6</td>
<td>34.8</td>
<td>35.9</td>
</tr>
<tr>
<td>Family member or friend with a communication disorder</td>
<td>20.0</td>
<td>11.5</td>
<td>27.3</td>
<td>20.2</td>
<td>19.5</td>
</tr>
<tr>
<td>Personal experience (e.g., your own experience with a communication disorder)</td>
<td>13.5</td>
<td>14.1</td>
<td>16.4</td>
<td>11.8</td>
<td>12.9</td>
</tr>
<tr>
<td>Media (e.g., book, movie, TikTok)</td>
<td>2.3</td>
<td>2.6</td>
<td>1.8</td>
<td>1.7</td>
<td>2.1</td>
</tr>
<tr>
<td>Academic coursework</td>
<td>22.2</td>
<td>39.1</td>
<td>40.0</td>
<td>22.9</td>
<td>24.0</td>
</tr>
<tr>
<td>Academic mentor</td>
<td>10.7</td>
<td>18.6</td>
<td>27.3</td>
<td>11.8</td>
<td>12.2</td>
</tr>
<tr>
<td>Work experience</td>
<td>18.3</td>
<td>20.5</td>
<td>18.2</td>
<td>17.6</td>
<td>18.1</td>
</tr>
<tr>
<td>Work mentor</td>
<td>3.8</td>
<td>3.9</td>
<td>3.6</td>
<td>4.6</td>
<td>4.2</td>
</tr>
<tr>
<td>Other (Please specify.)</td>
<td>11.0</td>
<td>18.0</td>
<td>9.1</td>
<td>13.0</td>
<td>12.3</td>
</tr>
</tbody>
</table>

**Other**

**Respondents Who Hold the CCC-A**
- Analytical mind
- As a teenager, I met two CODAs (brother and sister), they introduced me to their Deaf mother, who then taught my ASL classes at the library. I decided I wanted to work with the hearing impaired, but not as a teacher.
- Ecclesiastical mission in a foreign country
- Mistake on my college application
- My heritage
- Self, I am hearing impaired.

**Respondents Who Hold the CCC-SLP**
- A cousin who's an SLP
- A Deaf friend
- A flyer at a college
• A friend in college
• A friend suggested it when I was thinking of leaving IT/finance.
• A friend who was an SLP when I was looking to switch careers from teaching a foreign language
• A friend's mom was an SLP and had us volunteer in her clinic in the summers.
• A high school research paper
• A school counselor who knew of the demand for Spanish-speaking SLPs
• A teacher inspired me to work in public schools.
• Academic coursework I took as electives and fellow students studying to become SLPs. I also loved learning languages and about language.
• Advisor
• An ASL course in high school guided me towards being an SLP.
• An interest in other languages and a community SLP pointing out this potential career path
• An organization for whom I previously volunteered called and asked me to become an SLP because they needed a bilingual one. They first hired me as an SLPA and then paid for post bacc and graduate school to get me in the profession
• Another SLP
• Anthropology and linguistics
• Aptitude test
• As an early childhood teacher I found speech and behavior needs in the children.
• Attended a workshop for parents of children with a disability and learned about the field
• Being a visual artist
• Being born outside of the U.S. and acquiring a heritage language that is not English
• Being involved with the Deaf community at a young age and developing a passion for working with that population
• Bilingual need
• Bilingual teacher
• Boss
• Browsing through university programs
• By chance
• Call from the Lord to the career field
• Came across the progression when researching occupational and physical therapy
• Career center
• Career counseling
• Career counselor
• Career day
• Career Day event in high school
• Career development test
• Career Fair book in the 1990s
• Career inventory
• Career psychologist
• Career quiz in high school, shadowed local SLPs
• Chose profession from university course catalog description of speech-language pathology
• Classmate in my undergraduate program
• Classmates in high school and college
• Colleague who switched from (language business-non certified) Spanish teacher to SLP
• College advisor suggested it after I had changed majors twice.
• College brochure— saw it and researched it
• College Career Office
• College counselor
• College professor
• Community need
• Counselor at college
• Coworker in my previous profession
• Deaf and Hard of Hearing program at our high school, it allowed us to take ASL as an elective so I wanted to work with that population initially
• Deaf students I taught
• Deep dive research into a field that had high demand and employability options across the lifespan
• Deeply interested in the subject of neuroscience
• Desire to incorporate Spanish into my career
• Desire to serve minority community
• Did not want to kill anyone as a doctor
• Difficulty learning a second language with realization that some struggle in a primary language
• Discovered the career researching in high school and decided it would be a good match
• Discovered the profession by chance! Long story.
• Divine providence
• Dysphagia therapy
• Elders had strokes and lost English. I had to translate for the SLP who worked on things that were not meaningful for my elders. So I took what my elders wanted to work on plus what the SLP wanted and created something new.
• Employment coach
• Ex work colleague
• Experience living abroad in Spanish-speaking countries
• Family member with dementia
• Fascination about overall communication
• Fascination with language – career guidance pointed this way several times in high school and college
• First batch of SLPs in 1968 in India
• Found it online and it seemed like a good idea
• Friend showed me a program brochure.
• Friend's parent
• Future Teachers of America in High School – I was scheduled to observe an SLP at Rock Creek School in Frederick, MD. I observed her with a child with Down's Syndrome and I was hooked.
• Google
• Google research
• Grew up in a bilingual home
• Have decided since I was 18 years old
• Helen Keller movie
• Help others to communicate
• Helping people to communicate
• High school career fair
• High school clinical rotations
• High school college fair
• High school field trip to a community college
• High school internship visit to a hearing and speech clinic
• High school medical class
• High school mentoring program and volunteering as an ESL tutor
• High school teacher
• High school teacher’s recommendation
• Historical figure
• I attended a workshop at a college that talked about the profession and found it very appealing and interesting.
• I began learning a second language in high school and wanted to utilize it to serve low incidence populations.
• I enjoyed the science behind it (linguistics) and then learned I could help people and have my own business.
• I fell into it by accident.
• I found speech pathology through an individual search in high school when I was looking for a career that I could use Spanish with.
• I found the profession through my own search for a fulfilling career.
• I had experience with physical therapy due to an injury and I chose this to give back to the therapy community and help others in similar situations to mine.
• I had previous academic experience as an applied linguistics in Brazil and when I moved to Texas I discovered the field of speech pathology.
• I have always been interested in language!
• I have always been motivated to help children with needs.
• I kept bumping into an SLP when I worked as a recreational therapist and learned more about it.
• I love linguistics and psychology, so speech-language pathology is a natural choice.
• I love linguistics and wanted to use linguistics to help people.
• I love work with kids.
• I met a speech therapist while being a public school teacher.
• I needed a stable job.
• I read about speech therapy.
• I researched a few different service-related professions as an undergraduate.
• I saw an SLP intervention when I was in my BS. I liked it so much.
• I sought out the profession and learned about it on my own through my own personal research.
• I taught as a bilingual first grade teacher and saw the need for Spanish-speaking SLPs in schools.
• I thought I would be using sign language and thought it was cool.
• I tried to find a minor that was somewhat related to my music major and ended up pursuing a graduate degree in speech-language pathology.
• I used to be an interpreter and I gave English language classes to adults.
• I wanted to become a health care professional and the work of SLPs sounded interesting at the time.
• I wanted to do something with language and kind of "fell" into speech pathology. I had no idea what it was until I started studying.
• I wanted to work with kids in small groups or 1:1 and settled on SLP after looking into a few fields.
• I was always an admirer of theater and oration but enjoyed sciences as well.
• I was an ELD consultant and wanted to distinguish between learning a new language and language disorder.
• I was initially employed as an interpreter to assist SLPs assessing bilingual patients. Fell in love with the profession.
• I was interested in communication which led me to communication disorders.
• I was interested in OT so I went to observe therapists in an outpatient clinic. When I observed the SLP I knew speech was for me.
• I was interested in speech and language after doing a book report on Ann Sullivan and Helen Keller.
• I was lucky to discover speech-language pathology!
• I was working in a speech clinic at a college which did not have a speech pathology major, and I was inspired by one of my patients, a male student who had severe cerebral palsy, yet was graduating from college. I then switched to a university that had a speech pathology major.
• Interest in language acquisition
• Interest inventory suggested the field was a good match.
• Interested in intersection of language/communication, medical field, and human development
• It just happened.
• It was a field that I could use ASL at work.
• Job security and academic coursework was very easy.
• Job shadow in high school
• Job shadowing
• Just wanted to help individuals with challenges
• Learning about ASL and the Deaf Community
• Life event
• Life experiences (n = 3)
• Lifelong interest in language/communication and job security
• Linguistics education
• Linguistics professor
• List of professions related to undergraduate degree in linguistics
• Lived in Uruguay for three years in my childhood
• Looked into alternate profession
• Love of language
• Love to help others! and love communication!
• Medical field plus linguistic studies
• Met an OT at a different job in a totally different field. She explained how it fit my career interests.
• Met an SLP that talked to our high school class
• Missionary service in a foreign country
• My daughter needed speech therapy and we speak Spanish at home. There were no Spanish-speaking SLPs in my city.
• My daughter’s SLP
• My daughter’s SLP encouraged me to switch my major from special education to speech and said she would then hire me!
• My failure to understand how money works
• My family did not speak English and used me as an interpreter. I was fascinated by communication.
• My high school teacher's daughter was in college to become an SLP
• My initial interest was to practice speech while utilizing hippotherapy.
• My interest in bilingualism/languages
• My interest in language
• My love to help children in need
- My mom is a PA and worked with SLPs.
- My mom worked with an SLP.
- My mother had a stroke and I became inspired by seeing the work the SLP did with her.
- My mother was an SLPA and suggested the career change for me.
- My multilingual background
- My own bilingualism experience
- My own love of learning languages and desire to teach
- My own research ($n = 2$)
- My own research for career
- My son who needed speech-language therapy
- My willingness to help others
- Myself, my family, and my own experiences
- Natural gravitation for medicine, helping and interest in language and science
- Need to represent the Haitian community
- Needed to have a job in demand
- Negative experience with stuttering therapy. Wanted to come into the field and see what I can contribute to make stuttering therapy better
- Neighbor
- Newspaper article
- No one
- Not being able to understand my family. Love of languages, science, medicine, music, and psychology.
- Observed at a speech and language clinic
- Online research
- Own desire since I was a teenager
- Own interest in language
- Passed by the speech room at my daughter's school and I did my research. I knew I had to be an SLP!
- Pecnchant for language and culture
- Personal experience with therapy for vision paired with strong love of language
- Personal interest ($n = 2$)
- Personal interest after meeting with counselor
- Personal interest in language
- Personal interest in language and language acquisition
- Personal interest in working with special needs, also a professor who took time to talk about the speech / language pathologist field
• Personal mentor
• Personal preference working with languages, specifically when looking at those other than English
• Personality matched
• Picked it out of our university catalog
• Previous academic background, interest in languages
• Previously I worked in a rehab center as a PTA and I saw the need in the communication area.
• Recommendation from a friend based on my personal skill set
• Reduced services for Spanish speakers
• Relation to my original career as a linguist
• Report about speech therapy in the 7th grade!!
• Reported job market growth and incorrectly reported salary that I now see
• Research (n = 4)
  • Research into the scope of practice, the demand for the job (assurance of job stability) and knowing there are very few SLPs. Also, the coursework was very interesting.
• Research mentor
• Researching different careers
• Researching helping professions
• Results from an aptitude test taken during my first quarter at a CSU career center
• School advisor
• School counselor
• School district gifted mentorship gone awry and salvaged with SLP mentor!
• Searched on Google for careers
• Searching for a major that suited my interests
• Second career in high demand, family friendly
• Self-enquiry
• Self-research
• Service experiences
• Serving as an interpreter for my family since they spoke Polish
• Shadow experience
• Shadowing an SLP for a high school project
• Shadowing other SLPs
• SLP sharing about the profession at a career interest fair.
• Sourcebook regarding health careers
- Speaking to an SLP
- Special education assistant
- Strong interest in language acquisition
- Strong interest inventory 1997 ASHA Convention
- Student teacher semester
- Suggested by counselor
- Teacher
- The Army
- The lack of representation in the daily life of minorities with special needs
- Through university programs
- To use Spanish daily and to serve the Spanish-speaking community while earning a living and having job security (work available anywhere, anytime)
- Took a Deaf culture class in college
- Took ASL in college because I was not allowed to take Spanish because I was “too proficient” and it was unfair for English speaking classmates. Came into speech-language pathology thinking I’d be doing more of the cultural and linguistic piece centering Deafness – ended up in literacy and bi-multilingualism.
- Transition from linguistics Romance language degrees
- Travel to Spanish speaking countries
- Undergraduate peer
- UNM website information
- US News “Top 10 Jobs”
- Voluntary work with the Deaf community
- Volunteer
- Volunteer and teen experiences
- Volunteer experience \( (n = 5) \)
- Volunteer experience in high school
- Volunteer experiences
- Volunteer position at a children's hospital
- Volunteer work \( (n = 2) \)
- Volunteer work as an adolescent
- Volunteering \( (n = 2) \)
- Volunteering at a hospital and observing SLPs
- Volunteering at a recreation center and helping kids with speech disorders
- Volunteering for an SLP
• Volunteering for a speech therapy department at a local hospital during college
• Volunteering opportunities with individuals with developmental disorders
• Wanted to be a teacher but wanted to work more individually with kids
• Wanted to be in healthcare, could not get in medical school, hence joined speech-language pathology and audiology
• Wanted to change professions
• Wanted to make a difference
• Wanted to work in helping others
• Wanted to work individually or in small groups with children and adults with disabilities
• Wanted to work in medical field
• Wanting a decent job that paid well
• Was a teacher (but never worked with SLPs), and I wanted to get a master’s that would allow me to stay in the education sphere, but also have more lateral mobility, autonomy, and bargaining power
• Was an Italian instructor at the university level. I didn't want to get a PhD but knew I wanted to work in language and language teaching.
• Was linguistics adjacent
• While completing a summer internship working with farm workers, I met a little girl who was non-speaking. I researched ways to support her and discovered the field of speech-language pathology.
• Work with pediatrics on life skills
• Worked as a teacher as first career
• Working as a special education teacher and collaborating with the school SLP made me aware of the need for bilingual providers in speech-language pathology (in the 1980s).
• Working as an interpreter
• Working with children with disabilities as an elementary/middle school student, interest in language-learning, love for children
• Workload, altruistic field, flexibility, adequate pay
• YouTube video by LinguaHealth with Dr. Brenda Gorman

Respondents Who Hold the SLPA

• Assessment test that provided career results
A **multilingual service provider** is an audiologist, SLP, or audiology or speech-language pathology assistant who uses one or more languages in addition to spoken English in professional and/or clinical service delivery.

8. **Multilingual service providers develop their skills for practice in many ways. What types of preparation have been most useful to you as a multilingual service provider?** (Select all that apply.)

<table>
<thead>
<tr>
<th>Type of Preparation</th>
<th>CCC-A and CCC-SLP in Schools (n = 1,267)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 152)</th>
<th>CCC-A in Health Care (n = 54)</th>
<th>CCC-SLP in Health Care (n = 825)</th>
<th>All Respondents (n = 2,378)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication sciences and disorders (CSD) coursework in an academic degree program</td>
<td>42.9%</td>
<td>52.6%</td>
<td>20.4%</td>
<td>37.8%</td>
<td>41.2%</td>
</tr>
<tr>
<td>Coursework on understanding and practicing cultural responsiveness and humility</td>
<td>41.7%</td>
<td>48.0%</td>
<td>25.9%</td>
<td>39.6%</td>
<td>40.9%</td>
</tr>
<tr>
<td>Clinical training in an academic degree program</td>
<td>30.7%</td>
<td>44.7%</td>
<td>37.0%</td>
<td>30.8%</td>
<td>31.8%</td>
</tr>
<tr>
<td>Post-graduate certificate or program</td>
<td>15.9%</td>
<td>15.1%</td>
<td>14.8%</td>
<td>12.7%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Continuing education courses or seminars</td>
<td>57.1%</td>
<td>55.9%</td>
<td>42.6%</td>
<td>48.5%</td>
<td>53.6%</td>
</tr>
<tr>
<td>On-the-job training through clinical supervision and professional development</td>
<td>54.1%</td>
<td>60.5%</td>
<td>35.2%</td>
<td>50.6%</td>
<td>53.0%</td>
</tr>
<tr>
<td>Mentoring by another professional or friend</td>
<td>35.9%</td>
<td>40.8%</td>
<td>18.5%</td>
<td>28.5%</td>
<td>33.5%</td>
</tr>
<tr>
<td>Self-teaching on the job</td>
<td>64.6%</td>
<td>65.8%</td>
<td>63.0%</td>
<td>64.7%</td>
<td>64.8%</td>
</tr>
<tr>
<td>Other (Please specify.)</td>
<td>9.6%</td>
<td>14.5%</td>
<td>14.8%</td>
<td>12.4%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

Other

Respondents Who Hold the CCC-A

- ASL professional training
- Attended Gallaudet University for one semester and lived in the dorm with three hearing-impaired/deaf roommates. All courses were in sign language.
- Bachelor’s degree in psychology
- Bachelor’s degree in target language
- Being bilingual
- Deaf culture coursework for minor in teacher of the Deaf
• I was raised by immigrant family members. Courses are no substitute for first-hand cultural linguistic experiences.
• I was raised in a bilingual household and I took eight years of Spanish in high school and undergrad.
• Immersion in culture
• Majoring in Spanish
• None. Didn’t realize that was a thing.
• Personal experience with different cultures
• Primary work is to understand how to counsel Latinos on hearing loss and options.
• Pursuing a second degree in the humanities
• Working where the other language is primary; my first job as audiologist was in Puerto Rico, where the nearby university had a professor with her CCC-A, to supervise me in the CFY. Total immersion, though my boss was a native English speaker. Reports were mostly in English. Took case history orally in Spanish, wrote it in English.

Respondents Who Hold the CCC-SLP
• #1 would be mentoring by another professional... this is KEY, graduate school was great but the cultural competency of staff was simply ineffective. I could write a lot about my treatment in my graduate program as a Latina (Latinx) student... it was challenging to say the least.
• $ incentives
• A focused bilingual certificate program during graduate school that focused on multilingual multicultural services
• A linguistics degree
• Academic and clinical training in India and in California – multicultural, multilingual milieu in both places
• Academic degree program in Spanish
• Additional MEd and BA in Spanish literature. A lifetime of continued practice in a second language is NOT easy!
• Am a native Spanish speaker
• ASHA certification is a joke and a waste of money.
• ASL BS degree
• ASL classes provided by my workplace, though additional classes before starting work would've been helpful
• ASL classes, interacting with Deaf/HH adults fluent in ASL
• ASL courses taught by Deaf native ASL users
• Attended a graduate program with a Hispanic emphasis concentration, specializing in bilingualism and second language acquisition
• Authentic immersive experiences
• B.A. in Hispanic Linguistics
• BA in Spanish with emphasis on different dialects and cross cultural understanding
• Bachelors in target language
• Being bilingual
• Being multilingual and multicultural myself
• Bilingual certification coursework in graduate school
• Bilingual certification during graduate school
• Bilingual CF supervisor
• Bilingual concentration curriculum in graduate school
• Bilingual concentration in M.S. program, study/practice abroad program in Ecuador
• Bilingual coursework in my graduate program, I am trained in providing bilingual services
• Bilingual coursework/certificate from my university
• Bilingual extension coursework required in my state
• Bilingual SLP Professional Learning Communities (school-based colleagues)
• Bilingual specialization at Marquette University during graduate school
• Bilingual Speech Pathologist Certification Program at graduate program
• Books by bilingual SLPs
• Born and raised in this culture
• Born, raised, and educated in a multilingual environment. Also friends and family speak different languages since childhood.
• Certificate program for bilingual speech-language pathology
• CEUs on bilingual speech/language issues
• Collaborating with other multilingual community members
• Collaboration and conversations with SLPs from other countries
• College courses in linguistics and language structure specific to Spanish
• Columbia University's Bilingual Extension Program
• Coming from a multilingual background
• Completing dynamic assessments
• Conducting and publishing research on bilingualism; peer-reviewing the research of others; developing and running a bilingual certificate track in an SLP master's program, including teaching in a Spanish speaking country.
• Connecting with a network through the Asian Pacific Islander Caucus
• Continued opportunities to maintain my Spanish skills such as independent reading in Spanish at home, regularly working with Spanish speaking clients
• Continuing to practice speaking Spanish as much as possible, e.g., with my in-laws and clients
• Conversational course in Spanish. Interest and needs of the Spanish-speaking population in my area
• Coursework and CEUs are great for clinical knowledge, the nuance of bilingual evaluation and functional language specific to our discipline i.e., from coworkers
• Coursework in linguistics
• Coursework on grammar and phonology of Spanish
• Coursework on understanding the trajectory of multilingual language development
• Coursework OUTSIDE of undergraduate and graduate (Teacher's College Bilingual Extension)
• Cultural and language immersion experiences
• Culture and language immersion
• Degree in modern languages
• Degree in my second language
• Degrees in foreign languages
• Doctoral program in a field related to CSD
• Doctorate in Educational Leadership and Justice
• Dynamic Assessment and ELL strategies and interventions
• Experience
• Experience in dealing with people with a wide array of cultural backgrounds
• Experience in the field
• Exposure to a bilingual family, living outside the US
• Exposure to other cultures and languages through travel and study abroad programs
• Family experience. I grew up in a multilingual household: Italian; Croatian, and English.
• Feedback from colleagues and clients
• Full language immersion program for 6 months
• Graduate research (bilingual language development lab @ GWU)
• Growing up in South America
• Having grown up in Ecuador
• High school Spanish education
• Hospital provided training.
• I actually do research in this area.
• I am a CODA; therefore, ASL is my second language.
• I am a former bilingual elementary school teacher.
• I am fluent in both languages and have lived in both countries where I have learned the languages fluently but also the cultural differences. As an SLP that is knowledgeable on language I have done my own informal testing to better fit the patient’s needs, having their cultural background, language knowledge, and education level.
• I am multi-cultural and my first language is Spanish.
• I am native speaker of Russian.
• I did my SLPD on training programs for SLPs on issues related to assessment of CLD students, and the literature review process taught me a lot.
• I do considerable self-study. I took only one class on multicultural issues in my MS that was NOT culturally responsive (critical of systemic oppression); rather it took a cultural edu-tour approach. I met Kathi Kohnert as a doctoral student and her writing influenced a lot of my approaches to bi-multilingualism because I saw my own functional expressions in two languages contextualized. Then as an established professional met people outside the field who are doing this work in very different ways – and now have moved to really understanding that this is a lifelong journey that requires reflexivity, criticality, and coalescing to act with accountability. I co-build these spaces within our curriculum and with my students.
• I grew up bilingual.
• I grew up in a Hispanic home and neighborhood and saw the lack of services.
• I grew up in a multilingual household. I was raised to be bilingual.
• I had a master's in bilingual education before a speech-language pathology degree.
• I had another job where this was a necessity.
• I have a B.S. in sign language interpreting and also went through two mentorship programs in Washington, DC. I also have two national certifications. This has all been very helpful in addition to ongoing training and hands-on work.
• I have a master’s degree in Spanish linguistics that included education on bilingual language development and translation theory.
• I have never been praised for being a multilingual SLP.
• I have not used my second language for services.
• I have undergraduate and graduate degrees in linguistics, law, and ENL from Russia.
• I love working with people in my native language. While not often, it is very motivating for me.
• I speak both English and Spanish. I was raised bilingual since before I went to school. I knew both languages when I was growing up. I did not learn my second language at school.
• I took a multilingual seminar in college. I also worked with a bilingual SLP/PhD professor and did an independent study. Finally, I worked for bilingual therapies in Illinois for 2 years and learned many skills through them and other colleagues.
• I trained myself to become a bilingual SLP – there were no courses or resources or very few when I completed my dissertation in 1977.
• I was a bilingual teacher for 7 years prior to becoming an SLP.
• I was a bilingual teacher prior to being an SLP.
• I was trained as an SLP in France before getting my master’s in the US.
• I worked in refugee resettlement before becoming an SLP.
• I would love to have a post graduate certificate to have the bilingual credential.
• I’m a fluent Spanish speaker who is very knowledgeable about my culture.
• I’m a native Spanish speaker which allows me to be an effective multilingual provider.
• I’m an immigrant born and raised speaking Spanish in my home country.
• I’ve had no real training to be a bilingual provider. I’ve been a bilingual speaker my entire life because I was born in India.
• I’m a CODA, ASL is my native language.
• I’m also a linguist, with an MA in foreign languages.
• Immersion – I completed my graduate degree at Gallaudet University.
  • Immersion in Deaf culture
  • Immersion in the Deaf community and community education classes
  • Immersion program for SLPs and OTs to Ecuador with EBS
  • Immersion traveling abroad (several times)
  • International travel and exchange courses
  • Involvement in the community
  • Language immersion and clinical experience in a different country
  • Language immersion programs abroad
  • Language immersion school
  • Language learning audio resources
  • Learning culture through immersion in local cultures (local Spanish-speaking church, Latino supermarket, etc.)
  • Learning English as my second language
  • Learning from the families themselves
  • Life experience as a multilingual and culturally diverse person; interdisciplinary and multidisciplinary professional development
  • Listening to parents, clients, and family members
  • Living abroad in a different culture to understand the experience of the people who speak Spanish
  • Living abroad to accumulate first-hand experience of learning another language and living in another culture. I also seek out experiences with international individuals through friendships, hosting programs, exchanges, etc.
  • Living in a community with Spanish speakers
  • Living in a foreign country for 17 years
  • Living in other countries
  • Living in Spain, extracurricular language courses
  • Living in the Deaf and Hispanic cultures for months at a time
  • Living overseas in a French-speaking country
  • Local bilingual Professional Learning Community
  • Making an effort to use the language with native speakers to expand facility and professional vocabulary
  • Master’s in linguistics; independent coursework; one-on-one Spanish tutor; classes in Spanish
  • Multicultural and multilingual emphasis program during graduate school
  • Multicultural CEU
  • Multilingual-multicultural coursework in an academic degree program
  • Multiple years of Spanish classes in middle and high school and a minor in Spanish in my undergraduate studies
  • My background growing up in a multilingual, multicultural family
• My background is similar to the low SES bilingual clients I treat.
• My BS-DLP is from Colombia, South America.
• My lived experiences as a multilingual, multicultural service provider have been the most impactful resource.
• My multicultural/multiracial background
• My own experiences
• My university didn’t have a multilingual focus so I had to do a lot of work on my own (seeking out bilingual supervisors, taking classes abroad, studying the language, CEUs about difference vs disorder, etc.)
• My upbringing
• Native Hebrew speaker, writer, and graduate
• Native Spanish speaker, minor in Spanish at UNM, bilingual placements and supervision during undergraduate and graduate school
• Native speaker (n = 3)
• Native speaker and have an undergraduate degree in Spanish
• Native speaker of another language in my home environment
• Neuropsychological experience
• Nothing in this field has helped me. It was my previous career and training (undergraduate degree, M.A. in Italian, living in Italy for 3 years, being married to an Italian).
• One piece of advice I give to new bilingual clinicians is to read a lot of parent-facing information about communication disorders in the target language (and also observe sessions in person/online whenever possible). You can have strong foundational skills in the language, but this is really helpful to learn appropriate terminology that you might not have been exposed to before.
• Online research articles
• Other professional organizations
• Our services are vastly underpaid.
• Own experience as a bilingual student
• Parents are monolingual Spanish speakers, lived and went to school in Mexico
• Personal and family background
• Personal and professional travel opportunities
• Personal background. My parents are both Deaf.
• Personal cultural experience
• Personal experience (n = 3)
• Personal experience and living immersing self into cultures and languages
• Personal experience living in different countries
• Personal experiences and contact
• Personal research
• PhD in bilingualism and CSD
• Podcasts
• Practicing the language by using it daily
• Previous degree in applied linguistics
• Previous degree in Spanish, personal experience outside the job
• Previous experience with multilingual individuals
• Previous job experience in a health care setting translating for patients
• Previous work experience at a Spanish immersion preschool/daycare
• Prior work experience as a teacher of Spanish language and literature
• Professional interpreting and translation experiences and education in non-clinical contexts
• Pursuing a degree abroad in a second language
• Raised in bilingual family. Tested competent in Spanish in school at one point.
• Reading research
• Regular practice/speaking opportunities in L2
• Related professional development
• Research experience in a bilingual lab
• Research experiences and collaborations
• Researching
• Seeking situations in order to get more exposure and opportunities. In graduate school we didn’t have a class, and now thinking back it wouldn’t have really helped anyway without the first-hand experience. I sought out as many multilingual opportunities even if it meant driving far, etc. In graduate school I resurrected a minorities student organization and started a bilingual student organization to create community among other students that wanted similar experiences.
• Self-selected classes in grammar and phonology in the other language
• Self-study
• Self-study of cultural and linguistic studies
• Self-study online
• Self-teaching off the job, as well
• Self-teaching on the job and learning cultural nuances specific to Yiddish speaking
• SLP Impact, The Leader’s Project, MAIN.Leibniz-zas.de
• Social media
• Spanish is my first language and the language of my original training as an SLP. I got a bachelor’s degree in Bogota, Colombia, worked there for a few years and after that I got an MA in Communicative Disorders from CSUF.
• Spanish is my first language. Native fluency.
• Spanish is my native language.
• Spanish language academic coursework and experience prior to speech-language pathology coursework
• Spanish native
• Spanish only at home growing up
• Spanish phonetics and linguistics coursework
• Spanish phonetics course in college
• Spanish-language immersion, including a 3-month home stay
• Specific coursework in bilingualism, second language acquisition, etc. in an academic degree program with certification in bilingual speech-language pathology
• Spending a year in another country. ASHA needs to do more to advocate for their members both with caseload and reimbursement. This is no longer a sustainable career for the majority of its members.
• Spending time with native speakers
• Study abroad (n = 2)
• Study abroad/immersion programs
• Studying abroad
• Studying Spanish in Mexico
• Taking foreign language classes to maintain/improve my foreign language knowledge
• Teacher’s College Columbia Bilingual Institute
• Teaching as an adjunct
• The geographical area in which I live in
• The multilingual component was driven by making Spanish my double major in my bachelor’s program.
• Therapy abroad
• There is a group of bilingual SLPs here in Colorado and interacting with that group over the years has been instrumental.
• There was not a multilingual certificate program at the university I attended for MS (was waitlisted at the one that did). I grew up in Puerto Rico and had the linguistic background and study of linguistics in high school. I independently took additional coursework through undergraduate and graduate on Spanish linguistics, foreign language teaching. These were not offered by my CSD program. I took the initiative to seek them out myself. I completed my PhD to continue learning and acquiring skills on the job. My CF mentor in Puerto Rico also supported my learning through weekly meetings, sharing of resources, and providing templates for report writing.
• These are my native languages.
• Total immersion program in Mexican university
• Travel
• Travel and living in other countries
• Travel to do teaching missions in Spanish speaking countries
• Traveling abroad
• Traveling abroad during my undergraduate experience
• Trilingual household
• Tutoring
• Undergraduate course work in Spanish, ESL, and second-language acquisition, master’s degree in Spanish linguistics; work experience teaching Spanish and ESL to diverse, multicultural second-language learners
• Undergraduate degree in Spanish
• Undergraduate degree in Spanish linguistics
• Undergraduate dual major in English and Spanish
• Undergraduate major in Spanish coursework
• Undergraduate minor in another language
• Undergraduate studies, life experience, and work experience
• Understanding and proficiency in multi languages
• Very supportive bilingual immersion CF opportunity
• Volunteer as a medical interpreter, study abroad experience
• Volunteering/working abroad
• While in high school, I took courses in Spanish and travelled to Mexico to an excellent Spanish immersion program. By the time I went into Peace Corps training in 1963, I was so fluent in Spanish that they taught me Quechua instead. Thus, by the time I got to college, I was not in need of any additional training or encouragement and was in fact part of an organization in California that trained and encouraged others, while making our own therapy materials in Spanish. I also helped to standardize tests such as the CELF in Spanish. Currently, I’m helping students in Italy and Greece to translate my test battery, the ABA, into those languages.
• Work in international education, undergraduate degrees in foreign languages, teaching English as a second language in other countries, multicultural training grant participation in my master's and Ph.D. programs
• Work with multilingual populations
• Working abroad and obtaining Spanish certification through NY. Georgia doesn’t offer a bilingual extension. Please help lobby for this at each state.
• Working as a bilingual SLP for 9 years. Unfortunately, I don’t get to see many Spanish speakers any more since moving to KS last year.
• Working in Israel for two years
• Working with Spanish speaking families
• Years of real life bilingual communication with friends and associates

Respondents Who Hold the SLPA
• No responses
9. How did you obtain the language skills needed to self-identify as a multilingual service provider? (Select all that apply.)

<table>
<thead>
<tr>
<th></th>
<th>CCC-A and CCC-SLP in Schools (n = 1,256)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 150)</th>
<th>CCC-A in Health Care (n = 55)</th>
<th>CCC-SLP in Health Care (n = 817)</th>
<th>All Respondents (n = 2,359)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I grew up using my languages regularly with my family, in my home, and/or in my community.</td>
<td>67.0</td>
<td>67.3</td>
<td>74.6</td>
<td>66.7</td>
<td>67.3</td>
</tr>
<tr>
<td>I attended an academic program where the language of instruction was my target language.</td>
<td>20.1</td>
<td>23.3</td>
<td>14.6</td>
<td>22.4</td>
<td>21.1</td>
</tr>
<tr>
<td>I attended an academic program with a bilingual emphasis.</td>
<td>21.4</td>
<td>23.3</td>
<td>12.7</td>
<td>21.8</td>
<td>21.4</td>
</tr>
<tr>
<td>I took courses in additional language(s) to strengthen my language skills.</td>
<td>41.4</td>
<td>48.7</td>
<td>38.2</td>
<td>40.5</td>
<td>41.4</td>
</tr>
<tr>
<td>I had a language-matched clinical supervisor.</td>
<td>13.5</td>
<td>20.0</td>
<td>3.6</td>
<td>14.8</td>
<td>14.2</td>
</tr>
<tr>
<td>I completed a study abroad program.</td>
<td>23.7</td>
<td>25.3</td>
<td>10.9</td>
<td>26.7</td>
<td>24.3</td>
</tr>
<tr>
<td>I worked with multilingual clients/patients/students.</td>
<td>57.3</td>
<td>62.0</td>
<td>36.4</td>
<td>58.5</td>
<td>57.0</td>
</tr>
<tr>
<td>Other (Please specify.)</td>
<td>12.4</td>
<td>19.3</td>
<td>12.7</td>
<td>13.0</td>
<td>13.3</td>
</tr>
</tbody>
</table>

Other

Respondents Who Hold the CCC-A
- Adjunct faculty at the Catholic University of Argentina
- Attended Gallaudet University
- I completed a degree for interpreting in that language.
- I lived in another country and my husband is bilingual.
- I lived in France for two and a half years, plus studied French in high school and university. Also was an Associate Professor of French at the US Air Force Academy.
- I minored in Spanish language and literature as an undergraduate.
- I studied medical terms for correction on my own time.
- I was born and raised in Mexico.
• Learned academically as well how to read and write in Spanish
• Lived in a foreign country for several years
• My first MS was in Deaf Education.
• Personal experience as a late-deafened adult
• Spanish was my major in high school, and my second major in the university. My first job was in a private practice in Puerto Rico, with other audiologists. My CFY supervisor was Puerto Rican; we spoke Spanish. I was exposed to Italian as a toddler (neighbors from Sicily).
• Was not born in the US, therefore Arabic is my native language.
• Working at Deaf school

Respondents Who Hold the CCC-SLP
• 18 month LDS mission in Ecuador
• A degree in Spanish accompanied by many hours of CEUs regarding bilingual language development
• Additionally I lived in Mexico for 2 summers studying Spanish and lived with local families.
• After taking Spanish classes I continued studying the language through reading Spanish language literature and watching Spanish language television and movies.
• Although my academic program did not have a bilingual emphasis, I created that emphasis when I was working on my PhD by taking courses that had a bilingual emphasis from other departments.
• Always worked in settings with multilingual coworkers
• Am a native Spanish speaker
• As expressed before I studied in Mexico and in the USA. My education was with bilingual services and multiple language classes.
• BA in Spanish, immersion study abroad in three different countries, “mini-immersion” in the USA by lifestyle choices that put me into Spanish speaking environments and activities – structured and unstructured
• Bachelor degree in Spanish (n = 3)
• Bachelor’s degree in the target language
• Began learning Spanish in the first grade and throughout my K-12 education (not bilingual education, simply language instruction that started in the first grade)
• Bilingual and bicultural exposure
• Bilingual immersion program since kindergarten
• Completed a bachelor’s degree in my second language
• Continuing education offerings in bilingual assessment and intervention
• Curated my own academic program
• Deaf co-workers
• Direct experience utilizing this second language in our home with family members
• DLIFLC Monterey, CA
• Ecclesiastical service
• Elective courses in high school and college, living in a multilingual community as an adult
• Extended family who speaks the language
• Foreign exchange student in high school, linguistics courses in L2 (and L1)
• Four years in high school, retained it. Natural ability. Love it and the people.
• Friends and family
• Friends and family when I was older
• Furthered by my 2-year church service mission to the indigent population of Argentina
• Grew up in another country. Came to the US for graduate school.
• Grew up in a bilingual home and then drifted away from Spanish for many years. As an adult, I lived abroad for two years and became immersed in the language after two months of intense language training.
• Grew up in a Spanish-speaking country
• Grew up in other country. Educated in both.
• Husband is a native Spanish speaker.
• I also volunteer abroad to improve my language skills in SLP dx/tx methods.
• I am a native speaker with up to high school first language skills and later completed graduate level training in an English speaking country (UK), then immigrated to the USA.
• I am an immigrant and studied English in my native country and in the US. I took coursework in English in the US to comply with the ASHA CCC standards.
• I am an SLP and my native language is not English.
• I am autistic and languages have been a long-term hyperfocus and source of joy. My internal echolalia also helps with language-learning.
• I am South American. I migrated to the US as an adult. Spanish is my mother tongue.
• I approached professors in my graduate coursework for more information.
• I attended elementary and secondary schools with a multilingual emphasis.
• I attended school in Mexico City.
• I began speaking Spanish in junior high school through a family friend.
• I came from a non-English speaking country originally.
• I completed a bilingual extension program.
• I completed a COMD clinical internship under a bilingual SLP. Studied French and Spanish in study abroad programs.
• I completed also an MA in linguistics, literatures, and foreign languages in my country of origin (Italy).
• I completed an 18-month volunteer mission for my church, during which I learned Spanish and continued to use it after returning home.
• I completed my BCS-CL with an emphasis on bilingualism and presented at CSHA.
• I completed private classes in the other language.
• I completed the additional coursework and testing required for bilingual certification in NY.
I consulted with bilingual Head Start programs for approximately 10 years.
I engage with other multilingual SLPs.
I got my education in Leningrad, USSR.
I grew up abroad; I learned English in school.
I grew up in Cyprus. Greek was my first language.
I grew up in Montreal speaking French and I'm Jewish, so we also spoke Hebrew and Yiddish.
I grew up in Russia and have a master's degree in Slavic languages from St. Petersburg State University.
I grew up speaking Spanish and learned English as a second language at the age of 18.
I grew up using my language in my community (but not at home – I am not a heritage speaker).
I grew up with it but took college courses to gain academic Spanish speaking and writing skills.
I had a multilingual roommate with whom I spoke mostly Spanish for 1 year.
I had to/still have to learn technical terms to translate to parents and in IEP meetings.
I have a B.A. in Spanish language and literature. However simply knowing the language wouldn’t be enough; being able to connect with one’s culture is just as important in order to “understand” the language.
I have a bachelor’s degree in Spanish.
I have a BS in ASL.
I have a master’s degree in Spanish and was a former Spanish professor.
I have a master's degree in Spanish. Also I lived and worked in Portugal for 18 months as a missionary for my church, along with taking Portuguese college level classes.
I have a minor in Spanish as well.
I have been involved with the multilingual community outside of work/education.
I have degrees to work as an SLP in two different countries and have clinical practice in both countries.
I immersed myself in social environments where the language was used naturally.
I immigrated to the US and got certified to provide services in my native language.
I learned from communities that use these languages, from friends and acquaintances.
I learned Spanish from my husband.
I learned Spanish in childhood through exposure to a friend's family.
I learned Spanish through school classes, work experience, and social relationships.
I learned to use the MannaQure Functional Pronunciation Guide.
I live in a diverse community.
I lived abroad. (n = 2)
I lived abroad (Spanish speaking) for 2 years, fully immersed in a community service role.
• I lived abroad for 12 years and was married to a person whose first language was Spanish.
• I lived abroad for 21 years in a Spanish-speaking country.
• I lived abroad for 3 years and have a bachelor’s in my third language (French).
• I lived abroad for 9 years.
• I lived abroad for months at a time.
• I lived abroad for several years as an ESL teacher.
• I lived abroad in a Spanish speaking country.
• I lived abroad and have traveled extensively.
• I lived and volunteered in other countries.
• I lived and worked abroad (in another profession).
• I lived and worked abroad for several years as an ESL teacher.
• I lived and worked in a Spanish speaking country as a volunteer for 3 years.
• I lived and worked in a Spanish speaking country for 1.5 years.
• I lived and worked/studied abroad in a few different countries.
• I lived fully immersed in a Spanish speaking country for 2 years before attending college with only speaking Spanish.
• I lived in a country that spoke my target language during a gap year.
• I lived in a location with a majority of residents who spoke Spanish.
• I lived in a Spanish-speaking country for 10 years.
• I lived in an area where this was the only language for almost two years and gained fluency.
• I lived in Argentina.
• I lived in Argentina at age 19.
• I lived in Costa Rica, Argentina, and Spain for multiple years.
• I lived in Guatemala with a family.
• I lived in Israel for 7 years.
• I lived in Japan and taught English there. I married a Japanese man.
• I lived in Mexico for several years before becoming an SLP.
• I lived in Spain for a year and continued my education of Spanish afterwards. ASHA needs to do more to support its members. This is no longer a sustainable career for a majority of SLPS. Our caseloads and reimbursement rates are causing many to leave this field.
• I lived in Spain for a year without speaking English. I think immersion programs are critical.
• I lived out of the country for a total of 4 years of my life (Spain, Costa Rica).
• I lived outside the United States for many years.
• I lived overseas as an adult.
• I lived overseas for months at a time, not necessarily a study abroad program.
• I lived, worked, and studied in a non-English-language country.
• I lived/worked abroad.
• I made friends in the Hispanic community in order to regularly practice.
• I majored in Spanish, lived in Spanish speaking countries for 3.5 years, and always worked in jobs that required Spanish.
• I married a speaker of the target language.
• I married into a Spanish speaking family and needed to use Spanish to communicate with my monolingual mother-in-law and extended family. We spend a month every other year living in the country and speaking only Spanish as well as use it at home daily.
• I moved abroad.
• I obtained a PhD in another language.
• I obtained an undergraduate degree in Spanish and forced myself to practice speaking Spanish as much as possible, e.g., with clients, as a graduate teaching assistant in the Spanish department to help fund my M.A. in speech pathology, conversing with other graduate students in the Spanish department, my master’s thesis was focused on development of tense and aspect in Spanish.
• I read for pleasure in target language.
• I read lot of research/literature on bilingualism.
• I received a Bilingual Extension from Columbia University.
• I self-taught using professional resources in Russian.
• I served as Spanish speaking missionary for my church.
• I sought out opportunities to practice both my Spanish and my English with peers, co-workers, friends, and family members.
• I spent my childhood and teen years learning this language. Then I lived in Germany for several years as both a teen and young adult. My college coursework was in studying this language. I went into CSD after all of that. There was only a 1-25%. I have had two occasions to use this language formally for therapy in the past two years, but it isn’t common.
• I studied my second language all through college and obtained another degree.
• I taught a course in Spanish. This really boosted my Spanish skills.
• I took a 7-month sabbatical in Mexico.
• I took a break from speech pathology and worked as an English teacher in Spain for 2 years and South America for 6 months.
• I took a Medical Interpreters training program, studied abroad but did not do a formal "study abroad" program.
• I took classes in high school and college have continued regular practice in L2
• I took courses from grade 6 through college.
• I traveled and lived in Mexico for 3 years after high school.
• I traveled to Spanish speaking countries and found language schools to take classes from while being immersed in the culture and language with a home stay.
• I travelled in Latin America and later married a Mexican.
• I use Spanish regularly at home as an adult.
• I volunteered in a country whose primary language is my target language; I also participated as a member of the community in several communities that speak my target language such as attending a Spanish speaking church and participating in Bible studies and other ministries when I was invited.
• I volunteered in an immersion setting throughout undergraduate and graduate school. I intentionally socialized with people who use the language. I studied the language on my own. I learned on the job.
• I volunteered in Guatemala for more than 1 year. My undergraduate degree is in Spanish.
• I was a certified bilingual teacher prior to becoming an SLP.
• I was a Peace Corp volunteer and learned to speak Spanish prior to beginning my graduate coursework.
• I was already a working SLP in Spanish in my country (Argentina) when I was offered a job in the US. I then started learning English and came to work in California.
• I was born and grew up in Russia.
• I was born and raised in a Spanish speaking country.
• I was born and raised in a Spanish speaking country, received my BA, and moved to the USA to get a graduate degree and doctorate.
• I was born and raised in a Spanish-speaking country.
• I was born and raised in Colombia, South America so Spanish is my native language, but I attended an American school k-12. Then I started my university training in Spanish (3 years) then transferred to U Mass Amherst and completed undergraduate and graduate school there.
• I was born in a Spanish speaking country.
• I was born in Taiwan so Mandarin is my first language. Then I learned English when I immigrated to the US with my family.
• I was born in that country.
• I was born, raised, and educated in Russia.
• I was in the Army.
• I was in the Peace Corps in Guatemala in my 20s.
• I was involved with community work using my second language.
• I was married to a Spanish-speaking man from Colombia for over 20 years.
• I was previously certified as a bilingual teacher (early childhood–4th grade).
• I was with my French ex-husband for 26 years. We lived in France for 10 years.
• I worked and lived abroad for a year in Spain.
• I worked as a medical interpreter for 10 years, switching between the languages professionally.
• I worked as an interpreter in my youth.
• I worked with a bilingual SLP as an SLPA and during my CFY that helped to shape my approach and understanding around cultural and language differences and considerations in our field.
• I worked with multilingual coworkers in a field other than speech-language pathology.
• I’m a native bilingual speaker since birth, began reading and writing in both languages since elementary school through college, visiting family members in El Salvador and immersed in Spanish and therefore in Spanish immersive experiences at least bi-yearly throughout my life; I studied and researched about both Spanish and English speech and language development.
• I’m a native speaker and was trained as an SLP in both languages.
• I’m an overseas born second English language learner.
• I’m from a Spanish speaking country and studied English there.
• Immersion / lived in target language country for 3 years
• Immersion in Deaf culture
• Immersion in the local Deaf community
• Immersion learning, I worked abroad prior to graduate school and lived with a local host family.
• Immersion programs in other countries, active in a Spanish social group
• Immigrant and “late” bilingual – important for ASHA to consider “mobility” as a factor, too
• In addition to these, I also studied the language weekly in the community and at home through a variety of methods.
• Intentional exposure through ministry, podcasts, TV, private lessons
• Language immersion through non-professional work experience in my community
• Language learning audio resources to listen to throughout the day
• LDS mission in Argentina
• LDS mission, minor in college
• Learned in school as a young child and spoke it often
• Learned three of the four languages at school
• Live in another country
• Lived and taught and provided services in Mexico
• Lived 3 years in Italy, live with an Italian and speak Italian in the home, master’s degree in Italian, I have a C2 certificate in Italian
• Lived abroad (n = 7)
• Lived abroad for 3 years
• Lived abroad for 4 years
• Lived abroad for a few years in a Spanish speaking country
• Lived abroad for several years
• Lived abroad in Argentina
• Lived and worked abroad for 2 years
• Lived and worked abroad for years before becoming an SLP
• Lived in a country where English was not prominent
• Lived in a Spanish speaking country for 2 years
• Lived in a Spanish speaking country for a long time
• Lived in another country where my target language was spoken for 18 months as a missionary
• Lived in country (Mexico) 2 years, then classes in college, then 8 years in the Army as a translator
• Lived in Ecuador for two years as a Peace Corps volunteer
• Lived in Latin America for 2 years, had long-term relationships in which Spanish was the primary or sole language spoken
• Lived in Mexico for 6 months, had a Deaf best friend for a year
• Lived in other countries \((n = 2)\)
• Lived in Spain for 18 months
• Lived on campus at Gallaudet, it was like studying abroad. I had to use ASL every day to get by on campus.
• Loved and worked abroad after college
• Majored in Spanish in undergrad
• Majored in Spanish in undergrad and taught at language immersion schools
• Many of my friends are bilingual or do not speak English.
• Married into a Hispanic family
• Married spouse who is a native Spanish speaker
• Married to a native Spanish speaker
• Married to a Spanish speaker, which is what we speak in our home with our children
• Master’s in linguistics (learned similarities and differences between English and Spanish); one-on-one tutor; additional courses and programs in Spanish pursued individually
• Mentors and a lot of self-study/practice
• Minor degree in Spanish in my undergraduate studies
• Mission to Peru
• Missionary service in foreign country
• My BA was in Spanish. I also studied abroad, and then worked for several years in Mexico in education and/or nonprofits.
• My bachelor’s degree is in Spanish.
• My community has changed significantly since my formative years. Previously I lived in a predominately Latin community. As I became older I was around mostly English speakers. So I took courses in Spanish to maintain the language throughout high school and college.
• My family speaks it.
• My first language is Spanish.
• My husband’s first language is Spanish and we raise our children in that language.
• My native language is Spanish; my dominant language is now English. I am fluent in both.
• My primary language is Spanish.
• My undergraduate degree is in Spanish. \((n = 2)\)
• My undergraduate degree is in Spanish, and I also lived abroad for 1.5 years (Spain).
• My undergraduate degree was in Spanish Literature.
• My wife and I moved out of country for a few months.
• Native Spanish speaker
• Native speaker
• One of my undergraduate majors was a foreign language.
• Ongoing education with other bilingual SLPs
• Our university clinic was 20 minutes from the Quebec border so many students to practice with.
• Over the years, I’ve done a lot of self-study using textbooks from Taiwan and Hong Kong.
• Passed bilingual certification exam
• Passes bilingual education assessment
• Peace Corps
• Practice
• Practicum at the AL School for the Deaf where I became fluent in ASL through immersion in Deaf culture
• Previous work experience in a Spanish immersion setting; bachelor’s degree in Spanish
• Private teacher
• Raised in a bilingual household. Both languages are interchangeable.
• Religious service
• Sabbatical (6 months) with intensive classroom language study and full immersion
• Second language reinforced through partner/family and now our child who is bilingual to whom we only speak to in the non-majority language
• Seek out additional strong resources through entities such as Bilingualists, reading current research articles, attending conferences focusing on multilingual issues, belonging to SIG 14, and more...
• Self-study \((n = 2)\)
• Self-study of languages and searching for language buddies to practice my languages
• Self-taught
• Serbian is my native language. I was born, raised, and educated in Serbia through the age of 19.
• Served a mission for my church and learned Spanish on the mission.
• Served a mission for the Church of Jesus Christ of Latter Day Saints
• Served in the Peace Corps in Honduras and taught with Teach for America in Spanish for several years
• Service mission for church
• Spanish immersion school k-5th grade
• Spanish with extended family members
Specialization program at TC BEI
Students in my school district growing up had the opportunity to pick a language and continue it from 7th to 12th grade. I then double majored in Spanish and speech-language pathology in college.
Studied internationally
Study abroad to Mexico in graduate school where I provided services in Spanish
These were mandatory subjects in my English Medium School in addition to them being spoken at home and in the community.
Three languages are mandatory in Indian schools.
Took an advanced Spanish class, traveled abroad, married a Spanish speaking man, speaking Spanish with family and friends
Took training to be a certified Navajo Medical Interpreter with a job certification program
Training in speech-language pathology in India and the United States
Travel abroad
Travel in countries with that language
Tutoring and self-study
Undergraduate research in Costa Rica
Undergraduate Spanish major
Undergraduate degree in second language
Undergraduate degree in the language
Undergraduate major in Spanish with emphasis on Spanish linguistics
Undergraduate minor
US Peace Corps
Volunteer and work abroad
Volunteering in countries with target language, work in other settings with speaks of target language
Volunteering in Ecuador. Living in Mexico while husband went to medical school.
Went to elementary to high school private school
With permission from my university, I independently developed my own final graduate externship abroad by locating an ASHA certified SLP in Spain who was willing to supervise me. I then had that hospital and my university develop a contract, etc. Very complicated and expensive (I did the work but had to pay all the tuition to the university.) :/
Worked abroad prior to becoming an SLP
Worked in school for the Deaf where ASL was the primary language
Working abroad and obtaining Spanish

Respondents Who Hold the SLPA
No responses
10. What recommendations do you have for increasing the number of multilingual service providers? (Select up to three.)

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>CCC-A and CCC-SLP in Schools (n = 1,244)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 149)</th>
<th>CCC-A in Health Care (n = 52)</th>
<th>CCC-SLP in Health Care (n = 808)</th>
<th>All Respondents (n = 2,335)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase outreach to multilingual students about CSD career options.</td>
<td>49.6</td>
<td>70.5</td>
<td>50.0</td>
<td>50.0</td>
<td>51.2</td>
</tr>
<tr>
<td>Increase the number of graduate programs with a bilingual emphasis.</td>
<td>55.1</td>
<td>40.3</td>
<td>19.2</td>
<td>46.5</td>
<td>50.1</td>
</tr>
<tr>
<td>Offer more language-specific training for CSD students and multilingual professionals.</td>
<td>35.2</td>
<td>43.6</td>
<td>26.9</td>
<td>38.4</td>
<td>36.9</td>
</tr>
<tr>
<td>Advocate for better compensation for their skilled work.</td>
<td>71.9</td>
<td>49.7</td>
<td>53.9</td>
<td>64.7</td>
<td>67.3</td>
</tr>
<tr>
<td>Develop mentoring programs and resources for multilingual service providers</td>
<td>30.6</td>
<td>36.9</td>
<td>36.5</td>
<td>35.5</td>
<td>32.7</td>
</tr>
<tr>
<td>Offer more informational resources on multilingual service delivery.</td>
<td>17.1</td>
<td>16.1</td>
<td>25.0</td>
<td>19.2</td>
<td>17.9</td>
</tr>
<tr>
<td>Offer supervision resources for both monolingual and multilingual supervisors.</td>
<td>12.8</td>
<td>10.7</td>
<td>21.2</td>
<td>13.5</td>
<td>13.0</td>
</tr>
<tr>
<td>Other (Please specify.)</td>
<td>6.1</td>
<td>18.1</td>
<td>7.7</td>
<td>6.7</td>
<td>7.4</td>
</tr>
</tbody>
</table>

Other

Respondents Who Hold the CCC-A
- Encourage immersion within the culture.
- Encourage learning of ASL in audiology programs.
- Encourage professional students to seek certifications to use the language in their respective hospital or clinic setting.
- Make audiology more accessible to minorities.
- Offer scholarship programs as an incentive for multilingual students to enter CSD programs.
- Require one-two years of a foreign language at the undergraduate level so they have a basis for conversational speech in a foreign language.
- Seems that if individuals desire to provide service in a second language, they will be motivated to seek out the necessary skills.
Respondents Who Hold the CCC-SLP

- A multilingual conference
- Accept more bi/multi-lingual bi/multi-cultural students into graduate programs.
- Accept more culturally and linguistically diverse students in speech-language pathology programs. I have seen biases related to accepting more non-white students in the programs. I was stereotyped by a clinical supervisor when I was first admitted into my program, as she immediately had a negative view of my success in the program solely due to my race and economic status. She told me that I was just going to get in debt and not be successful in the program. She even asked if I wanted to drop out of the program 2 days before the start of the semester. I was deeply offended and reported her to the university. Sadly, she denied she had ever said that to me. Getting through the program was very tough but I was able to get through it. Even getting accepted was very hard, as I had already applied 3 times before I got in. I was a strong applicant and had graduated with honors from my undergraduate program, so I'm not sure why I was always put on a waiting list. Once I was in the program, I met other students whose GPA was lower, but got accepted right away (these students were White).
- Access to undergraduate and graduate programs for culturally and linguistically diverse students
- Acknowledge the wealth/education gap experienced by multilingual families in this country to make graduate programs more accessible.
- Address biases/barriers to access within the profession as a whole
- Advocate for a balance in caseload / productivity expectation fairness since bilingual evaluations take much longer. Please don't make me pick only 3. :)
- Advocate for better caseload/workload in the schools and better reimbursement for bilingual services in addition to increased assessment time for bilingual evaluations
- Advocate for university programs to accept foreign coursework (coursework earned from other countries).
- Advocate for use of ASL with Deaf and HoH children and adults; promote anti-audist practices.
- Advocate for work requirements or mandates for bilingual providers.
- Advocate to change graduate admission criteria to be more inclusive of bilingual students.
- All of the above
- All of the above. We need all of these to be implemented. If not, the continuation of burnout of multilingual providers will continue.
- All of this is highly needed for ASL/English bilingual providers.
- All of this list. I had to create and translate my own products to serve my bilingual client population at all settings. Please recognize the bilingual SLPs who work extra hard to make a difference. I’m at BilingualResources.org. Consider making an ASHA online platform of bilingual SLPs who can be reached with questions. We would make great mentors.
- Allow for paid opportunities due to the fact that BIPOCs likely cannot afford to do so many free internships.
- Allow part-time enrollment at graduate programs to facilitate students still being able to work while in graduate school. I have two bilingual colleagues who started as paraprofessionals who told me they had wanted to pursue careers as SLPs but the graduate programs would not allow them to work simultaneously so they became teachers instead because they were given the option to continue working in schools while studying.
• Allow SLPs who are multilingual to present—not post—at ASHA. Offer Board Certification Specialty Recognition.
• ASHA needs to advocate for SLPs, compensation, and doctors/other professionals and the community need to be taught what we do, etc.
• Attempt pairing bilingual/multilingual student clinicians and supervisors during their externship experience.
• Better compensation would be #1. This job is hard enough in English (the language most terms originate from). The stress of doing the job in another language is hardly worth it. I wouldn’t if given a do-over.
• Better pay and better workload for SLPs, do better ASHA.
• Board certification and specialty recognition.
• CAA needs to look at gatekeeper issues across universities in accepting bilingual or multilingual students into CSD programs.
• Compensation should be different.
• Consider languages other than Spanish.
• Consider partnering with undergraduate language programs to recruit undergraduate students who are majoring in language. As an undergraduate I majored in Spanish and Latin American and Iberian Studies but did not have a clear idea about how I would put those skills to use until I graduated and could not find a position that matched my interests and skill set.
• Consider recruiting in places such as undergraduate degree programs in Spanish, linguistics, and other related fields. These fields provide excellent background for speech pathology, but have limited career options, e.g., PhDs seems to be necessary for working directly in those areas. Many people don’t even know about CSD as a profession. When I was teaching undergraduate Spanish classes, I tried to recruit students for CSD that were doing well in the class and had good interpersonal skills.
• Create a professional environment that values multilingualism.
• Create internship-type opportunities for high school and undergraduate opportunities that promote the career.
• Create specific stipends for graduate work tied to bilingual skills.
• Cut some of the red tape for entrance into graduate programs to allow more SLPs in general and specifically bilingual SLPs to enter the field. Continue connecting bilingual individuals to SLPA programs. Continue increasing hybrid SLP and SLPA training options for working individuals.
• Decrease barriers to entry for multilingual students interested in joining our profession (i.e., cost of graduate school, competitive nature of applying to graduate school).
• Decrease the assumption that bilingual providers can only treat clients with that language background/can’t treat other areas aside from language disorders.
• Decreasing hurdles for graduate admissions, especially for non-White students.
• Develop more therapy materials and family-friendly literature in other languages.
• Develop partnerships with the international ESL programs to advertise to participants (e.g., NALCAP, BEDA, or meddeas Spain). There are similar programs across Europe, Asia, South America, etc. as there are many American young adults developing language teaching skills as well as being exposed to second languages.
• Develop qualified interpreter programs for less frequent languages to be available remotely.
• Develop/offer specific coursework discussing multilingual language development and our role as SLPs in this process.
• Diversify the field. Make a legitimate effort to market to multilingual populations. Actively seek out minoritized groups to improve service delivery. Reflect on how our programs center Whiteness and how they "other" minoritized groups. Check the language you use as an organization. "Minority" is not an appropriate term. Decenter cultural "competence" and promote culturally sustaining practice. Pay us for the work we are doing in other languages. We are invaluable to assessment teams but we often don't get additional pay for our expertise. Examine attrition rates of minoritized candidates from undergraduate to graduate school and actually address the issues that contribute to the attrition. Find multilingual professionals like you seem to successfully find men to run departments in our profession despite them being a small percentage of the profession.
• Don't make the English proficiency tests so hard as this will weed out smart individuals who could provide services in another language.
• Easier licensing requirement to work internationally
• Educate administrators in schools to place bilingual SLPs in schools where there are large concentrations of children needing services in that language. (This is not happening in my region.)
• Educating monolingual service providers on the importance of culturally sensitive services
• Eliminate gatekeeping practices that discourage and disqualify multilingual students – accent modification, standardized English proficiency tests (e.g., TOEFL), advocacy when student interns encounter discrimination in clinics and internships
• Encourage CEUs for individuals who are multilingual professionals but have not received specific training in the areas of bilingualism and second language acquisition to advance specific skills to assess and treat SLL patients. Speaking more than one language does not necessarily make you a proficient multilingual service provider.
• Encourage study abroad during undergraduate degree.
• Encourage true bilingual and bicultural students in the profession; don’t just accept Anglos who took Spanish as a major to fill your quotas.
• Encourage undergraduates to study foreign languages.
• Ensure that training is conducted by experts in multicultural and multilingual areas.
• Financial aid
• Florida Medicaid only pays $51.39 for a speech evaluation.
• Foster an inclusive environment where all languages are respected and their variations are respected.
• Graduate program admissions are based on a fairly narrow set of ideas about what would make a great SLP, and graduate programs typically don’t leave time for working while in school. These are barriers to most multilingual folks.
• Graduate programs really should be educated in the way of recruiting and RETAINING multilingual talent. In my graduate program we began with 4 fully Spanish speaking bilingual students who also had a great understanding of Latin culture and demonstrated cultural competency across the board. Staff made it more challenging for us to complete the program. Two of the 4 of students dropped out of the program. I am happy now that I stayed the course. But the treatment by some of the professors towards students was subpar. I felt isolated and did not know who to go to. Student services helped me a great deal. Also, I would request that ASHA should have "more of a presence" within the graduate programs to ensure that graduate programs are choosing a diverse student body and genuinely supporting culturally diverse students.
• Have ASHA recognize, reinforce, and officialize bilingual education/practice as an advanced certificate.
• Have more programs with Dr. Crowley’s Leaders’ Project.
• Having a better professional organization that isn’t a dumpster fire like ASHA
• Heavy on the increased pay for multilingual services!!!!
• Hire professionals from Mexico who know the field.
• I don’t have access to any Italian assessments or treatment materials. That would be amazing. It would also be helpful if services could be provided across state lines in these circumstances. My language comprises such a small number of speakers in the USA (relatively speaking), and I might be the only (or one of the only) SLPs in the country who speaks Italian. At that point, it might make more sense for me to aggressively market this skill. At this point, I don’t waste my time. It’s on my website, I’m on ASHA ProFind, but that’s it.
• I have performed bilingual services for years and do not receive any additional compensation compared to my English-only colleagues.
• I think these are all great options.
• I truly believe that the USA needs to expand its self-centered cultural and linguistic perspective. I encounter many colleagues that have ZERO knowledge on bilingualism and multiculturalism and provide the wrong diagnosis on CLD children, without taking into account the intrinsic nature of these children working brain developing and facing coexistent languages and cultures. USA population is for the most part blind to other cultures and languages. MY STRONG OPINION, based on observations and facts.
• I wish the “other” box was a bit bigger! I would warn us not to just recruit individuals without changing the culture inside. Same, I would advocate for better salaries but be careful that it doesn’t turn into a way by which people who have just taken a foreign language or traveled abroad in missionary work earn the cash in place of people who would demographically and ideologically impact the field in a positive way; AND I would shift from just centering language and standardizing credentialing (more bilingual emphasis programming) – which can be a gatekeeper too. I say it because I live in a state that keeps people out or that because it has a language proficiency test incorporated in certification results in many talented humans not going for the certificate— into centering culturally and linguistically sustaining pedagogical approaches that also invite students to take responsibility for change in the field. It’s not that language is not important but if this will be done, need to be careful not to impose standards on minoritized individuals who grew up in the US and do not “speak proficiently” due to systemic structures that prevented heritage and home languages from being regarded as equally useful, functional, complex, and beautiful in this country. I think also moving away from what is “structural linguistics” to welcoming other ways of seeing bilingualism as moving across modalities and of the role that silence and processing time play in our understanding is also essential. I’ve been a practicing bilingual clinician without certification for nearly 25 years. It’s the being human that has allowed me to connect to my students and my clients, not the having fancy trainings. Value minoritized people in their own right. It’s an asset to have them in the profession.
• I wrote a grant proposal 20 years ago, saying that we should recruit from foreign language departments at universities. They are already interested in language. And there might not be direct applicability to their language and a certain job. The grant was not funded, but I still think it’s a good idea. Most folks still don’t know SLP exists as an option.
• If you have a required diversity course, have people use Rosetta Stone to recite a presentation in another language with English translation. People learning another language is more beneficial than a class that panders to "diversity" which doesn't mean anything if people have patients they cannot communicate with! We need more language acquisition, including Native American languages.
• Improve access to CSD programs for BIPOC/multilingual students and provide PAID internships.
• Improve access to graduate programs for historically marginalized populations, improve size of graduate programs, allow more non-traditional students with out-of-field undergraduate degrees to study CSD, accept relevant work experience as qualification for graduate programs.
• Improve awareness of the complexity of having this skill in order to increase appreciation for it.
• Improve the discourse about oral proficiency in a target language and demystify what is an appropriate level of oral proficiency in a target language to ensure heritage speakers who may feel unsure about their level of oral proficiency does not exclude them from providing services to bilingual families. Many heritage speakers of Spanish have reported to me concern for using Spanish and working as a bilingual therapist citing concerns for lack of oral proficiency. Support needs to be provided to ensure these therapists can engage confidently with bilingual patients.
• Incentivize students to have acquired and maintained skills in a second language before starting graduate coursework.
• Include a large portion of training in ESL coursework.
• Increase cultural responsiveness and humility training for ALL graduate students regardless of their language status and profiles, even those who are not bilingual.
• Increase graduate programs admissions opportunities for qualified students who have native language proficiency skills in other languages; increase education opportunities and resources for undergraduate multicultural students in communication sciences, including internships, applications support and financial aid assistance; give scholarships and recruit multicultural and multilingual undergraduate students for graduate programs.
• Increase opportunities for foreign speakers in graduate level CSD programs to stay and work.
• Increase outreach to multilingual students, increase number of graduate programs with bilingual emphasis, offer language specific trainings to CSD students and professionals AND BETTER PAY FOR OUR SKILLS.
• Increase outreach to students (multilingual or not) in middle and high school about CSD career options.
• Increase scholarships for bilingual students to attend undergraduate and graduate school in the CSD course of study.
• Increase scholarships/financial aid.
• Increase the awareness of the importance of providing multilingual services in our profession. Since moving to a new state, there were limited positions for multilingual service providers and my fellow monolingual SLPs have questioned the need to provide multilingual services since children are expected to learn English.
• Increased pay for increased workload as a bilingual provider
• Increasing the number of students we recruit is only an initial step; the programs they enter many times counsel them out, traumatize them by extinguishing their accents, or train them poorly because they don't have faculty qualified or knowledgeable to teach about multilingual service delivery. We need to create capacity within our academic units and systems to support these students before we recruit them. ALL faculty should be knowledgeable in these issues.
• Instructions in linguistics, including the language family, type, and its history
• It needs to be embedded in programs or at least provide some type of collaboration with students who are bilingual or are anticipated to work with bilingual families.
• Learning about place of articulation (same phonemes) in different the languages
• Less of discouragement, less of discrimination due to their accent and language
• Less racism in our profession
• Let more qualified SLPs and audiologist be permitted to work in the US by offering H 1B visas.
• Living abroad (life experience)
• Lower barriers, provide scholarships, create SLPA > SLP pathways
• Make access to graduate school more obtainable for students with less resources.
• Make externships abroad more feasible.
• Make graduate programs more accessible to people juggling family responsibilities and those who do not come from affluent families by providing scholarships to multilingual students and offering more part-time degree programs. Many multilingual people are not able to focus exclusively on school for years at a time and acquire tremendous debt in the process.
• Make information about the professions visible to foreign language departments in colleges; let their academic advisors know about speech-language pathology / audiology.
• Make it easier to recruit professionals from other countries with expertise in other languages such as Spanish.
• Make sure more academic program have MA/MS leveling coursework to allow more people into the profession with multilingual knowledge at the graduate level.
• Make the cost of graduate school accessible.
• Many bilingual students are being rejected from graduate programs due to a low GPA – stop taking into consideration GPA and use a more holistic approach for acceptance of graduate students.
• Mitigate barriers that exist for multilingual/ multicultural students to survive in the academic setting and higher education. Wave fees. Decrease bias of professors who are in charge of their grades and literal future in the field. Resources for needed textbooks in classes. Mentorship by like-minded professors for students.
• Model respect and value of multilingualism from the top of the association (e.g., disrupt the standard English language ideology and othering of multilingual providers that the association currently models, use people and technology to offer and promote multilingual PD and resources).
• More scholarship options, money is usually an issue when completing graduate school.
• More scholarships for them to apply for. Multilingual providers have more financial hardship. They have more access to help in undergrad, but not at the graduate level. I’m surprised this was not even a choice.
• Multilingual also means more work. Higher pay for our field but especially for the extra work associated with being multilingual.
• National regulation for ensuring compensation of multilingual providers
• Nothing is going to change if the US education system does not put more emphasis on learning foreign languages, starting in elementary school (and how to communicate in those languages).
• Offer financial aid and scholarships or paid work opportunities in graduate school and fight for loan relief. Taking out substantial loans and going to school full-time while not getting paid is a huge barrier for multicultural/multilingual students. Take away some of those barriers and you will have more students.
• Offer funding to get certified in underserved languages, especially in places where having a bilingual license does not increase your salary.
• Offer more financial aid. Offer easier transportation to training sites. Both are huge hurdles I had to overcome from a low SES background. Encourage job sites to already have all materials, the entry budget for a just graduated SLP is insane. Also more cultural training to university professors, their good-student expectations are very coded by their own background and their internal bias. This was definitely another hurdle to overcome.
• Offer more funding to make graduate school more accessible to multilingual students.
• Offer more informational and educational resources by people that are actually multilingual. It is frustrating that most courses are taught by monolingual individuals that learned at a later age what it is to be multilingual.
• Offer more opportunities to bilingual students of low socioeconomic status.
• Offer more scholarships and funding so that CSD is more accessible to everyone, not just rich white women.
• Offer multilingual therapy resources.
• Offer programming with dual certification, language and communication disorders.
• Offer programs and volunteer opportunities to go to other countries. ASHA needs to do more to support its members. This is no longer a sustainable career for a majority of SLPs. Our caseloads and reimbursement rates are causing many to leave this field.
• Offer resources and education on cultural humility and differences with food and food textures (in addition to different utensils) in the medical setting.
• Offer university scholarships to multilingual students.
• Offering on the job training for motivated clinicians who are strongly interested in gaining more experience providing services in a second language.
• Participate in events exposing kids to jobs in health care– like “Scrubs Camps”. My hospital offers 4 per year to BIPOC populations and we are there representing speech-language pathology as a profession to adolescents from those communities.
• Partner with Bilinguistics who seem to be a central source of information for bilingual SLPs.
• Pay us more. We have an additional skill set that not many other people have. Incentivize people of color to join the CSD community.
• Promote national and state association representation and advocacy.
• Promote that not just Spanish is important! Being bilingual doesn’t automatically mean English/Spanish.
• Provide a formal language specific translation/interpretation certification to cover liability from a legal standpoint.
• Provide a national certification for bilingual providers so we could better advocate for better pay when looking for jobs. As a bilingual provider I’m always going to be underpaid for my skills and knowledge.
• Provide adequate training and good monolingual SLPs accountable for their knowledge in diversity, being in the field so little, I see these SLPs utilize incorrect identification of communication disorders. They also use very disrespectful or offensive language to discuss diverse patients. Holding them accountable makes our jobs easier so they learn and develop better skills in diverse treatment.
• Provide alternative pathways for adults who are interested in our field and can't take off 2 years from working for training.
• Provide better CEU opportunities for multilingual assessments. They're often too basic and not helpful.
• Provide equitable opportunities to minoritized individuals and multilingual persons.
• Provide guidance for undergraduates in CSD for multilingualism.
• Provide more financial assistance to graduate students from multilingual backgrounds.
• Provide more scholarships to multilingual students to pursue CSD career options.
• Provide multilingual students with a grant/scholarship/work-study opportunity to make the student loan burden easier on them.
• Provide opportunities for graduate students with foundational language skills in another language to develop their knowledge and skills.
• Provide opportunities to students who speak more than one language.
• Provide scholarship support by covering costs of master’s programs to lower the burden of student loans to graduate minorities. Also advocate for extra pay or bonuses for being proficient in more than 1 language. Provide ASHA dues discounts for being a multilingual provider.
• Provide the PRAXIS in different languages.
• Reach out to non-native English speakers with culturally sensitive academic programs and training. These were big issues for me as an orthodox Jewish woman.
• Really emphasize additional compensation; I currently don’t get any.
• Recognize and support multilingual clinicians.
• Reconsider admissions criteria for graduate school to better support students coming from a more culturally and linguistically diverse background.
• REQUIRE all graduate students to take coursework in multilingual language development and cultural humility. Even monolingual providers have multilingual patients on their caseload; being multilingual is not a "niche" or "specialty". ALSO, decrease the privilege barriers to entry into graduate school, as many aspiring multilingual providers face challenges such as not having time to participate in extracurriculars due to caring for family, or may not have the same "grades" since the grading system in high school/undergrad is biased toward folks whose primary language is English. This is CRUCIAL. ALSO, advocating for appropriate caseloads and work/life balance would greatly decrease barriers for entry for multilingual AND monolingual providers.
• Require an increased pay rate through salary or stipend when a provider is proficient in another language(s).
• Start going into those communities to share information about the profession and speak to these graduate programs so that the classes are diverse. The population we serve is not all Caucasian. Please allow the minority students to enter into these graduate programs, our students need it. It stems from the graduate programs.
• Stop discriminating against people who speak English as a second language– have a nonnative accent. This field has a LOT of people with biases against non-native speakers. It is truly problematic. Also, stop forcing accent modification as a "solution". Do better ASHA!
• Stop putting a paywall on EVERY SINGLE THING. Can't provide quality service if the quality research/CEUs are only accessible to SIGs and if we pay extra on access. We're already an exclusive organization that pays a significant amount of money just to practice.
• Study abroad for exposure to programs in other languages.
• The South (Georgia, Florida, Alabama, Tennessee, etc.) does not have a master’s CSD program with a bilingual emphasis. Maybe Florida, but Texas and DC are likely the closest. Working to find ways to add educational opportunities and train aspiring multilingual clinicians in this region at the undergraduate and graduate levels would be another great way to grow the field.
• There honestly is very little continuing education in this area, especially with a medical emphasis.
• To improve how we train our students in this area, create more resources for connecting students who speak minority languages with researchers who conduct research in those languages, as currently research is more active than clinical practice in this area; loosening regulations on students/trainees gaining clinical experiences through telepractice/teleresearch to allow interactions with under-represented clients with minority language backgrounds who reside in the states or other countries.
• Train organizational leaders, who are primarily monolingual, how to equitably support multilingual needs for students, clients, patients, and service providers.
• Trained and/or supported other SLPs in completing bilingual assessments
• Use differentiated criteria for recruiting bilingual students.
• Visa sponsorship is key.
• Visit middle/high schools to explain about the importance of learning other languages; acknowledging the added benefit that multilingual providers bring to the table. They should receive compensation and recognition for their skilled work.
• We need all the above!
• We need therapy materials in other languages!!!!!
• We really do need to be paid more if we are trained in providing bilingual services.
• Work at a place that needs multilingual skills. Working in the hospital I used my language often, now in a nursing home I hardly ever use it.
• Work load/caseload balance
• Work with organizations outside the US

Respondents Who Hold the SLPA
• ASHA lobbying for something outside of their own interest
11. What are your positive experiences working as a multilingual service provider?

Respondents Who Hold the CCC-A

• 1) Creating bonds with the patients, 2) I feel like the patient is more likely to complete their "hearing homework" when the bonds are tighter, 3) They refer their family and friends to me, 4) I can practice my Spanish and ASL skills, 5) I have learned that the speech perception outcomes are different b/w the English and Spanish speakers, 6) I have learned how to modify testing protocol for the Spanish speakers, 7) Learned that you cannot expect to use an English protocol with the Spanish speakers

• Able to obtain more accurate testing and case history information when using native language. Parents also feel more at ease and are more descriptive with concerns and express more understanding of results.

• As a bilingual audiologist, I am able to offer my patients quality health care in hearing, balance, hearing aids, cochlear implants, and overall counseling in their target language. Being able to do this directly is critical because unfortunately there is much lost with interpretation, and direct contact allows for better rapport and counseling. Patients are also able to have less stress about communicating their needs to providers when they speak the same language. Being able to guide my patients through their hearing journey is the most rewarding experience I have encountered as a professional because there is a trust that develops that unfortunately is challenging to get to if you do not speak the same language.

• At one time I was the only audiologist fluent in Spanish for a city of 2 million people.

• Being able to communicate directly instead of through an interpreter helps build a trusting relationship. Most audiologists don’t sign so deaf signers seek out professionals who do and have made the effort to learn their language (or who have deaf family members where they learned ASL).

• Being able to address the issues in a much more through manner using not only language but cultural differences. Better rapport with patient.

• Being able to communicate with patients and offer them the best service as they deserve it. They are happy and satisfied.

• Being able to connect directly with the patients and engaging them in a way that makes them feel seen and heard

• Being able to connect with families in their home language and provide a more personal/comprehensive consultation than if I had not been able to speak their language

• Being able to help more people

• Being able to help people in their own language

• Being able to help people who would not seek help due to the language barrier

• Being able to help those who don’t speak English

• Being able to provide access to individuals who otherwise have limited access to audiology services

• Being able to service folks in their native language/culture

• Being able to share the culture & language with students who are learning that language

• Being able to take a history and provide informational counseling to a family member who doesn't speak English
• Being in touch with the Spanish-speaking community has given me the tools to educate them on the many aspects of hearing and hearing loss.
• Better connecting with patients who typically might feel that there is a barrier in rapport due to communication
• Building rapport with families
• Building trust and rapport with patients
• Can help with interpretation
• Direct communication with my clients
• Families appreciate the ability to communicate with the providers. Better understanding of what needs to be conveyed.
• Flexibility
• Giving patient comfort of speaking in their native language. Improved counseling and testing reliability. Patients are usually very thankful and appreciative, also more confident in giving history. Great for building a relationship with a patient. Opens myself to more opportunity in helping a more diverse patient population.
• Have better understanding with multilingual family's concerns and struggles
• Having a second language brings me more patients. Also I have confidence from them.
• Having direct communication with patients and family members, building rapport with patients
• Having the trust of my patients because I understand their culture has saved lives and increased compliance with medical and rehabilitative treatment plans. I've seen patients post-TBI (acute), identified subdural hematoma and they went to the ER after seeing me and got emergency surgery.
• Helping patients feel more comfortable
• I am able to communicate directly with parents, I am familiar with their culture.
• I am able to develop good rapport with patients as a multilingual service provider.
• I am able to efficiently diagnose hearing concerns in Spanish speakers whereas my counterparts have struggled getting accurate thresholds. Trust is built instantly based on language commonality.
• I can perform word recognition testing in Spanish so Spanish speaking patients aren't just left with a pure tone testing and tympanometry. Allows me to establish a better relationship with my patients and is less time consuming than using interpreters. Interpreters aren't necessarily trained in all the medical terminology we use to explain. Unfortunately, I have witnessed inaccurate interpretations.
• I don't get to use Arabic much, but when I do it provides a sense of comfort for the patient and I can see the code switching.
• I get to serve them by providing appropriate cultural and linguistic support that traditional providers are not able to offer them.
• I had the opportunity to help patients in a predominantly Polish speaking neighborhood in NYC.
• I'm able to see a more diverse population of patients.
• I'm able to serve people who would not otherwise receive the service they need.
• Improved client rapport, trust, and easier communication
• Increased access to varied communities and families of varied socioeconomic status. Access to more than one language increases vocabulary and brain activity.
• It allows for the patient to develop a relationship on trust in order for them to understand accurate clinical information that is being presented and what their options and questions are, etc.
• It creates a meaningful connection with my patients and families, it facilitates understanding of services and counseling and better outcomes for my patients.
• It’s always a positive experience to provide service in a second language. If I were fluent in Spanish, it would be a more regular occurrence, but there are actually few opportunities to service patients in French in the state of Utah.
• Learning, speaking, and through iPhone program
• Makes the patients feel comfortable for understanding issues
• My students are Deaf and I feel my strength in knowing their language makes my testing more accurate than testing in outside facilities that use interpreters. I also have an understanding and respect of Deaf Culture, which unfortunately most audiologists do not have.
• Offering services to people who struggle to get the help they need
• Others recognize the benefit of me providing direct service without requiring an interpreter, I maintain my language skills through regular use, I meet people from varying backgrounds and cultures within the Latino community and learn more from them. Plus I educate others about what I’ve learned.
• Patient care. Patients are so much more comfortable to work with a provider who speaks their language.
• Patient feels more comfortable with my services in their language of preference.
• Patients appreciate it a great deal when you speak their primary language.
• Patient’s appreciation for the care
• Patients are appreciative when someone speaks their language and they don’t have an intermediary facilitating appointments.
• Patients better understand the services you are providing and the treatment suggestions you are making.
• Patients feel more connected and comfortable when the provider speaks the same language.
• Patients with different backgrounds will be more relaxed coming to doctor appointments.
• Peoples’ admiration
• Providing direct communication with Deaf individuals and families. Sometimes interpreters can complicate the situation.
• Rapport is established quickly when I speak to them in their language and am less likely to need to rely on an interpreter. Increase in referrals from these patients.
• Reaching a more diverse population
• Seeing the relief in my patient’s face when they realize communication won’t be difficult and productive communication will take place for optimal clinical benefit.
• Sharing language creates better communication in therapy, especially for parents who are not comfortable in English.
• Strengthens my belief that we are all Americans with various backgrounds to offer unique perspectives
• The connection I have with my Spanish-speaking patient would not be possible with the use of an interpreter. Patients have more trust and feel at ease when you speak their own language.
• The joy and relief in a patients face when they see you can communicate with them in their preferred language.
The rapport with patients is heightened as a result of being able to communicate in their preferred method of communication.

Respondents Who Hold the CCC-SLP

1) Being able to conduct evaluations in a patient’s native language, communicate with family members and relate to patients.
2) Establishing appropriate goals.
3) Being able to translate for monolingual physicians

1) Being able to provide services to students in their language.
2) Being able to easily develop rapport with a family as a speaker of their language.

1. Being able to provide direct therapy instruction in my students' native language. This allows for communication to be immediate, fluid, and clear.
2. Appreciation from parents.

1. Educating parents/families.
2. Providing opportunities for the non-English speaking client to return to a normal life.

A chance to connect on a deeper level with patients with a similar background

A highlight of my career is using my language skills to connect and collaborate with patients and their families in a language that is comfortable for them.

A positive experience is when a patient is treated with their native language and their communication starts improving.

A positive outlook to working as a multilingual service provider is the ability to work and communicate with others in another language other than English. It is rewarding to help those who have little to no knowledge of speech and language therapy due to the language barrier.

Ability for multilingual families to feel heard and supported in a positive way without diminishing their use of their native tongue completely

Ability to assess multilingual students. Ability to work with a student in their first language and in English as well.

Ability to assist more families with communication and feeding difficulties

Ability to be more culturally sensitive

Ability to build trust with families and repair medical mistrust

Ability to communicate and build relationship with parent and student using their native language

Ability to communicate with family members/guardians, etc. who only speak, read and/or write in Spanish. Provide services in primary language of patients and students. Educate and cooperate with monolingual colleagues and other professionals.

Ability to communicate with others in multiple languages without an interpreter

Ability to connect with people from other cultures

Ability to emphasize to the clients about total communication

Ability to establish a direct relationship with Spanish-speaking families. Able to support bilingual development, provide resources to families seeking bilingual development in an English-dominant community. Better able to accurately diagnose speech-language disorders vs. differences. Connections with families—advocating for equitable educational opportunities for my students. Greater confidence in appropriate identification of communication disorders in bilingual children.

Ability to help more students, clients, and patients
• Ability to increase patient access to appropriate services
• Ability to meet the person’s need in their language. Understanding the language and culture. Being able to inform other professionals about language and culture.
• Ability to provide assessments to determine whether a child is demonstrating a language difference vs a disorder. Ability to treat in a child’s home language.
• Ability to provide services without information being lost in translation
• Ability to service more patients effectively
• Ability to support culturally and linguistically diverse populations; competence in preventing overidentifying second language learners; ability to provide access to and advocate for Spanish-speaking families; mentoring SLP graduate students and service providers; teaching about best practices in assessment and intervention for multilingual learners; and salary
• Ability to treat language disorders directly vs through an interpreter, ability to connect with my patients and to provide additional education/support that they may otherwise not receive
• Ability to truly understand the cultural dynamic of Latino families, help families feel heard and validated when their concerns are being dismissed by non-minority medical professionals such as pediatricians or classroom teachers
• Ability to understand and relate to Spanish speaking families
• Ability to understand universal language features and development. Confidence to assess children from all diverse backgrounds.
• Ability to work in a diverse population. Ability to connect with older family members.
• Ability to work with people from other cultures and languages
• Able to assist students and families who have little experience and understanding of communication disorders
• Able to better serve my community and talking with families who are happy to not have to go through an interpreter to understand what is going on with their child
• Able to communicate to students and families who communicate in ASL
• Able to complete evaluations and treatment without the need of an interpreter
• Able to develop a positive, professional relationship with clients and their families easily while providing services in their primary language without interpreters
• Able to help provide service to people from my home town who do not speak English and will not be able to receive proper care/service otherwise
• Able to help the students in my community reach their full potential by using both their Native language and English
• Able to properly identify, not over identify, students/individuals who are bilingual
• Able to provide skilled and exceptional services to patients that will not get such with a monolingual therapist
• Able to reach the multilingual population and provide education and input to staff members. Improved family involvement and feedback and I increased participation which has personally resulted in job satisfaction.
• Able to relate to family and cultures
• Able to serve so many more families, paid at a higher rate because of being bilingual, easy to find jobs, always needed at work, can negotiate better salaries and have more leverage at work because of being needed, never have to worry about a low caseload or not enough clients
• Able to support the children of my homeland that live in the United States by helping them develop communication skills
• Able to work directly with pediatric clients/patients without the need to use an interpreter, which can be intimidating or confusing to young children and their families. With older patients, using their own language with the clinician is a relief, allows them to relax more, and be more directly involved in their care.
• Able to work with different people from different cultures
• Adequate training
• Advocacy
• Advocate for clients and help families be involved and understand deficits
• Advocating for low income and immigrant populations
• Advocating for multilingual families, providing support for and collaboration with monolingual colleagues
• Advocating for parents and students with different cultural backgrounds, educating parents on the importance of home language in a child’s education
• Advocating for students and families, training bilingual graduate student clinicians, educating families about communication disorders and connecting them to resources
• Allowing families to leave meetings with a clear understanding of their child’s needs and supports, and the ability to advocate and ask questions in their native language
• Allowing the multilingual population access to services
• Although I had very little training in multicultural issues in graduate school (one symposium), I was fortunate to have a classmate who advocated for us to have a summer externship at a school for children with developmental delays in Mexico. There were no other Spanish speakers in my first job, but when I went to “Adelante” in about 1993, I think, (put on by ASHA), I made many connections with other Spanish speaking SLPs and was provided with great resources. (I’m disappointed it never happened again.) Over the course of my career, I have had many great mentors in my career and have had many fulfilling experiences working with under-served communities of many language backgrounds.
• Although my community is a large one of over 300,000 people, there are many Vietnamese people that do not speak English. When I encounter a person who only speaks Vietnamese, I feel that I am providing an important link between what they need to know in order to thrive in our skilled nursing facility. It gives me personal satisfaction that I can help patients in a time when they are vulnerable.
• Although my second language is not "in demand" just being bilingual I am more aware of cultural and linguistic differences and able to differentiate between disorder vs. difference.
• Always interesting to work with other languages and cultures
• Always a stimulating experience and I saw so much growth in my patients.
• Apply language underpinnings as a bilingual provider to increase students' academic performance
• Appreciation of how difficult it is to learn English as a second language, learning about different strategies for interaction, exposure to a culture other than my own
• As a bilingual certified SLP it has been a great experience for me because as a bilingual clinician I can help my clients from multicultural and multi-diverse backgrounds to achieve communication goals and treatment outcomes. It is an asset in different settings because I can help my coworkers to communicate with parents or guardians who do not speak English. I have had the opportunity as well to cooperate in research to demonstrate the differences between language barriers and language differences among clients and effectively validate bilingual standardized language testing materials to obtain accurate responses from bilingual clients while assessing speech and language skills. It also reflects on the salary rates since it gets increased for being bilingual. So please become a bilingual provider!
• As a bilingual (Spanish) speech-language pathologist, I can help and provide services to Spanish parents and their children. We do not have many SLPs who speak Spanish. Every day, I receive calls and emails from the DOE Districts, Early Intervention programs and parents asking me to provide speech services to their children and/or students.
• As a bilingual provider I get to work with students/families of various backgrounds. Therapy services are more creative (due to a lack of formal resources).
• As a bilingual-trained SLP, I am better able to provide parent coaching, evaluations, and treatment of communication disorders. I also have an understanding of a different cultural experience.
• As a fluent Spanish speaker I was able to establish strong rapport with patients and families. I was able to treat patients with a low socioeconomic status. It was a rewarding experience; I felt appreciated.
• As a multilingual service provider, I have the opportunity to help more people from diverse backgrounds. That makes me feel better to know that I can help people not only from my state, but from around the world who need services in my own native language.
• As a resident of Miami, Florida, I frequently work with individuals who have immigrated recently to the US and have a home language other than English. As a trained multilingual service provider, I have been able to assist my patients and their families with issues of second language acquisition in the educational system and in treatment.
• As an SLP, our goal is help others communicate effectively. Being a multilingual service provider allows SLPs to truly connect with clients and families and improve communication across multiple languages.
• At my university, we’ve started a group called Habla con Confianza that is specifically targeted at our Spanish-speaking, aspiring SLPs (undergraduate and graduate) where we practice using Spanish for both interpersonal and professional scenarios. This group has helped our students to feel more confident in their bilingual clinical skills and has developed a sense of community among these students. I think retention is a challenge for many of our bilingual students, and this kind of group can help support them while they are in the program.
• Be able to communicate effectively with the family of clients, and being able to connect on a personal level through their native language
• Be able to communicate fluently with students and parents during therapy and assessments. Also, to be able to be bicultural helps to understand both cultures with sensitivity.
• Be able to give my patients an understanding of the services they are going to receive with a cultural understanding. That is step number one for successful treatment outcomes.
• Be able to understand why students have certain articulation or language patterns and provide therapy in ways not to under-value their primary languages

• Becoming a resource for families navigating through learning to support their loved ones in development of communication

• Becoming an advocate for my students and families who feel limited in their ability to communicate their needs to the school administration and staff

• Being a bridge between the schools and the community, guidance and support

• Being a comfort to someone overwhelmed by the health care system. I'm someone who understands their values and shows that I have their best interests at heart.

• Being a multilingual service provider allows me to expand the families I can assist by providing education and coaching to these families in their dominant language for better transfer of strategies in the home environment.

• Being a multilingual service provider is challenging and mentally stimulating. I love the puzzle of evaluating and treating multilingual students. I also love working with others who come from diverse backgrounds. It is fulfilling to advocate for and help students from marginalized populations. Being a part of the bilingual community is a warm and welcome feeling. I have met a lot of wonderful, passionate professionals. It allows me to be creative in my work.

• Being a positive role model for children and being able to give them positive reinforcement

• Being a source of support to patients and their families. Being able to provide culturally responsive therapy.

• Being able to “meet people where they are”

• Being able to advocate for a population who is usually overwhelmed while hospitalized

• Being able to advocate for my multilingual patients and their families. There are often miscommunications between them and their health care providers.

• Being able to advocate for speakers of a minority language in the US

• Being able to assess/distinguish between a language disorder and language difference, speaking to Spanish-speaking families in their language. Translating when families have questions.

• Being able to assist clients in two languages

• Being able to assist families understand and cope with communication disorders. Being able to learn more language skills/bilingualism on the job.

• Being able to be that person’s voice

• Being able to better communicate not just with patients, but with their family members. Oftentimes, the students speak English, but their parents do not. Speaking the home language has allowed me to ensure parents have access to parent education which has made a significant positive impact on the outcomes of their children. I am proud to be part of increased access to care for patients.

• Being able to better connect with clients and their families to better explain their areas of need and what strengths they possess

• Being able to better understand a family’s and child’s needs

• Being able to bridge the communication gap with families that would not otherwise be able to have continuity of care with monolingual providers
• Being able to bridge the two languages and provide more positive SLP services that are linguistically and culturally appropriate, compared to past methodologies working with deaf and hard of hearing individuals
• Being able to build relationships with families to support their children
• Being able to communicate directly and meaningfully with families
• Being able to communicate directly with Spanish speaking families, being able to assess students in dual immersion programs, and being able to speak with students in both of the languages they use has been rewarding, has allowed me to earn more money, and has provided me with more opportunities professionally.
• Being able to communicate easily with parents and caregivers to reassure, explain status and home programs
• Being able to communicate with children and parents in their preferred and sometimes stronger language in addition to building their academic language (English)
• Being able to communicate with English language learners. In addition, being able to communicate with parents in their native language has enabled me to help collaborate with parents and help implement functional goals for my students.
• Being able to communicate with families and clients/students in their native language, helping school teams understand language differences vs disorders to prevent over identification of speech/language disorders in English Language Learners. Supporting other SLPs with bilingual evaluations, providing training to school district SLPs regarding the assessment of ELL students.
• Being able to communicate with families in their native language is important and gives them a sense of being heard and understood.
• Being able to communicate with families that aren't used to having someone speak their language. They are always so appreciative and kind.
• Being able to communicate with more patients or parents
• Being able to communicate with parents and students in their native language
• Being able to communicate with parents effectively in their native language
• Being able to communicate with parents effectively without an interpreter. Being able to understand students’ cultural background.
• Being able to communicate with parents in their native language gives them more power and encouragement for carryover at home.
• Being able to communicate with students and parents in their preferred language
• Being able to communicate with the student who otherwise is not able to communicate effectively with others as an ELL. As well as being able to incorporate the ASL knowledge I have into my sessions for total language communication.
• Being able to communicate with the students and families well. Advocate for bilingual students who do or don't need speech depending on the speech evaluation.
• Being able to communicate with those who speak Spanish and relate to their cultural backgrounds.
• Being able to connect beyond language with people in the community
• Being able to connect to more families by using their home language. I’m always learning new words dependent on where a family is from.
• Being able to connect to my Latino families
• Being able to connect with a new population of people in their primary language
• Being able to connect with and provide information to families who do not speak English
• Being able to connect with clients and families who are most comfortable in Spanish
• Being able to connect with families and children meaningfully who otherwise would not have services in their home language
• Being able to connect with families from other cultures
• Being able to connect with my families through advocacy, explaining to them what their family member needs without having a language barrier, providing services in the child’s native language to increase improvement in goals, and to train monolingual graduate clinicians how to assess and treat multilingual clients/students ethically and legally
• Being able to connect with my patients above the clinical aspects through culture which increases trust and the quality of care for the patient
• Being able to connect with others, have a greater influence with the populations I work with. Also more job opportunities.
• Being able to connect with parents and students in a more personal way
• Being able to connect, support, and advocate for families that may not otherwise have a voice. Help support their children in a way that many monolingual SLPs cannot because they do not know the language or the cultural considerations/cultural responsiveness needed to not only work with the families but gain their trust
• Being able to contribute to a larger pool of qualified providers and being able to offer access to services to a low incidence population
• Being able to culturally connect and identify with my clients
• Being able to develop relationships with the families of the students I serve. I am able to communicate directly with the families. Family involvement is key. Therapy is more effective when I am able to directly provide the therapy in my student’s home/primary language or in both languages. Additionally, children feel heard and accepted. Being able to advocate for better services, supports, and proper identification of speech language delays and disorders in multilingual children. Bringing awareness and sharing knowledge with my school team and seeing how that has changed the way we provide services and support multilingual students.
• Being able to directly communicate and connect with the families of my students who don’t speak English. A better understanding of bilingual language acquisition. Being able to provide speech therapy in the child’s native language. Having other bilingual (Spanish/English speaking) SLPs to collaborate and consult with.
• Being able to directly communicate with my Spanish speaking families has, generally speaking, opened up another level of rapport and confidence in the therapeutic relationship that has been at least in part (per feedback) influenced by the ability to speak freely without mediation via interpreter.
• Being able to discuss diagnoses and POC with clients and family members; helping a client progress in the language they are most comfortable using
• Being able to earn family trust due to their comfort in being able to speak in the language they feel most comfortable in. Being able to support and empower families in navigating how to access supports, better understand supports, and how to provide more supports to their children.
• Being able to easily build rapport with caregivers who are accustomed to receiving poor service from clinicians who do not understand their language or culture
• Being able to educate families and increase health literacy
• Being able to educate patients and families on HEP and how to assist their family members with additional resources
• Being able to educate students and parents from a different language background about communication disorders
• Being able to effectively serve a community that does not always receive adequate and appropriate services
• Being able to establish better connections with families and clients. Effective diagnosis.
• Being able to establish rapport more easily and increasing the families' comfort level since we share cultural and linguistic backgrounds.
• Being able to evaluate and educate other professionals to better understand a child's true language abilities has been very satisfying. Seeing providers shift from "there's something wrong with this student" to "wow their dominant language is ..." has been fun and rewarding.
• Being able to exit out students that unfortunately have been qualified as having a SLI when in fact it's a language difference
• Being able to explain to parents how their student is doing and what evaluations were done
• Being able to form a connection with immigrant families that are still culturally and linguistically acclimating to life in the US
• Being able to gather appropriate information about clients as well as determine true language and/or cognitive impairments without the question of understanding a foreign language is the reason for the clients’ difficulties
• Being able to give back to my community
• Being able to give back to the community
• Being able to give back to the community and population I grew up in and being a model and representative for people like me—by providing services to those who can relate and who are in need
• Being able to have independence and not rely upon interpreters. Having stronger connections with families.
• Being able to help a variety of people
• Being able to help advocate for my patients and empower families to advocate for positive bilingual experiences vs trying to eliminate the home language (based on recommendations from other specialists, schools, etc.)
• Being able to help and educate parents who are immigrants and come from the communities where children with disabilities are stigmatized, helping families to preserve their first language, and helping my clients develop language skills in their families’ first language which allows them to communicate more effectively with their caregivers
• Being able to help bilingual families
• Being able to help bilingual kids
• Being able to help children I may not have been able to reach. Being asked to help translate for children and their parents.
• Being able to help clients/patients receive services they would not otherwise receive
• Being able to help families and their children to communicate an overcome their needs as you help them learn one or two languages
• Being able to help families from my own culture navigate the IEP process and knowing their child's rights. Answering family member questions authentically, knowing the cultural concerns, stereotypes, gestures, etc.
• Being able to help families reinforce language in their mother tongue so that their child can be proficient in both the dominant language and also be able to communicate with grandparents, who are non-English speakers
• Being able to help families that do not speak English and seeing how appreciative they are
• Being able to help families understand services, to be able to guide them in the right direction
• Being able to help families understand their children's service mandates and advocate with the school
• Being able to help families who may not otherwise receive the services needed in their primary language. Most families are incredibly grateful.
• Being able to help families who would otherwise not seek help
• Being able to help immigrant families with their speech and language needs and help them navigate special education
• Being able to help individual patients who are not English proficient and provide translation for other medical professionals and caregivers
• Being able to help kiddos who haven’t gotten the services they deserve, or help families find resources that match their family and cultural needs
• Being able to help more clients
• Being able to help multilingual kids and help multicultural families feel validated
• Being able to help other SLPs with their students
• Being able to help patients in their native language fosters a closer relationship. Being able to treat more patients in general.
• Being able to help people who would otherwise be unable to effectively communicate their wants and needs. Being able to assist coworkers with breakdowns in communication.
• Being able to help people with no or limited English
• Being able to help people without a translator
• Being able to help students and parents who do not speak English. Identifying language differences versus language disorders.
• Being able to help students in more than one language, connecting with them and with their families more easily
• Being able to help students who would otherwise be labeled as "disabled," not different
• Being able to help teams differentiate between a language difference and a disorder. Being able to support AAC users to communicate with their family in their home language.
• Being able to help the children and their parents get the services they need
• Being able to help those groups of students that need support in their home language
• Being able to help those students gain their confidence with their communication skills either Spanish or English. I have seen improvement in students that combined both languages if needed (example, identifying and labeling varied of vocabulary, following directions, etc.)
• Being able to help/serve bilingual patients and families and making a difference in their lives
• Being able to identify if a kid has an actual language disorder or is just learning a second language
• Being able to identify language/speech differences from true disorders and not over identifying
• Being able to impact families that are often overlooked or left marginalized. Being able to educate and empower them to continue to use their native language.
• Being able to interface with families directly, as an opposed to through an interpreter. Supporting young learners in both languages as they develop their bilingualism.
• Being able to make families feel at home in therapy and provide services they would not otherwise have access to
• Being able to make people comfortable culturally
• Being able to meet the language needs of children who are considered newcomers and have limited English proficiency
• Being able to mend the communication barrier
• Being able to offer children services in their home or one of their home languages, being able to communicate directly with parents rather than through an interpreter
• Being able to offer more in-depth assessment and intervention to clients who are bilingual in the same languages I am
• Being able to properly evaluate bilingual students and determine difference v disorder
• Being able to provide bilingual (Spanish) evaluations has provided me with the opportunity to cross paths with therapists, teachers, and administrators whom I would not have otherwise.
• Being able to provide care in a person’s native language, and with an understanding of the cultural differences that can impact how someone receives, interprets, and engages with care
• Being able to provide culturally responsive services and help marginalized clients, increase access to quality care
• Being able to provide culturally sensitive services
• Being able to provide direct service to patients without losing time or accuracy lost in translation
• Being able to provide excellent care to my patients in their L1, being able to model home care exercises to caretakers
• Being able to provide highly specialized services to my community and making a difference
• Being able to provide high-quality services to a larger population who otherwise may not be served in their native language
• Being able to provide parents information about their child’s communication disorder in their primary language
• Being able to provide SDI and evaluate in a child’s primary language is exponentially better for my students, families, and school community.
• Being able to provide services and address concerns in patient’s and family’s native language
• Being able to provide services in a manner that is functionally relevant to multilingual clients. Gaining knowledge of languages, speech sound production variations, para and extralinguistic variables, their mixed influences and related cultural aspects.
• Being able to provide services in the native language of the client in the past
• Being able to provide services to diverse communities in Spanish and English
• Being able to provide services to families that would not otherwise have had access to them
• Being able to provide services to my students in their first language, and to explain concepts clearly and directly without the use of an interpreter
• Being able to provide support to people who otherwise might miss out
• Being able to reach and service individuals who may not have had access to the necessary quality care that they need and deserve
• Being able to reach families of students who do not know English
• Being able to reach families that often felt confused, scared, and out of the loop when it came to their child/children solely because the providers weren’t communicating effectively (e.g., using an interpreter)
• Being able to reach populations that previously did not have access to speech-language-swallowing services
• Being able to reach the families by speaking their language and their culture. Being able to clarify that a student has language or articulation differences due to learning a second language rather than a true disorder.

• Being able to reach to a demographic that is otherwise not always culturally understood; being able to be an advocate for them

• Being able to relate to cultural and linguistic students

• Being able to relate to patients and families immediately because I speak their language and we have similar cultural backgrounds and values

• Being able to see the impact that providing services in the client’s language has meant to the patient and their family. Understanding their cultural background and how that plays into developing a treatment plan that will be of benefit to the patient and their family. Learning about the different cultural backgrounds and experiences of my patients as though even though we speak Spanish, we may come from different countries and cultural backgrounds.

• Being able to serve an often marginalized population in their native tongue with respect for their culture is extremely gratifying for me.

• Being able to serve and communicate with clients and families in their native language provides the basis of a good relationship which allows for better outcomes.

• Being able to serve families that otherwise would not be served or turned away because of the language barrier

• Being able to serve families that would not get services otherwise

• Being able to serve my community and helping families to retain their language and cultural identity

• Being able to serve patients with needs in the comfort of their preferred language

• Being able to serve the community I grew up in

• Being able to serve the community in their home language

• Being able to service individuals and cultures that otherwise feel abandoned or left out

• Being able to service patients whose primary language is not English. Teaching others regarding cultural differences.

• Being able to service those who do not speak English

• Being able to speak directly with a patient instead of via an interpreter or family member helps build rapport and with patient engagement.

• Being able to speak to the families is so good. I also am able to teach students how to use their L1 to define unknown words in L2.

• Being able to specialize in an area that severely needs SLPs

• Being able to support a family, child, or adult who uses a language other than English. I often find settings that tell individuals that they cannot treat or evaluate them. This is done, even without considering an interpreter first.

• Being able to support and clarify information for people who speak the other language. It is an opportunity to be a resource to various populations.

• Being able to support and provide orientation to clients and their families about bilingualism, it’s facts vs myths, and encourage their accents, culture and beliefs

• Being able to support and provide services to more individuals
• Being able to support children and families who have significant language, cultural, and socio-economic factors which impact their ability to advocate for their children. Teaching/supporting parents advocating for their own children in complex systems which tend to take advantage of them.

• Being able to support families and their language choices and enhancing communication rather than diminishing it

• Being able to support families in their home language. Providing reassurance and support for limited English families.

• Being able to support families who may not have gotten support/therapy otherwise, correcting erroneous myths about multilingual development, educating coworkers on supporting and empowering families with more languages than English

• Being able to support families who speak a language other than English instead of having to use an interpreter feels more natural and family-friendly.

• Being able to support my community and be an advocate for them. Someone that they can trust and express their wants and needs for their child in their native language.

• Being able to support the needs of my community

• Being able to talk with families in their native language and explain things to them as best as possible

• Being able to teach families strategies to develop their children's language skills in their native language

• Being able to translate on the spot for speech/language comprehension to a child in therapy. The ability to facilitate an IEP meeting for Spanish speaking adults.

• Being able to treat patients that may not have received therapy had they not had a bilingual therapist, or may have not received the same type of therapy with a monolingual one

• Being able to understand and work with parents and children who are bilingual and educating them on the benefits of using and knowing two languages. Also being able to provide therapy in a functional way.

• Being able to understand families’ cultural perspective

• Being able to use ASL to directly communicate with my clients and colleagues fosters a relationship and connection that is difficult to do when an interpreter is used.

• Being able to use the native language and understanding each client's and family's culture when needed contributes to having more cooperation and interaction from the client and family.

• Being able to use Spanish with monolingual Spanish speakers to help them strengthen their language skills

• Being able to work in more than one language, particularly in people with aphasia, is so rewarding because I'm always learning and gaining deeper insight into language functioning in general, and because it's a tremendous advantage to the patient to be able to target both languages systematically. I also really enjoy the wide diversity within the Spanish speaking community. I learn something new every single day.

• Being able to work on language, voice, and speech without an interpreter is the most rewarding for me. It allows me to develop a relationship/rapport with my patients more easily, and I think that my patients are more comfortable and feel ok being fully themselves in a language that they are more comfortable in.
• Being able to work with clients and families that only speak Polish and who would not feel comfortable working with a monolingual/English-speaking provider
• Being able to work with families after the initial diagnosis is very inspiring for me because I know I can provide a much better resource in a community and that they are able to receive my suggestions, not through a translator or a dictionary.
• Being able to work with families and educate them not to make the same mistakes my parents were told to make 20 years ago when an SLP was seeing my little brother (i.e., speak to him in only one language). When I have the breakthrough with families and children that speaking Spanish is not a bad thing, and it will help their child in the long run, I am reminded why I entered this field in the first place. Helping bilingual children find the joy of communication and learn to strengthen one language through the other is always a highlight of my day.
• Being able to work with kids who are going through the same/similar experiences I went through when I was a child
• Being able to work with multilingual students and families and providing support and education on communication disorders and IEP terminology in a form that is simple to understand for families
• Being an advocate for language differences versus language disorders
• Being an advocate for the families as oftentimes they have not had a chance to learn about resources and fully voice their concerns in their home language.
• Being an agent for equitable service access. Connecting with people who share some of my family culture.
• Being appreciated by Los Angeles County Juvenile Public Defenders
• Being cognizant of misconceptions about ELLs and being aware of traits that might be confused for a speech-language disorder.
• Being immersed in different languages and cultures
• Being in demand, feeling my skills are useful and needed, connecting students and families with needed services
• Being more relatable to families of the other language(s). Bigger breadth of knowledge and perspective. Great appreciation of other cultural values/upbringing
• Being multilingual allows me to better connect and collaborate with families.
• Being privileged to service a client who was in need of ASL language development or intervention supports. Deaf individuals trusting me.
• Being specialized and working with students who emulate my childhood with being bilingual and maybe being misunderstood, I can provide understanding and context to the team.
• Being sure that not only the patient but the caregivers go home understanding what we do, how it works, and the benefits of implementing techniques at home to improve the target skills
• Being the advocate/facilitator/ life vest to families navigating the complex process of special education
• Being the first therapist to tell the family what an IEP entailed in the school system. Families telling me that this mattered to them, that it was important to be seen.
• Being the only staff member to be able to assist patients who do not speak English, and who are not being provided their basic rights, such as a translator
• Better and deeper connections with families. Less complication in connecting with families (no interpretation services).
• Better carryover and consistency from parents/families when providing services in their primary language
• Better communication and relationships with families and clients. Evaluation and treatment are easier for the clinician and child when you don’t need an interpreter.
• Better communication with families, empathy, cultural humility
• Better communication with parents
• Better connection with the families that I work with, no need for an interpreter so ease of session, better understanding of their culture
• Better connections with families, more direct and time efficient (no delay from an interpreter), increased access to services for families, increased diversity in caseload and representation within the clinic
• Better follow-up on recommendations when information is provided in their preferred language
• Better help individuals with multilingual needs. Additionally, it helps me to differentially diagnose a speech and/or language disorder since it must occur in both languages for it to be a disorder and not a simple language difference.
• Better job opportunities
• Better outcome for services when addressing a cultural gap
• Better patient outcomes and patient feeling included
• Better rapport and outcomes with patients due to ease of therapy service delivery. Better family education and generalization with cultural background foundation.
• Better rapport vs use of translator or translation apps
• Better related to families where English was not proficient
• Better relationship with parents. Advocate for multilingual families.
• Better understanding of language. Better understanding of diversity.
• Better understanding, better understood
• Bilingual families are so grateful for someone who is able to help in their native language; education and coaching in their native language; bridging for the individual in therapy
• Bonding with a family and having a rewarding career knowing I’m the only provider helping them in their native language
• Bridging communication gaps, enhancing trust among all, and advocating for the students’ strengths
• Bridging the gap between parents and service providers who aren’t necessarily multilingual
• Bridging the gap between the parents of multilingual kids and the parents themselves, as well as helping parents with understanding their kids and their developmental process, in English as well as multilingual aspects
• Broadening the perspective of seeing things from different angles, being more culturally competent due to a better understanding of a different culture than the one you live in
• Building and participating in professional communities; supporting bilingual students; reinforcing the value of being bilingual
• Building rapport with families and sharing information with them they would not necessarily get from other providers due to language barriers
• Building relationships and sharing successes with families
• Building relationships with my patients and their families in their primary language and guiding them in the areas they are unfamiliar with, specifically the autism spectrum
• Building relationships with parents by speaking their native language and ensuring they are understood and their questions and concerns are appropriately addressed. This leads to better parental involvement in the school setting. Please consider the disproportionate amount of students/patients with a primary language other than English versus the percentage of multilingual speech-language pathologists (i.e., English/Spanish) available. Please do better to offer more inclusivity and multicultural sensitivity training across graduate programs. Additionally, consider the increased workload for multilingual providers and advocate for additional compensation.
• Building trust and rapport with families who speak other languages
• Building trust within multilingual communities in the school environment
• Builds trust with students/patients/families when they can communicate freely in their native language. Families feel their culture is respected when you end the narrative that they should focus on English. I feel that I’ve made deeper connections with families where my coworkers couldn’t reach some of them due to the language barrier.
• Can cater to a larger, more diverse population of patients; I feel good about being able to provide services to those who need it.
• Clients achieve more success when their provider understands and appreciates their culture and community.
• Clients’ satisfaction. Clients’ access to services.
• Collaborating with and learning from other bilingual providers, providing services in the best possible way to my students and watching them progress
• Collaborating with other disciplines at joint visits and supporting families by reviewing documentation from a referral source and/or relevant appointment during which they had inadequate interpretation services. Basically helping families understand their rights and empowering them to make informed decisions.
• Collaborating with other professionals through assessments and observations, sharing cultural values and experiences vs American values, etc.
• Communicating with parents and students in their primary language; fostering culture and communication; building a strong language foundation in Spanish for students; doing valid assessments and providing culturally appropriate recommendations; advocating for bilingualism and therapy in primary language, and so much more!
• Communicate better with the family
• Communicate with families and help with their needs. Make sure they receive adequate services and support.
• Communicating directly with patients/clients and families without need for an interpreter
• Communicating with families
• Communicating with families and gaining their trust to support them in making informed decisions
• Communicating with families without an interpreter and seeing the look of relief on their faces that their SLP speaks their first language. Also, having the opportunity to advocate for, and support my colleagues with, distinguishing between a language difference and a language disorder.
• Communication
• Completely love it. Allows me to integrate my lived experiences, global training, and individual identity to make a difference to my clients and their families.

• Connecting and building relationships with a variety of families and cultures and dispelling myths about language impairment and multilingualism

• Connecting and establishing trust when the patients can hear their familiar language, the almost immediate trust and sigh of relief from parents knowing there’s an unspoken cultural understanding

• Connecting deeply with families whose home language I speak. Continued learning about people from varied cultural backgrounds. Promoting preservation of the heritage language in homes. Variety within my work day.

• Connecting in the client's primary language

• Connecting to families and helping them feel heard

• Connecting to the community

• Connecting with and improving the quality of care for patients who felt neglected by the monolingual supervisors at a facility I interned at in graduate school. Connecting with immigrant families and aiding them in navigating the system.

• Connecting with clients in the mother language

• Connecting with clients who speak another language

• Connecting with diverse families and learning their values and concerns

• Connecting with extended family during EI sessions has been hugely beneficial. I also enjoy being able to provide intervention in the language the child hears the most.

• Connecting with families

• Connecting with families and colleagues in a deeper way

• Connecting with families and providing education about speech and language in their primary language

• Connecting with families and providing meaningful interventions and education. Understanding the Hispanic culture and understanding the different dialects within the Spanish language has been critical to my assessments and interventions. Families are grateful and have a lot of "buy in" when they feel understood and see a "familiar face".

• Connecting with families and serving my community. Many times I’m the first multilingual provider they’ve had.

• Connecting with families during times of challenge

• Connecting with families from diverse populations that do not speak English

• Connecting with families from my own culture. It is rewarding hearing families express how thankful they are to understand evaluations and intervention in their primary language.

• Connecting with families in their native language

• Connecting with families of multiple backgrounds, cultures, and perspectives and providing them the support they previously did not have access to

• Connecting with families who feel culturally validated by receiving services from a clinician who speaks their language
• Connecting with families who would otherwise have difficulties communicating with our school, helping them understand IEPs and the special education process
• Connecting with families, helping parents to help their children, providing services to a population that might not otherwise seek them due to financial constraints or lack of awareness
• Connecting with family members that only speak Spanish
• Connecting with isolated families
• Connecting with many Spanish speaking families from different countries
• Connecting with minorities and advocating for minorities
• Connecting with my client(s) and their families in their native language
• Connecting with parents and students
• Connecting with parents who feel alienated as having English as their second language
• Connecting with patients and families
• Connecting with patients and their caregivers in a more personable manner where they feel included and informed on the therapeutic process
• Connecting with patients in their native language
• Connecting with patients that are not understood by others and being able to help staff communicate with them
• Connecting with patients/students and their families. Building trust that positively impacts therapy outcomes. Advocate student/family needs.
• Connecting with people from other cultures and life experiences
• Connecting with populations that have been underserved
• Connecting with students and families in their native language
• Connecting with students and families in their primary language
• Connecting with students and families who may be isolated in the education environment due to language differences
• Connecting with students and families. Being able to discharge students from therapy who might have otherwise stayed in therapy for years unnecessarily had they been with a monolingual provider.
• Connecting with students who are monolingual or multilingual of my language. Parents/guardians who have difficulty speaking English are able to use their native language to provide information regarding their students to allow for a robust review of information and training for carry over of service strategies.
• Connecting with the community, being able to provide the support and services for families
• Connecting with the same cultural community as my own, addressing social factors impacting language use, cultural immersion
• Connecting with the multilingual community
• Connection and collaboration with families. Ability to lead with perspective. Reflections on language access across services.
• Connection to my culture, helping my community, removing barriers to service delivery and client education
- Connection to the student’s family; helping the family navigate special education by explaining the process on the native language; close bond with students
- Connection with families in my private practice with being multilingual
- Connection with families, better understanding the child’s background, interests, and strengths. Connecting with bilingual teachers and strengthening the support for them by sharing resources and consulting.
- Connection with families, improving skills across languages child is using
- Connection with my community
- Connection with the families
- Connections made with families
- Connections to the community and seeing language-minority populations be successful in communication
- Connections with bilingual parents
- Connections with community, ethical and inclusive interactions, advocacy for systemically marginalized populations
- Connections with families and students, bilingual language development, mentoring of other SLPs, training with other professionals
- Connections with family
- Connections with patients
- Continual learning of my second language and the appreciative population I work with
- Continuing to reinforce the language of my background
- Contributing to people feeling understood
- Contribution to an unrepresented population
- Conversations about family expectations and perceptions that are not hindered by language or cultural differences
- Cultural acceptance and warmth from families I treat, being able to connect on a deeper level and a deeper level of understanding. Trust.
- Cultural competency and humility
- Cultural connection with families and providing services to families who do not have access to interpreters
- Cultural sensitive
- Cultural, social, and educational impact. Being able to educate staff about multilingualism and helping to mitigate over identification of multilingual learners as delayed or disabled in communication
- Culture
- Cuts out the errors with interpreters. Too many interpreters screw up the delivery of prompts.
- Decreasing over identification and under identification with multilingual speakers
- Deeply connecting with multilingual students, family, and community. Ease of code switching.
- Delivering and providing counseling services to Hispanic families
- Developing close relationship with patients and their families, deeper understanding of patient impairments and successful strategies
- Developing deeper connections and rapport with families
• Developing greater rapport with students because I speak their first language; feeling confident in my ability to evaluate and treat bilingual students
• Developing relationships with bilingual families in an underserved rural area
• Developing relationships with families, understanding the difference between a language difference vs a language disorder, helping them reach their goals
• Developing relationships with students and families from diverse backgrounds; strengthening my language skills in Spanish; fulfilling a childhood dream to become bilingual
• Developing the language through emersion and facility offered classes; understanding and learning the culture; being able to reach students in their primary language not only to teach them but to develop relationships with them beyond the classroom; continuously learning and developing the language
• Differentiating disorder from difference, being able to get a more accurate history from the family and train caregivers, satisfaction of using my language skills and continuing to refine them
• Direct communication access, confidence growth
• Direct opportunities to work with multilingual families and assist them in navigating the needs of their children
• Distinguishing disorder versus a difference and having families be comfortable and heard
• Diversity in caseload, treatment, and diagnoses
• Diversity, being more aware of different cultures, building community
• Earning the trust of Spanish-speaking residents and their families
• Eases the communication barrier
• Easier rapport building once the clients/patients know you speak their language. Acknowledgement of skill.
• Easier to connect with families, more efficient and better outcomes
• Easy rapport building with patients
• Easy to understand family who does not speak English
• Educating families in communities that are not as well informed about service options open to them or the full role of SLPs
• Educating parents IN Spanish about their important role of being the child’s best advocate and how to do so – how to navigate clinical and school resources, the importance of learning English to continue helping the child maximally with education and with communicating with the child as the child ages, local resources for learning English, using Spanish to help the parent understand about the therapy plan, goals, homework, communication strategies, audiology reports and the impact, keep the parent updated on the child’s emerging/evolving receptive and expressive language dominance and how it affects communication in the child’s environments
• Educating Spanish speaking parents of bilingual students and empowering them with resources and aide to help their students with special needs or education needs. Most come from other countries where there is no such thing as “special education” and SLP services in their school systems.
• Employers don't recognize the additional training and skills required and do not compensate accordingly. Also, they don't understand the difference in speaking another language and being trained to work with multilingual/multicultural populations.
• Empowering families to continue speaking their home language to their children with speech-language disabilities and celebrating the joys and benefits of bilingualism
• Empowering the parents to recognize that they are their child's first teacher. Empowering the parents with resources for them to become multilingual themselves. Sharing with parents that "the language of love" should not be discouraged from being spoken by the family.
• Engagement with the families
• Engaging with the community. Widening cultural horizons. Being able to advocate for second language learners.
• Enhanced Communication and Trust Building: Being fluent in the languages of my clients allows for direct and nuanced communication. Cultural Sensitivity and Competence: Speaking multiple languages comes with an understanding of cultural nuances which enables me to be more culturally sensitive and competent. Increased Accessibility for Clients: My multilingual abilities make my services more accessible to a broader range of clients, particularly those who struggle to find healthcare providers who speak their native language. Positive Client Outcomes: Effective communication in a client's first language can lead to better understanding and adherence to treatment plans, resulting in more positive outcomes.
• Enhancement of relationships formed with students and their families, relate to English-language acquisition, understanding of a language difference versus a disorder, supporting others to understand this concept and becoming a resource for teachers on site
• Enhancing their health literacy
• Enjoy working with Deaf colleagues and serving DHH students
• Enjoyed knowing more than one language and has increased my vocabulary, understanding of different cultures and respect for them
• Enjoyment and ability to learn new things daily from experiences with my bilingual students
• Enriched professional and personal experience
• Enriching my clinical experience and re-connecting to my native culture (I am a certified SLP in Germany, too.)
• Enrichment through learning the cultural implications of the second language
• Ensuring multilingual families are able to keep their home language and not erase it by focusing on English. Empowering with the knowledge that being bilingual does not cause any language delays.
• Established meaningful conversational exchanges
• Establishing a rapport with the client
• Establishing and building rapport with families. Being able to understand students in the language that is comfortable to them or the only language they know.
• Establishing rapport with patients, correcting mistakes in patients' understanding of their treatment plan, helping families navigate through difficult decisions with compassion and empathy
• Evaluation with native speaker parent blessing
• Evaluations and treatment sessions are more productive in the patient's native language vs the use of live or remote interpreters.
• Even if my students do not have English "mandates," a majority of them speak a language other than English at home. I make sure I share my bilingualism with them and show them that it is a strength, not a weakness. I also regularly debunk the myth that bilingualism creates language disorders and confusion when I speak to families and medical professionals.
• Even though I do not provide service in a language other than English, I am able to connect with families and bilingual students through a deep understanding of their language and culture.
• Every day I am rewarded when I can deliver services in a way and language that results in improved parent and child communications in their language. I am also an advocate for the student's education and can also speak with the parents in their language.
• Every day I get to connect with people from so many diverse backgrounds. I also get to use a language that I love to help people that often do not have the best access to resources and/or medical help. It is so fulfilling to help those populations and be a resource for them.
• Every experience working as a multilingual service provider has been positive. Working in home health, I have been able to reach patients that otherwise would not receive services due to their location. I work with patients who have several barriers to accessing care due to location (being outside city limits), language barriers (being Spanish speaking only), and behavior barriers (severe autism) combined. These patients have such specific needs that were it not for home health and the ability to receive services in Spanish, they would have no access to therapy at all. It has been a blessing being able to reach these patients.
• Every patient interaction has been positive. However, colleges and management treat us like second class professionals and American citizens.
• Everything about supporting multilingual learners is rewarding!
• Everything. It's the best job in the world. Reducing over and under identification to special education is such an effective use of scarce bilingual speech-language pathology resources and such a critical step in students educational experience. Becoming increasingly proficient as I serve students and watching my own language grow wraps a cherished hobby into my work. My students and the people I serve are beautiful. I am honored to have an opportunity to engage in their culture and feel like a valued family member. I am continually learning, growing, and looking outside of myself to understand the world. Helping students in an urban, low income setting to succeed and have opportunities opened up to them through solid, linguistically appropriate speech therapy services is more rewarding than I can put into words.
• Excellent (n = 2)
• Excellent interactions and cultural exchanges
• Excellent opportunities for employment. Ensure that students are diagnosed correctly – regarding delay / disorder versus difference. I get to meet people from all socioeconomic groups and help them understand what a bilingual SLP does and then help them.
• Expanding direct access to SLP services for patients in need is extremely satisfying.
• Expanding outreach to families and communities and explaining cultural and social implications for the students and their families
• Expanding reach and providing purposeful, evidence-based services to more clients
• Expanding the number of clients I can serve. Serving an under-resourced population.
• Explaining to parents in their native language how to help their children
• Exposure to diverse cultures and languages. Flexibility in job choices.
• Extra sense of satisfaction
• Extremely satisfied clients who are so grateful to receive care in their primary language
• Facilitates easy rapport, increased patient active participation and attention, more accurate or reliable test results and target goal setting, reduced patient anxiety level, some level of comfort in family.
• Families always are so grateful to have someone communicate in their native language.
• Families and children are very grateful for services rendered in their home language. Progress is attained.
• Families and patients are so relieved to have someone who understands their language. I often discover important information that others on the care team need to know.
• Families and students are grateful for what I do. I have worked long enough and done enough professional development and research so that I feel knowledgeable and able to accurately identify students. I know I am not over identifying or under identifying.
• Families appreciate having a service provider that speaks their own language and understands their cultural heritage.
• Families appreciate that I understand their language and that I also raised my kids to be bilingual.
• Families are able to communicate in their native tongue and feel much more at ease knowing they are able to effectively communicate with their provider.
• Families are able to understand services and feel comfortable with a multilingual provider.
• Families are grateful for the excellent service delivery in their native language.
• Families are grateful for the services in their native language.
• Families are quite moved by even the smallest attempt to use their native language.
• Families are so appreciative and provide more detailed information on history, concerns, strengths, and weaknesses.
• Families are so appreciative of someone that truly understands them and their culture.
• Families are so appreciative that their home language can be used in speech therapy with their children. Kids are excited that someone speaks the same languages they do.
• Families are so grateful to be able to share successes, concerns, and questions in their native language. One of my preschools hires native Spanish-speaking staff. I love the commitment to supporting heritage languages.
• Families are so much more comfortable and participatory when I speak their native language. In an OP setting I was able to treat and teach at the same time and/or relay what we did after in Spanish without a translator app.
• Families are so relieved to have a skilled professional address them directly in their own language.
• Families are typically so kind and grateful for the support and work their child is receiving. They’re typically relieved information is provided to them in a language they understand and there aren’t any major language barriers evident.
• Families being grateful for providing services in their home language
• Families feel connected and comfortable. Trust is built more easily with a professional who speaks their language and shares their culture.
• Families feel heard and better understood. They also better understand the services their child is being offered.
• Families feel more comfortable with me, especially when I speak about my experiences growing up speaking my native language first.
• Families have expressed feeling grateful for having someone who speaks their language. My older patients feel comfortable speaking to me in both languages.
• Families have often been told that in order for their child to be successful, they need to focus solely on English. The relief and joy they feel when their home language and culture is validated and they are told that science is on their side and that their bilingualism actually helps their child instead of hurting them is beautiful to see.
• Families of clients appreciate my cultural and personal experiences.
• Families of similar cultures entrust me with their children's communication care, and they always verbalize appreciation for my work. Watching the preschoolers become independent communicative adults and knowing they're college or community college-bound.
• Families thank me for understanding their cultural concerns regarding food (dysphagia).
• Families understand you better and in turn feel more confident in your services and prognosis.
• Families with a therapist in their own language are more apt to carry over strategies and respond to education.
• Family education
• Family involvement/coaching/support. Helping to educate others, helping to differentiate between ELL students and kids with communication disorders.
• Families feeling represented.
• Fascinating to analyze how the bilingual client's languages interact and interfere. Meaningful interactions with parents in clinical setting. Felt highly valued/appreciated by my employer and clients/parents. Enjoy using the non-English language. No interpreter needed.
• Feel like I can make a bigger difference. Education on language difference versus disorder.
• Feel proud of myself when I can assist a family by translating and helping them get all the resources possible in the community.
• Feeling as if I get to know a whole child based on their language experience
• Feeling connected with families from a similar multilingual background as my own, feeling valued by those members
• Feeling like you are helping an underserved population – they have equal rights to therapy so it feels good to be able to provide it.
• Feeling valued by community members who appreciate someone speaking their home language
• Finally giving a family or student access to being understood
• "Finding" children who are bilingual and normal. I love that! Also, having parents get super excited that there are Spanish speaking people in the room.
• Flexibility and being an example for students
• Fulfilling a need, valued as a professional
• Fulfilling to provide best practices to non-English speakers, seeing advocacy make change across the discipline, seeing the growing number of bilingual practitioners AND monolingual practitioners who understand how to provide bilingual services
• Gap the bridge of misunderstanding
• Get to give back to the community where there is a big need and build relationships
• Get to help bilingual families of students with language delays
• Get to serve more than one cultural linguistic community
• Getting insight into the similarities and differences between cultures even when using the same language
• Getting paid more for my skills in a large hospital system. Connecting on a deeper level with patients, students, and family members. Getting opportunities to mentor and teach other SLPS who also want to be a multilingual service provider. Opening a private practice that is now thriving and specializes in supporting multilingual individuals.
• Getting to connect with clients from a variety of cultures, getting picked first for jobs
• Getting to help communities that are typically marginalized and typically have limited access to care in their native language
• Getting to help families in different populations and giving access to those who seek services in their native language
• Getting to help more families and educating service providers and families to understand the difference between a disorder and a language difference
• Getting to help patients that have limited access to services in their native language
• Getting to help students in their first language, having confidence in distinguishing between a language disorder and difference
• Getting to know a culture outside of my own. Being able to help children in their primary language.
• Getting to know and help the same community that helped me out
• Getting to know families from a wide variety of cultural backgrounds and helping to advocate on their behalf while navigating the school system and other community resources
• Getting to know families on a more personal level due to being able to connect to them
• Getting to know students and their families/establishing relationships, feeling as though my ability to communicate in their native language puts them at ease
• Getting to practice my Spanish and learn from the families that I interact with whose cultures are different from my own
• Getting to provide therapy to families who need extra support
• Getting to serve a diverse group of students. Using linguistic skills to apply my knowledge as an SLP.
• Getting to serve my community and the joy and relief they feel when they have an SLP who understands them!
• Getting to teach families about maintaining their home language
• Getting to work with families that would otherwise not get the help they needed due to a language barrier
• Getting to work with monolingual and bilingual students and help them increase their skills in their native language is so important. Also getting to communicate with parents directly and not through the use of an interpreter.
• Giving access to care to those who don’t speak English. Understanding the culture and home language of the patient allows for a better understanding of their needs. It is fun and fulfilling for me.
• Giving back to my community, promoting the use of home languages in our community
• Giving back to my own community
• Giving back to the community
• Giving back to the community. Getting the children a true diagnosis based on my knowledge of the language and culture. Providing education and training for parents and schools with information that is relevant, applicable, and doable. There is definitely more trust and ultimately better treatment for the child when the parents feel that you are one of them and understand them.
• Giving to a community who often feels lost through the process of immigration and rights. My mother experienced racism, prejudice, and condescendence from people who did not make any effort to offer equity for all.
• Good
• Got to further my skills in servicing those who speak Spanish
• Gratitude from parents and relatives of bilingual students plus appreciation by coworkers at school settings!! 👍
• Gratitude from patients and families
• Great mentoring as an SLPA, other bilingual colleagues to collaborate with, opportunities to provide in-services, provide a more comfortable environment for bilingual patients
• Great parent communication and student outcomes
• Great sense of satisfaction that I helped a client fully understand their issue in their native language
• Greater impact and connection with Spanish speaking families
• Greater and better outreach in the community, with families, clients, and students
• Have not had an opportunity to use this skill yet because of the demographics I work with
• Have not used my skills with the current population
• Have the possibility to explain and answer questions in detail about what is really happening to a child who has been diagnosed with speech and language delays
• Having a recognized special skill set
• Having a role in helping the child develop communication skills and educating the family about how to support that growth
• Having connections with families that would usually have to work with a bilingual service provider
• Having families who are Hispanic feel helped by someone who understands them
• Having parents and students who can talk directly to me
• Having shared cultural backgrounds helped me a lot to coach parents.
• Having someone that can speak the same language as the families I work with is so valuable! I have had families express how grateful they are to feel like they are being understood and not having a "middle man."
• Having the ability to help all patients and bring understanding to their situation in a way they understand
• Having the knowledge and background from a cultural perspective and knowing how to approach discussions with families based on that knowledge
• Having the knowledge base to conduct valid assessments for populations that are often misunderstood in the educational setting and serving as a bridge between monolingual parents and other school staff members
• Having the opportunity to communicate with English speaking families/caregivers to help them understand and use all the resources available for their children with communication and/or language delays
• Having the opportunity to serve underserved communities
• Having the satisfaction of understanding and helping in communication
• Having the tools to discriminate between a difference and a true disorder has been key in identifying students who have a true disability and those who do not.
• Hearing back from families that their thoughts/feelings/actions are valid and seen in a culturally competent manner
• Help families that feel lost because of the language barrier
• Help families to be aware of the services and empower families to reach educational and professional paths for the future
• Help many more people who are underserved
• Help my community
• Helping a child know their message (in a minority language) is understood. Helping put a parent at ease about their child’s delay/disorder/language environment. Collaborating with other multilingual service providers.
• Helping kids who are typically underserved
• Helping so many non-English speaking patients
• Helping a wider variety of people and helping children/families navigate the educational/medical system in their home language
• Helping an underserved population (n = 2)
• Helping anyone with dysphagia resume oral intake!!!
• Helping bilingual families feel part of their community and helping the students gain access
• Helping bilingual families understand and advocate for their children in the speech and language area
• Helping bilingual/multilingual families feel heard and understood
• Helping bridge the communication gap and involving families whose main language is not English in their children’s therapy
• Helping caregivers to support their little ones
• Helping children and their families
• Helping children from different cultures
• Helping children from a Latino background and also connecting with parents
• Helping children grow in a multi-language setting is important and a gift that should be passed forward.
• Helping children improve their communication skills
• Helping clients and their families receive services in a language they feel most comfortable speaking
• Helping determine disorder versus difference. Advocating for students and their families. Educating families.
• Helping families and a community that is underserved
• Helping families and children
• Helping families and students feel comfortable speaking their native language
• Helping families feel at ease and comfortable being able to communicate with me in their native language and understand their culture
• Helping families feel comfortable and make progress
• Helping families feel seen and able to participate more fully in the therapy process
• Helping families find the right answers. Helping teams keep their language learning vs. language disorder biases in check.
- Helping families help their children while developing greater proficiency in the second language at the same time
- Helping families in my community!
- Helping families in need and bridging the communication gap
- Helping families in their language
- Helping families navigate the educational system
- Helping families that wouldn’t be able to understand due to language barriers
- Helping families who feel lost because of language barriers
- Helping families who have been waiting for a long time for someone to treat their children in Spanish. It gives parents a sense of relief that their child can finally get help and someone can communicate with parents in their native language.
- Helping families who otherwise wouldn’t receive this level of help
- Helping families whose primary language is Spanish. Advocating for English language learners. Seeing students thrive and improved academic success. Collaborating with teachers and other SLPs.
- Helping families with their children without so much of a communication barrier. Working in a clinic with office personnel who were also bilingual.
- Helping families without adequate connections and resources access quality services and advocate for their child's needs
- Helping immigrant Armenian families from all around the world to California
- Helping in my community
- Helping individuals who represent me
- Helping minoritized families
- Helping my own community
- Helping others achieve their goals
- Helping out my community in an area where they are underserved
- Helping parents understand their child’s needs
- Helping patients and families who are alone and alienated by cultural and linguistic differences feel seen and heard. Providing them with a level of hope and help they cannot gain through an interpreter, regardless of how skilled the interpreter is.
- Helping patients feel comfortable when they don’t fully understand their diagnosis, prognosis, and options initially presented to them in their non-dominant language
- Helping people
- Helping people from my cultural background
- Helping people in their native language— they feel understood and heard.
- Helping people who have a hard time communicating with speakers of the dominant language
- Helping people who otherwise would not be provided with services in their languages. Creating connections with patients and their family members.
- Helping scholars and parents find comfort in their familiar home language
• Helping service students in their native language and seeing the growth in and out of school
• Helping Spanish speakers from my community and being a positive influence in the lives of bilingual children
• Helping Spanish speaking children who cannot be served in other settings is very rewarding.
• Helping Spanish speaking students and their families. Advocating for students and families that don’t speak English.
• Helping Spanish-speaking parents feel more valued and that their child is valued – helping students use their multilingual knowledge as an added learning strength
• Helping students and families access services
• Helping students and families who are ignored or mistreated by monolingual SLPs
• Helping students who are over or under identified
• Helping the underserved
• Helping them differentiate vocabulary between languages
• Helping those in my community grow and develop their language skills and ability to educate caregivers as well
• Helping those who do not speak the primary language in the community
• Higher responsiveness from patients who are treated with their language of choice
• Highly specialized – able to help a population that otherwise lacks access and educate families to overcome barriers
• Hispanic parents are generally much more supportive of my efforts than the English-speaking (black and white) parents from a higher SES who are (as a potential employer in that culture said to me) “quick to sue.” I love being exposed to speakers of my L2 from various places.
• Being bilingual is just fun and lets me interact with all the kids and parents directly rather than having to use an interpreter.
• Honored to often be viewed as an advocate for families. Getting to solve problems at work that may otherwise persist.
• How grateful parents are to encounter educators who speak their language
• How grateful the families are to have a provider they can communicate with in their primary language
• How rewarding it is to be able to help underserved communities and to provide that representation. That is so important as I also am a person of color.
• I love that my bilingual ability can be used to help others who are a minority due to their linguistic differences. It is not only about knowing and being able to speak the actual language, but also about understanding their culture and linguistic norms.
• I partner with monolingual SLPs to support culturally and linguistically responsive screenings, evaluations, consultation, and family connections. I facilitate seminars for my work colleagues on cultural and linguistic responsive approach and bilingual service provision.
• I absolutely love being able to communicate with parents without having to go through a translator. I find that parents come to me with non-speech and language concerns when they just need a Spanish-speaking resource. I also appreciate being able to test in both languages so that it’s easier to tease out whether the student has a true speech and language impairment.
• I always have job offers as a bilingual provider. I can see the immediate need for services and support wherever I work.
• I am a bilingual evaluator for a school district. I complete initial and reevaluations for ELL students in my school district. My job title allows me to help identify students with language disorders from those who have a language difference.
• I am able provide services and connect with people in their own language which helps with carryover during parent training.

2023 ASHA Multilingual Service Providers Survey Results
• I am able to advocate for my Spanish-speaking patients' wants/needs.
• I am able to better communicate with families/caregivers. I am able to guide them in getting support that is outside my role.
• I am able to better determine language differences versus language impairments.
• I am able to better support families because I can relate culturally and linguistically.
• I am able to collaborate and maximize communication between non-English speaking families and students with the school administration and other service providers. I am able to empower families and increase confidence when communicating with the school administration.
• I am able to communicate with my students and their families about the communication disorder and service plan that is recommended. I appreciate the fact that I can communicate effectively with parents about the strategies they can use at home to help improve the communication skills of their children and family members. Not everyone knows sign language and I feel proud that I can relay messages to parents and children who are Deaf or Hard of Hearing.
• I am able to connect well with the students and their families because I speak their language.
• I am able to connect with and empathize, as well as share insights that monolingual providers can't.
• I am able to connect with many different kinds of people.
• I am able to connect with students and families on a deeper level.
• I am able to connect with students, their families, and the community. I can provide information in their main language.
• I am able to develop a personal connection with patients whose background may be similar to mine. I am able to better serve them because I can relate to their experiences and potential fears regarding the crisis they may experiencing.
• I am able to establish a relationship with my students and their parents in a community where they don’t always have someone that can communicate with them.
• I am able to find a job very quickly.
• I am able to help a variety of clientele and population in my area.
• I am able to help advocate and educate those families that otherwise would not have access to a multilingual service provider as well as connect with them.
• I am able to help my own people and community. Growing up I knew how it felt to not be understood or being the interpreter/translator for parents, family members, and neighbors. I’m happy to be able to use my language skills to help others and in my profession.
• I am able to help our Hispanic patients at the center that I work at, decreasing frustrations and improving overall outcomes.
• I am able to help people in my dear island of Puerto Rico and increase awareness regarding bilingualism. There are many misconceptions and myths.
• I am able to help Spanish speaking children with their communication skills and/or communicate with their parents who are primarily Spanish speakers only.
• I am able to help the children in my community.
• I am able to increase my understanding regarding different cultures, traditions, and semantic variations within the Spanish language.
• I am able to make a better informed decision before identifying a communication disability in a bi or multilingual child.
• I am able to make a real impact on families and truly connect without a language barrier or clunky use of interpreters.
• I am able to make diagnostic decisions that are more accurate as opposed to a monolingual service provider’s.
• I am able to provide heritage language access, understanding, and dignity.
• I am able to provide services in students’ primary language and connect with families in their primary language.
• I am able to provide services that other SLPs cannot ethically provide. It is an area of huge need in my area.
• I am able to provide services to many students who are monolingual Spanish speakers.
• I am able to provide therapy in a person’s native language when their second language is lost due to a brain injury or neurological disorder.
• I am able to reach many communities that are in need.
• I am able to serve as a bridge to families between service providers.
• I am able to support the educational access of monolingual English students, bilingual English-Spanish students, and monolingual Spanish students. I am also able to support colleagues as needed.
• I am able to support the language development of D/HH students outside of spoken language that they otherwise might not get.
• I am able to work for different cultural families as well increase the number of patients I can see. On the other hand, I have an accent speaking English and some parents don’t want me as a therapist.
• I am able to work with and influence more patients and help them reach their goals.
• I am able to work with students and families that share my language as well as provide the appropriate services.
• I am better able to communicate with Spanish-speaking patients, even if they or their family speak some English. I am a more effective clinician because of it.
• I am better able to serve my multilingual students without relying on an interpreter. I have been able to communicate with parents about their student. I am also able to intervene with students earlier because I can understand and speak their native language.
• I am confident that what I am treating is a speech and language disorder and not a problem with language difference.
• I am fully bilingual and therapy abroad has been my most positive experience as a multilingual service provider.
• I am genuinely rewarded by what I do and what I bring to the table to my students. It makes me very effective as a speech therapist. I feel that my students see me as someone they can come to and discuss what is happening at home, etc. I am a support to them with more than their IEP goals.
• I am glad to serve my community who otherwise might not be able to access to the services needed.
• I am happy that I am able to help more bilingual students and their families and teachers at school.
• I am happy to give bilingual clients the services they need in their dominant language.
• I am happy to speak to my clients in their native language for better understanding and progress in therapy.
• I am never going to be out of work! There are so little of us working in the field in general. I can work with the minority population that might not have a service in their first language otherwise.
• I am not only able to understand what they are saying but also can be part of their cultural experiences.
• I am often able to build a warm, trusting relationship with a Russian speaking patient more easily than staff who must work through an interpreter or the assistance of family to interpret. The patients respond that they are comforted by my ability to communicate with them directly.
• I am one of very few Arab-speaking clinicians in my area. Often, I am the only person who can help a child who speaks predominantly in Arabic. It is wonderful to be able to help.

• I am pleased to be able to connect with families and be prepared to provide information about best practices around multilingual service delivery and bilingualism.

• I am proud of myself that I can contribute in a Korean community.

• I am proud to be able to serve the 25% of Arizonans who speak Spanish, diagnose them correctly, and be able to provide therapeutic support in their native language. I am also training future SLPs to use Spanish professionally which is a huge need. I tell them to advocate for fair compensation for this valuable and time-consuming-to-acquire skill of high proficiency in another language, and I hope ASHA can also advocate for this as a new standard in our field.

• I am really proud of being able to offer services in Korean because it helps me feel like I am giving back to my community. Because I grew up in an immigrant family in which my parents did not speak much English, I translated so many important documents, made important phone calls to insurance companies, and went to their doctors’ appointments to translate at a very young age. Being able to provide services in Korean and seeing how my patients appreciate that I understand the culture and can speak their language (without having the burden of communication on them when they are dealing with neurodegenerative disease, cancer, etc.) is so helpful for them.

• I am the only bilingual SLP in the district. I feel that I can help my community and students in ways that monolingual SLPs may not.

• I am the only one at my facility who can speak this particular language, therefore, when we have patients whose primary language is Russian, I am the only one that can assist. I feel very helpful!

• I am to help students that are often overlooked or disregarded due to their ELL status.

• I am usually able to provide services to people who would not benefit from single language therapy. I feel that clients are more comfortable with people of similar background or at least able to understand them culturaally.

• I am very happy to be able to train Spanish-speaking, and to provide these parents with how effective, that making very small changes, can get these students on the correct path to improve language skills.

• I appreciate the ability to switch between languages with children who use both simultaneously.

• I appreciate being able to communicate directly with my students and their families, without needing to rely on a translator.

• I appreciate making resources, education, and other forms of assistance accessible to all folks regardless of language.

• I assist in bridging communication between staff and patients. A live person is better than the tele-interpreting service.

• I assist parents to understand second language acquisition and emphasize that being bilingual does not have a negative impact on development. I also enjoy identifying a language difference vs a language disorder. This makes them ineligible for special education and staff has to find new resources to help the child learn academic English. I feel as if I try my best to advocate. It’s my way to help reduce overidentification of ELL students.

• I better understand the family and their cultures.

• I can access students and families that would not be able to receive services needed in other ways. I have learned more about their culture and language which helps me to be more effective with other students from the same language and cultural background.

• I can apply my knowledge and skills to help people.
• I can better serve students and families who speak languages other than English.
• I can better understand and serve the populations I work with.
• I can connect at a personal level with my students as they see me as someone who speaks the same native language as they do. That opens up possibilities to work without initial barriers.
• I can connect with families of my students almost immediately in a way that a non-bilingual provider couldn’t. I don’t have to go through the intermediary of an interpreter to provide services, and this creates connection, trust and understanding with a family. With that, speech therapy intervention becomes more accessible to the caregivers.
• I can connect with students and families in their home language, which helps with relationship building and parent training.
• I can decrease overidentification of ELLs are communication impaired.
• I can deliver service for a minority group living in the US.
• I can easily develop rapport with students and their families. I can assess and treat in English and Spanish. I can also keep in touch with students' families to ensure carry over of skills. I can also present assessment reports, progress, and goals in both English and Spanish.
• I can effectively and efficiently help people who don’t speak English well enough or at all and guide them through health care and/or education systems. This empowers my clients and their families and gives me satisfaction about my role.
• I can effectively serve 99.5% of our population along the border.
• I can ensure culturally and linguistically appropriate evaluations. I enjoy providing therapy in the dominant language of the students. I can mentor SLPAs and CFs who speak Spanish. I receive compensation for my additional skills.
• I can extend services to many bilingual families in need.
• I can help diverse families and patients/students in their native language. I feel happy when the families show confidence and happiness because they found a provider that communicates in their native language.
• I can help families who are not English speakers. Seeing the progress of the child in their native language makes me happy.
• I can help identify children who really need the support vs those who are just learning a language. I teach others what I know through consultation or with graduate students/CFs during their clinical placements.
• I can help more families and clients.
• I can help more people as an SLP.
• I can help students that understand and speak Spanish.
• I can make more accurate clinical decisions when diagnosing a difference or disorder.
• I can make more of an impact with an underserved community. There are also underrepresented and underserviced populations that need my skills as a bilingual service provider.
• I can offer services to families who only speaks Spanish.
• I can provide better clinical services in the patient’s treatment and family education. I also learn a variety of dialects of the same language.
• I can provide services in my students’ native language and communicate directly with their parents.
• I can provide services to those who speak my primary language in a way others cannot.
• I can provide the district with services that no other SLP (in our district) can provide.
- I can reach students who don’t speak English and otherwise wouldn’t make as much progress.
- I can reach the population that does know about these services. I am able to explain the therapy in the native language which increases active participation in the home.
- I can serve my community.
- I can sometimes be the first person the family trusts and works with. I can also make families comfortable with my diverse background and they can feel comfortable asking any questions.
- I can speak with parents and connect with students’ multilingual experience.
- I can work with individuals who need services in their primary languages while they acquire more skills in English. I continue to face challenges when needing to work with interpreters for languages I do not speak.
- I cherish being able to service the large community of Spanish-speaking bilingual individuals in my area. Families are so grateful to be able to communicate directly with me about their children and that is what they deserve.
- I connect to patients on a deeper level. Patients have better advocacy and better outcomes.
- I connect with monolingual families better and develop rapport quickly.
- I connect with the culture and help people who look like my parents who could've used the help in the 1990s when my youngest brother needed therapy but bilingual therapy was not offered.
- I constantly gain a new perspective of the world and it forces me to be more mindful of language/communication.
- I could give so many examples in my 50 years of work. One is my work with adult veterans, who mostly spoke good English by the time they had served in the military. However, communicating with their families and providing them with homework in Spanish that the families could participate in was a valuable component of my work. Also, I worked for a while in a school district in an agricultural part of California, where the students entering kindergarten were all Spanish speaking, from families of migrant workers. Therefore, the school had to provide 16 kindergartens in Spanish! The district provided me with an interpreter for assistance, but in communicating with the families, I was more successful than the interpreter was. I had greater skills in both Spanish and English than she did. A final example would be quite difficult to describe in detail, but the gist is: in Arizona, where I live, SLPs are prohibited from providing treatment in Spanish. One time where I was speaking about apraxia at a conference, an SLP approached me afterwards about a preschool child she was working with in the child's home. The boy had severe apraxia and was probably going to have a speaking vocabulary of no more than 100 words by the time he entered school. Therefore, he was going to need Spanish words in order to start communicating with his family. Yet, the therapist was prohibited from providing treatment in Spanish! I helped her by creating a nonsense word/syllable drill, where the child could practice nonsense syllable sequences that in fact made real words in Spanish, such as CA MA CA MA, where the actual word in Spanish is cama (meaning bed) and anyone looking in on a treatment session would not know that the target words were anything other than English!
- I could program an AAC device in my native language.
- I currently have not been getting Hispanic cases. The rich culture, knowing the right questions to ask, and the ability to treat them with respect. But this is not something that I learned just by being Spanish but because I took many, many courses and classes in a variety of
subjects. That was when I learned that being an SLP is not just anatomy and physiology of the face, and respiratory system with neurology thrown into the mix. It takes heart and patience and thinking outside of the box.

- I develop close relationships with the clients/families I serve and am able to advocate for them to access resources that they need.
- I did it on my own which is empowering but also sad that my profession doesn't support minority service providers. We are needed yet invisible.
- I enjoy all of my clients and they truly appreciate the services provided in Spanish.
- I enjoy being able to communicate directly with Spanish-speaking families without going through a translator. I feel that it helps us build a better relationship. I also enjoy being able to speak Spanish and use the skill regularly. I think that I am offered more EI cases because I have this additional skill that not everyone has.
- I enjoy being able to effectively communicate in my second language and connecting with the families.
- I enjoy being able to provide quality speech therapy services to underserved Spanish speaking families whose children benefit from having services in their primary language. I am also able to be a resource and asset for my teams/company as there are limited Spanish speaking providers. I enjoy learning new words through working with Spanish speaking clients.
- I enjoy being able to support families in raising bilingual children because I think it's important to continue fostering bicultural individuals in this country. I also enjoy working with immigrants. It's always very rewarding to hear from families that it's such a relief to find a fellow Spanish-speaking Latina who they feel comfortable around.
- I enjoy building strong connections with my students and their families as we bond over our language and culture.
- I enjoy communicating with both STAFF and STUDENTS in their native language of Spanish.
- I enjoy connecting with families and helping them through difficult times. For other families whose preferred language is not English but I do not speak their language, I can connect with them on a different level than my monolingual peers just based on common experiences.
- I enjoy connecting with families and hearing their concerns that they are often unable to share with other service providers. I enjoy enhancing the child's communication and connection with their family rather than teaching them English.
- I enjoy conversing with Russian and Ukrainian speaking families because we share the same culture. The families appear to really appreciate a therapist who speaks their native tongue.
- I enjoy determining a language difference vs. disorder and not contributing to the over diagnosis of non-native English speakers. I also enjoy building relationships with the families I work with as I do not only speak their language but can culturally relate since I am Hispanic and work at a Title 1 school.
- I enjoy giving back to my culture and being a mentor for other Latinos. Positive some employers pay more, others do not.
- I enjoy how much my families appreciate my work.
- I enjoy learning about different cultures every day.
- I enjoy learning about my clients’ language and culture. I have two multilingual coworkers to collaborate with.
- I enjoy providing services for underserved communities that I was once part of and was raised in. My families feel a different level of comfort, knowing that their provider understands the cultural background and languages.
• I enjoy seeing and hearing when the Yiddish speaking children use an English word and say it is Yiddish since that is the word their mother uses.
• I enjoy serving my community.
• I enjoy serving populations that would otherwise not have access to the quality of services that they need.
• I enjoy strong connections with the Spanish speaking families I serve. I'm honored to be a trusted professional in their lives.
• I enjoy supporting the students and the parents where they would otherwise not receive support in their native language. I provide translation services across the district, which also supports teachers as well as parents and helps foster a sense of community for groups that may be marginalized.
• I enjoy the connection that speaking in Spanish with patients and their families allows that is not equal when utilizing a translator or interpreter. In addition, I can see the relief that it brings to families to know that they can communicate directly with their provider. In addition, I appreciate and enjoy the challenges that come with deciphering a language difference vs a disorder.
• I enjoy the extra challenge to find and apply language relating to multilingual development.
• I enjoy the special bond with the families and I enjoy knowing that I am providing good care (as opposed to the harder position of having to evaluate a child who speaks a language I don't speak and not feeling it's as thorough).
• I enjoy very much providing services in my native tongue and get a lot of comments from the parents of my clients expressing their gratitude for my services.
• I enjoy working closely with families within the community and educating them on how to help their children at home.
• I enjoy working with bilingual families and being able to listen to their needs directly and not through an interpreter. The families also understand more of what I say because they can see and hear my messages and the nuances of what I am trying to say.
• I enjoy working with bilingual students and families and getting to know about their specific community culture and customs.
• I enjoy working with families and being able to communicate with them in their native language. They always appreciate being able to communicate freely rather than trying to communicate using whatever English skills they have or via an interpreter which takes much longer. I also enjoy watching bilingual students develop both of their languages as they grow.
• I enjoy working with the families and providing them with information about speech/language development as well as resources in the community. Families are typically thankful to find someone who speaks their language. Staff is also appreciative to have a therapist at their school that speaks the home language of many of their students.
• I enjoy working with families from different backgrounds and using my unique skills to help them communicate better. I had specific training in becoming a bilingual service provider, rather than being told I could simply because I spoke another language. This support made me confident that I could provide quality services in Spanish.
• I enjoy working with my bilingual population. They bless me with their rich culture and experiences.
• I enjoy working with students who are English and Spanish speaking as well as their families. I am able to provide parent education and presentations in Spanish. I am able to mentor other bilingual SLPs.
• I enjoy working with the Spanish-speaking community because often times they are far away from family and in need of help for their child or family member. Being able to communicate with them in their native language alleviates some of the worry and concern when seeking
out speech and language services. I enjoy working with students who are learning both languages at the same time and allow them to concentrate on increasing language skills and not worry about which language it is.

- I enjoyed being able to service a greater population of people who speak Spanish or ASL.
- I enjoyed working with and helping children that speak my native language and working using my mother tongue.
- I enjoyed working with a Chinese family and to be able to serve as a bridge between two cultures.
- I enjoyed working with students who shared common cultural experiences as well as working with monolingual Spanish speaking families.
- I enjoying helping families understand their child's communication strengths and needs in multiple languages, and welcoming them to our community when they have recently moved.
- I experienced working with many families who were very appreciative of getting services in their native/primary language.
- I feel a deep sense of satisfaction in my career. I know that I am highly specialized in my field and there are very few individuals who have the expertise that I have. This leaves me with a sense of pride that I am able to meet the needs of my students in a way that maximizes their outcomes. I am also viewed as an ally for the Deaf community and I am welcomed into a culture that I would otherwise not be a part of. It has enriched my life.
- I feel being able to communicate directly without an interpreter is very beneficial.
- I feel comfortable speaking other languages besides English and have lived in other countries.
- I feel empowered to help and extend beyond just typical students. It makes me feel good, better about being an SLP.
- I feel extremely fortunate that I get to help a subsection of the population that often is not able to access information due to a lack of options and frequently isn’t even aware of how our general health care system works. I get to help them learn to advocate for themselves to ask more questions and learn about all the ways we can incorporate patient goals into getting their needs met.
- I feel good about providing a needed service in my geographical area and I feel valued in my setting.
- I feel grateful any time I am able to help families who are monolingual Spanish speakers or Spanish as their first language. Not only can I help with communication disorders, but I can also help navigate the processes of assessment, treatment, and eventual dismissal. I can also provide helpful strategies and resources in their primary language.
- I feel I have a stronger understanding of syntax and semantics because of intentionally studying Spanish (and teaching English abroad in a Spanish speaking country for one year). I feel I have been able to connect with parents and families much better. They are more likely to ask me questions and feel involved in IEPs and the speech therapy process. I also think it helps students feel a sense of pride and connection with their own identity and home language and what they see at school.
- I feel I shed light on the student's true abilities.
- I feel I've been able to make a bigger difference and improve the quality of care for those speaking a language other than English. I also can bridge the gap in care.
- I feel like I am making a difference when I provide services in Spanish to a client who would otherwise not be able to get services in their home language.
- I feel more connected to my bilingual students and can share similar cultural experiences with them.
• I feel rewarded when my therapy produces a good outcome in which I see the evidence of the benefit of the services provided in the patient's first language.
• I feel that families who identify with their language connect easily.
• I feel that I am making a difference in my community and feel more strongly connected to my culture through my work. I am proud to be an advocate and voice for families who are often unfamiliar with school-based services.
• I feel that I am providing important services to my community (Japanese and Japanese-American).
• I feel that I continuously help my community, even across the country.
• I feel that I've gained a deeper understanding of language and culture. I enjoy helping and educating families in their native language as they are typically very grateful and receptive of support.
• I feel that I've developed an important set of niche skills that best match the needs of a very specialized population. My work allows me to assist students to build a bridge between the hearing and Deaf worlds.
• I feel that my multilingual language skills are important in my field. I feel passionate about providing services in the native language of families and students.
• I feel very privileged to be afforded the confidence and trust of people from different cultures.
• I find families feel more comfortable, respected, and heard when they are able to communicate with someone who knows their language. Since they are able to communicate they are more likely to ask questions and participate in carryover activities.
• I find it a privilege to mentor a fellow bilingual provider or student.
• I find it extremely rewarding to help demystify the "difference or disorder" question for students and their families. I've received students on my caseload who were previously identified as having language disorders, who upon further investigation are found to be typically developing multiple-language users and was able to help them understand how being multilingual was a strength rather than the "disorder" they'd been told they had. I've also been able to help students who have been slogging through ELL classes for years, never showing "proficiency" in either language, because they actually had language disorders, and help them get the services they need.
• I find most families are grateful and relieved that they won’t be struggling to understand. Since I’m not a native speaker, I don’t always understand every dialect or region's vocabulary. Most families work with me so we both understand.
• I find parents become more comfortable with discussing their child's needs and show better understanding.
• I find satisfaction in providing therapy in the client's primary language, as well as communicating with parents, providing thorough information, and fully answering their questions in their primary language. This is invaluable. Providing classes for bilingual SLPs will enhance our knowledge of terminology and definitions that might be difficult to learn on our own.
• I find some multilingual patients and families start services with what appear to be insecurities about receiving care in the English majority language of the region. I love to watch as they warm up quickly to me as we connect on our multilingual backgrounds.
• I find that it is so much easier to connect with ELL students when I can speak their home language. I am able to build better rapport and connect with my students in a way that my monolingual coworkers cannot. Parents also provide me with so much more information than they provide coworkers who evaluate students through an interpreter.
I find that parents/families who speak a home language in addition to or other than English are especially grateful for multilingual service providers. That gratitude is heartwarming. While it hasn't resulted in better pay (like it did when I worked in other industries), it has made me more competitive when applying to jobs. I enjoy that I'm able to reach more populations and also learn from more communities. For example, I participate in online stuttering communities from Latin America, and I occasionally take professional development courses in Spanish from groups in Mexico.

I find that the parents are more involved and interested in their child's progress.

I found it rewarding to complete language assessments or therapy sessions for individuals whose native language is Russian.

I frequently get positive feedback from families about being able to communicate and discuss their concerns and goals for their children in their native language. It appears to relieve some stress for them and make them feel more comfortable to share information and participate in their child's therapy.

I get to connect and work with immigrant Spanish-speaking families that have never had access to quality services delivered by a Latinx provider. I opened a private practice named Voz Speech Therapy that is the only fully bilingual clinic in the DC metropolitan area.

I get to connect culturally and through language with my families.

I get to connect with families who feel heard and understood.

I get to connect with my students and their families on a different level, which makes what I do more meaningful for both my students and myself.

I get to connect with people who share a similar linguistic and academic background.

I get to connect with the families in a way monolingual providers cannot.

I get to continue to develop my Spanish language skills while being immersed in a culture that is quite different than the one I grew up in.

I get to experience very meaningful and personal connections with my patients. When working in a hospital setting, I was able to bridge the cultural gap between medical settings and Latino culture. It’s been a highly enriching thing. I sought out to be an SLP because I wanted my Latino community who raised me to have the same access to aphasia care and quality speech treatment in a culturally relevant manner. It’s been my life’s work and I’m proud.

I get to give back to my culture and community, where very few can offer the same services to the migrant families in need. It warms my heart to know I can help.

I get to give back to the community.

I get to have better relationships with my Spanish speaking families and it's easier to connect with families who speak other languages I don't speak/speak fluently (e.g., Ukrainian) because I have a deeper appreciation that allows me to meet them where they're at.

I get to help more people. I am open to studying research on people with diverse backgrounds. I have learned from materials developed.

I get to help others using my ability to communicate in both English and Spanish. There is always more to learn.

I get to help patients who otherwise would not receive care in their language.

I get to maintain my second language skills while providing services to an underrepresented community.

I get to practice two languages and learn how to communicate fluently across professional and personal settings and maintain language skills.
• I get to provide culturally competent care and enhance the quality of service for my Spanish speaking patients.
• I get to reach communities that are underserved and feel that I am not only helping the client but their families as well.
• I get to relate to more of my patients, even if they do not speak the same language as I do. There are a lot of commonalities in the immigrant experience.
• I get to relate to the community more.
• I get to serve students and families in their native language. I enjoy that parents who only speak one language can feel included in their child’s education plan.
• I get to share my knowledge of CSD with communities not familiar with the field and our services.
• I get to support and provide positive representation of my culture.
• I get to support populations that are generally underserved and give them access to knowledge and share my experience about growing up bilingual. I can also help them embrace and develop bilingualism, in spite of having a disability.
• I get to understand and connect with Latino or Hispanic families in a way that empowers them to advocate for services that they need. It also helps establish trust between the families and school.
• I get to use and maintain my native language.
• I get to use my heritage language to support my community.
• I get to use Spanish every day and keep up with my skills.
• I get to work with a beautiful culture outside of my first language and work with students and professionals that value manual language and ASL.
• I get to work with families who do not speak English and guide them to advocate for their child.
• I get to work with kids of all backgrounds and get to practice my native language.
• I get to work with kids who had similar experiences as me growing up as a second/first generation immigrant. I can see how much they value the representation of themselves in a skilled career. I can see the appreciation from parents when I don’t talk down to them and acknowledge their experiences as valid.
• I get to work with students of all backgrounds. It feels good to know being bilingual is valued and that my findings can help students receive the support they need and knowing that I helped a student to not be labeled as speech-language impaired just because he/she does not understand or speak English.
• I got to meet families from different cultural backgrounds.
• I have a better understanding and can easily connect with my students and their parents from diverse backgrounds.
• I have a better understanding of the language and I am able to determine which language is dominant. I can understand the child’s communicative intents in Spanish while giving therapy in English. I can speak with parents and give speech and language tips.
• I have a skill (ASL) that is very valuable in providing services to students who are deaf/hard of hearing. I absolutely love the population and am confident in providing services that help my students experience success with their unique communication needs.
• I have a stronger connection with students and families who speak Spanish.
• I have a very unique skill set and I’m making a difference and others express gratitude for what I do frequently which is always fun and unexpected. Also because of my skill set, I’ve been able to get involved at the state level to influence and build statewide programming for children with hearing loss, so, my skill set has opened doors for me.
• I have advocated for forming a CLD evaluation team to facilitate bilingual evaluations in my school district. Although my district mostly handles Spanish/English evaluations, I have been able to educate, counsel, and discuss research with our Spanish-speaking SLP who conducts these evaluations.
• I have always had a Spanish and English speaking caseload throughout my career – great!
• I have always had job stability and opportunity.
• I have always had very positive experiences working with other bilingual providers. We share information, best practices, etc.
• I have been able to establish strong relationships with my clients’/students’ families, facilitating their understanding of communication disorders and services.
• I have been able to adequately serve my community and adjacent communities with my language skills. Families, patients, and students have had great rapport with me as a clinician. I have become more in demand due to my skills.
• I have been able to connect with different, underrepresented communities as a clinician-researcher.
• I have been able to do cross-linguistic work with Latin-based languages as I have enough knowledge to be able to demonstrate similarities.
• I have been able to educate, inform, and work with a wide variety of individuals which has grown my own cultural humility and openness to treating individuals from many different cultural and linguistic backgrounds.
• I have been able to help a lot of families who do not understand English.
• I have been able to help children and families that no other professional was able to help or reach. My work has changed a lot of lives and perspectives, and I am very thankful for that.
• I have been able to help families that have limited knowledge about the special education process. I also have been able to help Spanish-speaking families advocate for their children with special needs by providing information and resources to them.
• I have been able to provide services in English and Spanish. While working with Spanish speaking families (Hispanic) in the continental USA they feel confident and safe because their speech pathologist understands not only their language, but their culture and heritage. When working with English speaking families in PR, they feel confident that their speech pathologist is competent and will deliver an effective assessment and/or therapy session.
• I have been able to service students in their home language and English and students become bilingual.
• I have been able to use ASL to facilitate speech in my young clients. I have been able to communicate with deaf parents of children that I have treated.
• I have been able to use my Spanish when working with my virtual school in California.
• I have been fortunate to help make special education processes and services more accessible to a larger population. I also appreciate when I am able to identify a child as having a language difference rather than a disability.
• I have better, more personable connections with families because I do not have to use an interpreter. This results in better outcomes for students.
• I have built stronger relationships with my students and their families. I have also witnessed firsthand how improving one language influences the improvement of all of a student’s languages.
• I have dabbled a bit in the Arabic language also during my time in Saudi Arabia and I found patients and their families really appreciated my trying to communicate with them directly in their language. And of course assessing children in their primary language gives us the best overall idea of their language skills.
• I have effectively built a robust rapport with my students and their families. Beyond providing speech and language services, I extend support to help them adjust to the changes in their new environment. Furthermore, I furnish valuable information to aid them in navigating their daily lives. This fulfilling experience has strengthened my connection with both students and their families. Additionally, gaining a deeper understanding of their background empowers me to set more realistic and personalized goals for each student.
• I have encountered many wonderful families.
• I have enjoyed evaluating and treating multilingual students plus gaining deeper connections with students and adults.
• I have enjoyed getting to know families and working with families who need me at school throughout my career as a multilingual service provider.
• I have enjoyed serving the Spanish-speaking population and providing culturally-responsive services in a way that positively impacts families and encourages—rather than inhibits—dual language development. I have also enjoyed mentoring graduate students, both multi- and monolingual, in providing culturally responsive care.
• I have enriched and learned my language by working with children from different cultures and backgrounds.
• I have established wonderful relationships with the families of my district. I have helped families who do not speak English feel as if they have a place in our educational system and a way to advocate and learn about their child’s needs. I was a part of creating a MLL outreach night where parents participated in seminars related to language, social skills, and literacy.
• I have found that many of the clients I serve appreciate my ability to speak to them and provide treatment in their native language.
• I have gotten to work with such a wonderful population and I enjoy using my skills to better serve my school.
• I have had many positive experiences working as a multilingual service provider including creating strong connections with clients and their families through our shared languages. I have fostered relationships with families who only speak Russian and was able to explain treatment plans and therapy goals to them.
• I have had positive experiences helping multicultural students and families navigate in the English-speaking world and better communicate in their setting. I have completed speech and language evaluations for children of multiple language backgrounds. I enjoy evaluating multilingual children and providing therapy for them.
• I have had several patients that have expressed their appreciation that I could provide services in their dominant language. It is very gratifying to be able to be of service.
• I have had the opportunity to communicate directly with deaf clients and their parents rather than needing to rely on an interpreter.
• I have had the opportunity to work with a bilingual family and help their daughter develop speech and language skills in both languages. I have worked with children of other nationalities/cultures as well, and feel my bilingualism and exposure to another culture has made me more accepting and willing to work with non-English speakers.
• I have had to provide services to Spanish speaking patients who had an English speaking therapist and they were so appreciative to finally have a therapist speak the same language.
• I have helped many students and families who do not speak English.
• I have increased my language fluency and comprehension significantly in a short time (3 years). I get to learn about other cultures, helping me to be more culturally competent. I have expanded my understanding of language development in thinking more about bilingual language development.
• I have learned an entirely new language in my CSD schooling and career. It has given me access to the Deaf community, Deaf friends, etc. that I would have never had access to before. I enjoy working with students who are new to ASL the same way I was and helping them learn.
• I have learned many dialects of Spanish and have increased my knowledge and sensitivity to multicultural impacts.
• I have learned to be empathetic to different cultures and therefore am able to provide quality services to better meet the client need.
• I have limited experience actually being able to utilize my second language in my clinical practice.
• I have loved being able to communicate with students and their parents, when their parents so often feel like they're being left out of conversations because people don't understand how to speak to them through interpreters or they feel like they can't say anything because no one will understand. My favorite moments are when I can tell a parent feels heard.
• I have loved that clients from all over have sought out my services due to my languages. I find it satisfying to be able to sort out what is a language delay/disorder and what is simply an effect of bilingualism.
• I have loved the patients and families that I have been able to work with.
• I have loved working with my Spanish-speaking clients, much in the same way I love my English speaking clients.
• I have loved working with the Spanish speaking community for the last 24 years! As a home-based early intervention provider, I have immersed myself in the culture and customs of people from Spanish speaking countries and learned the nuances of particular dialects of countries and regions from all over South and Central America. And I love serving an underserved population since there are much fewer resources available to bilingual children.
• I have made special connections and special relationships with parents and caregivers.
• I have my dream job working at a school for the Deaf. Being a bilingual clinician allows me to service an underserved population who greatly needs these services and are so thankful for having me there.
• I have never had an Italian client. I DID have a former colleague reach out to me about an Italian with aphasia who was looking for services, but he was in North Carolina and I’m in California. There was no way for me to provide a billable service across state lines.
• I have no experiences (positive or otherwise) as I have been unable to use the languages I can provide services in.
• I have not been able to do that where I live, unfortunately.
• I have only encountered a handful of Mandarin-speaking patients in my clinical practice, but I remember patients and their families being very thankful and satisfied with the services they had received, given the paucity of bilingual service providers.
• I have private clients who speak my language.
• I have really had no positive experiences. I kind of hate what I am doing and wish I had done something else. I abhor paperwork.
• I have the ability to provide services to more clients that would otherwise not be able to receive services.
• I have the opportunity to give back to families and students who are now living through what I experienced as an immigrant in the US.
• I have the opportunity to work with families that need bilingual services.
• I have the opportunity to work with my target demographic and be an advocate for them.
• I have the privilege of working with often underserved patients to optimize their rehab outcomes.
• I have truly enjoyed getting to share in the Hispanic culture with my clients and their families. I enjoy the challenge of working in another language and needing to keep abreast of both my language and professional skills.
• I haven't had the opportunity to use my other language professionally. It is just a potential for use.
• I helped translate and communicate with patients/caregivers, who feel more comfortable speaking in Spanish.
• I just enjoy it all around. Seeing kids start to make connections between languages, but also just communicating overall in one language or another.
• I know that it is imperative to the families and clients to have someone who understands and is knowledgeable about their culture and language. It is also the key to appropriate diagnosis and identifying children with receptive and expressive language disorders accurately.
• I learn other Hispanic cultural norms besides the Puerto Rican experience I have had. I get to learn their culture and phrases. Expansion of word knowledge as I work with Mexicans here in SC.
• I like being able to reach out to families who may not understand what services SLPs provide.
• I like being able to serve a community that has reduced access to culturally and linguistically appropriate services.
• I like to feel that I contribute and help the bilingual community with services, counseling, and guidance. I am the connecting point that allows easy access to services. Give them the necessary support so that they feel part of our society and that their voice is heard and is important. To be able to provide a quality service for the bilingual community and to cover their needs in the area of communication.
• I like working with families of other cultures. I have worked with many families grateful that I am able to communicate with them.
• I live in a border town in Texas with many children who still live in Mexico and their families (parents/grandparents) do not speak English. Our population here of families living on the U.S. side does NOT speak English and the kids start preschool, kindergarten, or first grade and are often referred for speech therapy. It helps to correctly identify a true language disorder and then be able to provide therapy in the dominant language (Spanish) or explain to the teacher that it is not a true language disorder.
• I love advocating for my bilingual families. I love when I see their progress.
• I love being a bilingual service provider! I think it’s so important to provide appropriate evaluations and services to correctly identify multilingual children and to be able to relay that information to parents. I also think it’s important to consider cultural implications and to be aware of and sensitive to respecting other cultures.
• I love being a bridge between cultures.
• I love being a bridge between the school setting and families.
• I love being a multilingual provider because I have the unique perspective of being a former bilingual student who can now relate to my current students.
• I LOVE being a multilingual service provider. It is so enriching to be able to connect with families in their native language without the use of an interpreter (which is typically done over an iPad or phone). Families and patients feel much more connected and understood, especially in the hospital setting.
• I love being able to communicate directly with parents and families about their student and reassure them that speaking their native language to their child is important and not detrimental at all.
• I love being able to communicate with parents and families because they are so appreciative of having someone who speaks their language.
• I love being able to complete Spanish-English evaluations to help school districts truly determine whether a student is demonstrating a language difference or a language disorder. It's been a positive experience providing that education to staff and training in ways that monolingual service providers can serve multilingual students.
• I love being able to connect my passion for speech/language with my passion for speaking Spanish. I have also loved being an advocate and resource for bilingual or Spanish-speaking families and supporting them with their children's language/speech development.
• I love being able to connect with Latine/Hispanic families in the community in their own language. Having a bilingual service provider, I believe, increases parent involvement and helps break down barriers that have been in place for decades.
• I love being able to connect with parents in their home language. I enjoy speaking multiple languages on a regular basis. I like thinking about reading development and instruction in students who are learning to read multiple languages.
• I love being able to connect with students and families in their native language.
• I love being able to connect with students and families in their primary language. The connection and trust are so much easier to establish and stronger in the end.
• I love being able to connect with students and their parents in their language.
• I love being able to differentiate between a language difference versus language disorder and be able to explain the reasons why. Not many providers are aware of this.
• I love being able to help my Hispanic clients as much as I am able to help my English-speaking clients; being a non-Hispanic SLP, I love seeing the surprise on families’ faces when I speak Spanish to their loved one.
• I love being able to help my students in their primary language.
• I love being able to help so many more people.
• I love being able to help students and teachers who would otherwise not have the help. I feel good that I have insight into language disorders in Spanish that helps others.
• I love being able to interact directly with families to provide the best services and care without the use of an interpreter.
• I love being able to interact with people from different countries and cultures. Families appreciate having a multilingual provider who can provide services in the home language.
• I love being able to provide a much-needed but difficult to find service.
• I love being able to provide a service that is highly needed to an underserved population.
• I love being able to provide assessments that are free from bias and have the knowledge to explain and back up clinical decisions for students from CLD populations.
• I love being able to provide services in a patient's primary language and see them respond differently (typically more positively) than when they are working with a monolingual clinician via an interpreter.
• I love being able to speak with families in their preferred language to build rapport and to evaluate a child in both languages they speak.
• I love being able to speak with immigrants in their home language about their child.
• I love being able to think about language through another dimension (treating language as an SLP and speaking two languages) and being able to help patients in their primary language. The rapport is greater and the session is more efficient than working with an interpreter.
• I love being able to use other languages to help those who require someone who has knowledge of what they require.
• I love being helpful to service providers who need additional input regarding a students' second language.
• I love being of service to my patients and educating families in their preferred language.
• I love being someone that connects with my students because we share a language and can relate about cultural experiences, too.
• I love connecting with families in their native language. I find they feel more comfortable asking questions during IEP meetings or general questions about their concerns regarding their child's speech and language skills when they know I can communicate with them in their native tongue.
• I love educating the parents who present with a language barrier about their child's disorders, their rights, and how they can help their child.
• I love encouraging growth in both the home and school languages.
• I love engaging with patients from different backgrounds and languages. With culture comes food and it is such a fun introduction to life. It helped me grow as a professional and as a person to interact with such dynamic people.
• I love giving back and watching families grow with my guidance.
• I love giving back to the community I grew up in which is heavily multilingual and multicultural. The relief evident on a patient's face when their clinician starts to speak their language is so rewarding.
• I love helping families and connecting with them in a world that they have difficulty navigating due to language barriers. I enjoy doing bilingual and monolingual Spanish evaluations to help children access our educational system in a meaningful way and get the support they need or get the differential factors that mean they don't have a disorder but just a difference due to language.
• I love interacting with the families and the students. I love analyzing the data from parent interviews/questionnaires, classroom observations, and bilingual measures.
• I love it and it has been so rewarding to feel that my skills can be used to make a difference in families' and clients' lives when they couldn't find anyone else to help them.
• I love it when I'm able to reach a community member that others can't.
• I love it.
• I love it. It's why I am an SLP.
• I love languages in general and speaking a second language has expanded my awareness of English as well as Spanish. I have found it fascinating to learn of those patterns that are seen in both English and Spanish as children learn to communicate, as well as to learn of what is unique to each. I have also been enriched by learning of/experiencing different cultures. The exposure to/in-depth learning of a second language, and the ability to use it in my line of work, has been exciting and expansive. It has given me a new perspective on language, communication development, and communication breakdowns and disorders. It has also given me a hugely more informed awareness and understanding of our students who enter school as non-English or English-as-a-second-language speakers. Even at the most general level, I feel that I have more sensitivity and empathy for these students, no matter what their first language may be, and have a better sense of what strategies may be more supportive for them. My experiences and struggles as I have learned a second language have been eye-opening in this process.

• I LOVE making services accessible to a population that would otherwise go without.
• I love providing high skilled service to minority groups. It’s not fair for them to receive devices by monolingual providers when they’re not.
• I love seeing kids flourish when you use all their languages!
• I love seeing my students progress in their language skills and being able to target the core of their language/speech needs in their home language, rather than seeing them struggle due to a lack of English proficiency (in addition to a disorder/delay).
• I love seeing the incredible linguistic skills of kids and their families. It is a very rewarding role.
• I love seeing the progress with my students and their comfort when they are able to speak in a language that they prefer.
• I love serving as a cultural-linguistic bridge between families and educators. Sometimes I’m the first educator the families have been able to really have a heart-to-heart with about their child.
• I love serving my community and connecting with my students. I am proud to deliver information in a language that my families understand.
• I love speaking with families in their home language and supporting them in communicating with their children. I love speaking Spanish and I love being able to use my Spanish at work in a meaningful way.
• I love supporting my community.
• I love surprising people with this additional language!
• I love that I am able to build rapport and trust with the families I service, which in turn helps the greater Latin community outreach.
• I love that I am able to help students who are having difficulty being understood if their first language is not English. I am glad that I can help provide students with the correct services as many times their language difference does not mean they have a language impairment.
• I love that I can advocate and really delve into any deficits and the reasons behind them and give them a real voice.
• I love that I can directly communicate with the families I see rather than relying on an interpreter. I love when families and I can connect and build instant rapport when they tell me about their culture or teach me a new word. I find this even the playing ground because then we’re both teaching each other new things. I’ve also had parents tell me that I’m the one place where they can speak their minds fully because they’re not limited by their limited English or relying on an interpreter, and that brings me a lot of satisfaction.
• I love that I can foster self-empowerment in undocumented persons who think they are not as interesting, learned, and respected as those from mainstream communities.
• I love that I can serve my community. Additionally, as an SLP, I ensure that positive and effective communication is established—the main tenant of our profession.
• I love the added challenge of evaluating children from multilingual backgrounds. It is very rewarding to give children access to the language of their home and community in addition to the language that they use in schools. It is important to me that a student’s home language is valued. I also enjoy helping other SLPs problem-solve using a difference vs. disorder approach.
• I love the connection with my own culture and community and seeing my clients succeed in navigating their biculturalism.
• I love the different cultures and languages.
• I love the direct connection I can have with families and students. While it's wonderful to have interpreters available, it's great to be able to communicate without needing someone in the middle.
• I love the diversity of students that I work with even though they all speak Spanish.
• I love the families I work with.
• I love the families I work with and the connection with my students.
• I love to be able to communicate and connect with families in a way that most of my team can't due to their lack of knowledge of the Latin community. Also, I enjoy how families and schools enhance the use of L1 across scenarios.
• I love to be able to connect with my students and families honoring their culture and values.
• I love to be able to support families in their native language and show respect and understanding for their culture.
• I love to connect with parents and students in their primary language.
• I love treating in Spanish, but where I live there are just very few Spanish speakers that end up in a nursing home.
• I love using language to empower my language diverse students. They see me “talking funny” and being their SLP and then they believe they can do anything!
• I love using Spanish daily in my work and love the Spanish speaking community in my area. I really believe that speaking another language opens up a whole world. I also love the family education piece of what I do though because I am consistently overworked, this part of the job is something I'd like more time to do.
• I love when students open up because they know you understand them and speak their home language. It is also very useful when speaking with parents, especially if they do not speak any English.
• I love working and advocating for my clients. I love being able to provide a service where they feel they are understood.
• I love working as a multilingual service provider. I enjoy the extra challenge of determining difference versus disorder. I feel like I make a true difference for clients when I help them to get an appropriate diagnosis and services. There is a natural advocacy piece that comes with working as a multilingual service provider.
• I love working in the homes of families and truly getting a feel of what their everyday life is like, and being able to work with them and see what is really possible in their everyday routines. Being in their home and sharing the same language allows for a deeper level of trust and connection.
• I love working with bilingual families to help meet the needs of their students.
• I love working with bilingual students. I enjoy opportunities to help educate peers on multilingual issues.
• I love working with families from different cultures. I am always learning new things.
• I love working with families from other countries and cultures.
• I love working with my bilingual (Spanish-English) families and students and helping them embrace their language and culture.
• I LOVE working with my DHH students! Deafness is definitely my niche, and I cannot imagine only working in English.
• I love working with my Spanish speaking families and students. It really helps connect with families when you know the heritage language. It is so fun to dive in and analyze a student’s errors or language differences.
• I love working with people in my native language. While not often it is very motivating for me.
• I love working with people in their native language.
• I love working with Spanish speaking students and their families. It helps build rapport and relationships. I conduct frequent testing of bilingual students and they are usually excited to be able to speak Spanish. It’s helpful that I can draw parallels between the two languages and explain concepts in Spanish. I currently have a bilingual student with DS and it’s really strengthening his comprehension to have explanations and instructions in both languages.
• I love working with Spanish-speaking families and being able to provide support and information and having bilingual colleagues to collaborate with along the way.
• I LOVE working with students and families from multilingual families.
• I love working with students and families in Spanish in a Spanish immersion school. I like helping students develop skills in Spanish when that is their home language. Families and students have been supportive of my using Spanish as a bilingual service provider. I also like working on multilingual evaluations for special education and working with other bilingual professionals.
• I love working with students and families who speak Spanish because I feel that I am making a difference.
• I love working with the population I serve. Parents are always so grateful that their child is receiving services in their native/home language.
• I love working with the Spanish speaking population. The patients and families make the extra work rewarding.
• I love, love my job. I have done bilingual speech and language evaluations for 23 years. I really enjoy diving deep into a student’s communication skills and determining what is going on.
• I loved working in a low income school district with parents that appreciated all the help they got in their native language. I also appreciated getting wonderful veteran support from bilingual mentors that I encountered on the job.
• I notice that my patients who are persons of color do feel comfortable with me. It helps build better rapport.
• I often feel very valued for my unique skill set.
• I provide a safe environment for my Spanish speaking parents to comfortably ask questions for clarification on their child's program and services. My students enjoy having a provider that understands their culture and native language.
• I provide multilingual service through my small private practice. I have served monolingual Japanese speakers who develop aphasia. I was the only Japanese/English bilingual to evaluate and remediate her in town.
• I realize that I can provide true, equal opportunities to students that are often misunderstood. Parents/students/patients feel understood culturally and are able to truly express their concerns.
• I really appreciate that people can find me in the ASHA directory as a Farsi-speaking SLP. I have completed several bilingual assessments and provided short-term intervention for a few clients over the years.
• I really enjoy and appreciate cultural exchanges with my students and their families. The families I work with are very appreciative of my efforts to communicate with them in their language.
• I really enjoy being able to make a difference by providing a correct diagnosis and treatment. It is not just because I am trilingual but it is because of years of self-learning and practice. I definitely think more training is a must for the program.
• I really enjoy feeling the gratification of parents who express how happy they are that someone who speaks the language is able to help their child and help them understand their child’s deficits, skills, and overall therapy plan.
• I really enjoyed learning about the other cultures.
• I really like being able to work with families in their own native language, and to be able to work with the children in their own native language as well. I like not having to rely on an interpreter to do my job.
• I reap the benefits of immigrant families feeling comfortable and supported in the evaluation and treatment process. I also see the authenticity/confidence involved in a child communicating in their native language.
• I see Spanish-speaking patients quite rarely in my setting – only about once a month or once every two months. When I do, it's always a relief for families to speak freely and not worry about waiting on the interpreter. It has been fairly easy to establish rapport with these families just on the basis of a shared language and some shared cultural knowledge; though most of the families I work with are from Mexico, and I have more experience and knowledge of Central and South America. I also have a unique area of expertise – AAC for adults in medical settings, with an emphasis on neurodegenerative disease – and patients are often glad they’ve found me, even if they have to travel to get to me. I wish there were more bilingual providers trained in adult medical speech-language pathology, though.
• I share the same culture of monolingual and bilingual students in our school district and that allows me to have a dual understanding of the students’ background experiences in addition to building rapport and a stronger collaborative team relationship.
• I think I can better service students with a bilingual background.
• I think it’s about time we stop pandering to murderers. This not the America I grew up in. We respect all cultures. My parents went through the Holocaust and everything that’s going on in America is un-American. We are one melting pot. It’s a disgrace.
• I think it is great and we need more. I perform my job better because I speak the home language and understands the culture.
• I think knowing that effort is being placed on the provision of a valid and authentic assessment of an individual's communicative functioning. Also, learning about other languages and cultures is a benefit.
• I think my positive experiences come from being a multicultural service provider, rather than a multilingual provider. I can relate to families of various cultural, ethnic, and linguistic backgrounds, even if they are different from mine, much better than my monocultural background colleagues.
• I truly enjoy seeing the language development right before my eyes. It is incredible how the brain can switch in a second from one language to another.
• I truly enjoy working with the students and families. I’m on an evaluation team and I like to help families get the support that they need for their child with special needs.
• I truly feel that I make my Spanish-speaking children feel so much better when they can communicate in their native language and be understood.
• I understand the struggles of learning multiple languages and often can relate to my clients easier.
• I was able to advocate for ELL students who only needed more ESL instruction and L2 support, instead of misidentifying them as language impairment.
• I was able to build relationships with people and help them access services and care that they would not have been able to due to a language barrier.
• I was able to help out an SLP assessing a bilingual kid. Given my language combination, actually putting it in practice is an all too rare opportunity.
• I was able to treat a handful of students with a more culturally competent perspective than their teachers.
• I was allowed to do the single task of bilingual diagnostics in my school district.
• I was drawn to speech due to a limited number of bilingual therapists. I wanted to help families from various cultures/countries obtain the services for their loved ones. I love making a breakthrough and achieving goals with my clients.
• I will say seeing the happy faces of students and parents when they discover they can talk to me using their home language. Parents are happy because they can communicate their concerns and be understood.
• I won a $50k grant from AT&T for opening the only practice in Richmond, VA that specializes in bilingualism. We see about 200 appointments a week.
• I work at a two-way dual language school so I love seeing all of my students becoming bilingual. Working with other multilingual adults is also very fun and engaging.
• I work in a bilingual elementary school and it is wonderful to see students engaged in their home language in the classroom.
• I work in a dual language school, so I am well-supported by other bilinguals and multilinguals among school staff, families, and students. I also feel valued by my SLP colleagues in the district, who often ask me questions about their multilingual students. I am proud to provide ethical services to these families.
• I work in an area with a lot of recent immigrants from Spanish-speaking countries and being able to provide care in their native language and seeing the relief on their faces when I begin speaking to them in Spanish after all of their other experiences using translators with doctors is a wonderful feeling.
• I work with students and families with whom I share the same cultural and linguistic backgrounds.
• I work with the Spanish-speaking community as a school-based SLP. I am part of the preschool evaluation team, so I am often one of the first contacts a parent has when entering the world of special education. It is so rewarding to receive the heartfelt thanks from parents who you have helped to navigate the system. Many times, you are the first professional who has had the words to note the strengths of their child and to assure them that we are here to make sure their child gets the support they require to be successful. Speaking the language of our families and providing valid, evidence-based bilingual evaluations for emerging bilingual children is a special role, and I always feel valued by my work community and the families we serve.
I’m able to better service students and their parents in their native language. Being able to better connect with students, family, and faculty/staff.

I’m able to meet a need otherwise unmet.

I’m in demand a lot and help out many employees and families in my district. Families feel more connected to me since I speak their language. I can help determine language disorder vs difference.

I’m not providing multilingual services.

I’m very passionate about social justice, equity, and inclusion in our field and the world. I’m proud of my ability to communicate in more than one language and make a positive difference for my community in their native language and culture, thus building therapeutic relationships that are affirming and supportive yielding highly effective and meaningful results. I’m also able to educate others on the importance and value of bilingualism and multilingualism and promote best practices for effective and ethical services.

I’ve gotten to provide services to monolingual Spanish speaking patients and provide education to their families. I’ve created/translated materials into Spanish. I’ve seen the difference in progress when services are provided via translator vs therapist who speaks their language.

I’ve had so many!! First and foremost being able to educate coworkers on bilingual language development, especially when there is a language disorder at play, to better understand the students’ needs and provide appropriate instruction / intervention when necessary. Also increasing cultural sensitivity and appreciation for diversity.

I’ve had some incredible experiences connecting with caregivers who do not speak English and finally feel that they are able to participate in their family member’s care.

I’ve had very limited need for my services where I live and work.

I’ve seen increased progress in students who receive individualized treatment in their first language. I’ve also been able to connect on a deeper level with parents by taking into consideration their culture, beliefs, and language during the evaluation and treatment process.

I’m able to connect with the clients and their families more which allows them to actively participate in the entire process from evaluations to therapy sessions and home education plans. The families feel more comfortable when I speak their language and are more willing to share information as well as utilize resources I give them.

I’m able to give comfort and information to families that may otherwise be confused or feel unconnected to the services being provided.

I’m able to provide services to more individuals, meet interesting people, and learn the nuances of the same language spoken by individuals from different areas of the world.

I’m often able to explain medical information in a way the client needs it, particularly if they are scared or distrustful. The minute I speak their native language there is a level of trust that they give me.

I’m so glad that I had the opportunity to service student that are bilingual. It made them feel culturally and linguistically understood.

Immediate communication with parents without needing to wait for a translator. Helping families to continue primary language development while their child also learns English. Being able to communicate with your family is critical.

Immersion into another culture and ability to embody the belief that everyone deserves a “voice.”

Impact of being spoken to in their home language rather than an interpreter for families.
• Impact the community and expand the outreach, bridge the gap for health literacy
• Impacting the lives of those I work with
• Improved communication with parents which results in increased carryover
• Improvement in patient care outcomes
• Improves the quality of care and outcomes via specific treatments in a culturally appropriate context for different populations
• Improving access of marginalized communities to educational opportunities and engagement
• Improving care for marginalized people
• Improving patient QOL. Continuing to learn and improve my language skills daily.

In Maine, I don’t get to use my skills as much. Previously, in south Seattle, it was extremely helpful in developing rapport with parents. My independent study and knowledge of the Spanish language also helps me understand the language development that I was seeing in my bilingual students.

In my current telehealth job, I feel like I’m being compensated for my Spanish.

In my few years working as a multilingual service provider, I have not only grown my own language skills in both languages, but I have also been able to increase my knowledge and understanding of multiple cultures that has helped me better serve each of the multicultural families I meet.

In private practice I am able to meet the specific communication needs my clients and their families need.

In Puerto Rico, I do all my therapies in Spanish.

In the school environment, my bilingualism is appreciated and I feel that I make a difference in the lives of my bilingual students every day. I feel valued especially in evaluations to make sure that I am correctly diagnosing a bilingual child as having or not having a speech or language disorder.

In the schools, I feel it helps me establish better partnerships with Spanish-speaking families as well as stronger rapport with students, especially newcomers.

Incorporating cultural diversity in direct interventions with children and their families. I feel that I’ve been able to grow as a clinician when working with clients and families of different backgrounds.

Increase in knowledge of different cultural practices and customs. Better development of interpersonal relationships with patient's family. Quicker and stronger positive outcomes for bilingual children with speech and language delays.

Increased connection with families, developing solid relationships/trust, educating families on their rights, building confidence to become their child’s strongest advocate

Increased connection with the family. Increased client interest and engagement. Better treatment efficacy. Reduced evaluation bias.

Increased cultural awareness

Increased cultural competence working with a variety of clients from different languages/backgrounds, not just the language/culture in which I have bilingual proficiency

Increased cultural knowledge, ability to connect with patients and families in their native language, and provide much-needed services in Spanish.
- Increased ethical quality of service to patients
- Increased mental rigor, greater employment opportunities, ability to negotiate higher pay, unique mentorship opportunities (mentor others and be mentored)
- Increased patient rapport with Spanish speaking residents that result in more positive outcomes with families
- Increased understanding of other languages and cultures
- Increases cross-cultural knowledge to help provide services in an optimal way
- Increases the cultural responsive teaching practices and its understanding while providing services
- Increasing academic equity
- Increasing parent education and reducing the language gap regarding the purpose of speech and language services
- Interacting and listening to families from other countries
- Interactions with the families I serve
- Interfacing with families and helping distinguish normal second language acquisition from disorders/delay
- It adds an additional layer of complexity. I enjoy learning languages, so being able to practice/improve as a multilingual service provider is rewarding. I feel that I am more competitive for jobs. Parents and families are appreciative when they find out I can communicate with them in their native language.
- It allows me to connect with clients and students on a level of mutual understanding for different cultures. Parents are more receptive to clinician feedback, suggestions, and goals when someone who speaks their language is present.
- It allows me to really understand the language and cognitive development of my clients that are bilingual by tracking their language development in Spanish or Portuguese and English. The cultural understanding and the ability to communicate with their parents in their native language is also hugely impactful for delivering services for the whole family.
- It always feels so rewarding and satisfying to step in and be the link that opens up and clears up the problem for the student or the parents or the teachers!
- It became my niche. It is rewarding to help families with similar linguistic and cultural backgrounds.
- It expands my scope of practice and allows me to build meaningful relationship with clients and their families.
- It felt fulfilling to provide services to monolingual Spanish speaking families that might not have had access to Spanish speaking therapists.
- It has allowed me to provide a service the client would otherwise not be able to receive.
- It has allowed me to reach all members of my current community and allowed me to improve services for minority populations in a previous school setting.
- It has been a pleasure to provide a unique experience for my clients because I speak their language and respect/ learn their culture regardless of our differences. That’s why I’m so disappointed in ASHA. They have not yet provided the same moral courtesy by making a statement against the 10/7 attack in Israel and against the antisemitism that is being directed to me as an Iranian Jewish SLP.
- It has been easier to get hired in competitive environments in comparison to monolingual SLPs (because we are in higher demand). Compensation should match this.
- It has been easy to find work and unique roles tailored specifically to bilingual background and services I am able to offer.
• It has been great to connect with people from other cultures who feel like they don't have anyone on their side because they speak a different language. When I speak the same language, they express that they feel like I'm on their team and have greater comfort knowing that the child/patient will be taken care of.

• It has been rewarding to work with families who have often been underserved.

• It has been so fulfilling to be able to provide services to an entire population that our company would otherwise be unable to serve.

• It has been very rewarding to work with children and families from other backgrounds and languages. It keeps me humble and abreast of the latest research available as children who speak another language have different skills in both languages.

• It has improved my marketability.

• It has opened the doors to learn more from families and their culture. While my primary language is Spanish, I keep on learning different dialects in Spanish from people who were raised in Latin America.

• It helps me connect with my patients in a much more meaningful way.

• It is a much needed service.

• It is a very specific task and I have been fortunate to obtain steady contractual work which is lucrative.

• It is beautiful to connect with families in their home language and provide them with resources to help them thrive.

• It is ethically correct and intellectually stimulating!

• It is exponential and cannot be described with a brief description. Every day I know I am changing the lives of patients and family members and it is priceless.

• It is extremely rewarding to be able to serve a population that is so extremely underrepresented in the field of speech-language pathology.

• It is gratifying to help people who are marginalized. It is intellectually stimulating.

• It is highly appreciated in the community as well as professionally when you can provide support in a native language.

• It is highly satisfying to provide my patients and clients with treatment in their native language. It allows for better outcomes and patient engagement in treatment.

• It is important to be able to provide information in a way that is accessible to patients, clients, and families who do not speak English as their primary language.

• It is my passion to serve those in my cultural and linguistic community. Families are more talkative and honest in meetings once they are speaking to someone in their native language directly. When more comfortable, they share more and we are able to better serve their children.

• It is rewarding being able to use my second language to successfully communicate important matters with the patient and family during serious, new, and scary moments for both the patient and family. Many times, the family demonstrates relief seeing that there is someone who speaks their language, and they have total understanding of the information being spoken to them.

• It is rewarding for me given my multilingual background. However, it is equally frustrating to work alongside people that have limited knowledge aside from coursework that often negatively impacts the multilingual population.

• It is rewarding to be able to communicate with families not proficient in English, and especially gratifying to educate the families and community about bilingual language acquisition.
• It is rewarding to be able to help patients in settings where Spanish speaking therapists are 0–limited.
• It is rewarding to be able to provide services to families in their home language when they otherwise would struggle to get the services they need. I also have enjoyed learning from families about their cultural backgrounds and languages and developed much of my language competence from interacting with families. Learning another language also helped me to become more aware of the language learning process, which helps me relate in a new way to young children learning language(s).
• It is rewarding to be able to talk to parents about their child’s needs in their own language, as well as to be able to help the child!
• It is rewarding to provide bilingual services to those in need. Being educated in bilingualism and multicultural services is a plus to counsel caregivers and school teachers to promote a healthy heritage language setting to those who acquire two languages.
• It is satisfying to connect with the child and the family using a language of their comfort.
• It is so rewarding to help multilingual families who have children with disabilities. These families love their kids and want the best for them. The language barrier often makes them feel like they are not equipped to help their kids. “Si supiera ingles seria mejor.” “If only I knew English it would be better.” It’s so disheartening when a priority choice of English as the language of instruction is made “es mejor para la escuela”…vs priority being given also to the child’s need to communicate with his/her family… I encourage families to enroll in English classes offered within our community to also help them assimilate and acclimate to the English speaking environment.
• It is such a pleasure to contribute to a diverse cultural background by helping children to communicate in English and their home-language and by advising the parents who have limited English language abilities.
• It is the joy of my life. I have worked for 46 years at a monthly clinic for children with special needs from Sonora, Mexico and consider that the most rewarding experience I have had as an SLP. I also wrote the initial Unidad program for PRC (for the Vantage Lite) and hope that in that way I’ve made a contribution to the profession.
• It is very gratifying to be able to provide services for these children in the language they understand and are comfortable with. The students, parents, and directors also very much appreciate having someone who speaks their language and is part of their culture work with their children.
• It is very gratifying work. The level of gratitude from the clients and families when their culture, heritage, and language are being acknowledged, heard, and honored with materials and with direct practice is huge. They don’t feel like they need to choose between their language/culture and receiving services. I’ve also been able to provide parent workshops and parents express relief in finding out that exposing their child to multiple languages isn’t causing their delays. It’s wonderful to dissipate misinformation and empower the leaders of tomorrow. My parents still send me photos of their kids over a decade after they have finished working with me; I get to celebrate the graduations and birthdays of bilingual children and young people around the country. I’m beyond grateful for this work.
• It is very rewarding and it gives me a sense of appreciation from the students and their families.
• It is very rewarding to help not only my students, but their families. Communicating with family members in their native language builds a bridge and facilitates communicative growth in the entire family.
• It is very rewarding to provide access to services in the home language of children and families, which they often have limited access to.
• It is very satisfying to coach/support families through early intervention, including Spanish speaking families!
• It is what I love, and my connection to my students, and clients’ families and community
- It is wonderful to be able to speak to parents in their home language; they connect more with a provider who speaks their language and there is a different level of trust.
- It makes families feel comfortable.
- It makes me feel connected to my roots and my community.
- It makes practice even more interesting. So few know much about it.
- It opens doors of communication with more ethnicities.
- It opens the door for so many opportunities to help families whose primary language is not English.
- It provides me with increased job security.
- It really benefits the patients in hospital settings.
- It saves me a lot of time from having to get a translator when completing and evaluation for a Spanish speaking student. Also, I am better able to communicate with parents.
- It was rewarding to be able to connect with families through their native languages and shared cultural experiences, especially during difficult times such as during the diagnosis of their child with autism.
- It's an added bonus that I can reach a population of clients that would otherwise not have access to the most effective therapy, due to not speaking any English. It has also been incredibly neat to work with adoptees from other countries who haven’t yet learned to speak English but need therapy as soon as possible.
- It’s an honor to be able to offer patient and family education in their own language, to help guide them through the complicated medical system.
- It’s been great knowing I’ve been able to make an impact for families who are in need of bilingual speech services.
- It’s gratifying to work with people like me, as many families have similar stories to mine and/or family members.
- It’s great!!
- It’s more challenging and more fun! It allows me to use both languages and gives me an edge in the treatment.
- It’s my passion. I get to advocate for those in the broken educational setting.
- It’s natural for me since I grew up in a Spanish speaking home. ASL was very rewarding to assist families engage with their families and learn about deaf culture.
- It’s so rewarding.
- It’s so rewarding serving an underserved population and empowering parents to help their children.
- It’s very rewarding being able to approach SLP services in the child’s natural/native language.
- It’s very rewarding to be able to be there and support my students/clients and their families, especially since many of them haven’t had bilingual providers, or it’s a rare occasion.
- It’s a joy to be able to differentiate between language differences and disorders as I know this kind of misdiagnosis can change the trajectory of a student’s entire life. I’ve thoroughly enjoyed mentoring graduate students over the past few years and sharing all that I have learned.
• It’s always a joy to see a client happy that they can communicate with you freely without a language barrier standing in the way. You can work on their therapy goals but also establish rapport with them, which helps you get to know them as a person.
• It’s amazing to be able to communicate with students and parents in their first language.
• It’s been wonderful helping students get the services they need. I have also really enjoyed being a part of the bilingual team and working with the parents of the students I serve.
• It’s easier to develop metalinguistic skills in bilingual kids by virtue of the fact that they speak two languages. They naturally think about the differences in the language easier. It’s fun to tap into that to help them with their language.
• It’s easier to establish rapport with families.
• It’s easy to get a job.
• It’s gratifying to search my community, especially when appropriate and high quality services are so lacking. I also see the impact I and other Mandarin-speaking SLPs are having on encouraging and supporting the next generation.
• It’s great not having to depend on someone else to help me determine language disorder from language difference during evaluation.
• It’s originally why I got into the field. I knew I would have an edge up on others and that it would help me better understand my patients and have a more familiar, meaningful connection. I connect with patients and families in ways others simply cannot. I save my company money by decreasing the need for interpreter services during my sessions. I see the massive benefits in the recovery of my patients who are bilingual when they are provided therapy services in both languages as opposed to those who are bilingual with an L2 different than mine.
• It’s satisfying to be able to separate language disorder from language difference.
• It’s so rewarding to serve the multilingual population, as being part of the community myself!
• It’s very gratifying working with families whose first language is not English, who may be unfamiliar with disability services in this city/state, building relationships with them, and helping their children achieve speech/language goals.
• It’s very rewarding to be able to help minority groups who are marginalized and misdiagnosed.
• I’ve been able to educate the teams I work with on language difference vs disorder.
• I’ve been able to serve more clients who would prefer to speak directly with the SLP in Spanish, rather than work with an interpreter.
• I’ve loved the impact I am able to have on students and families in supporting their home language and serving as a resource in areas where there aren’t many speakers of their native language.
• I’ve thoroughly enjoyed working with other multilingual providers to improve our practices and learn from each other. I also love working with bilingual populations. I learn just as much if not more than my students just from working with them on their language goals.
• Job satisfaction. Job security. The parents/families are wonderful to work with.
• Job security
• Job security and retention
• Joy and a sense of satisfaction communicating directly with the patient and family
• Keeps me on my toes! Always learning.
• Kids and families are pleasantly surprised when I speak their language. We are able to address goals more effectively and efficiently without a language barrier.
• Know different cultures
• Knowing different cultures and learning from them
• Knowing I am working with an underserved and underrepresented population who truly needs my services
• Knowing my skills were helpful to others
• Knowing that I am providing EBP for my students, clients, and their families
• Knowing that I’m providing support services to underrepresented populations/students
• Knowing that students who don’t speak English are being helped as well as working with their parents
• Knowing that you are helping a child and their family get the help they need
• Knowing the language is not enough. You must understand the culture to help families navigate through a medical crisis. Families that know you understand their culture are more trusting of you.
• Knowing two worlds through two languages and cultures. Having an understanding of how much a language encompasses within a culture.
• Language practice. Connection with people of same cultural group. Analysis of phonetics/phonology in speech sound development and in accents
• Learn about other cultures
• Learning about cultures other than my own. Connecting with families in the primary language.
• Learning about customs, traditions, and localized jargon from the families I encounter
• Learning about different cultures and language differences
• Learning about different cultures and new words with dialectal differences of Spanish-speaking people in different countries
• Learning about different cultures, students’ and families’ comfort levels with an SLP who speaks their native language
• Learning about other classes litres through interaction with students and their families
• Learning from families, being invited into their lives and homes. What we do is such an honor.
• Learning from my students and providing them a safe space as they adjust to life in a new country
• Learning more about the culture and relationships between the families serviced
• Learning other cultures, more accurately assessing and serving multilingual students and their families, building rapport and trust with families
• Learning to be culturally responsive
• Less need for interpreter is more efficient.
• Let’s instead provide you with what one of the people with whom I learn said this week: "It was truly a pleasure to take your class. This semester I cried over one of my peers second-guessing my knowledge and making me feel as if I was below them. Taking your class was a reminder and a breath of fresh air to take up all the space I needed because I worked just as hard to be here. I can’t express the feeling of seeing you teach knowing one day I hope to be just as knowledgeable. Gracias por representarnos con tanto orgullo. I will keep in touch. Have a lovely winter break! ¡Feliz Navidad y año nuevo!" The asset we as minoritized individuals bring to institutions do move beyond this
being a mirror to individuals who share our identities to being the visual representation of dreams in higher education. But also we bring a wealth of knowledge because of our experiences negotiating our languages, our ways of being, and our entanglements and survival in mostly white (as in culture of whiteness) spaces.

- Lingual and cultural match with the families
- Living in Florida it’s a plus to speak Spanish since there is a huge Hispanic population.
- Love working with families and create more knowledge and value around education and family – educator relationships
- Love working with Latino culture – families are fabulous. The patients are so grateful for care without an interpreter.
- Love working with monolingual Spanish speaking kids who just arrived to the country
- Love working within my community
- Made me more responsive to the multilingual family’s needs and bust some myths during treatment and training
- Maintaining and even further developing my proficiency in my non-native language, building stronger connections with Spanish-speaking and bilingual students and parents
- Making a difference in rural communities where specialized therapies are typically not available and being able to provide these therapies in their native language is very rewarding.
- Making a difference in the lives of individuals who would not receive services if I was not around to provide them
- Making a difference in the lives of underserved youth and families
- Making a difference within communities that are overlooked
- Making a necessary difference in multilingual clients’ lives
- Making a significant and noticeable impact on the students and families I serve because the Deaf population is often woefully incorrectly treated by monolingual SLPs, which causes trauma
- Making a stronger and trusting relationship with my patients and their families in a difficult time
- Making communication and understanding accessible to all and educating others
- Making connections with families
- Making connections with people from a variety of cultures, having the ability to help them when others can’t, seeing the progress
- Making sure that multilingual students receive the appropriate services as their monolingual peers
- Making those connections with families and patients
- Making years long connections with families as well as my students
- Many of my patients minds are blown and they instantly relax when they walk into my office and realize that I speak their language. The ability to have someone understand you and communicate in your language in the health care setting can put your mind at ease and help you feel confident in the services you’re receiving.
- Many positive experiences. My training in Floortime also enhances my perspective about respecting diverse cultural backgrounds.
- Many students and/or adults who are not fluent in English feel that they cannot obtain speech therapy services. Being able to provide therapy to the best of my multilingual ability is extremely rewarding for both the student/adult and myself.
Many times families feel more comfortable with someone who knows their culture. It helps me comfort and advise families better since I understand their culture better.

Many, many patients would go unseen by speech if I didn’t speak Spanish.

Meeting clients/families from various countries and learning specific accents

Meeting other SLPs who work with the same population

Meeting people from backgrounds that are different from mine

Meeting the needs of under resourced immigrant families, supporting monolingual staff, satisfaction from being able to use my brainpower more fully and flexibly

More direct communication and authentic connections with my patients

More diversity

More meaningful interactions with parents, helping students develop into dual language learners/speakers

More opportunities for language mixing in holistic communication and life participation. More fun with language sharing with clients. Greater motivation for clients in terms of life participation goals.

More perspectives to consider

More progress, improvement establishment of rapport with parents and clients, increased engagement from parents during case history interviews, overall increased participation of parents in child’s treatment

More work opportunities, communicating with parents in their home language, learning from students about their cultures

Multilingual parents are very appreciative to have someone who speaks their language to explain the process and their options.

Multilingual services have been limited since there is limited need in my setting. When I have provided services in my language, families were more appreciative and the session was productive.

Multilingualism has opened up new communicative pathways for my clients/students.

My ability to connect with a family immediately

My biculturalism allows me to treat patients with a patient-centered approach, taking into account their traditions, beliefs, and foods when making recommendations and planning treatment.

My clients are the reason I love my job. I have a skill that not many have providing bilingual speech therapy. I work in a dual language setting and I am definitely making a difference in their lives.

My clients have grown and progressed when treated in the language that they speak.

My colleagues rely on me to inform their practice in their school sites and that makes me feel like a valued member of the team. My administrators also recognize my need to be available as this resource and have provided me the support needed to carry my caseload enough to make myself available.

My coworkers rely on me to see the Spanish speaking patients most of the time.

My cultural sensitivity for all multilingual students, better assessment skills, and ability to connect with families

My experience has been positive. Patients and their families are more open and compliant when they connect on a cultural and linguistic level.
• My experiences are more culturally diverse and my learning is hands-on. I get a bilingual stipend and I enjoy working with bilingual graduate students as a practicum supervisor as well.

• My families
  My family moves a lot and I never have difficulty finding a school-based job. I feel that my skills in being bilingual are filling a critical need in every school district I have worked for.
  My graduate education and background supported my evolution as an SLP from a medical model of disability to a biopsychosocial model and I am now able to train others in how to partner with communities using anti-ableist, strengths-based practices.
  My mentor was bicultural and fluent in Spanish. She mentored me through critical thinking for language differences.
  My monolingual patients who do not speak English appreciate that they have a professional who can communicate with them in their primary language and who understands their culture and customs.
  My opportunity for serving as a multilingual SLP has been very limited/none since I became an SLP, so I am afraid that I won't be able to share any good or bad experience as a multilingual service provider.
  My patients and being able to assist them
  My patients are usually surprised and grateful to find someone who can provide services without the addition of a translator. My language skills also help me to connect with a typically underserved portion of our patient populace here in California.
  My patients' families are very appreciative and grateful to be able to receive services in the language they communicate in.
  My sensitivity to cultural use of language has increased.
  My work has increased, sometimes I am very needed. Parents are very appreciative.
  N/A; I wish I had experiences to share but Greek is not a commonly needed language.
  No multilingual experiences yet
  None. I am not compensated for being bilingual. I am just expected to do it.
  Not over-identifying students with a speech-language impairment
  Nothing stands out to me.
  Observing gains in a child's home language; strengthening community connections
  Offering support to my community with a cultural and linguistic understanding that serves to help clients feel heard and understood.
  Often, being the first professional provider to connect with the family in their heritage language. Training undergraduate and graduate students to provide services to bilingual and multilingual individuals with speech and/or language disorders.
  Once I moved to working in private practice (that focuses on bilingual services), my experience was significantly more valued, my skills were nurtured, and I am compensated equitably for my skills. Positive experiences are all in a space where my supervisors/bosses share my cultural identity and understand the cultural implications of our work.
  Opening the door to immigrant families so they better understand their rights. PRISE, helping them connect to their child's IEP.
  Opportunities to learn from bilingual clinical supervisors/coworkers. Deeper connection/establishment of rapport with families to support them in supporting their child's development.
  Opportunity to support the kids and their families. Teaching opportunity to professionals I work with.
- Opportunity to work with underserved communities, parent education with families who lack resources, working with other providers who are passionate about this demographic, getting to find new and interesting ways to serve these students and their families through different language needs
- Outreach to a diverse population
- Outreach to the population
- Over 50% of my caseload is Spanish speaking patients.
- Over a span of 20 years, I was forced to be resourceful in a profession lacking bilingual resources. I now own a small business selling my products. Also, I have had the pleasure of meeting families from different countries and learning their dialects. I’ve also enjoyed serving as a national online mentor for new SLPs.
- Parent and child comfort level increased.
- Parents and children feeling seen when I am able to communicate with them in their language of origin
- Parents and students being able to communicate in their L1
- Parents and students feel comfortable to be able to communicate in their primary language.
- Parents and students feel more comfortable when using their home language (L1).
- Parents and students feel understood; I can identify a language disorder vs. a language difference; I can meet students where they are instead of pushing them to speak English; the collaboration with other multilingual service providers; I don’t have to rely on standardized assessments to evaluate a student, which yields a more accurate picture of the student’s speech and language abilities.
- Parents appreciate that you can speak to them in Spanish about their student’s challenges.
- Parents are more open to discussion and accepting of services once they hear their own language spoken in meetings.
- Parents are receptive and engage in treatment follow-up. Clients improve in both languages at the same time!
- Parents are very appreciative of being able to speak to someone in their native tongue. Students are appropriately assessed!
- Parents are very grateful to be able to communicate with me about their child’s difficulties, and they appreciate being able to get services for their child in their home language.
- Parents expressing appreciation for cultural and language differences considerations when evaluating and treating bilingual/bicultural patients.
- Parents feel a sense of relief that I can speak their language. ASHA needs to do more to support its members. This is no longer a sustainable career for a majority of SLPs. Our caseloads and reimbursement rates are causing many to leave this field. I don’t get paid more or get more opportunities for being bilingual.
- Parents have reported that they feel more connected to me and enjoy our sessions more because they can speak to me directly instead of through an interpreter. Plus I get to hear first words in multiple languages!
- Parents seem to trust me more when they are able to communicate in their first language with me.
- Parents/families appreciate when they are able to have services provided in their child’s first language directly from an SLP instead of relying on an interpreter.
Part of the reason I decided to become an SLP was the bilingual certification program at San Diego State University. Spanish, as a language, has always been very beautiful to me and the idea of being able to use it and speak with others while helping them was very motivating to me. Now that I am a home health professional, I meet families from all over the Spanish speaking world. This enriches my life and practice and always pushes me to improve my understanding of the language and world of other people.

Patient and caregiver feedback and results. Sometimes I’m the only health care provider who understands their language and cultural differences and needs. Also, the satisfaction of providing the appropriate service and on many occasions it is great to know that I correctly assessed or treated the client's needs.

• Patient has a better picture of their condition and reason for treatment.
• Patients and families very appreciative to have services in their native language.
• Patients and their families feel more respected and are very grateful. More accurate information is developed on the patient's true abilities. Continued development of my own bilingual skills.
• Patients and their families are always very grateful and excited when they discover I speak Spanish—communication, education, and teaching all goes so much smoother without the barrier or need for an interpreter. Less gets “lost” in translation.
• Patients are especially grateful to have a provider who speaks their language and they tend to have better outcomes.
• Patients are more comfortable with you, trust you more, and are more likely to follow up treatment recommendations if you as a provider speak their language.
• Patients are usually relieved when they realize I speak Spanish and can perform my services in their native language.
• Patients feel at ease and progress is evident.
• Patients feel more comfortable during sessions. It broadens the number of patients and students to work with.
• Patients progress and quality of life significantly improves.
• Patients, clients, and their families feel seen and heard. There is more trust and compliance from them. I am able to address cultural nuances that may impact success with their goals.
• Patients. Helping patients in their native language is a great satisfaction.
• People appreciate service delivery in their original language.
• People are getting services they may not be privy to if not for my language skills. Outreach and support with cultural and linguistic understanding are valuable.
• People from other countries are very happy to find a provider who is willing to work with patients whose first language isn't English.
• People who are non-English speakers are extremely grateful to get services directly in their primary language. Also, it is best not to be reliant on translators who are often not trained to be interpreters, and/or don’t understand speech pathologists’ needs.
• People's appreciation of my services. There are very few of us.
• Personal and professional growth
• Personal connection with families I serve. Children identify with me because I speak their home language. Cultural understanding.
• Plasticity, exposure to other cultures, challenging languages barriers, gratifying sense of giving back
• Plenty of empathy-building skills which help in my day to day professional and personal life
• Positive experience has been being able to use the preschool language scales Spanish edition and using that to help make the correct determination of being an eligibility for language impairment versus an ESL placement.
• Positive experiences are rooted in assisting and helping children in the community that might not have access to services in their primary language; specifically, to the birth to PreK population.
• Positive experiences include the ability to directly communicate with parents, caregivers, students, and teachers and the exposure to different Latin cultures, speech accents, and idioms.
• Positive feedback and appreciation from students, parents, and other school staff
• Positive impact on my bilingual clients
• Practice my second language skills
• Practicing cultural humility. Being able to couch information in a family-centric way. Offering support to parents in their own language.
• Private practice opportunities, I can test students in both languages, I can offer PD for teachers, other SLPs, and other professionals, our field is very rewarding in many ways...
• Privileged to work with a variety of patients and their cultures
• Proper diagnosis and more efficient POC
• Proud to help minority patients
• Provide a comfortable and safe space to people in their most vulnerable and terrified state (i.e., inpatient care) and provide meaningful services with increased quality of life!
• Provide an ethical service that truly meets the needs of the population
• Provide for a population that is in severe need of bilingual providers
• Providing a much-needed service to underserved members of my community
• Providing access to skilled intervention to underserved communities. Providing a sense of connection and education to families who do not have access to materials/training/education in Spanish. Supporting families in being connected with resources in their areas.
• Providing adequate diagnosis. Understanding cultural differences.
• Providing bilingual/culturally responsive assessments. Being able to reach out to more clients and families. To be able to provide family education.
• Providing clients with a comfortable environment to be able to express them freely in their respective languages
• Providing culturally and linguistically sensitive evaluation/treatment services to bilingual families brings a positive impact to the Mandarin speaking population.
• Providing culturally competent care to students; receiving compensation for bilingual services through the Houston Independent School District for ASL (wasn’t the case when I started as they only provided stipends for Spanish speaking SLPs)
• Providing culturally sensitive services that are meaningful to the client and families. Recognizing differences that are not disorders.
• Providing direct services in the client’s first language is much more effective than using an interpreter. Progress is better and you connect with the client and family better.
• Providing direct services to patients who are Spanish speaking and have language deficits
• Providing EBP evaluations and multilingual therapy that monolingual service providers are unable to do. Getting to work with the Latino population in their native languages. Empowering families to continue in their home language(s) at home and having the knowledge and resources to educate families on best practices as they relate to multilingualism.
• Providing expertise to other SLPs in my district about bilingual assessment and service delivery. Working with students and families that benefit from bilingual assessment and service delivery.
• Providing explanations to parents about bilingualism and language impairments. Reassuring them that they did not cause problems or confusion. Working with kids to feel pride in being bilingual and strive to use both languages. As a linguist, analyzing bilingual language samples of kids with language impairments is thrilling, and knowing how to help the kids. Knowing I’m not replaceable. Identifying kids that have been under identified because people assumed they were learning English and also dismissing students that were overidentified because testing looked at only one language.
• Providing families information in a way that they understand (speaking their language); being able to transcend the boundaries with cultural sensitivity; researching language development, with my known languages
• Providing families with an opportunity to learn more about their child’s language development directly and engaging them in community resources
• Providing information to immigrants who otherwise would not have the knowledge of services and how to help their children
• Providing language access to students who might otherwise have none
• Providing language equity to patients and rehabilitation in a meaningful, responsive way to the patient and their needs
• Providing needed services for my community
• Providing quality therapy that makes an impact on a student/kiddo that would not have otherwise been made without my bilingualism
• Providing resources and services to families
• Providing resources to multilingual families to use at home to increase the language skills of the child
• Providing service to my community and improving access to care and health care equity. It’s an honor.
• Providing services in a patient’s primary language
• Providing services directly and not needing an interpreter, the relief on their faces when they know I speak the same language, better patient and family buy-in and understanding of therapy
• Providing services for an underserved population. Working with a more diverse clientele.
• Providing services in students’ native language is critical to ensuring that they having access to language. I often use two languages with my Spanish speaking students; I need to use both for them to understand. I can communicate better with my Spanish speaking students and their families and have a better relationship with them.
• Providing services to a variety of families that depend on information and resources to support their children
• Providing services to children and being able to communicate effectively with their parents who might otherwise not be served. I have also learned a lot about cultural and linguistic similarities and differences between various Spanish-speaking communities and speakers of other languages (e.g., Q’anjob’al).
• Providing services to children in their native language results in faster mastery of goal and carryover of skill to non-native language.
• Providing services to clients that are in need of services and providing support to family members
• Providing services to clients who speak languages other than English and Spanish
• Providing services to families and patients in their native language is the most positive experience, as they oftentimes require additional support that is not received in English.
• Providing services to students in their first language allows for a better assessment of language skills to identify disorder vs difference.
• Providing services to those most in need. Differentially diagnosing between severe delayed skills vs. a student being diagnosed just appearing delayed because of the language difference.
• Providing skilled services that monolingual providers can’t provide and forming relationships with families
• Providing Spanish-speaking families with relevant resources and guidance as they navigate institutions that would otherwise cast aside their concerns or do the bare minimum
• Providing speech-language services to families who might otherwise not have access to these services
• Providing support to clients and their families in need. Advocating for these families against the biased and systematic oppression that is often perpetuated by monolingual SLPs.
• Providing support to multicultural populations creates an ally towards student experiences.
• Providing support to students and families in their native or primary language
• Providing the feeling of understanding for the child and their parents. Assessing skills that other professionals miss.
• Providing treatment in student’s primary language
• Providing under serviced children
• Rapport building
• Rapport building is significantly easier when I can speak the same language as the patient and their parents. There appears to be a deeper connection and sense that they share more details with me when I can speak with the family in their preferred and/or dominant language.
• Rapport with family members and staff
• Reach out to more people in need
• Reaching a population that may not otherwise know what resources are available to them
• Reaching an underserved population in our area
• Reaching clients in a way that feels appropriate and fully captures their communication preferences
• Reaching clients who might not otherwise receive care in my other areas of specialty
• Reaching families that are otherwise left out of their child’s care
• Reaching immigrant communities
• Reaching more patients that need our services
• Reaching out to a diverse population
• Reaching out to underserved populations
• Realizing that I am their opportunity to succeed in an otherwise strange world
• Recognition and connection with patient’s family
Recognizing that L1 and L2 require instruction, especially when schools are moving to a dual language system.

Reducing the rate of students qualified under a language disorder when they presented a language difference. Higher rate of dismissals for bilingual students receiving interventions first and/or mostly in their first language. Empowering families to continue to foster bilingualism even with speech and/or language impaired children at home. Spanish speaking parents/caregivers tend to connect with me for speaking their language. Therefore they engage more in carryover practice at home and positive reinforcement for my clients. I see ease and relief on my client's and/or their parent's faces when they hear me speaking Spanish during an IEP, on the phone, or at a parent conference.

Relating to families

Relating to patients’ families and helping them find resources

Relationships built with parents and students

Relationships with families

Relationships with families, seeing parents visibly relax when they see I speak Spanish

Resilience and the greater ability to appreciate the world as a whole

Resource for families, relating to families, relating to students, being familiar with accents and dialects (disorder vs difference)

Responding to parent concerns and offering culturally responsive evaluations

Rewarding experiences, in-demand job, good pay

Rewarding, creative, makes you a desirable job candidate and reassurance of job security, connect with more clients, variety

Rewarding. Families are appreciative and see student progress. Also helping colleagues is rewarding.

Righting wrongs. Educating community about multilingual language development.

Satisfaction

Satisfaction knowing that I am helping children and parents who only speak Spanish. I DO NOT get financial compensation for being a bilingual/biliterate clinician.

Satisfaction of helping members of my own native language community

Satisfaction of using my knowledge and training to enhance my students’ communication

Scarcity

Seeing a family member being involved and advocating for their loved one when they find a provider that speaks their language

Seeing how relieved patients feel when they have someone communicate more freely

Seeing patients happy because you understand them and they can communicate their needs

Seeing progress in the home language in addition to the language learned at school

Seeing students grow and learn in more than one language

Seeing students transition from Language 1 to Language 2 with minimal language and articulation deficits

Seeing the benefits of providing dual language intervention services to my bilingual clients/patients and their families (i.e., improve their communication skills across their languages)

Seeing the increase in support and engagement from monolingual parents when they can communicate and understand what their child is learning
• Seeing the shift in families/students when their home language is honored and used. It makes the work more fluid and meaningful to them.
• Serve families from all over Latin America and listen to their stories
• Service and help families in their primary language
• Servicing Spanish-speaking only families. Advocating and educating professionals about differentiating language differences from disorder. Reducing the rate of wrongly identified students due to language differences.
• Serving a community that I can fight for that consistently gets underserved and discriminated against
• Serving a diverse and interesting community. Reaching parents and families with their native language. Serving as a school resource.
• Serving an underrepresented part of our population and giving them a voice
• Serving CLD families and being able to communicate with them in their primary language
• Serving families from many cultural and linguistic backgrounds and community with additional multilingual providers
• Serving families who have previously not been included in their child’s plan of care. Allowing parents who only speak Spanish to voice their concerns and to educate in their language.
• Serving migrant families
• Serving my bilingual community
• Serving the Hispanic population in their language and understanding the culture
• Serving the underserved population. Getting to use my first language every day so it is not lost.
• Showing monolingual colleagues what students can do when gathering data in all of their languages
• SLPs are usually people that enjoy making a difference; this is a way I can do this for people who often do not have service providers that make them feel seen and heard.
• So important to provide therapy to our patients in their L1 for optimum care and best practice
• So many great experiences! Seeing parents’ relief when a provider can communicate in their language is wonderful every time.
• SO MANY! But mostly, I am so grateful that many of the Spanish speaking families I see might fall through the cracks if there were not multilingual families to support them.
• So many!! The families I’ve met along the way, all my students, the connections... When you’re a bilingual service provider for new Americans, your role extends to be a liaison and a mentor of sorts. Equity work is embedded in everything you do. I’ve also loved collaborating with the amazing monolingual English SLPs who advocate for the linguistic needs of their students.
• So many, it has been amazing to connect with parents that speak Spanish that wouldn’t have had that opportunity in other situations. I’ve noticed greater carryover and more connection with the kids as they have another person in their life who speaks their home language.
• So many. It is very rewarding being able to respect and value the complete language system of my clients by incorporating all their languages into assessment and intervention.
• So many; primarily the joy of doing what I truly love— 1) never-ending language-learning, and 2) communicating with people who are not able to communicate with anyone else in the room—the joy and relief on their faces when I begin to speak their language is worth
everything it took me to get there. I do not think I, personally, would be fully satisfied in the profession if I were not a multilingual service provider.

- Social justice for students and families who were misdiagnosed as having a language disorder. Developing and implementing a district wide culturally responsive multilingual assessment process. Connecting students and families to the services that they need whether they met eligibility for special education or other district services if they did not qualify. Connecting with families in their native language.
- Socorro, Texas cultural experiences
- Some clients improved quickly by delivering services via their first language.
- Sometimes the family/client feels more confident when the treatment is explained in their own language, creating a better interaction as a team
- Spanish speaking clients most of the time are very appreciative. You have a more thorough assessment and clients provide more information and more accurate information.
- Spanish speaking patients are relieved and excited to know that they can communicate with their therapist. These patients often seek for continuous assistance because they can communicate with me. We build an excellent relationship with the patient, family, and caregivers.
- Speaking my students' language helps me relate better to them, their bilingual teachers, and their families. It also puts me in a better position to advocate for them within a majority-English-speaking school system.
- Speaking to families in their native language builds relationships and decreases the time needed for an interpreter.
- Speaking more than one language gives you a better understanding of different approaches to interactions. It also strengthens your understanding of language.
- Stronger connection with clients and family members
- Student and family feel more comfortable with someone who knows their language and culture.
- Student progress which would not have been achieved if services were provided in English and in their strong language
- Students and families are incredibly grateful when they know that they can receive service from a bilingual provider. Students often feel more at home when they have a teacher who is speaking the language they speak at home.
- Students and parents feel more supported. They are able to share information and have a better communication.
- Students and parents respond better when their native language is used. I create a common bond.
- Students feel comfort when I have provided therapy in Spanish and older students feel a sense of empowerment. Parents have demonstrated so much gratitude toward bilingual providers.
- Students increased both languages to communicate in their community and academically.
- Students who blossom and are excited to hear adults be bilingual, and explain in their language, as well as talk about some of the challenges and ways it is an asset to them
- Supervising multilingual students. Meeting wonderful families. Working with skilled translators.
- Support and compensation
- Support for the immigrant community
- Supporting the home language builds bridges between working with students and honoring their families.
• Supporting a family who may feel or encounter language and/or cultural differences are a barrier to receiving / diagnosing / talking about their concerns
• Supporting an underserved population. Watching patients grow in their communication and enhanced participation with their home and community.
• Supporting communities that don’t have the access as those that speak English
• Supporting families by meeting them where they are
• Supporting families in their language
• Supporting families while communicating with Spanish-speaking families without language barriers. Empowering families/students with information on multilingual language development. Engaging bilingual clients in their preferred language to put them at ease. Assessing Spanish-speaking clients in this language with ease.
• Supporting multilingual students and their families. I also work at an acute rehabilitation hospital and have been able to use my multilingual skills in that setting.
• Supporting other SLPs and other disciplines
• Supporting parents and children in their native language and maintaining a heritage language connection
• Supporting parents/families and students who don’t know English
• Teaching colleagues the difference between language disorder and language difference
• That families who don’t speak English feel they can access the help they need and get the support they need. To know they feel seen and heard.
• That I am able to reach multiple communities and provide adequate services in their native language while being cultural and language competent
• That I am much needed as 90% of my day is speaking to parents in Spanish (and also one patient in French). The positive experience is to feel that I can build a strong rapport with families.
• That I get the opportunity to help Spanish speaking families where others in my field can’t
• That my skills are needed, working with the DHH students
• The ability to acquire cultural competence when working with a diverse group of clients
• The ability to advocate and assist individuals who would otherwise not receive required care
• The ability to be able to communicate with parents and people in the community; build rapport and trust
• The ability to be innovative
• The ability to clearly communicate, not only with young children with minimal English exposure, but more importantly with the parents when supporting the language development of their children
• The ability to communicate directly to a caregiver or patient, client versus having to go through the extra steps to have to find an interpreter
• The ability to connect directly with clients and families as we team together to offer each client their best connection to communication and community
- The ability to connect with and understand the bilingual Spanish culture at a deeper level
- The ability to connect with families using my native language has been priceless. There are so many minority families in need and not enough bilingual therapists to go around.
- The ability to connect with more students/families in their native language
- The ability to connect with parents and their children on a deeper level when you show them appreciation for their language and their culture
- The ability to develop relationships and trust with families that my monolingual colleagues express they don't feel they have when working with interpreters.
- The ability to differentiate between the language disorder and the language difference. Culturally appropriate placement and therapy continue to be my emphasis in my practice.
- The ability to distinguish between differences and disorders.
- The ability to evaluate and treat patients directly in their native language without the filter of a professional interpreter.
- The ability to explain why certain aspects of communication for a student are occurring based on my knowledge and experience with bilingual communicators, thereby helping parents and teachers better understand and connect with their children and students.
- The ability to help clients bridge the gap between the home language and the school/community language.
- The ability to help my community in our native language.
- The ability to offer the same services to my Spanish speaking patients as I do to my English speaking patients. They deserve the same level of care and having a therapist that speaks your language allows for that.
- The ability to personally connect with the family and learn a new language.
- The ability to provide services that are culturally and linguistically responsive as well as the integration of parents and their home language into children's instruction.
- The ability to reach out and relate with a variety of patients in order to improve quality of life via improvements within communication abilities.
- The ability to reach the many children and families. It greatly increases their comfort level and also aids in understanding their language abilities.
- The ability to serve my community with less barriers. I have the ability to make long-lasting connections with my patients.
- The ability to speak to/welcome in the family to services. Most of my Latino parents avoid school meetings because of language.
- The ability to truly connect with families without having to go through an interpreter.
- The ability to understand how language and culture can impact differences in communication.
- The ability to work with children in their native language and communicate with parents about disorders, differences and how to help their children succeed.
- The ability to work with underrepresented groups and educate their families has been an amazing experience and makes me feel fulfilled as a human being, not just as an SLP.
- The amazing connections and being able to support people around the globe.
• The appreciation for being able to communicate with a Spanish speaking professional
• The appreciation for bilingual skills by staff. The appreciative culture that most of my students’ families have for my skills.
• The appreciation the parents demonstrate when I incorporate their native language into therapy and their culture
• The best part is seeing the relief on the parents’ faces when they see that I speak their language.
• The caregivers are grateful to have someone whom they trust and whom they can communicate with.
• The chance to connect to families with different backgrounds
• The chance to see a kid’s face light up when you are the one person in the building that speaks his/her primary language. The ability to provide students and families with the services they deserve.
• The clients are the primary beneficiaries of my bilingual skill set. We serve as a bridge to connect the SLI student and their language of instruction.
• The clients feel more at ease with professionals who speak their native language and respect their culture. This respect is the key to progress in therapy.
• The comfort children feel when they hear their native language
• The comfort level of the family and client knowing that they can use their primary language
• The community I serve makes it worthwhile.
• The community where I work is heavily Spanish-speaking but parents still appreciate when they receive information in their native language. The students are used to hearing both languages so they don’t outwardly express how much they appreciate receiving services in their native language but parents do, so that’s a greatly validating experience.
• The connection and rapport I build with the families of Spanish speaking backgrounds is unmatched. Most of the times these families tell me heartbreaking stories from working with incompetent health care professionals, including monolingual SLPs, who do not understand bilingualism and language development. The tears shed when they realize they have met someone who not only speaks their language, but values their experiences, can empathize with their struggles, and know they can trust. The feeling of being a multilingual provider goes beyond speaking the language and these experiences with families as what make this all worth it.
• The connection that I can more easily make with multilingual students and families. Although it’s more significant when serving families that speak Spanish it also helps establishing rapport with multilingual families of other languages. Ideally each family will have a professional that can speak their languages, but it helps bring in a multilingual familia when serving other multilingual families.
• The connection with my patients is much stronger.
• The connections I am able to make with my minority families
• The connections I make with my families. I feel valued because I know the services I provide are unique and appreciated.
• The connections with my students! I understand them because I am them.
• The connections with the families during the sessions, IEP meetings, etc. Growing my knowledge of how to support the transition from L1 to L2.
• The creativity and diversity of language
• The Deaf HOH community is underserved by "specialists" who do not understand Deaf culture. CSD programs do not talk about language deprivation and it harms the DHH students. This needs to change.
• The depth and breadth of the Deaf and Hard of Hearing community has expanded my understanding in all areas of my clinical skills.
• The difference it makes with patients’ and caregivers’ level of comfort and competency in treatment
• The experiences with the families and community. Supporting clinical development of bilingual graduate students.
• The fact that there are language barriers with caregivers and you can be an advocate and liaison between stakeholders and the families
• The fact that they can provide speech-language therapy to the patient who does not speak English, both children and seniors
• The families and children I help
• The families and kids!
• The families and their enthusiasm
• The families appreciate that a medical professional speaks their native language.
• The families appreciate that there are professionals who can speak their native language, making them feel understood, comfortable, and accepted.
• The families are always so grateful to hear you speak their home language. That eases their minds.
• The families are extremely grateful.
• The families are so appreciative of the knowledge of culture and linguistics that they feel more comfortable and confident in becoming a part of the child's therapy and in carrying over strategies.
• The families are so grateful and positive.
• The families are so grateful knowing that the service will be provided in their primary language.
• The families I feel I am helping educate and advocate for
• The families I have worked with have been very appreciative of services and committed to working with their child (early intervention). I use the coaching model which has been very successful and gets the whole family involved. Good relationships with them.
• The families that I work with are so grateful for a provider who can treat in a culturally responsive and respectful manner.
• The families with which I serve are so very appreciative. I also enjoy seeing the progress and improvements the students make being provided with services in their native language.
• The family expressed special appreciation regarding my services provided in their mother tongue. It was extremely helpful to them.
• The family is appreciative.
• The feeling of relief I see in my clients’ families when they realize that they will be actively involved in their child's services and that they will not need to struggle to understand what’s going on or struggle to communicate their concerns with or desires for the services being provided to them and their child
• The fun of working as a cross-cultural service provider, seeing my students benefit from my speech therapy services I provide to them
• The general education teachers are very appreciative of support, resources and suggestions to help multilingual students. The parents are very grateful to have the special education process and testing process explained to them. Parents are also very grateful when time is taken to explain their child’s difficulties in simple terms as they relate to the American education system.
• The gratitude from patients when they receive care in their primary language
• The gratitude from the families. They feel left behind by their pediatrician or school. They are grateful that someone can connect with them and speak their language to explain what their child needs.
• The gratitude that families have
• The greatest thing about working with bilingual students is the connection that we are able to establish with them and family members. Being able to help them achieve success and being sensitive about their culture is the most rewarding thing ever.
• The impact I have on families who otherwise would not receive the services I provide. I’m the only bilingual SLP at my level 4 hospital and if I weren’t here, all interactions would have to happen through translation/interpretation. I KNOW I am providing a service that no one else at this 457 bed hospital provides.
• The impact I help make in people’s lives
• The impact that I can make in building a strong relationship with caregivers to potentiate the client’s treatment with strong modeling in the home setting
• The impact you have on families who are desperately needing support and guidance while being misguided by well-intentioned but misinformed monolingual providers
• The importance of representation. Better quality of rapport and engagement with clients.
• The joy and satisfaction of knowing that I have been able to provide services which otherwise would not have been provided
• The kids’ smiles when you can speak their native language. The relationships built with parents and families.
• The knowledge that I was able to help Filipino families and the student's team determine if the student had a language disorder vs a language difference
• The level of confidence and rapport that can be established with a patient that speaks the same language and/or has a similar cultural identify
• The look of relief on a family member's face when they hear me say their name in Spanish and they finally get to interact with someone that can understand what they are saying. Being a cultural broker for families to understand the systems in which they are seeking services. Being able to shift back and forth across languages (translanguaging) easily with mutual understanding with clients, families, and co-workers. Being able to bring my whole self to work, not just my “proper English-speaking self”. Being able to understand clinical documentation that clients are bringing with them from another country or territory. Using my privilege to advocate for services, families, and equitable access to care.
• The look on my students' faces when I first started working with them. They were so surprised and relieved that I spoke their language and that they would be able to communicate with me easily.
• The most important aspect about being a bilingual provider is to share not only the same language but the cultural values with my patients and their families.
• The most positive experience is the feeling of relief I see in the parents bringing in their child to evaluation unknowing expectation and then they see someone that looks like them and speaks the same language. I have reduced my time at work to only the bilingual evaluations because I’m the only current Arabic bilingual evaluator in my area and I feel I have a responsibility to uphold.
• The most positive experiences are meeting families who are giving, appreciative, and teach me about their language, culture, and traditions.
• The most positive experiences have been in communicating with my families, mentoring graduate students, and a slight increase in pay from my monolingual peers.
• The most positive experiences have been interacting with parents and children in their preferred language and guiding schools to help them create multicultural and multilingual inclusive environments.
• The most positive experience working as a multilingual service provider is having the opportunity to genuinely connect with the client and their immediate family members in order to better understand their concerns and requests. It is a joyful and honorable experience to be able to serve the bilingual families that I have worked with in the past and to be able to educate and guide them in understanding the process of helping their child/children address their communication needs and challenges.
• The most positive part about being a multilingual service provider is being able to offer services to families in their native language. It builds deeper trust and relationship and is best for the child and family.
• The most rewarding aspect is being able to give back to my community.
• The most rewarding thing has been the relief that parents feel when I can speak their language. They know they can call or email in their native language and they feel more comfortable and less overwhelmed by the whole process knowing I can advocate for them and explain things to them. It feels good to be able to translate or interpret when needed and to be able to “save the day” when things happen like the interpreter doesn’t show up for the meeting.
• The multilingual populations are equally in need of acceptance and assistance, especially when considering the possibility of speech/language issues/concerns.
• The multilingual provider world is small but strong. I love meeting and working with other multilingual providers. Most of my referrals come from providers I know—other multilingual SLPs, Els, ITDS, Drs, etc.
• The need in the field and building relationships with families in need
• The number of patients you can help increases.
• The number one benefit of being multilingual is the connection with the families, offering them direct information and conversation about their child.
• The opportunity to better my skills in Spanish. The ability to communicate effectively with students and their parents. The opportunity to serve the Latinx community.
• The opportunity to provide service and education to an underserved population. Teaching families to advocate for their family member.
• The opportunity to provide Spanish speaking families with resources, education, and support in their native language for their children presenting with a range of communication difficulties but most importantly those with an ASD diagnosis who are often treated as though they must select the dominant language (i.e., English) as the primary and only language to use and develop to have any success. Educating my fellow monolingual English speaking SLPs on the importance of validating all languages spoken in the home and providing them with resources for cultural understanding and empowerment.
• The opportunity to work at a great charter school (requires bilingual language testing)
• The opportunity to work with diverse families and support colleagues in best meeting student needs
• The parents are often so very grateful to have a provider who speaks their own language.
• The possibility to connect and reach out to isolated students and their families. Provide services to clients in their own language and connecting with them.
• The rapport built with family
• The rapport that is established with the families of my students
• The relief families feel being able to communicate directly with someone, especially in a state that has a very small Spanish bilingual population historically
• The relief families feel that someone is able to support them and understand their concerns
• The relief in the families' faces when working with someone with a similar culture, understanding, and language
• The relief parents feel when they can express what they believe are their child's needs as well as being able to meet the needs of a child whose language needs are significant but frequently need input from both languages in order to succeed
• The respect that schools and families give to bilingual providers seems higher than in my experiences working in English only contexts. Also, the opportunities for growth and movement are higher.
• The reward is always having contact with parents who do not speak English and giving them a voice, a possibility to be heard about their concerns regarding their children's speech and language needs. Also, helping some monolingual SLPs to understand about cultural and linguistic differences (there are still some that do not take into account differences).
• The satisfaction of being able to help a minority population and educate the parents. To see the relieved expression on their faces when they find someone who speaks the same language and identifies as one of them (understands their culture), not just an interpreter.
• The satisfaction we get when patients improve in both languages, giving them the chance to function in different cultural environments
• The smile on a client’s face when I code switch or they are provided help in the language they understand or might even be more comfortable in always makes me soo happy. It’s so wonderful to provide them with that.
• The Spanish speaking families have been very supportive as I speak Spanish as a second language.
• The students and family are so appreciative of the ability to have that level of support.
• The true appreciation from the families
• The US was known as a “melting pot” in the past, a “salad bowl” now because of the diversity of the population from other countries. It is a pleasure to advocate for the patients who have communicative disorders and difficulties with speaking English at the same time.
• The variability of the caseload. The challenge to explain concepts that will be easily understood.
• There are currently very limited assessments in Arabic. Families greatly appreciate having someone who speaks their language to help assess their child to tease out a disorder from a weakness.
• There are many positives, I think being a multilingual service provider offers me a perspective to individualize care for all my patients because I have a better understanding of how linguistic and cultural backgrounds differ within speakers of the same language.
• There are many, but being able to help children communicate with their families in their native language is always rewarding.
• There are not many since remuneration rarely reflects what I bring to the table as a multilingual SLP. I think the greatest reward is that students/clients receive more equitable assessment and service delivery and I am able to work with more people...I wish I could celebrate more about being a multilingual service provider.

• There aren’t many French providers available in my area but there are many French speaking families who need a clinician. It’s easy to get clients and it feels good to meet a need.

• There is a lot of work, not enough knowledgeable service providers.

• There is great satisfaction in empowering individuals and the systems around them to understand and celebrate differences. Using creativity and compassion to help bridge gaps is fulfilling in ways I can’t begin to describe.

• There is such gratitude among families, children, and staff when I am able to support and engage the child in their native language.

• They are an underserved community, but some of the most appreciative within our field.

• Through my work and working with multilingual children and families I have been able to better support autistic individuals interested in supporting dual language development.

• Throughout my career I was always highly employable due to my bilingual skills.

• To be able to be an advocate for multicultural and multilingual families

• To be able to evaluate and create special programs to serve students with speech and language issues

• To ensure that students who know additional languages have language access in his/her native language

• To help parents and their children gain access to professional resources and support otherwise restricted by their limited second language (English) skills

• To increase awareness of parents about the importance of early language development

• To positively impact the population I serve, where I encourage the conservation of one's identity, culture, and language and promote the teaching of a second or third language, where possible and compatible with the specific case in question

• To reach communities that may not have access to services in their own language

• Too many to list! I help caregivers cultivate competence, joy, and support for teaching their children using ALL their chosen languages. Facilitating moments for them to reclaim and strengthening their relationship to their family's home or heritage language is a privilege.

• Too many to list. It gives me access to many struggling, underserved families.

• Translation services aren’t appropriate for all patients. Patients who are hard of hearing, have dysarthria, learning disabilities, etc., benefit more from direct treatment rather than treatment by proxy of translation. In my experience, patients are more likely to participate in therapy and complete home exercises when I can speak their language.

• Treating patients in their native tongue

• Trust develops with the client and their family.

• Typically very humble families who are happy to be receiving services and are receptive to strategies provided

• Understanding dual language acquisition and helping families understand that it is not detrimental to their language impaired child if they speak with them in their native language and that it is in fact better for their child

• Understanding of different cultural differences. Able to reach and help the Hispanic community.
- Understanding of language disorders vs language differences
- Unique experiences, better client-patient dynamic
- Using both languages for communication allows me to understand a child's language abilities better and makes therapy more worthwhile. It makes me feel like a clinician, and not an EL teacher.
- Variety of population
- Variety of what I do with each family, and learning about different cultures
- Versatility and being able to help other SLPs in the community
- Very few. I draw positive from my interactions with the students. Often the administrative part does not make it easy.
- Very rewarding
- Very rewarding to distinguish between a language disorder and language difference, talking to students in their native language to see I respect them and their culture
- Very rewarding to help people
- Very rewarding, can talk to the parents in my school district
- Watching patients’ communication skills improve
- We are able to bounce ideas and collaborate.
- We have learned about multilingual factors and tendencies and learned about other cultures.
- When I am able to explain to the family regarding the child’s speech assessment results and the treatment plan in their native language, it feels great to know that the family is not less informed due to a language barrier.
- When I do bilingual evaluations, I help the school team understand the true strengths and weaknesses of students by taking into consideration their abilities in both of their languages. This helps to ensure that they are not mislabeled as having a speech or language disorder. If they do have a speech or language disorder, my evaluation helps the team understand the nature of it.
- When I used to work in a school setting, I appreciated my ability and opportunity to support families in navigating special education, and their students’ education in a monolingual setting, more generally. Families were so disconnected from many monolingual instructors despite the fact that our school was generally very communicative to families. There was a dire need for more staff who could translate and also communicate directly. We had access to a phone bank translation service and that was of course better than nothing, but it wasn’t always reliable and families had a different experience having a point of contact who actually worked in the school as opposed to someone totally outside.
- When I worked in a fully dual immersed pre-k through 5th grade elementary school as well as having a bilingual supervisor during my CF year. I learned a lot from her.
- When interviewing families about their child’s language background I realize I get more information when speaking directly in the family’s language than I would working through an interpreter.
- When my expertise perfectly matches my clients’ and their caregivers’ language needs, I feel all my extra work has been paid.
- When parents know they have a clinician who speaks the home language, they tend to take a more active role by participating and asking questions, making them more informed during the evaluation process.
• When Spanish speaking parents feel honored by my dedication to learn their language
• When working with medically fragile patients, my Spanish-speaking patients seem to be more at ease when they realize that I can work with them in Spanish.
• Where do I begin? The rich cultural knowledge, the improved awareness of linguistic diversity between groups speaking the same language, awareness of how strongly accents impact on language comprehension, parenting practices that are different from glorious to group. I have also worked with Arabic, Hindu, Chinese, and Japanese families. Always an enriching experience. I have grown so much as a person.
• Where I currently work, there is not much need for a Japanese speaking service.
• Where I live, it’s predominantly Spanish speaking families, so it feels rewarding to provide those services to individuals who need it.
• Will never be out of work
• With CVA patients and pediatric patients oftentimes providing ST services in their primary language helps facilitate better follow through and understanding
• With the growing population of Spanish speaking students in Florida, knowing another language has aided proper student placement distinguishing ESOL students from students with language disabilities.
• Witnessing the client’s lexicon and vocabulary use expand. Helping clients better understand and access social, vocational, and academic opportunities in their environment.
• Wonderful because you learn from different cultures and help a varied population
• Wonderful experience of having the opportunity to learn about other cultures and their views and customs regarding health care, parenting, and caring for family members who are sick or injured
• Wonderful opportunities to see growth bilingually
• Work with families and colleagues
• Work with a diverse population and the non-native English speaking family feels very comfortable.
• Working as a bilingual SLP has allowed me to connect with families who have felt frustrated about not accessing services in their home language for their child.
• Working as a multilingual service provider has been a remarkably positive experience for me, especially in fostering special relationships with parents. One of the most rewarding aspects has been the ability to facilitate effective communication throughout the special education process. Speaking Spanish has allowed me to bridge gaps, ensuring that parents comprehend the nuances of the educational journey their child is embarking on. Acting as an intermediary between parents and colleagues, such as Child Study Teams (CST) and teachers, has allowed me to facilitate smooth communication and ensure that everyone involved is on the same page. Translating parents’ questions, concerns, and perspectives to the educational team, and vice versa, has been a crucial role in fostering collaboration.
• Working as a multilingual service provider is very personally rewarding. The students and families I have impacted are many and feel so grateful. I also feel that my support helps provide greater opportunities for them in life.
• Working at a school for the deaf where colleagues were proficient in ASL and I had access to on the job tutoring in ASL
• Working at my first job while getting my CCCs. I used Russian that I had used only as a child with my dad's side of the family to help treat a Russian woman post stroke who had no English language comprehension. Used iPhone translation as well.
• Working closely with families. Providing services in their home language.
• Working closely with the families
• Working for a district that recognizes and appreciates the value I provide by working as a bilingual SLP. This is done through compensation and giving me autonomy in how I practice.
• Working in and helping my community
• Working in home health as a multilingual SLP, I have been able to assist an underserved population that is not able to get help because there are not enough providers. Clients have been waiting for months to years for a therapist to help them. Regardless of the setting whether it is clinical, school, or home-based, they can often not get services. The families are so grateful as they had no one to help them.
• Working in the bilingual language laboratory taught me more than any coursework or practicum ever could. As for work experiences, I am humbled and honored that my patients' families feel comfortable working with me, since Spanish is my second language—I speak fluently but not natively. I am the granddaughter of a Brazilian immigrant, but do not have the same experiences as my families who are more recently immigrated. Collaborating with patient families has been such a rewarding experience.
• Working in the schools I have parents frequently grateful that I can explain the IEP in Spanish. I also have teachers constantly reaching out to me from across the district to help determine if a concern is a language difference or disorder. I feel like that skill is very valued.
• Working with and educating teams on difference vs disorder in their students and how to best meet their needs
• Working with and learning from multilingual families, community agents, and interpreters and supporting multilingual families to increase early and accurate sped identification/treatment
• Working with at-risk patients. Closing the gap of health disparities seen in patients from culturally-linguistically diverse populations.
• Working with clients and families as a service provider and as a researcher has enriched my life and informed my advocacy work on issues related to immigration and multilingualism.
• Working with deaf and hard of hearing students
• Working with diverse clients and communities
• Working with families and children of a similar cultural-linguistic background as mine; constantly being challenged; being able to use my bicultural and bilingual experiences in a meaningful way
• Working with families and promoting change and differences amongst patients
• Working with families and students who are different from my own family and cultural experiences
• Working with families from a different cultural background. The relief, the trust, and the gratitude from families from a different cultural background when they feel acceptance and are welcomed into the community.
• Working with families I know would have trouble receiving services otherwise because of language barrier
• Working with families of Spanish speaking children and adults. They are so respectful and appreciative of the help they are receiving.
• Working with families who have never been able to work with a therapist who shared their home language
• Working with families with different cultures and experiences
• Working with families with the same cultural background builds trust.
• Working with multilingual families of my home language(s) allowed me to better understand my own culture and the cultural differences I had experienced and shared with the clients. It allows me to work internationally with families of different countries.
• Working with multilingual populations has allowed me to use my knowledge of both languages to help accurately determine service eligibility for SI. Over and under-identification of these populations for speech services continues to create challenges that directly affect service delivery. Caseload sizes have always been directly impacted by these issues. I have always felt like a valuable team member wherever I worked as I believe my skills had a positive impact on my team and the families I served. I feel that providing this information in a way that ensured clarity for service delivery alleviated unnecessary stress.
• Working with other bilingual professionals in a dual language school. Building relationships with Spanish-speaking families over several years at the same school. Being able to evaluate bilingual children in both languages and provide therapy in both/either language as appropriate. The district takes the extra time required for bilingual evaluations into account with workload.
• Working with parents
• Working with patients in a way that connects with their native language/culture is always rewarding to me.
• Working with people in need of someone with my expertise
• Working with primarily Spanish speaking families can be very rewarding. Parents seem so much more comfortable and appreciative when they are able to easily communicate their concerns and questions without the fear of being misunderstood. It also helps to provide parent education and to receive it from a professional who shares their culture and understands how to implement techniques and practices accordingly.
• Working with refugees from Afghanistan at my public school. Parents report improved school experience and understanding.
• Working with Spanish speakers helped me to enhance with their culture and social needs additionally to their language needs.
• Working with Spanish speaking families is the highlight of my career. Many of my families have been on waitlists for months to a year or more waiting for a bilingual therapist. Providing services in a patient’s first language creates a bridge of connection and trust which fosters speech and language development.
• Working with students and families from a variety of countries and cultures, empowering families to work through the stigma of disabilities, collaborating with other multilingual service providers
• Working with students who need services in their primary language
• Working with the community I am more culturally connected with
• Working with the families and making them feel at ease with clinical providers
• Working with the Hispanic population with speech and language delays it is important improve the natural language first, encouraging the family to help the patient during daily activities using their first language. Most of the parents using the second language inappropriately and mixing during conversation, limiting the vocabulary and language skills of children.
• Working with the parents and my connection with the students
• Working with those that look and communicate like me is a positive daily experience
• Working with well-equipped interpreters there have been opportunities to learn about other cultures when I’ve been on teams that involve languages other than the two I speak (English and Spanish). I’ve been tasked in previous positions to take the lead on resources, such as finding language phonemic inventories and other relevant information. The most rewarding aspects of working with multilingual families and students is being either directly able to speak with them and have them experience a deeper connection to their child’s education and empowering them to be advocates for their child. In the adult world, there are so few SLPs that can provide direct services to adults with aphasia so anytime I’ve been able to do so, it’s rewarding to serve them directly.

• Working with my Spanish-speaking patients is my favorite part of my job. It helps me connect with them because I am often the only Spanish-speaker on their treatment team. It helps me maintain my Spanish and cognitive flexibility. Families/caregivers are also so appreciative when you speak their preferred/dominant language. It helps with rapport building!

• You are able to help a family directly in their preferred language.

• You are able to provide education to the patient’s/client’s family/caregiver to facilitate carryover and practice at home.

• You build a different connection with some clients because they feel understood.

• You can tell what a relief it is to my clients and families to have someone that can communicate in their language.

• You can understand the culture and make a better connection with families who speak the same language. Helps with differential diagnosis, language barrier vs language disorder.

• You feel the immediate connection and trust that is built by speaking to families in their native language. It is very rewarding.

• You get the experience to discern between language differences and language disorders. You have the experience to help the bilingual population.

• You get to meet and work with a broader population with all kinds of backgrounds and experiences.

Respondents Who Hold the SLPA

• Appreciative students, family member of the client, receptive clients, and an overall feel of acceptance from the staff/community

• As an early intervention provider I enjoy seeing a student light up when they see you understand their language. It is easier to build a connection.

• Being able to give back to lower income Hispanic families who are sometimes timid to ask for or receive help for their child

• Being able to treat a client/patient/student in their native language

• Cultural experiences

• Getting to learn about the other culture and learn and help students to grow and develop language in an inclusive and sustainable manner

• Have been amazing! Work as a bilingual therapist makes me have more opportunities of employment and provide services to more kids. If I have the opportunity I would like to learn more idioms.

• Helping children

• I am able to understand and take a personal interest in those within a multilingual community. Also, being able to distinguish between their stages of language vs disorder helps with the correct diagnosis.

• I can teach in both languages and I can communicate with parents. Parents feels comfortable knowing I speak their language.
• I love working with the students and parents!
• Never used my primary language (German) professionally
• The gratitude from parents that have difficulty communicating in their primary language
• When you see how happy and comfortable the family becomes
• Yes, helping my community and advocating, teaching them about multilingualism

Resources for Current Providers

12. **What barriers prevent you from providing ideal services using multiple languages for your clients/patients/students? (Select up to three.)**

<table>
<thead>
<tr>
<th>Barrier</th>
<th>CCC-A and CCC-SLP in Schools ( n = 1,194 )</th>
<th>CCC-A and CCC-SLP in Colleges/Universities ( n = 148 )</th>
<th>CCC-A in Health Care ( n = 50 )</th>
<th>CCC-SLP in Health Care ( n = 783 )</th>
<th>All Respondents ( n = 2,252 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>High caseload/workload size</td>
<td>50.8</td>
<td>23.7</td>
<td>26.0</td>
<td>19.8</td>
<td>36.7</td>
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<tr>
<td>Insufficient assessment materials in clients'/patients'/students' languages</td>
<td>57.2</td>
<td>60.8</td>
<td>52.0</td>
<td>61.8</td>
<td>58.7</td>
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<tr>
<td>Insufficient treatment materials in clients'/patients'/students' languages</td>
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<td>36.5</td>
<td>20.0</td>
<td>48.8</td>
<td>40.0</td>
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<tr>
<td>Lack of support from the administration</td>
<td>12.6</td>
<td>19.6</td>
<td>6.0</td>
<td>9.5</td>
<td>12.1</td>
</tr>
<tr>
<td>Limited time allowed per client/patient/student by employer (e.g., to develop multilingual materials, analyze language skills in multiple languages, or plan sessions in multiple languages)</td>
<td>34.4</td>
<td>33.8</td>
<td>28.0</td>
<td>33.1</td>
<td>33.8</td>
</tr>
<tr>
<td>Too few multilingual service providers at your facility</td>
<td>26.3</td>
<td>31.1</td>
<td>24.0</td>
<td>25.7</td>
<td>26.2</td>
</tr>
<tr>
<td>N/A; no barriers</td>
<td>6.9</td>
<td>8.8</td>
<td>28.0</td>
<td>11.4</td>
<td>9.2</td>
</tr>
<tr>
<td>Other (Please specify.)</td>
<td>11.3</td>
<td>13.5</td>
<td>6.0</td>
<td>13.0</td>
<td>12.1</td>
</tr>
</tbody>
</table>

Other

**Respondents Who Hold the CCC-A**

- Arabic speakers are rare in my area.
- Limited time to continue my studies in ASL

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2023 ASHA Multilingual Service Providers Survey Results
• No barriers that I'm aware of, beyond the fact that there are few Francophones seeking services where I live
• There are insufficient assessment materials for speech normed on children with hearing loss.

Respondents Who Hold the CCC-SLP
• Access to bilingual master’s degree extension programs
• Additional certification/ expensive credit courses is required but no extra compensation
• Additional workload since families who do not speak English often need extra support. Also coworkers frequently come to me for help.
• Administrative load due to billing requirements
• All of the above! I cannot pick the top three because all are very true!
• Arabic is not a priority in cultural bias.
• As a bilingual provider I do not get compensation for being bilingual. When being bilingual at any other job is a skill and is better compensated.
• ASHA needs to do more to support its members. This is no longer a sustainable career for a majority of SLPs. Our caseloads and reimbursement rates are causing many to leave this field.
• ASHA’s lack of moral support for me as an Iranian Jewish SLP is a strong deterrent.
• Asking to be an interpreter, which I do not feel comfortable doing
• Assessments not normed to bilingual students
• At my specific site, a lot of my students prefer English. Unfortunately, there is a lot of language loss and a lot of the students refuse to speak in their home language even if they are encouraged to use it.
• At present time I do not work with a population that speaks my primary language other than English.
• Barely anyone needs services in German.
• Being required to use standardized tests to determine eligibility, even though these tests are considered bias or necessarily designed/appropriate for this population
• Beyond intrinsic motivation and a sense of fulfillment, the reality of being a multilingual service provider in the New York City public school system, particularly in district 20, presents several drawbacks and few benefits. We are often pulled from our designated payroll school and assigned to multiple schools, sometimes at a considerable distance, to provide services to students without additional compensation. The lack of choice in school assignments is evident; for instance, as a full-time employee qualified to serve students in languages other than English, I find myself spread across six schools this academic year, commuting between two to three schools daily. This includes traveling three times a week to two schools for just one student. The time and commute demands are strenuous, and there is no compensation for the extra and unwarranted travel. This situation is far from ideal for the students I serve; lacking a designated workspace in non-payroll schools, I am constantly on the move, struggling to carry all necessary materials and supplies that could benefit my students. Moreover, the additional commute hours encroach on my family time. Last year was particularly challenging, being pregnant and divided among four schools, navigating public transportation, and walking for over an hour in total when moving between schools. While I am passionate about my work and committed to servicing all students in need of bilingual services, the current system feels punitive rather
than supportive. I believe improvements could be made by allowing remote services, developing a more effective assignment plan, or providing incentives to ensure equitable treatment compared to monolingual peers who don't face the same travel challenges, regardless of their caseload size. Without such changes, it is discouraging, and regrettably, I may have nothing positive to share with future graduates or potential candidates seeking opportunities as multilingual providers in the New York City Department of Education.

- Bilingual master's students graduating from bilingual emphasis programs are ending up in schools without substantial bilingual caseloads, while at the same time monolingual SLPs are being placed in the schools with those caseloads, including dual immersion language schools. School administrators need to be better educated about this.
- CAA not mandating a separate multicultural/lingual course and allowing programs to intersperse information into the program. Faculty are not always culturally responsive and don't fully emphasize the importance of the topics when the information is embedded into coursework. Competencies for development of cultural humility should be mandated.
- Caseloads are too large to better separate groups based on the levels of language fluency per student in addition to grouping them based on their goals.
- Caucasian colleagues who call themselves bilingual without understanding the cultural dynamics of growing up monolingual and bilingual in Spanish
- Clients who need SLP services in my other language (Japanese) is limited.
- Company doesn’t utilize my services sufficiently.
- Compensation doesn't match the amount of work and burnout I’m experiencing.
- Compensation for additional services provided such as interpreting phone calls and parent education
- Comprehension of best practices by other stakeholders in the child's care
- Constantly being asked to translate
- Correcting the work from service providers that claim to be multilingual and are really not. Which means inaccurate evaluation results, incorrect picture of the client’s abilities, and time spent making things right, just because other providers feel by knowing a few sentences it makes them qualified.
- Coworkers don't know that I am available to help and therefore don’t ask, or don't have time to problem solve and realize that I could help.
- Difficulties with scheduling and billing as our admin team do not speak Spanish
- Discrimination due to different accent/language
- Distance between my clinic and client homes
- Distance. I work for a home/community rehabilitation program for adults with neurological diagnoses (not home health). There are only two bilingual SLPs, including myself, which can be logistically difficult if our caseloads are full or the Spanish-speaking clients live far apart from one another.
- District may not allow treatment, only diagnostic assessment.
- Diversity of languages needed
- Educators who don’t realize that standardized scores cannot be calculated with bilingual/non-standard administration of tests
- English only education laws
• Even though I speak Spanish, I don’t always know the best terms for communicating about voice or swallowing (my specialty) and it is hard to find good information about these specific terms.
• Expectation of doing assessment, without considering extra time it takes and without extra pay
• Extra work with no extra pay
• Facilitator not speaking the other language
• Facilities that have policies in place about using translation services but have no options for you to demonstrate(validate your skills in another language. I literally have the translation service running the whole time I do my services because that is the facility policy. The one time I asked the translator for a word I didn’t know, the translator didn’t know the word, either! But my facility has a policy that translation services must be used unless you’re certified, but has no certification process.
• Failure of school district to compensate for bilingual services leads to limited willingness to do the extra work required to provide these services adequately.
• Fair pay
• Financial – low reimbursement rates
• Financial – we don’t accept insurance.
• Financial barriers preventing the time and economics required to learn and refine multiple languages
• Florida Medicaid only pays $51.39 for speech evaluations.
• Focus on language of instruction, which at my current school is English only. Advised in the past by the school district legal team not to write IEP goals or service information specifying use of language other than English due to transferability to all public schools (this was at a school with a Spanish/English dual immersion program on a 50/50 model).
• Funding. As a person in private practice I am unable to work with families that do not have PPO insurance plans.
• GA doesn’t require bilingual service for children.
• Hard to hire others
• Hardly any students who speak my languages at the district where I work.
• Having to use the SEIS documents to draft Spanish NOMs, APs, etc., instead of those documents already being available for students whose parents read Spanish. I have a high caseload of Spanish-speaking parents.
• High monolingual English caseload
• How expensive my services are and how little Medicaid reimburses providers. There is also little guidance in my state on how to bill Medicaid or insurance companies. I’ve chosen to not take Medicaid or insurance. I try to contract directly through school districts so that my students’ families don’t have to pay me out of pocket. But this leaves out any students outside of school age.
• I am at 120+ direct therapy students. ASHA NEEDS to work on getting a caseload cap nationally. WE ARE DROWNING!
• I am currently in a setting with few multilingual clients – for those who are, where they desire to focus their support is nearly entirely English (because of monolingual demands in school and work).
• I am fortunate to own my own practice and therefore I can provide the services I imagine. However, the options above apply to when I was working for someone else.
• I am not completely fluent, let alone a native speaker of Spanish, so it takes a great deal of time to develop materials, do any translations, etc.
• I am not in a clinic-heavy setting, so I have a very small caseload and the clients rarely speak the same languages as I do. Most of my multilingual services are outside of my primary setting.
• I am often the go-to SLP in my coverage area for monolingual Spanish speaking families. I would assume this is because there are few other qualified SLPs to provide bilingual services. And yet I am paid the same as those that are not qualified. I have even been transferred to positions where a bilingual therapist was needed at the whim of management. This was without my consent. Should I be punished for my skills? Or should I be rewarded? The answer seems obvious but the current work environment suggests otherwise. Also, why can I only pick three barriers from your list when more are present?
• I am the only bilingual SLP in my entire district and we have a big Spanish speaking population.
• I believe strongly that services should be provided in the language that the clinician masters. Assessment should always be done in the client’s language.
• I buy material from other countries.
• I can’t treat in all the languages my students speak.
• I currently don’t have a lot of students on my caseload that are 100% in speaking Haitian Creole. The students I do have, the parents end up choosing English as the language for therapy as there is a very limited amount of SLPs who speak Haitian Creole in our districts. If the family doesn’t pick English then you run the risk of not getting the services.
• I currently work in a school without bilingual students on my caseload.
• I do not have a caseload.
• I do not normally provide speech-language services in Spanish, because the students are in high school, and usually already speak English pretty well.
• I do not serve too many in private practice.
• I don’t have a large population of clients here. Most parents prefer English and patients go to school. English becomes the more dominant language for my students.
• I have evaluated preschoolers for 25 years, and my rate per evaluation has decreased. I no longer encourage younger people to enter this field.
• I have not had the opportunity to offer services to individuals in French or Dutch.
• I haven’t had a Korean speaking client in my primary facility.
• I need more training; I can speak Spanish but have difficulty writing in Spanish.
• I need time to continue my growth and expertise in my second language (Spanish).
• I primarily work as a research faculty member. I actively include clinical work in my research, but cannot do that all the time.
• I specialize in feeding/swallowing.
• I struggle to hire enough fully multilingual professionals, especially those who are also part of the linguistic community’s culture.
• I think working in a dual language immersion school would be the best environment. Unfortunately, very few of those schools exist.
• I work in a geographic location that is predominantly English-speaking.
• I work in a rural school district with a limited number of multilingual students.
• I would provide services to more Spanish speaking families but the distance I would need to travel is too great given the compensation I am currently receiving. (No change in pay rate for 20 years, though hopefully this is changing soon).
• Ignorance about the importance of testing in the native language
• I’m expected to do twice the work for the same compensation.
• I’m old and want to slow down.
• In CA, special education services are in English. IEP goals in English in case transfer to a school without the other language being available.
• In private practice, I have found a discrepancy in terms of health insurance access which prevents families from accessing private therapy.
• In some settings, there have been guidelines to provide intervention only in English. I have chosen settings where I had the freedom to work in the client’s primary language as appropriate.
• In the school setting, goals are developed and targeted in English even if students are participating in a dual immersion English/Spanish program.
• Insufficient funding for minority populations—insurance doesn’t pay enough to keep our practice viable, and Medicaid limits the number of sessions in a way that impedes our ability to accept their subscribers.
• Insufficient mental and emotional capacity, insufficient pay differential
• Insufficient pay for more work. It is much more involved to evaluate a Spanish speaking child but no one wants to pay for it.
• Insufficient reimbursement for multilingual services (mostly Medicaid patients)
• Insufficient reimbursement from payer sources for the extra work that goes into multilingual service provision, e.g., not getting paid more by insurances, etc.
• Insufficient training at the graduate level. Seems like if you have a Hispanic surname, you will automatically be labeled as bilingual, without taking into consideration a person’s upbringing or family background.
• Insufficient assessments that are properly standardized and representative of all the Latino populations and inclusion of dialectical differences that exist in Spanish-speaking countries
• Insultingly low compensation for being a bilingual service provider
• Insurance. They do not recognize that we have an extra set of skills (that should be compensated) or that bilingual evaluations take longer. They are also untrained and require standardized assessments when we often do not have norms on our populations.
• It’s a little bit of all of the above. SLPs are an island but bilingual SLPs are even rarer. At my current placement I am the best resource for bilingualism and this is my first year with my CCCs. My leads and peers are still very hardwired to formal assessment, but for bilingualism dynamic is king and the frameworks for that to be reported and valued in the system aren’t there. They still push for dominance testing.
• Lack of access to the population where I live and serve
• Lack of additional compensation for being bilingual
• Lack of additional compensation for the extra work required (completing bilingual evaluations, translating documents, interpreting in meetings, supporting other monolingual SLPs)
• Lack of appropriate compensation. Over the four hospitals I have worked at, only one pays extra for being bilingual and they only pay 40 cents.
• Lack of availability of interpreters both in Spanish and other languages
• Lack of CE in multilingual practice
• Lack of compensation
• Lack of compensation for speaking an additional language
• Lack of compensation for the extra work
• Lack of education to provide supports to these families
• Lack of public education
• Lack of referrals in my language
• Lack of resources
• Lack of time and resources for continuing education of my second language
• Lack of time and resources needed for language-specific training
• Lack of understanding from the district personnel about the needs of bilingual children
• Lack of understanding is f best practices by other members of the SLP community in my district.
• Lack of understanding of other service providers for ensuring this additional language is provided/respected
• Lack of understanding of the importance of multilingual services in public school settings
• Lack of understanding of what multilingual learning looks like, and no time to prepare trainings for team/staff
• Lack of understanding regarding multilingual students from other SLPs
• Lack of visibility of what we do and how the system is inequitable and unjust to us, lack of community
• Legal issues, just because someone can speak more than one language does not legally allow for services due to lack of “proof” of proficiency from a legal standpoint. Multilingual providers also need to be nationally certified as translators/interpreters otherwise they are legally liable.
• Limitations in time for evaluations in both English and Spanish
• Limited AAC options for bilingual learners
• Limited number of evaluators effectively trained in providing culturally and linguistically appropriate evaluations/services
• Limited number of Spanish speaking students at my school
• Limited parent input and participation, as well as limited school involvement in bilingual academic success
• Limited parent resources in languages other than English
• Limited practice of use of other language in a clinical/practical setting
• Limited referral source
• Limited research available in Spanish/English bilinguals
• Limited research on how to assess and treat students coming from places where indigenous languages are primary to Spanish
• Limited resources for parents of children with developmental differences who are often left with a mediocre understanding of their child’s differences and support needs
• Limited technology access for many of those families I support
• Limited translation services
• Little to no compensation for language skills
• Location
• Long waitlist reduces the chance of matching multilingual clients and service providers
• Long waitlists
• Low pay = low motivation
• Low pay for the amount of work
• Low reimbursement rates
• Lower rate of compensation due to lower SES and lower paying insurances
• Many of my families are trilingual, and I don’t know how to find information about Mam. I’d love to learn some basic vocabulary.
• Many of the treatment materials use Spanish that is more formal than what is actually used by the Hispanic communities. I typically don’t use those materials.
• Many professionals do not give ASL the same respect as oral languages referring to the language as a modality. Also associations such as ASHA do not give ASL the same validation as a language.
• Many publishers have indicated they do not plan on updating the Spanish tests because they aren’t lucrative.
• Many SLPs think they are “fluent” but lack proper terminology.
• Medicaid rates are too low so spending an hour with a client isn’t feasible.
• Medicaid restriction or denial of services due to some managed care organizations/providers changing rules and regulations to restrict services and/or forcing a client out to a new company and to re-apply for services
• Misinformation to families and children from other health care professionals and other SLPs
• Misunderstandings in the SLP and audiology community about bilingual ASL/English approaches to therapy
• Monetary compensation
• Monolingual colleagues do very little and put the burden entirely on multilingual providers/faculty.
• Monolingual SLPs who consistently misdiagnose bilingual students despite all the resources available
• Monolinguals who don’t understand the need for bilingual assessment and support
• More work and no compensation
• Multilingual assessment is more work than my peers without additional compensation.
• Multilingual assessments take more time; more support; more opportunities for increasing PD
• Multilingual providers know we’re exploited in most settings when we are the only one (e.g., schools), inadequate compensation for our very niche expertise
• My mastery of Spanish is not perfect.
• My only problem has been getting clients referred to me. I would be capable of taking more Hispanic clients onto my schedule.
• My primary job doesn’t require my Spanish language skills. I still use Spanish as a prn in Op.
• My schedule/responsibilities being filled up with non-multilingual clients and tasks (At my last job, I only had two bilingual clients, the rest were multilingual and I was denied when I asked to switch roles so I could leverage my use of Spanish in a better way – so I resigned.)
• My second language is not the language used by the bilingual patients of the area.
• My workplace does not have multilingual clients.
• No $ incentive
• No additional compensation
• No additional compensation for my language skills
• No additional compensation for the additional work needed to diagnose and educate bilingual patients
• No children who need it
• No compensation for additional language skills
• No extra compensation
• No extra pay or incentives for being multilingual
• No monetary value placed on providing services in their own language
• No pay differential for bilingual services despite huge cost savings of not needing an interpreter
• No Portuguese needs in my area
• No patients in this area
• No specialized compensation for my specialized work
• No testing material in Armenian
• Not being giving preference as a bilingual provider in health insurance programs
• Not compensated for providing my services in two languages (even though I provide more revenue for the private practice)
• Not enough advocating for services in native language and professionals may not know about the opportunities. As well as not enough marketing on my end.
• Not enough clients who need the service
• Not enough compensation
• Not enough compensation to justify the extra work
• Not enough education material in other languages
• Not enough need for serving patients who speak my language, Greek
• Not enough other related professionals speaking the same language to make collaboration effective— I am often the only Mandarin speaking professional on the "team" that is not at the same facility.
• Not enough resources
• Not much demand for this in the last 5–10 years!
• Not paid extra to provide multilingual services
Not sure if all clients/families know they are entitled to work with someone of their heritage language and where to find such a person
One target language is difficult to find resources to learn: Burmese Hakha Chin
Other SLPs are not always trained on appropriate identification of children who are acquiring two languages or are learning English after another language.
Over the past 10 years this has improved. Providers need to know that assessments cannot be translated verbatim.
Over the past 13 years, I have only provided two bilingual evaluations. My interactions with using Spanish have been to speak with parents.
Overall misunderstanding of the complexity in evaluating a bilingual client– the amount and time as well as the effort it takes
Pay/salary
Political barriers (English only, Proposition 187)
Poor demand likely due to poor awareness
Poor monetary compensation
Poor/lack of recognition of the value of multilingual services
Private practice now in pediatrics is already very slammed – lots of kids back to back, no time for prepping, writing notes, etc., so that's all on personal time. It's exhausting, but when you see what the insurance pays, especially Medicaid, but even others, it's easy to see why we're having to work that way. It just makes it hard to do the extras I want to do in a timely way, so I prioritize and juggle.
Receiving a letter from Human Resources telling me that I am doing a disservice by providing services to students in their own language
Relatively few of our SLP-specific resources have been translated into Spanish. I guess that will be my job. :P
Same reimbursement rate for 92523 by state Medicaid for monolingual and bilingual evaluations. Bilingual evaluations take longer and more skill.
Scheduling around other service providers' schedules at two schools
School services are “supposed to be in the mainstream language”.
Serbian is not a minority language in NC at present time. Therefore, I have geographical barriers.
Services in Japanese are not locally in demand.
Sometimes, a school has an SLPA who is monolingual, so services can be provided in Spanish, which in some schools is the actual language of classroom instruction.
Staff not educated in bilingualism
Staff’s limited understanding on BICS and CALP in regards to curriculum participation
State laws require students to receive ENL services even when they are found to have special education needs and when there is a significant communication problem in both English and their native language.
State-bound licensure
States demanding standardized scores to find students eligible for services as opposed to clinical judgement, dynamic assessment, etc.
Still working on relationships and roles of signing SLPs and ASL Specialists
Student’s living status
• Support from admin to provide financial assistance to bilingual families; to add elective courses or modules at my university
• Takes more work to do bilingual assessments but no compensation.
• Teachers who lack cultural humility and cultural competence
• Telehealth limitations
• Teletherapy can be a challenge for families, as related to access to technology.
• Tests are not standardized with the heritage language of the student. Some students have more than one heritage language; example, Indigean dialect spoken by one parent and Spanish spoken by the other parent.
• The expectation of covering your own caseload as well as having to provide bilingual evaluations/screenings and support for other staff
• The fact that insurance requires standard scores when the best way to evaluate a multilingual person is with dynamic assessment and language samples
• The health care and insurance sectors can be difficult and intimidating for clients who speak little or no English.
• The lack of support and understanding of the importance of teaching in their primary language. We are often demanded to introduce only English and dismiss their primary language. Many SLPs dismiss the importance of assessing in the client's primary language (will not have a translator to help with assessments) and report scores at meetings. This is upsetting and goes against EBP.
• The lack of support from other clinicians and the ability to advocate for the patient's appropriate use of language
• The language of instruction is English.
• The need to be able to reach a therapist with a specific language not available in a given practice is needed.
• The requirement to have a "bilingual extension" had prevented me from officially providing services to bilingual populations, but this has been temporarily waived in NYC due to the influx of asylum seekers.
• The speech-centric nature of our discipline and society. ASHA needs to promote education on ALL options for parents of young deaf and HoH children, not only speech/aural options.
• There are not very many German speakers/ potential clients.
• There are too many multilingual SLPs and not enough speakers of other disciplines to team WITH me/us (as we work in pairs).
• There aren't many multilingual students where I am.
• There is a lack of understanding at the district level of optimal service delivery. My own department is limiting what I can do to support my colleagues. I was making calls to parents for them. Now my team leads are telling me I can't do this-- that my colleagues should use interpreters for their phone calls. That's crazy!
• There is a limited number of SLPs who are trained to work with ELL students or who are bilingual; ELL/ESL programs are limited in this state.
• There isn't compensation and both not enough treatment and assessment
• These aren't too limiting though because I'm working on building up my supplies through my business.
• They often cannot afford my services.
• Those were issues in my school setting, not my current setting, but need a lot of attention.
• Time it takes to program students’ AAC devices in both languages
• Time limitations are affecting ALL clients no matter what language is utilized.
• Time to know the big picture, not only for my students but for their families
• Time: assessing multilingually is more daunting and more labor-intensive because of the need for dynamic assessment and the need to understand the client’s language functioning in more than one language; often the extra work of assessing and gathering materials in another language is not recognized (time, support, materials).
• To get compensation, my school district made me take a competency exam for compensation after I had worked as a bilingual SLP for seven years (three for that district) and had graduated with a bilingual certification from my graduate university.
• Too many different languages . . .
• Too many SLPs who think they don’t need to ensure bilingual services for their clients. Assumption that someone else will make sure bilingual services are done. Monolingual SLPs also need to make sure bilingual services are provided for bilingual clients.
• Translation of documents is seen as a burden, not a tool.
• Two few multilingual multicultural service providers in my area, not necessarily my facility
• Underpaid
• Undesirable working conditions
• Unfortunately in NYC, the bilingual positions aren’t very attractive positions so often providers (me included) choose to apply for monolingual positions.
• Usually end up with higher workload and no additional compensation
• Verbal language users don't recognize manual languages as valuable forms of communication and language.
• We have many children who really need bilingual services and a few bilingual providers.
• We need more cognitive assessments that are functionally and culturally relevant in Spanish for adults.
• When I worked in schools there was little support for providing ideal services for multilingual speakers. All of the items listed above were significant barriers. Now that I am creating my own small practice I hope to avoid or diminish all of them.
• Where I currently am employed, our school district has a very low population of second language learners.
• Working for a doctor in our field who frowned upon using Spanish
• Working more and getting paid less
• Workplace attitudes around bilingual providers

Respondents Who Hold the SLPA
• Lack of caseload cap
• Language of instruction is English.
13. What types of support do you find most helpful in your work as a multilingual service provider? (Select up to three.)

<table>
<thead>
<tr>
<th>Support Type</th>
<th>CCC-A and CCC-SLP in Schools (n = 1,180)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 146)</th>
<th>CCC-A in Health Care (n = 49)</th>
<th>CCC-SLP in Health Care (n = 763)</th>
<th>All Respondents (n = 2,213)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing education courses (on-demand or live)</td>
<td>64.2</td>
<td>43.2</td>
<td>40.8</td>
<td>51.5</td>
<td>57.2</td>
</tr>
<tr>
<td>Discussions with coworkers, other professionals, or friends in similar professions</td>
<td>64.4</td>
<td>55.5</td>
<td>40.8</td>
<td>52.7</td>
<td>59.0</td>
</tr>
<tr>
<td>Formal or informal mentoring by a friend, former instructor, supervisor, or other professional</td>
<td>26.6</td>
<td>35.6</td>
<td>18.4</td>
<td>29.9</td>
<td>28.2</td>
</tr>
<tr>
<td>Journal articles (ASHA and/or non-ASHA)</td>
<td>13.6</td>
<td>32.2</td>
<td>14.3</td>
<td>12.3</td>
<td>14.5</td>
</tr>
<tr>
<td>Multicultural constituency groups (MCCGs)</td>
<td>3.0</td>
<td>12.3</td>
<td>0.0</td>
<td>3.9</td>
<td>3.9</td>
</tr>
<tr>
<td>Professional consultation with ASHA staff</td>
<td>0.9</td>
<td>1.4</td>
<td>2.0</td>
<td>0.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Special Interest Group (SIG) resources (e.g., Community discussions, Perspectives articles, etc.)</td>
<td>5.4</td>
<td>23.3</td>
<td>4.1</td>
<td>5.6</td>
<td>6.8</td>
</tr>
<tr>
<td>The ASHA Leader and/or the ASHA website</td>
<td>5.3</td>
<td>3.4</td>
<td>4.1</td>
<td>4.1</td>
<td>4.6</td>
</tr>
<tr>
<td>Support from non-ASHA organizations (e.g., state associations, federal agencies, staffing agencies, etc.)</td>
<td>6.7</td>
<td>10.3</td>
<td>16.3</td>
<td>7.1</td>
<td>7.4</td>
</tr>
<tr>
<td>Social media engagement</td>
<td>20.0</td>
<td>13.0</td>
<td>14.3</td>
<td>20.7</td>
<td>19.7</td>
</tr>
<tr>
<td>Web-based materials for downloading and printing</td>
<td>42.8</td>
<td>30.8</td>
<td>42.9</td>
<td>45.2</td>
<td>42.7</td>
</tr>
<tr>
<td>Other (Please specify.)</td>
<td>4.1</td>
<td>6.9</td>
<td>14.3</td>
<td>6.2</td>
<td>5.4</td>
</tr>
</tbody>
</table>
Other

Respondents Who Hold the CCC-A
- Individual oriented courses to expand vocabulary and syntactical sentence construction

Respondents Who Hold the CCC-SLP
- Able to do with no support
- Access to native speakers in similar professions/work settings
- Advocacy for insurance fees to increase. We're getting way more squeezed than we used to get, and clinicians are all exhausted. I've known some that have even left for computer programming.
- AI for translating materials and highly specialized terms
- Appreciated by families
- ASHA is the most useless organization when it comes to support of any kind.
- ASHA needs to do more to support its members. This is no longer a sustainable career for a majority of SLPs. Our caseloads and reimbursement rates are causing many to leave this field.
- ASHA provides little to no support.
- Bilinguals (n = 3)
  - Bilinguals – They’re a wonderful place to get started. I also look at state and/or national organizations for the target population, university staff (I’m affiliated with UW-Madison), and even places like Wikipedia to get a start on looking at phonotactic constraints, etc.
- Bilingualistics and SLP Impact
  - Building-level administrative support for role definition so that my position doesn’t turn into just on-demand translator
  - Coalition building– finding people who have a disposition for justice and decolonization and criticality
  - Collaborating with native Spanish speakers in my workplace (coworkers, patient families) and community (friends) to ensure that I am understanding the language and cultures, since my Latine side of my family is NOT Hispanic (They are Brazilian.)
- Common sense
- Comparative linguistics research from multiple disciplines
- Compensation for my skills and time
- Conferences in other countries/languages
- Connecting with others in specific languages case studies
- Connection with Iran-based SLPs
- Consultation with native speakers
- Continued education in Italian
- Continuing to take foreign language classes to maintain/improve knowledge
- Coworkers
• Currently seek bilingual SLPs on social media platforms to check for resources or materials
• Currently, I do not have clients who match my multilingual profile; however, an appreciation of factors influencing clients with other bi-/multilingual profiles is beneficial.
• Daily interactions with families
• Directly working with multi or bilingual families
• Discussion with caregivers and clients in need
• Discussions with colleagues in Spanish speaking countries
• Discussions with other bilingual SLPs
• Discussions with other monolingual co-workers and professionals.
• Doctorate program in literacy and bilingual extension
• Dr. Cate Crowley's resources
• Education to other medical professionals and the community including insurance, CMS
• Eliciting learning from multilingual families in my community about how to improve my practice
• Have not found that ASHA has provided a supportive environment for me as a Jewish SLP. I feel quite abandoned by the organization at this critical time in my community's crisis.
• Higher pay is essential.
• I have very little support.
• I honestly have not spent much time looking for resources.
• I just completed the coursework to obtain my TESOL certification. That work actually made me a more efficient, intentional therapist.
• I need time to create materials in Russian.
• I usually make my own materials.
• I wish I had more assessment and treatment materials to use.
• I work closely with Armenia and volunteer for their SLPs. I create my own materials in Armenian.
• I'd like to see a way to participate in an ASHA-based group that would be active in identifying gaps and needs in areas for specific language/culture areas (e.g., for Spanish speakers; speakers of central American Indian languages (which I also have some exposure to), etc.), work out/identify how to meet some of the needs (e.g., assessment materials, intervention materials, etc.), and be able to interface with appropriate personnel and companies to develop these products.
• I'm pretty low-key with it. Mine is a consult-based service a lot of the time, so I just need to talk to families about their options – not necessarily do therapy in one or both languages.
• Increased compensation for multilingual providers
• Involvement in international professional relationships
• I've been doing this myself for many years and supervised many therapists during their CFY.
• Leaders project
• Leadersproject.org (n = 2)
• Learning from community stakeholders
• Lessons on italki
• Listening to the radio in multiple languages
• Monolingual professionals need more education to demystify bilingualism.
• More pay for bilingual or multilingual specialist
• More time to use my skills and more recognition of the multilingual skills I bring to the profession
• My clients
• NA; very little support
• Natural exposure to the language
• Network of friends that are multilingual service providers as a small SIG
• None- I have no support.
• Not much is helpful. I don't know any colleagues who work with the same languages.
• Nothing in particular – lack of sufficient and adequate assessment and therapy materials is always a challenge.
• On the job experiences
• Opportunities to maintain language skills
• Opportunities to talk in second language to keep up skills
• Other bilingual SLPs
• Other families who speak the same language. Once I get close, I "use" them as real time resources.
• Our union negotiating higher pay for bilingual providers.
• Patients and families appreciation
• Pay/salary equity
• Personal research
• Please, none of these options are worthwhile.
• Private lessons to make sure my Spanish grammar stays sharp
• Professional consultation with like-minded multilingual providers; hands-on experiential or simulation activities in the target language (could be workshops or continuing education – just not a superficial lecture)
• Research studies
• Social media SLPs
• Some of the MCGs could stand some improvements. Each group is so different.
• Spanish speaking practice. Practice. Practice in a variety of situations.
• Specialty certification
• Talking about other holistic factors of patients' lives
• The Informed SLP (n = 2)
The parents, the children, and my foreign language training
There are only a handful of bilingual Navajo speaking SLPs but they mostly work in the schools. I am the only bilingual Navajo speaking SLP working in the hospital.
There is really no helpful support for Arabic bilingual speakers. I have the support of my coordinator to freely conduct the evaluations in what I see fit.
There is very little support. I do not feel supported.
Time to prepare, evaluate, and lesson plan
To be totally honest, I do not use resources from ASHA, nor do I get the impression that my colleagues do. We use Bilingualists quite a bit and also the Colorado Department of Education website. The most valuable has been interactions with other practicing bilingual SLPs.
Training should be provided to both monolingual and bilingual SLPs.
Travel abroad programs
Travel abroad/international professional exchanges
Websites and online resources (for information and parent resources))
Working collaboratively with my MLL providers at school
Working with official translators/interpreters in order to abate liability issues
www.leadersproject.org; www.bilingualists.com

Respondents Who Hold the SLPA
Community engagement

14. What is your preferred format for obtaining information to support your work as a multilingual service provider? (Select up to three.)

<table>
<thead>
<tr>
<th>Format</th>
<th>CCC-A and CCC-SLP in Schools (n = 1,173)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 146)</th>
<th>CCC-A in Health Care (n = 48)</th>
<th>CCC-SLP in Health Care (n = 756)</th>
<th>All Respondents (n = 2,197)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching (e.g., videos, webinars)</td>
<td>78.8</td>
<td>67.8</td>
<td>66.7</td>
<td>74.3</td>
<td>76.1</td>
</tr>
<tr>
<td>Reading (e.g., books, journals, webpages)</td>
<td>51.2</td>
<td>75.3</td>
<td>56.3</td>
<td>54.1</td>
<td>53.7</td>
</tr>
<tr>
<td>Listening (e.g., podcasts)</td>
<td>34.7</td>
<td>32.9</td>
<td>33.3</td>
<td>38.8</td>
<td>36.0</td>
</tr>
<tr>
<td>Discussing (e.g., at conferences/meetings/Q&amp;A sessions)</td>
<td>54.2</td>
<td>68.5</td>
<td>54.2</td>
<td>44.1</td>
<td>51.3</td>
</tr>
<tr>
<td>Interacting virtually (e.g., through social media or live discussions)</td>
<td>28.6</td>
<td>17.8</td>
<td>31.3</td>
<td>26.6</td>
<td>27.5</td>
</tr>
<tr>
<td>Playing (e.g., online simulation games)</td>
<td>6.6</td>
<td>2.1</td>
<td>8.3</td>
<td>4.4</td>
<td>5.6</td>
</tr>
</tbody>
</table>
In terms of resources, what content areas would most support you in your work as a multilingual service provider? (Select up to three.)

<table>
<thead>
<tr>
<th>Content Area</th>
<th>CCC-A and CCC-SLP in Schools (n = 1,165)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 144)</th>
<th>CCC-A in Health Care (n = 48)</th>
<th>CCC-SLP in Health Care (n = 741)</th>
<th>All Respondents (n = 2,169)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocating for your role as a multilingual service provider (e.g., compensation, caseload/workload, training)</td>
<td>62.2</td>
<td>52.1</td>
<td>45.8</td>
<td>54.8</td>
<td>58.5</td>
</tr>
<tr>
<td>Collaborating with monolingual and multilingual staff</td>
<td>22.7</td>
<td>19.4</td>
<td>18.8</td>
<td>19.2</td>
<td>21.4</td>
</tr>
<tr>
<td>Guidance on the assessment of multilingual clients/patients/students</td>
<td>37.3</td>
<td>38.2</td>
<td>39.6</td>
<td>34.6</td>
<td>36.2</td>
</tr>
<tr>
<td>Guidance on the treatment of multilingual clients/patients/students</td>
<td>28.1</td>
<td>25.0</td>
<td>25.0</td>
<td>27.9</td>
<td>27.9</td>
</tr>
<tr>
<td>Language-specific materials and tools for service delivery</td>
<td>40.5</td>
<td>46.5</td>
<td>62.5</td>
<td>48.6</td>
<td>44.3</td>
</tr>
<tr>
<td>Language-specific training to strengthen language skills</td>
<td>18.8</td>
<td>13.2</td>
<td>31.3</td>
<td>22.1</td>
<td>19.9</td>
</tr>
<tr>
<td>Social justice and cultural responsiveness (e.g., challenging myths about multilingual language development with other professionals)</td>
<td>23.7</td>
<td>34.0</td>
<td>12.5</td>
<td>22.8</td>
<td>23.6</td>
</tr>
<tr>
<td>Speech and language development patterns of monolingual and multilingual users of specific languages</td>
<td>35.1</td>
<td>31.3</td>
<td>8.3</td>
<td>26.5</td>
<td>31.0</td>
</tr>
<tr>
<td>Supervision of monolingual and multilingual CSD students and clinicians</td>
<td>4.7</td>
<td>13.9</td>
<td>2.1</td>
<td>6.8</td>
<td>5.9</td>
</tr>
<tr>
<td>Other (Please specify.)</td>
<td>1.9</td>
<td>4.9</td>
<td>2.1</td>
<td>2.8</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Respondents Who Hold the CCC-A
- I don’t actually feel a need for any specific support at present.
I have no formal resources.
Regular meetings with multilingual special interest group of multilingual supervisors supervising students with multilingual interests
The resources most useful to me have nothing to do with multilingualism. They focus on enhancing my ability as an audiologist. Apart from that, the only "multilingual" resource that is useful is a seminar on cultural sensitivity when taking care of an individual or family whose origins are from another country or culture.

Respondents Who Hold the CCC-SLP

- ASHA needs to do more to support its members. This is no longer a sustainable career for a majority of SLPs. Our caseloads and reimbursement rates are causing many to leave this field.
- $$$
- AAC and bilingualism
- Advocate for the Department of Education to strongly encourage implementation of centralized evaluation teams to address ELL needs.
- Advocating for access to a well-trained interpreter
- Building capacity for monolingual service providers and easily digestible videos that show "how"
- Compensation would be a high priority on the list.
- Continuing foreign language classes to maintain/improve knowledge
- Cultural and linguistic assimilation vs dissolution via “diversity” emphasis
- Culturally relevant materials
- Current laws that surround provision of bilingual services
- Currently in an SLP-D program to enhance my research and clinical skills as a multilingual provider/evaluator and mentor
- Deeper and broader understanding of audism
- Enhanced referral networks
- Evaluation and Tx material appropriate to border specific areas such as the Rio Grande Valley
- Florida needs higher pay from all payers.
- Formal certification for translation/interpretation that would allow SLPs to work in multiple languages without liability concerns.
- Free CEU courses from ASHA
- Guidance on best practices for treatment of newcomers who don't speak a word of any languages I know
- Helping school districts develop ELL/ESL programs so SLPs can collaborate accordingly
- I don't need resources so much as I need the community with people who are engaging in this work from a (radically) transformative perspective. I will also say ASHA should check who is always centered to compile their published works and their websites and whose work and voices are centered, what language is considered the “standard” and what practices need abolition altogether (accent modification). If we are to truly “appreciate and affirm” multilingual providers how do we compromise changing people’s way of speaking that are tied to their “cultural heritages”?
- I just had a heated discussion on language difference vs language disorder with my colleague of 20 years!!!!!
I think in the community there should be leaders who advocate for respect, hard work, and accountability.

I think US universities should collaborate with foreign universities. Speaking more than one language is a culture in itself and it is misunderstood in the US.

I’d love a reference sheet of medical terms in Spanish since I don’t always have the specific word for hypoxemia or whatever. However, not having the specific word does tend to mean that I have to explain it in layman’s terms, which is probably for the best anyway.

Improving access to the field for NATIVE speakers of languages other than English so I could collaborate with other SLPs/SLPAs who speak Spanish natively.

In my opinion (and experience), the VAST majority of bilingual ELL resources are geared towards assessment. In my mind, this is the wrong approach. Assessment simply gets us to the starting line of doing the job—treating, improving, developing communication skills. We need to put way, way more into training for intervention.

It would be great to collaborate with other Native American bilingual SLPs but I’m not sure if there are any.

Knowing that my professional organization sees my community and is concerned for our safety and well-being

Licensure issues

Making districts aware of the consequences for not complying with federal regulations and the ASHA Code of Ethics. i.e., Department of Justice investigations and settlements with other districts

More “official” translations for assessment of adult with neurological disorders

More assessment materials in other languages

More dynamic assessment resources and education on the value of dynamic assessment. We are still drastically over identifying clients by sticking to the specific number a formal assessment gives instead of a more holistic dynamic assessment using our own clinical knowledge.

More language/literacy materials/resources developed specifically for older students (middle and high school)

More research is needed for treatment protocols (dosage, transfer effects and their impact in language of therapy, etc.)

More research on bilingual AAC intervention

More research; families send their children to English immersion schools and are told to not speak their first language. Now we serve children that are not strong in any language and research does not align with those needs.

Most tools available today are direct translation from English and do not seem to factor in language rules of other languages.

Ongoing resources for best practice, informational, studies, parent resources (language specific), specific case studies and examples of strategies (including assessment, treatment), involvement of families in all services

Phonological development tools in other languages

Regarding language-specific training – I think lots of bilingual providers have knowledge of a second language but don’t receive training/vocabulary related to clinical work. It’d be great if this was more readily available.

Research studies

Resources to support my ongoing self-care and well-being while navigating toxic work and societal environments that commit microaggressions against me and my clients on a daily basis

Smart phrases that help with efficiency of report writing for multilingual patients
- The Spanish standardized tests are horrible and incorrect. I would just love to have a basic test.
- Time. Prepping and writing reports take longer and we don't get that extra time.
- Valid assessments for multilingual students

Respondents Who Hold the SLPA
- No responses

Job Satisfaction and Retention

16. Based on your own observations and experiences, how would you rate the current job market for multilingual service providers in your type of employment facility and in your geographic area?

<table>
<thead>
<tr>
<th></th>
<th>CCC-A and CCC-SLP in Schools (n = 1,157)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 140)</th>
<th>CCC-A in Health Care (n = 47)</th>
<th>CCC-SLP in Health Care (n = 732)</th>
<th>All Respondents (n = 2,143)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>More job openings than job seekers</td>
<td>78.1</td>
<td>67.9</td>
<td>51.1</td>
<td>69.5</td>
<td>73.7</td>
</tr>
<tr>
<td>Job openings and job seekers in balance</td>
<td>11.1</td>
<td>15.0</td>
<td>31.9</td>
<td>14.3</td>
<td>12.9</td>
</tr>
<tr>
<td>Fewer job openings than job seekers</td>
<td>10.8</td>
<td>17.1</td>
<td>17.0</td>
<td>16.1</td>
<td>13.4</td>
</tr>
</tbody>
</table>

17. Did/will you receive a salary supplement or increased compensation this year for having multilingual skills?

<table>
<thead>
<tr>
<th></th>
<th>CCC-A and CCC-SLP in Schools (n = 1,160)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 143)</th>
<th>CCC-A in Health Care (n = 47)</th>
<th>CCC-SLP in Health Care (n = 739)</th>
<th>All Respondents (n = 2,159)</th>
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<tbody>
<tr>
<td></td>
<td>%</td>
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<tr>
<td>Yes</td>
<td>20.6</td>
<td>4.9</td>
<td>4.3</td>
<td>17.1</td>
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<tr>
<td>No</td>
<td>79.4</td>
<td>95.1</td>
<td>95.7</td>
<td>83.0</td>
<td>82.2</td>
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</table>
18. What are the major causes of dissatisfaction in your role as a multilingual service provider? (Select all that apply.)

<table>
<thead>
<tr>
<th>Cause</th>
<th>CCC-A and CCC-SLP in Schools (n = 1,160)</th>
<th>CCC-A and CCC-SLP in Colleges/Universities (n = 142)</th>
<th>CCC-A in Health Care (n = 48)</th>
<th>CCC-SLP in Health Care (n = 733)</th>
<th>All Respondents (n = 2,153)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload is too high because there aren’t enough multilingual service providers to meet the need.</td>
<td>37.5</td>
<td>21.8</td>
<td>14.6</td>
<td>21.4</td>
<td>30.2</td>
</tr>
<tr>
<td>Workload is higher than stated on paper because of requests for help from monolingual colleagues outside of my regular caseload.</td>
<td>35.8</td>
<td>26.8</td>
<td>20.8</td>
<td>17.6</td>
<td>28.2</td>
</tr>
<tr>
<td>Salary/pay does not reflect multilingual language skills and clinical expertise or extra time needed for serving multilingual clients/patients/students.</td>
<td>74.1</td>
<td>69.7</td>
<td>60.4</td>
<td>70.5</td>
<td>72.3</td>
</tr>
<tr>
<td>There is a lack of resources/testing materials to assess and provide services.</td>
<td>49.1</td>
<td>47.9</td>
<td>39.6</td>
<td>55.4</td>
<td>50.7</td>
</tr>
<tr>
<td>There is a lack of support from the administration.</td>
<td>16.2</td>
<td>26.8</td>
<td>10.4</td>
<td>16.1</td>
<td>17.1</td>
</tr>
<tr>
<td>N/A; I am not dissatisfied.</td>
<td>9.1</td>
<td>17.6</td>
<td>31.3</td>
<td>14.6</td>
<td>12.1</td>
</tr>
<tr>
<td>Other (Please specify.)</td>
<td>7.6</td>
<td>9.2</td>
<td>4.2</td>
<td>7.6</td>
<td>7.6</td>
</tr>
</tbody>
</table>

**Other**

**Respondents Who Hold the CCC-A**

- Any dissatisfaction I experience has nothing to do with multilingualism and everything to do with professional standards, skills, and judgment.
- I am not dissatisfied, but I wish we had more testing materials, and I wish those materials were standardized so that any supporting interpreter could assist in the delivery of speech testing (for languages other than English or Spanish, which I speak).
- Need for more research and literature addressing assessment and treatment of non-English speakers
Respondents Who Hold the CCC-SLP

- (Previously stated) not enough other (bilingual/multilingual) disciplines to pair with
- A bilingual or multilingual service provider is not recognized as a benefit, since we must use a formal translator/interpreter anyway, and only the patient’s native language is used and assessed.
- A consideration: statements such as “caseload too high because there aren’t enough multilingual providers” perpetuates ideas that multilingualism is ONLY for multilingual service providers.
- Ableism/Audism
- Affects productivity due to time needed to develop personalized care
- Although SEIS has a tab that is supposed to automatically translate documents, at my school district it does not work. As previously stated, SEIS does not auto-fill documents for Spanish-speaking parents, and I have to do that.
- And lack of support/understanding from other SLPs
- Anybody who says they’re bilingual can be a BL provider
- Arizona is an English-only state and support for provision of services in Spanish is very limited.
- ASHA needs to do more to support its members. This is no longer a sustainable career for a majority of SLPs. Our caseloads and reimbursement rates are causing many to leave this field.
- Barriers from other coworkers continuing to misinform patients and families about bilingualism and language development or bilingualism and disabilities
- Benefits still outweigh the challenges in my opinion; I love providing bilingual services in my current setting as well as when I was in the public schools.
- Biases against bilingualism. More education is needed.
- Bilingual assessments, meetings, and therapy are more time consuming than monolingual ones. Also, assessment reports or other documentation takes much more time, etc.
- Caseload does not reflect additional workload of providing multilingual services. Caseloads should be smaller for multilingual providers.
- Caseload is very high in general, but the expectations are the same. My evaluations take twice as long but that is not considered. I have to group students that don’t speak the same language because caseload is not considered.
- Caseloads are too high to provide quality services. Workloads are getting out of hand and unfortunately school districts cannot hire more therapists. Current therapists are having to manage how to provide any kind of service to their current caseload while trying to find the room to evaluate incoming referrals. Quality therapy and decent collaboration with teachers is going out the window.
- Considerable extra work/time is needed to serve bilingual clients, but this time is not accounted for in any way.
- Emotional/mental load is too high.
- Extra time required to assist other clinicians in providing their education in the patient’s language
- Extremely dissatisfied with ASHA’s support of ALL minority groups
- Families lack support in accessing services.
• General education staff do not have sufficient education or training on second language acquisition or how to support speech/language state standards.
• Generally burned out. Would rather do another profession but cannot pivot at this point in my life.
• Get pulled in to translate for case management
• Having to advocate or fight administrators on behalf of families who don't know their rights and get little or no support because administrators know they won't fight back
• High caseload of both multilingual and monolingual students and not enough time to focus on multilingual student treatment preparation
• I am hired as a regular SLP, but assess and help with the bilingual population.
• I am not recognized as a multilingual therapist by my school district.
• I am not using my bilingual skills at my current work site.
• I am paid extra for bilingual assessments that are not at my work site.
• I am partially retired so that helps me manage my caseload. I have to turn down work.
• I am self-employed. When I worked in the schools I had all of the barriers listed above. I also worked for a private practice as a CF and was so burned out I almost left the profession.
• I am self-employed, so I can eliminate causes of dissatisfaction.
• I can’t say. I have the skills but don’t have clients with this need.
• I currently live and work in an area where there is not a high demand for multilingual services. I have only had two patients that spoke Spanish in the 16 months I have lived and worked in my current location.
• I do my best, but I would like to be more fluent in Spanish, and it would be great if I had support in pursuing that.
• I do not serve too many families since I do not take insurance.
• I don’t really provide bilingual services.
• I feel underqualified, particularly related to family coaching/education.
• I had been doing bilingual assessments/therapy for 8+ years and getting no additional compensation for it. Recently our school district allowed us to pass the CSET to prove competency. However, before that, there was no way to prove you were bilingual. I think that is a huge disservice because I had worked very hard my entire career to learn and maintain this skill and there was no compensation until now for the future.
• I had been working at the district as the bilingual assessment SLP, but that was taken away from me because there are not enough SLPs in the district to cover the high caseloads.
• I like my job. I love to help my people. This is why I still work.
• I need time and money to complete a master’s degree extension.
• I often feel like I have to provide therapies in English when I don’t have the physical resources to support in Spanish. Sometimes I just translate verbally but I know having the visual support of words is helpful for students as well.
• I receive a $100 a month stipend. I must pass a Spanish interpretation test every 3 years. I see 95% of the Spanish speaking population. The compensation is inadequate.
• I serve also a CLD population and educate through coaching parents and teachers that deal with CLD children but DO NOT receive extra compensation related to my specialty.
• I spend a lot of time translating material and researching my students' culture and vocabulary that does not reflect on my salary. There are many Spanish speaking countries. However, the cultures and dialects are different from each other.
• I try not to flaunt my multi-language skills so that I am not asked to use them in clinical practices because it is more work without the recognition. Administration does not care to understand or compensate appropriately and I do not care to be taken advantage of.
• I was previously offered a job in a different state in which they would have bumped up my salary (by 2 steps as I work for the school district) which would have been great. Where I currently live in the state of Delaware they do not practice this sort of thing. I have also noticed that school psychologists are eligible for a $5k sign-in bonus at other local districts. However this has not been offered to me as a bilingual SLP, despite the fact that I also do IEP meetings in Spanish which ultimately saves cost on having a translator.
• I wish our multilingual and staffing field looked more like the families we see, i.e., I am a White provider, but I wish there were more providers who were not White.
• I wish there were more multilingual providers in my company (not just SLPs) because it is hard to ensure that the few multilingual providers are available for a new Spanish-speaking client due to factors such as caseload, distance, etc.
• In NC, Medicaid will only pay for txy if it is the child's native language and we have more Spanish speaking children than Spanish speaking therapists so can't service them all.
• In the school where I work, the main population is Hispanic and therefore I am unable to use my multilingual skills.
• Inability to find other multilingual service providers for my work sites
• It is difficult to uphold best practices for every evaluation when there is only one of me. I am working on building capacity in my department so monolingual SLPs can do evaluations with interpreters.
• It is frustrating that monolingual teachers lack an understanding of basic second language development. Many Hispanic students are tested only in English and wrongfully placed in special education or even deemed as intellectually disabled!!!!
• It's a bilingual Spanish immersion school and the administration fully supports bilingual service delivery and appropriate caseload size.
• It's exhausting. I'd rather walk away from clinical service delivery and protect my mental health than continue dealing with systems that oppress and break down my spirit.
• It's hard to justify when the curriculum is in English.
• Lack of appreciation related to lack of understanding
• Lack of ASHA bilingual SLP specialty certification
• Lack of awareness, advocacy, and compensation
• Lack of CEUs in this area
• Lack of community of like-minded individuals who are all invested in doing the work (shouldn't just be on multilingual providers to enact culturally and linguistically responsive and sustaining practices)
• Lack of cultural sensitivity/awareness from other team members, including administration
• Lack of information about the service in the community/myths, not supported by medical providers to disseminate correct information
• Lack of language specific resources and professional development opportunities
• Lack of multilingual treatment materials
• Lack of respect
• Lack of support from ASHA
• Lack of teaching of dynamic assessment techniques to graduating clinicians
• Lack of understanding of best practice for treatment of multilingual students by other SLPs in the organization. I would love more compensation. However they believe assessment is different but not treatment so then there is no need for compensation. However, the bilingual assessment SLPs don’t get compensated for their additional skill and work.
• Lack of understanding/knowledge from monolingual peers regarding multilingualism
• Limited resources/testing materials to assess multilingual students
• Low French speakers in my area so I’m not asked to use my skills
• Monolingual colleagues do very little and put the burden entirely on multilingual providers/faculty.
• Monolingual educators assuming that our role is also to translate IEP meetings
• Monolingual English caseload is too high.
• Monolingual services providers (unintentionally) causing harm to the population I serve, therefore giving SLPs a negative reputation in the community
• Multilingual assessments require 2-3x as much time to assess/analyze and write the report.
• My causes for dissatisfaction aren’t related specifically to being bilingual, they’re more related to the profession and environment overall (high caseloads and paperwork in schools).
• My comment is for the Spanish-speaking providers. They don’t get paid extra for what they do.
• My district is not placing me in a role where I can use my skills. Other SLPs have reached out individually for help.
• My positions is officially monolingual so I only have a couple of Spanish speaking students since the bilingual positions are not attractive.
• My use is in private practice although I am a full time employee in a school setting that doesn’t need Arabic services.
• Need to train colleagues about multilingual myths and challenges, but no time dedicated to do so due to high caseload
• Newcomers who have significant needs do not have an educational program to match, in my district.
• No respect
• Not currently dissatisfied as I have my own practice. However, when I worked for someone else, the above are the causes for the dissatisfaction I had.
• Not dissatisfied currently – previously it was high caseload and salary did not reflect extra work – left the school because I was at 12 campuses serving 76 students and working about 80 hour weeks and still not caught up with paperwork
• Not enough community outreach
• Not enough multilingual service providers to help lighten the load, end up having to do a lot of translating and administrative work for others. Need a bilingual administrative worker.
• Not enough needs for Greek English speaking patients
• Not enough providers, children remain on waitlist or get monolingual treatment from others
• Not enough robust multilingual SLP training programs. When I first applied, only a few of the limited options even tested my language abilities to ensure I was fluent enough to practice ethically.
• Not enough time allotted for bilingual evaluations
• Not enough time in scheduled evaluation block; difficult to complete all work tasks on the clock
• Not enough time to collaborate with Deaf/HH teachers and general education teachers regarding shared students.
• Not providing services in ASL
• Ongoing reimbursement rate cuts from Medicare and other commercial insurance carriers
• Only giving me bilingual speech and language clients even though I am qualified to evaluate and treat feeding and swallowing disorders
• Only when I was in the school setting
• Other disciplines do not have my level of CSD knowledge and that causes strain within multidisciplinary assessments.
• Our district is short staffed for SLPs and also on teachers, so our classes are full which is challenging when trying to evaluate and place children in a classroom setting.
• Overall satisfied but recently left a job in a dual language program where all my students were MLLs for one where I don't feel I fully use my skills due to the reasons above.
• Overall, I am very satisfied because I can say no to a referral. But there is a new one almost every day. So, it makes it stressful knowing that there is a need and not enough of me to fill it.
• Own private practice that is fully bilingual
• Paperwork is much more challenging due to time constraints switching back and forth between languages.
• Placed at 4+ schools = spread thin; not accepted by monolingual coworkers
• Political pressures such as Moms for Liberty and book banning in FL, preventing providers from selecting culturally appropriate books in public schools
• Poor insurance reimbursement
• Poor use of my skills as I am assigned to only one school while monolingual assesses ELLs in other schools
• Productivity demands do not reflect time required for evaluations and time for finding/making materials.
• Quality of therapy decreased, due to inconsistency of sessions, due to completing testing constantly.
• Rarely anyone needs services in German.
• Reimbursement rates are untenable. Recent waves of asylum seekers can only come to my county hospital and I am absolutely overwhelmed.
• RVUs, productivity, and charges don’t clarify this as a higher level evaluation since we are often assessing both languages, so my time isn’t being fairly compensated or accounted for in comparison to when I work with monolinguals.
• Sadly, not much hope to hire a bilingual colleague because there are so few. In addition, this is a small hospital just outside a metro area (not as highly sought-after region).
• Salary is the highest issue.
• Social justice and systemic racist views of multilingualism and lack of regard for languages other than English; Medi-Cal and insurance reimbursement does not have a differentiation of compensation for multilingual services; I’m often asked to be an interpreter as well as the treating and reporting clinician at IEP meetings.
• Staff not willing to collaborate or try to pass off work
• Tend to have the same clients for years because of no one else being able to work with them
• the "cultural" component of continuing education is very vague and IMHO is often not helpful / divisive.
• The administrator sees me as an interpreter, which is very frustrating. It takes a much longer time to perform a bilingual evaluation as there isn’t any standardized material for Chinese dialects.
• The concept that bilingual means English-Spanish, totally ignores all the Asian languages spoken in our area (so does your list of languages).
• The hatred in our field. Even the multilingual-multicultural service providers are creating toxic content and environment.
• The isolation. Lack of transparency with pay structures and workload considerations.
• The lack of resources and handouts for multilingual families
• The mental burden of the long waitlist is taxing. And the social determinants of health impact how successful I am in my therapy. We need social workers but don’t have easy access.
• The only small thing is constant pressure to increase hours.
• The same as my monolingual peers: caseloads are too high and compensation too low.
• There are insufficient resources in the community for follow-up after hospital d/c. Most patients don’t have access to a Spanish speaking SLP for aphasia, etc. in OP/HH settings.
• There are not a lot of us, so I feel overworked.
• There has been no need for the languages I speak.
• There is a lack of multilingual professionals (OT/PT/ST/pediatrician) available.
• There is a lack of support from ASHA when advocating for our profession. ASHA also does not model cultural humility and cultural responsiveness in their publications, social media interactions, or staff. There has been little to no advocacy regarding fair compensation.
• There is a mismatch between multilingual skills and caseload. I currently work with very few students who speak my second language, though there are many within the school district.
• There is an overt lack of respect faced by multilingual SLPs.
• There is not enough emphasis on keeping our multilingual assessments current compared to English.
• There's a general “disrespect” aimed at SLPs that discourages others from being attracted to the profession.
• There's not enough multilingual providers in our profession.
• These causes are not applicable to my current workplace, but to all prior sites (e.g., schools).
• This depends on the position I have. When I worked directly for a school district, all of the above applied. I’m now a contractor hired to only do bilingual assessments and my contracting company negotiated a better pay rate for me. However, the benefits bring down my pay so it almost evens out. Bilingual assessments take longer and the standardized assessments for kids 8+ aren’t as reliable which makes this job more stressful. I changed schools a lot during my 20 years. The high caseload was one of the reasons for that, but also I was placed in schools very far from my house to be in bilingual neighborhoods.
• Time constraints to complete assessments and treatment plans
• Trying to make tests more culturally sensitive can affect test validity which can challenge your diagnosis.
• Verbal language speakers don’t value my professional opinion on treatment for the multilingual students I serve.
• Very few ASHA-certified clinicians in my country of residence and work
• Very few clients who speak the language
• When referring to "bilingual" often times it is interpreted as English/Spanish only. Other languages aren't viewed or considered as highly.
• Working bilingually can take more time than working with monolingual English students. There is a lack of recognition of the time and effort a quality assessment and report takes.
• Working with monolingual supervisors that are not open to learning about language difference vs. disorder
• Workload higher because testing bilingual students takes more time/scheduling is more difficult with a mix of monolingual/bilingual students on caseload
• Workload is high because I am asked to provide additional services such as call families, assist with access to additional programs, and counsel families regarding the health care system.
• Workload is higher than stated on paper because of additional work required for providing services in more than one language.
• Workload is higher than stated on paper because of having to do bilingual evaluations outside my regular caseload and being assigned to more schools than my monolingual clients.
• Workload is higher, takes longer to assess in multiple languages, interview and use interpreters, and interpreter at IEP meetings
• Workload is impossible and unsustainable. I go weeks and months without servicing students because I’m completing at least 100 evaluations year after year. I service 5 schools and complete bilingual district assessments.
• Workload is very high in general.
• Workplace drama that bilingual service providers aren't better practice than interpreted services

Respondents Who Hold the SLPA
• No responses
19. Do you personally know any multilingual service providers who left the profession in the last 12 months due to dissatisfaction with their career?

<table>
<thead>
<tr>
<th></th>
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</tr>
</tbody>
</table>

20. What recommendations do you have for reducing the number of multilingual service providers who leave the professions?

Respondents Who Hold the CCC-A
- 1) Compensation should go up, 2) administration should try and listen to the recommendations of those in the trenches more often (for example, the Hispanic community is more communal and the family is typically involved in the medical decision. Therefore, they may come back more often for consultation. Administration typically sees this as delaying care or it not being efficient but the Hispanic families need more time to review the decision and when they’re pressured, they typically won’t move forward. When you’re constantly badgered about not being "efficient," it wears on you.
- Administrators not only have to speak about the value of employees but they have to show it through compensation.
- Advocacy for increased pay for the entire profession
- Advocate for yourself.
- Allow them to fully develop their professional skills using the languages other than English, higher pay, recognition, support (with mentors and materials).
- Appropriate compensation for the added skillset
- Be sure that university courses are not biased against people whose first language is not English.
- Better acknowledgement?
- Better pay, educate monolingual speakers /LSL providers
- Better quality pay and benefits
- Better salary
- Better salary compensation and admin support
- Compensate for a skill.
- Compensation
- Compensation for services
• Encourage the development of more respectful, nurturing, encouraging work environments that honor clinical knowledge and skills apart from anything to do with multilingualism.
• Equivalent salary and benefit for the skills
• For audiologists specifically revenue/reimbursement for services/diagnostics is at the heart of lots of our problems. In this area, if we were compensated properly for our testing, we wouldn’t be forced to test so many people per day which typically results in limited time per patient, especially if other languages are involved which can be more time consuming.
• Get additional salary if the caseload of multilingual patients is high.
• I am not aware of people leaving my profession due to language or multilingual barriers. Typically, people who I know left the profession did because of inconsistencies with administration and dissatisfaction with pay.
• If "multilingual" skill is not considered an additional benefit for the employer or valuable at all, it is just requesting us to spend more time on patients and carrying the same amount of work as our coworkers. There are no good adjustments to cover the time we spent on developing materials and carrying out treatments for our patients.
• Increase compensation! Increase administration’s support! Increase support for resources as a multilingual provider! Increase education to bi- or multilanguage speakers on opportunities and how to advocate for themselves!
• Increase their salary and decrease their caseload.
• Keeping caseloads at a level where good treatment can be provided
• Mentor support and financial compensation for multilingual skills
• No doubt there are some who have left, but it seems to me that few if any would leave specifically due to dissatisfaction with multilingual service issues, and more likely any dissatisfaction would relate more directly to the profession as a whole.
• Pay us more.
• Provide compensation for bilingualism. For hospitals, limit restrictions on bilingual providers (not allowing them to use their language directly with patients).
• Provide more materials in other languages for diagnosis and treatment. Compensation that reflects multilingual skills.
• Providing a salary that matches the skill
• Recognition of skills they bring to the table; we often get dismissed by coworkers and admin.
• Recognizing the added value of multilingual service providers and offering compensation incentives for speaking multiple languages
• Recommend better compensation to multilingual providers as well as recognize us. It usually goes unnoted, like if the work we do wasn’t important.
• Reduce caseloads and increase compensation.
• Salary is a huge factor. This should be discussed a lot more during graduate studies.
• Teach providers to advocate for themselves. I do know audiologists who have left our profession because their jobs were unsatisfactory or burnout culture but did not advocate or ask for what they would have wanted.
• We need to advocate for better compensation and inclusion of minorities in the field. We are often marginalized and underrepresented as well as underpaid. I went into this field to help others but the training and treatment experienced during my employment were disappointing. I hope your professional organization takes that into consideration for future clinicians to come.
• We will be in greater demand, stay tuned.

Respondents Who Hold the CCC-SLP

1) Advocate for stipends or bonuses that reflect the unique skill set. 2) Advocate for paperwork time to be compensated for or built into the schedule. 3) School clinicians have no cap. 40, 80, 90 students and their IEPs are the responsibility of one clinician? No way!
1) Making language proficiency evaluations a standard to qualify individuals as competent to provide services in other languages that is recognized. 2) Advocating for financial compensation norms for multilingual providers: comparing other industry standards, research on the cost-effectiveness for money saved from using interpreters, etc.
1) There needs to be more training on HOW to be a bilingual clinician. It is not enough to speak two languages; we need to be trained specifically on syntax, phonology, etc., as we are in English. 2) We need recognition that being bilingual is a huge boon to our employers, and that working in 2+ languages takes more time than working only in English. 3) We need to recognize that many of our potential bilingual/bicultural/biheritage clinicians may face barriers like the financial cost of a graduate program or lack of knowledge about the profession in the first place. Financially I had family support and still graduated with exorbitant loans that were only paid off due to loan forgiveness. The clinicians I know are leaving leave due to workload stress and pay.
1) Advocacy for reducing myths about multilingualism. 2) Advocacy for fair compensation for the extra work we do. Advocacy for manageable workloads.
1. Continue advocating and state what you need in your work setting. 2. Look at the bigger picture. We are helping others who may not know what they are entitled to due to the language barrier or cultural difference. Individuals with a different cultural background need us when it comes to providing speech and language therapy. We need to share our knowledge as bilingual providers to other professionals and parents so individuals do not get over-referred or under-referred.
1. Improved advocacy for increased compensation and benefits given the higher skill required for multilingual therapy provision. 2. Improved education/training on cultural sensitivity and awareness of need to customize plans of care related to each patient’s specific needs.
1. Increase an average pay raise (for all mono and multilingual SLPs); 2. Have a stipend for multilingual school SLPs; 3. Student number caps.
1. Multilingual assessments are more time consuming than monolingual assessments. We basically do two full assessments for bilingual assessments. Receiving extra compensation a caseload reduction for bilingual schools. 2. Reducing caseload size. However there are limited SLPs and SLPA. Many leave because they are burned out due to workload and stress.
1. Teach monolingual providers about multilingual language experiences to reduce the amount of pushback and/or extra work given to the multilingual providers. 2. REDUCE BARRIERS for multilingual providers from various backgrounds to enter the field so there is a better ratio of multilingual clinicians to multilingual patients.
- A certification program – that could help holders of the certification advocate for increased pay
- A fair salary based on skills and the amount of work
- A pay supplement would be nice.
- A support network for these individuals would be helpful, to help advocate for the resources they need at their place of work; perhaps funding they could apply for to get extra funds for multilingual work, such as translations. It does feel like that is extra work expected (e.g., translations, reviewing translations, helping with others' cases) as compared to monolingual providers, which does not necessarily result in increased pay or reduced hours. Allow more time per client because of the complexity of multilingual assessment/service provision and/or b) compensation for extra work.
- Access to easy to use case/workload calculators. Additional training for monolingual service providers in cultural sensitivity, diversity, and understanding.
- Acknowledge our profession and don't see us as translators or interpreters. Reimburse us for our added value. They call on the multicultural professional before they do on the monocultural one – both get paid the same. The multicultural always has more to do as responsibilities pile up. Adjust caseloads.
- Acknowledge the extra work required to service the multilingual population and provide compensation for that specialized skill.
- Acknowledge the need for them and the benefit they provide.
- Acknowledge their extra set of skills, compensate for it, make it worth their while by giving them a manageable caseload to truly make a difference. This actually applies for both monolingual and bilingual SLPs.
- Added compensation for multilingual providers along with support from administration to not overwhelm multilingual providers with added workload/caseload. Additionally, more public knowledge about the need for multilingual SLPs and SLPAs to promote the need in our field.
- Additional compensation and better access to appropriate patient education and assessments
- Additional compensation for bilingual skills
- Additional compensation for our additional skills
- Additional compensation for skills
- Additional considerations that were listed above such as considering extra time needed for preparing multilingual interventions and assessments. Safeguards to bilingual providers to be compensated for providing bilingual evaluations for the district outside of their caseload.
- Additional support in all areas (treatment, assessment, and compensation)
- Addressing the "average caseload of 55": This number is too high for SLPs, especially multilingual providers to service effectively.
- Adequate compensation (n = 2)
- Adequate compensation and benefits for ALL professionals. SNF SLPs specifically, as the situation is getting only more challenging lately...
- Adequate compensation for bilingual providers
- Adequate pay and better access to testing materials and therapy materials
- Adequate praise and reward for skills, support to evaluate, and great clients with adequate time for documenting, mentorship as well
• Adequate support. Increasing compensation for having these skills in addition to the baseline required skill set may be motivating.
• Adjusting academic programs so that they are able to admit and train enough SLPs; subsidizing SLP programs so students aren’t saddled with student loan debt; advocating for fair salaries for SLPs.
• Admin support
• Administrators who create opportunities for us to work in our strength and provide this valuable resource to a historically underserved population. Increase pay. Less having to serve monolingual caseloads and splitting out attention and energy as a result. Oh and for #14 my actual strongest preference was not listed. Collaborating and working with other bi/multilingual professionals. Mentoring as well.
• Administration in the school setting should not place a bilingual therapist in over 7 schools (insanity). This was the reason for a colleague of mine leaving. I left because I wasn’t using my bilingual skill set and was placed at a middle school filled with entitled parents that involved attorneys, disrespectful/emotionally disturbed middle schoolers, and a 1% increase with an agency who tricked me into signing a letter of intent that was never followed up with a formal contract.
• Administration support
• Administrative support and financial compensation
• Administrators (especially in schools) need to be better educated about the work that multilingual SLPs do and are able to do, and value that.
• Administrators do not adequately appreciate that bilingual evaluations require more time for testing and analysis. Bilingual service providers are stretched too thin in the schools. The biggest problem is work overload and burnout. Maybe produce a caseload to workload analysis/recommendations, but specific to bilingual service providers.
• Administrators including their service providers into conversations about policy and services
• Advocacy
• Advocacy and support
• Advocacy at the local state and federal level for better compensation
• Advocacy efforts to increase compensation for additional language skills
• Advocacy for better compensation with annual increases. With stagnant wages, leaving the profession for a career with less stress and better pay opportunities becomes very appealing.
• Advocacy for better pay
• Advocacy for better work-life balance
• Advocacy for compensation as bilingual providers
• Advocacy for fair compensation for our skills, however considering ASHA’s track record, I doubt anything will be done. Overall, we have thousands of SLPs who aren’t being compensated properly. ASHA only cares about filling their pockets by charging us outrageous prices just to practice. It would be nice to have fair pay, fair benefits, and fair respect, but as long as these aren’t being addressed, ASHA will continue to see a number of us leave the profession. I don’t have many years practicing either and I’m already thinking of leaving.
• Advocacy for a higher insurance reimbursement rate for multilingual services. More bilingual emphasis educational programs (and supervision).
• Advocacy for increased compensation, work–life balance
• Advocacy for increased pay for a specialized skill set and improve awareness of a bilingual SLP’s role (e.g., not to improve English proficiency, not an interpreter, etc.)
• Advocacy for stipends/increased pay for multilingual professionals at the same time working to increase the number of multilingual providers so current providers are not isolated
• Advocacy in schools for lower caseloads. Current caseloads in many states make it impossible to provide quality services to any students, and are driving burnout.
• Advocacy of the additional work involved so that pay reflects work done
• Advocacy, workload expectations tailored to multilingual provision
• Advocate and create the space and resources necessary to deliver best practice with bilingual patients/clients, e.g., allow additional time for testing in both languages. Compensate bilingual services providers for this essential skill to meet the treatment needs.
• Advocate for a caseload cap, no more than 50, and to not be utilized at multiple campuses.
• Advocate for all educators to understand how important it is to test in two languages and the problems over AND under identification can cause to a whole population. Also, advocating for increased pay for the increased work and education needed to be a multilingual service provider.
• Advocate for better compensation! And increase support.
• Advocate for better compensation and provide education on the importance of having multilingual providers treating multilingual clients.
• Advocate for better compensation and workloads and increase awareness of what multilingual SLPs do. Many people, including administrators, don’t understand the work we do and how that work doubles when we evaluate and provide therapy in more than one language.
• Advocate for better compensation for us.
• Advocate for better pay (insurance reimbursement) and institutional support (e.g., courses on bilingual SLP, practicums, mentors) for bilingual SLPs
• Advocate for better pay and hiring of multilingual SLPs to help with caseload.
• Advocate for better pay and more manageable caseloads. Create more scholarships for education. Make SIG membership free.
• Advocate for better pay and respect for service providers who are highly trained but are treated like dumping grounds for more students than you can possibly help in a school setting, thus making the therapist unable to create real progress in services.
• Advocate for better pay. \( n = 3 \)
• Advocate for bilingual SLPs to be compensated.
• Advocate for caseload caps and raises that keep with inflation.
• Advocate for compensation, advocate for us to be valued, advocate so that we have a safe space to voice our experiences and opinions.
• Advocate for extra compensation for multiple languages.
• Advocate for fair compensation and more help from admin at schools.
- Advocate for fair pay. Increase outreach to high school and university students. Increase financial support for multilingual students entering the field, who often come from economically disadvantaged backgrounds in the US.
- Advocate for focus on patient care, not productivity.
- Advocate for higher compensation.
- Advocate for higher compensation, increase assessments, and improve education to payors.
- Advocate for higher compensation, more mentorship opportunities, and recruit more multilingual patients in your clinical programs regardless of the languages spoken by student clinicians.
- Advocate for higher pay and lower caseloads.
- Advocate for higher pay and more respect from other professionals.
- Advocate for higher pay for multilingual service providers. Enhance resources/support for providers to use with patients/students/clients in multiple languages.
- Advocate for higher pay with the emphasis that interpreters do not need to be paid in our work, therefore we should see that benefit financially.
- Advocate for higher pay/differentials, as well as guidance regarding manageable workload calculations.
- Advocate for improved compensation both in the private and public arena.
- Advocate for improved state funding in education to reduce workload (especially after Covid), improve MTSS practices, improve administrator understanding of SLP practices, and for a significant increase in pay for multilingual service providers.
- Advocate for increased compensation for being multilingual – perhaps ASHA can help with that.
- Advocate for increased compensation for multilingual providers and provide language-specific assessment/treatment resources in a variety of languages.
- Advocate for increased pay / decreased productivity demands for bilingual providers.
- Advocate for increased pay and increased documentation time.
- Advocate for increased pay for being bilingual.
- Advocate for increased recognition of role demands and appropriate compensation.
- Advocate for increases in salary for being bilingual, especially in the public school setting.
- Advocate for more pay. Start talking to NEA to have our CCCs accepted as national certification to receive the extra pay.
- Advocate for pay and empower providers to let their needs be known by their admin.
- Advocate for recognition and pay benefit for multilingual therapists/professionals.
- Advocate for stipends/increased salary to reflect additional skills, advocate for caseload caps to ensure providers can focus on bilingual populations to more effectively use their time. More DEIJA initiatives across ASHA and state SLP organizations. More grants/scholarships for native speakers of languages other than English to support those who might otherwise need too many loans to attend graduate school.
- Advocate for their salaries by demonstrating their expertise. Use their knowledge to encourage bilingualism language development.
• Advocate for us for better pay, get more assessment and treatment materials in target language or languages, provide language specific training and recruit multilingual users to CSD programs and even provide CSD programs with a bilingual emphasis.
• Advocate for us more, as our coworkers (including monolingual SLPs) do not truly grasp how much extra duties are given when you are “multilingual.” The compensation truly does not match the workload.
• Advocate for use of workload analysis and require lower caseloads for bilingual/multilingual providers due to all the additional demands (testing and treating in two or more languages, sharing information in both English and another language at meetings, adapting or creating assessment and treatment materials, writing reports/progress notes/emails/texts in both English and another language for administrators and families...)
• Advocate for your role.
• Advocate for yourself. \( n = 2 \)
• Advocate professionally about workload increases into consideration. Assessments can take twice as long to administer in both languages and then summarize the results from each language and how they compare. I’m constantly asked to call families, send correspondences to families for monolingual coworkers. We need better training for all SLPs. I hate picking up reports for students who were never tested in their native language or someone interprets the results wrong for a student with mixed language dominance. Students who are multilingual are put into special education at an alarming rate. Tragically this includes students diagnosed as language delayed. This leads to poor student performance, increased caseloads, and more work to retest students to get them out of SPED. SLPs need much better training and should know better than what I see out there.
• Advocating for a higher salary/compensation
• Advocating for a smaller workload as demands for multilingual evaluators are so high. Find a work site that provides mentors who are multilingual.
• Advocating for additional compensation for multilingual service providers because we are often the only ones at the site who can provide multilingual assessments/treatments for students and these services require additional time to execute effectively than monolingual assessments/treatments. Providing multilingual services also requires additional continuing education coursework that we have to keep up with so we know we are providing the most appropriate and effective services for multilingual populations. Continuing to provide education at the undergraduate, graduate, and professional development levels on language development for multilingual populations, assessing and treating multilingual populations, and language differences vs disorders. In my experience, monolingual service providers do not put an effort to determine whether or not a student will require a multilingual assessment. When they learn a student is exposed to a language other than English at home, they contact the multilingual service provider to make that determination and oftentimes, the student does not use the home language even if their parents solely use it. This is frustrating because it is the job of all speech-language pathologists to figure out which assessments are the most appropriate for their students/clients and make the appropriate referrals.
• Advocating for better compensation, advocating for creating a standardized assessment for DHH populations, more research on the importance of manual languages, and greater advocacy and support for SLPs working with DHH populations
• Advocating for better pay and workload conditions
• Advocating for better pay for increased workload and experience
Advocating for better pay for multilingual service providers. Providing access to more materials to use during therapy.
Advocating for compensation for the skills
Advocating for fair compensation and workloads
Advocating for FAIR compensation. We have an extra skill and should be paid accordingly.
Advocating for fair salaries and reduced caseloads for multilingual practitioners would help. Requiring an additional service with no compensation feels discriminatory. I too, may be leaving the profession soon, as well.
Advocating for financial compensation of our skill. Medical organizations do not see the value in bilingualism. We are expected to provide the service with no additional compensation.
Advocating for higher compensation
Advocating for higher compensation and more understanding of CLD populations in order to allow bilingual SLPs more time for assessment and service delivery
Advocating for higher pay for multilingual providers AND continuing to work towards educating school-based professionals on language differences vs delays/disorders
Advocating for higher pay/compensation
Advocating for increased compensation as the time requirement is much more when you are evaluating, treating, and providing materials in more than one language or in a language that is not the primary language.
Advocating for increased pay and extra time for a workload associated with working with a multilingual population
Advocating for more positions and better pay
Advocating for multilingual providers to be compensated more because of their skill and extra workload
Advocating for pay compensation, lower workload/caseload
Advocating for pay for use of their second language as well as taking into account the time it takes for them to complete evaluations and reports
Advocating for supplemental or stipend pay
Advocating for my colleagues at the schools have large caseloads and an overwhelming amount of paperwork to complete, but the lack of resources for assessment and therapy in Spanish makes it difficult for me to easily prepare for therapy. I recognize that other languages have even less resources. But if I’m too busy trying to just get by, it’s impossible for me to take the time to make my own materials for therapy or complete informal testing to complete an evaluation. There is equally lack of support in my workplace as there is from ASHA and the field as a whole, so fixing this would help prevent professionals from leaving.
Allocate workload and/or offer additional compensation for multilingual service providers. Advocate for more multilingual service providers into graduate programs. In terms of school settings, workload is challenging enough without factoring in the additional, embedded duties for multilingual providers.
Allow appropriate time for assessment and reduce caseload for multilingual students, especially with languages where limited treatment resources have been created.
Allow for realistic productivity requirements and fair pay.
• Allow more time for clinical preparation, provide assessment and treatment resources in order to provide realistic services.
• Allowing us to move up to higher roles. Because the number of bilingual therapists is limited, we are often overlooked for promotions or supervisory roles because we are needed in the field.
• Appropriate compensation
• Appropriate compensation for specialized skills. More providers in the field to provide supports/mentorship from those of similar language and cultural backgrounds.
• Appropriate compensation for their skills; advocating for work within the scope of practice without being forced to perform alternate tasks with no compensation (e.g., translation, interpretation, consultations, etc.)
• As our professional organization, there should be more visibility of ASHA advocating for the high caseloads we experience, as well as salaries not reflecting our training and skills.
• As with monolingual providers (SLPs), the caseloads, work demands, work-related stress are factors that need to be addressed or the attrition will continue. Graduate students are afraid of working in the school setting.
• ASHA advocacy for a feasible workload for multilingual providers, in particular, as an ethical issue
• ASHA advocating for caseload caps and salary increases for our field in general – we are not paid as professionals with master’s degrees and I know many people with no degree or only a bachelor’s who make way more than we do. The field is not worth the amount of money and time we put into getting here and the CCC title has zero benefits. State licensing should be enough, or ASHA should use that money to advocate for the SLPs who are treated like we’re the bottom of the barrel professionals.
• ASHA approved trainings and/or coursework/degree to better prepare multilingual SLPs to work with multilingual students. Just because someone self-identifies as a multilingual provider, it does not mean they are ready to test, treat, or diagnose others with communication disorders. It takes special training, mentoring, and supervised practice to achieve a level of confidence and expertise to work with this population.
• ASHA could advocate for higher salaries and manageable caseload size.
• ASHA needs to advocate for better insurance reimbursement.
• ASHA needs to advocate for better reimbursement from insurance so that we can get paid the amount that we all deserve.
• ASHA needs to advocate for bilingual providers. We are not being compensated at work, especially in the schools, for speaking another language and working with a diverse population. In Illinois, most schools now require a Bilingual Education Endorsement for SLPs, requiring us to pay out of pocket to complete a Spanish proficiency test and an additional bilingual course for no additional compensation. I have tried advocating as a direct hire for my district and have not been able to receive additional compensation. We are also asked to translate during IEP meetings and reports—which is additional work compared to monolingual SLPs.
• ASHA needs to better advocate for differential pay and emphasizing workload. ASHA also needs to train all providers to be at the very least more culturally sensitive. I still see and interact with providers that recommend to bilingual parents to “choose one language,” and even see AAC as a crutch—not parents or laypeople, clinicians! And they are not older clinicians. The latter and former are unacceptable. It’s also needed across our field, more acceptance of including ASL even in cases of cochlear implants, which is not always consistently counseled.
• ASHA needs to do more to support its members. This is no longer a sustainable career for a majority of SLPs. Our caseloads and reimbursement rates are causing many to leave this field. ASHA membership is the most expensive out of OT, PT, and ST and seemingly does the least for its members. Why would I maintain my membership if a state license is truly all we should need to practice?

• ASHA needs to give us tools on how to approach best practice with multilingual patients, help us communicate with our administration for higher pay, productivity forgiveness for serving this population. ASHA should provide standardized assessments and materials in other languages that are accessed online as part of our very expensive yearly membership.

• ASHA needs to strive to make SLP diversity reflect the diverse population they serve. Also, encourage, acknowledge, and highlight SLPs who may speak a language that is not as common as other languages. They need resources too.

• ASHA needs to support its members of all backgrounds and experiences. There is a lack of comprehension at the organization level of the needs, values, and professional satisfaction of the membership at large and, increasingly, dissatisfaction with the allocation of our very high membership fees toward initiatives that support us as members.

• ASHA provides no regulation over caseload size in the school system. ASHA should be more involved with the DOE since schools are a major employer of SLPs.

• ASHA should advocate for higher pay for these professionals.

• ASHA should advocate for increased pay for multilingual providers.

• ASHA should advocate for multilingual SLPs to get salary stipends that adequately reflect the additional skills and time that is required of them.

• ASHA should better advocate for salary compensation as multilingual service providers have UNIQUE skills that are not valued (yet are essential).

• ASHA should finally start doing its job and advocate for better rates for bilingual/multilingual SLPs.

• ASHA should lobby states to make rules for delivery of services in the child’s language.

• ASHA should partner with local state governments to advocate for better working conditions for SLPs, especially bilingual and multilingual SLPs.

• ASHA should push for a higher wage/good stipend for those of us who have this additional talent.

• Ask monolingual service providers to take responsibility for ALL of the clients they see rather than try to ignore or "pass off" the bilingual/CLD, etc. ones to other providers. Additional pay for being bilingual.

• Assessments and standards need to be developed in more languages. Funding needs to be obtained for more bilingual professionals to research, develop norms, and create assessments for languages aside from English.

• Attractive compensation, reasonable caseload, availability of treatment materials, and assessments, life-work balance.

• Awareness and understanding of how important it is for children in bilingual/multilingual household to acquire their home language. (Other SLPs and professionals often push an "English-first" approach, which diminishes the value of multilingual service providers' work.)

• Balanced and reduced caseload, more support from the school administration, and pay recognition for the added language and culture skills.

• Balanced caseload, increase in salary
• Balanced workload, increased pay across SLP, increased pay for multilingual skills
• Be compensated for the skill. A lot of times you may be the only provider that speaks their language so you end up having to be a translator or support them in a more case manager type of position.
• Be patient. Look for resources.
• Being a bilingual/multilingual therapist means you possess a skill that is much needed by so many and it is a blessing to be able to assist those in need that have limited resources due to a language barrier.
• Being a monolingual clinician should not mean more work. You should not have to pick up the slack and the work of more than one person due to more abilities. Same pay = same abilities.
• Better access to adult-targeted materials
• Better advocacy, better support and outreach, and better representation in all areas of the field; clinical and research
• Better awareness of their value and importance to this field
• Better care for professionals ... bosses that are kind, empowering, advocating, and building with SLPs
• Better clinical support
• Better communication, advocacy, and support for them
• Better compensation (n = 12)
• Better compensation and access to materials
• Better compensation and advocacy
• Better compensation and allow extra time to treat and develop treatment materials
• Better compensation and more emphasis on the need for multilingual services
• Better compensation and more support by way of materials in Spanish
• Better compensation and more support. We should receive a stipend or extra compensation for the extra skills we possess. We always carry a higher workload than our monolingual peers and we are not compensated for that.
• Better compensation and recognition for higher workload
• Better compensation and support (n = 2)
• Better compensation and workload control
• Better compensation and workload/caseload balance
• Better compensation consistently across the nation for a start. I think many feel overwhelmed and don’t have enough training, so they get discouraged quickly when they have huge caseloads and kids aren’t making the progress they would hope to eventually be dismissed.
• Better compensation equal to high life expenses
• Better compensation for increase in workload. Increase in resources, materials for intervention. Lower caseload when providing services to bilingual patients.
• Better compensation for multilingual providers
• Better compensation for multilingual skills, better understanding from administration on the additional time required to be a multilingual service provider
• Better compensation for school SLPs
• Better compensation for skills set and more research and materials for us to use
• Better compensation for the additional expertise and time required in performing multilingual services
• Better compensation from HI, including Medicaid
• Better compensation support and understanding of the complexity and skill involved in our therapy
• Better compensation. Better training of non-bilingual administrators.
• Better compensation, caseload size that is equitable with monolingual providers
• Better compensation, more consistent mentorship and training, development of assessments for a variety of age ranges and cultural backgrounds
• Better compensation, more manageable caseloads, admin that values multilingualism
• Better compensation (n = 2)
• Better compensation. Balanced caseload. Extra time for paperwork. Bilingual assessments take twice as long to write up.
• Better compensation. More support from social workers.
• Better compensation, allowing people to provide services to clients across borders virtually
• Better conditions for everyone
• Better financial compensation. Administration or employer needs to explain that bilingual evaluations take more time and should not be left until the last part of the 90 day evaluation process (the time crunch makes it more difficult to make a differential diagnosis) and the IEP team typically knows from the beginning of the process that the child is bilingual, or speaks predominantly in Spanish. For all SLPs, the caseload/workload is so high in the schools.
• Better incentives and compensation
• Better inform new graduates about what working conditions are like for a bilingual SLP. Better inform new graduates that their role includes even more advocacy work.
• Better mentoring, better early career support etc., awareness of the challenges for international students who are becoming first generation multilingual SLPs in the US
• Better mentorship of multilingual students in CSD majors and mentorship when beginning a job
• Better multi-disciplinary education about the difference between multilingual and monolingual development to foster understanding and adequate compensation for the additional skills and work multilingual service providers bring to their job.
• Better overall support from ASHA. Advocacy from someone other than ourselves. Specific guidelines disseminated to all work placements identifying correct compensation for skills. I shouldn’t have to beg to be paid my worth.
• Better pay (n = 10)
• Better pay and access to training and materials to ensure they are not feeling like they are reinventing the wheel constantly and not feeling like they are not able to do their work well
• Better pay and better training for ALL clinicians on how to work with multilingual individuals. The 8% cannot be responsible for all of the multilingual individuals who need services. Therefore we need to prepare ALL student clinicians to work with multilingual individuals, not just those who speak a language other than English.
• Better pay and compensation as well as more resources
• Better pay and longer time off
• Better pay and lower caseload. Also, more support and better assessments.
• Better pay and lower caseload. Assessment and treatment take longer than monolingual. Lower caseload would be great
• Better pay and smaller caseloads
• Better pay and support
• Better pay and support from the administration
• Better pay compensation if the provider is the only multilingual speaker as you are consistently asked to translate outside of the job description
• Better pay with manageable caseloads
• Better pay!!! Simple as that!
• Better pay, admin support, and reasonable caseload
• Better pay, better caseloads, support from admin
• Better pay, better resources. Providing national laws/policies vs state that actually advocate for better compensation and support.
• Better pay, better training at the graduate level and on the job from experienced SLPs
• Better pay, better training in college or graduate school to professionals working with multilingual students, smaller caseloads and workloads, variety of assessments, and continuous education
• Better pay, better work balance
• Better pay, given more time to do all of the paperwork that comes with working with special education (DHH)
• Better pay, greater support from the administration, time to develop materials and tools
• Better pay, more reasonable caseloads, drastic re-imagining of service delivery in schools (e.g., episodic care, focused/intense 1:1 therapy followed by time for integration of skills). The profession is in crisis because of totally unrealistic expectations for caseloads, lack of SLP presence in managerial roles, etc.
• Better pay, more support; it goes for all SLPs. Our school district cannot even get enough monolingual SLPs. Multilingual needs are not on administrators' radar at all.
• Better pay, providing necessary materials or paid time to create materials in a specific language
• Better pay, SLP pay has not been increased and we’re considered teachers rather than therapists.
• Better pay. I don’t advertise my multilingual skills unless I’m paid more for it. This is a job after all. Passion doesn’t pay bills.
• Better pay. I have spent thousands of hours learning to speak other languages. I could get paid MUCH more working in another profession that compensates for that knowledge. I likely will switch next year because I can make double what I’m making now elsewhere.
• Better pay. More time to complete evaluations/write reports, since more than language is being evaluated. (More assessments are being administered, interpreted, and more data is being documented.)
• Better pay/compensation. I only get paid for patient contact, meaning 30-minute therapy session or evaluation. We all know we spend more time on evaluations than what is paid.
• Better payment and benefits, support from administrators, and manageable caseloads
• Better recognition and compensation
• Better reimbursement and more free materials
• Better reimbursement rates
• Better reimbursement rates and compensation for being bilingual
• Better resources for assessment and treatment
• Better respect, more pay, better resources
• Better salaries
• Better salaries and education
• Better salaries and more affordable access to meaningful training/courses/professional development focused on multilingual service delivery
• Better salary (n = 2)
• Better salary rates for multilingual providers as well as more assessment materials
• Better support and compensation
• Better support and compensation. Overall smaller caseload for service provider in order to improve our ability to provide quality services.
• Better support for students in determining language dominance at the intervention level rather than only at the special education level
• Better support for work admin
• Better support from ASHA
• Better support from ASHA for compensation, starting with insurance reimbursements
• Better support systems such as the Language First group, which focuses on service providers for Deaf and Hard of Hearing individuals
• Better testing and therapy materials and guidance, additional multilingual professionals in the field to lower caseloads and provide mentoring, better pay, programs to cover the cost of becoming fluent and maintaining fluency in other languages
• Better training and support
• Better training for monolingual professionals about multilingualism and more collaboration with them in advocating with the administration
• Better training for monolingual providers, that way bilingual assessments are not always required, i.e., dynamic assessments. Typical errors are common with multilingual students.
• Better training programs! I feel that many CSD programs lack the knowledge to train bilingual SLPs and monolingual SLPs accordingly to get them ready for what they'll encounter. Bilingual SLPs need the most support as they will likely be asked to make the difficult decisions in assessment and therapy.
• Better understanding that bilingualism is a skill that requires more time to plan for sessions, assess students, and write reports/document. If compensated more for being bilingual, a lot of professionals would seek work in environments that would support the bilingual community.
• Better workload management
• Beyond intrinsic motivation and a sense of fulfillment, the reality of being a multilingual service provider in the New York City public school system, particularly in district 20, presents several drawbacks and few benefits. We are often pulled from our designated payroll school and assigned to multiple schools, sometimes at a considerable distance, to provide services to students without additional compensation. The lack of choice in school assignments is evident; for instance, as a full-time employee qualified to serve students in languages other than English, I find myself spread across six schools this academic year, commuting between two to three schools daily. This includes traveling three times a week to two schools for just one student. The time and commute demands are strenuous, and there is no compensation for the extra and unwarranted travel. This situation is far from ideal for the students I serve; lacking a designated workspace in non-payroll schools, I am constantly on the move, struggling to carry all necessary materials and supplies that could benefit my students. Moreover, the additional commute hours encroach on my family time. Last year was particularly challenging, being pregnant and divided among four schools, navigating public transportation, and walking for over an hour in total when moving between schools. While I am passionate about my work and committed to servicing all students in need of bilingual services, the current system feels punitive rather than supportive. I believe improvements could be made by allowing remote services, developing a more effective assignment plan, or providing incentives to ensure equitable treatment compared to monolingual peers who don't face the same travel challenges, regardless of their caseload size. Without such changes, it is discouraging, and regrettably, I may have nothing positive to share with future graduates or potential candidates seeking opportunities as multilingual providers in the New York City Department of Education.
• Bilingual and multilingual should receive a stipend. Bilingual definition should be English and another language (not only Spanish). Most school districts only pay a stipend for English-Spanish.
• Bilingual certification from ASHA, any support from ASHA AT ALL, specifically with compensation differences for multilingual providers.
• Bilingual service providers do double the work when it comes to materials and translation services. Asking for help is hard, especially when you don't get it. It is very disheartening.
• Bilingual service providers need to be compensated for the well needed skills within our profession.
• Bonus pay for being bilingual. Workload instead of caseload. More multilingual providers so all the work doesn't fall on the few.
• Bonuses for providing multilingual services
• Build awareness of our value.
• Build community.
• Build community, request higher reimbursement for higher compensation of services. Workplaces need to be well equipped with DEI standards and not rely on a multilingual employee to do the additional work of educating.
• Burnout is a big problem at the moment, but more compensation can help make therapists.
• Caseloads and workloads should be fair and manageable as burnout and stress are major contributors to SLPs leaving the profession whether mono or multilingual.
• Caseload and workload don’t always align with multilingual service providers because we are doing it in two or more language. Compensate with lower caseloads and financially for additional skills and additional work related to servicing multilingual students.
• Caseload caps
• Caseload management
• Caseload management. Salary.
• Caseload reduction; limitation on paperwork or billing responsibilities
• Caseload/workload caps, differentials or pay that reflects a special skill set
• Caseload/workload limits; advocacy for better reimbursement from insurance companies; increased pay for multilingual services
• Change the framing – it’s not just “multilingual providers.” These people also have other minoritized identities that add complexity (e.g., immigration status, racialization, class, dis/ability). Most of my colleagues who have left and people with whom I learn who are minoritized always feel they don’t fit in because extraordinary focus is placed on English in our curricula, in our clinical practices, in our science – there is also such little criticality. The younger generation of practitioners have much more awareness than we did as people who have spent a good number of years in the profession – about their civic duties and the needs of society and the ways in which ideas about what constitutes “proficiency” in language use is flawed and dehumanized. We need to listen to them and be creative beyond the structures. Center critical consciousness instead of “cultural humility” which does little to nothing in our moving out of allyship into co-conspirators with accountability (for any of us who don’t share the disability strand in our beings and yet who work to “help” multilingual racialized children and adults labeled with disabilities).
• Come back, we need you.
• Compensate adequately to these professionals.
• Compensate appropriately for the services being provided, more support, and more “tools” to use during treatment/assessing.
• Compensate appropriately for the skill of multilingualism.
• Compensate for additional skills.
• Compensate for being bilingual.
• Compensate for multilingual skills and put more time/money into creating better assessment and treatment resources for bilingual students, especially in Spanish.
• Compensate for skills.
• Compensate for the higher caseload and provide more assessment materials.
• Compensate multilingual service providers for their years of experience generously, reduce caseload size, and compensate for documentation time.
- Compensate people more for their skill set.
- Compensate their increased effort and skill set with money and sufficient time to provide quality work.
- Compensate them.
- Compensate them by lowering the caseload numbers and/or giving them a stipend for their services as multilingual service providers.
- Compensate them fairly for the extra work they do and make this a career that is sustainable for a single provider. Everyone who has been a multilingual SLP in my workplaces has worked harder and had extra demands placed on them without being compensated appropriately. The annual fees to ASHA and the cost of schooling deter multilingual providers from pursuing the field.
- Compensate them more.
- Compensate us and cap our workload and allow more time to find resources to better serve multilingual families.
- Compensate us as we deserve, commensurate with our expertise.
- Compensate us more :) it’s simple!
- Compensate with higher pay for doing double the work.
- Compensation \( n = 7 \)
- Compensation – both monetary and with time for the extra work they are asked to do
- Compensation and appropriate support
- Compensation and assessment/instructional materials/ education of those we work with about bilingualism and special education/ education of medical evaluators to consider bilingualism and not just assess in English to determine diagnoses!
- Compensation and building a multilingual SLP community
- Compensation and managing of the workload required to provide services/assessments in two+ languages PER student
- Compensation and resources
- Compensation and support
- Compensation benefits for this skill
- Compensation commensurate to demand
- Compensation commensurate with skills
- Compensation commensurate with their skills, education, and experience
- Compensation for being multilingual, support with resources and training
- Compensation for being multilingual. This is a critical skill in the field that is not fairly compensated, especially in the school system where salaries are set.
- Compensation for each additional language they provide services in and better work–life balance
- Compensation for having a bilingual extension. The NYC Department of Education does not compensate you for bilingual services and it always feels like bilingual providers do more work for monolingual providers (planning, IEP meetings, assessments, etc.) for the same salary.
- Compensation for knowing another language
• Compensation for services based on being a multilingual provider. I get paid the same as monolingual SLPs but have additional responsibilities.
• Compensation for skill sets. Nationally recognized certification for multilingual providers.
• Compensation for skills and extra work
• Compensation for specialized skills and increased availability of resources for more continuing education and opportunities for collaboration with colleagues
• Compensation for the additional language abilities
• Compensation for the needed skill of being bilingual, or trilingual....
• Compensation for the specialized skills, less client caseload, and increased administrative support
• Compensation for their skill and lower caseloads
• Compensation for this skill set!
• Compensation for writing/treatment/participation and we have even been expected to translate for other teachers during meetings.
• Compensation increases ($n = 2$)
• Compensation rate is the one reason I can think of. If we are not compensated for a highly sought out skill for a caseload where most of them are multilingual children, and multilingual SLPs are rare, then we need to be compensated for doing double the work of a monolingual SLP (interpreting our own assessment, creating treatment materials in another language, etc.)
• Compensation should reflect the skills. The caseload numbers are the same as monolinguals’ caseloads yet we are expected to do more work for the same pay. It is not worth advertising the specialized skills.
• Compensation that matches job demands and skill level. Better working conditions. Increasing knowledge of what SLPs do and why they are critical for the development of children.
• Compensation that reflects the higher level of skills
• Compensation that rewards skills required to do job well
• Compensation whether monetary or time. Advocacy at the state and federal levels regarding the importance of multilingual service providers.
• Compensation. Reduced caseload (this allows more time for collaboration). Having our own pay scale and not be treated as teachers. Teachers benefit from their contract and we don't. More respect for our profession. A high percentage of us feel like we're on the bottom of the totem pole. Many times we are not given appropriate areas to provide therapy or assessments. We are often treated as a stepchild.
• Compensation!
• Compensation and training
• Compensation, decreased workload, and education for those to understand the difference between a disorder and a true language disorder
• Compensation, educating monolingual SLPs in graduate programs regarding multilingual issues—remains a huge barrier
• Compensation, support from staff
• Compensation, Tom Cruise said it best "Show me the money"
• Compensation. More administrative support and ASHA recognition.
• Compensation. Specializations.
• Compensation: I have an extra ability that saves the company on live translation service fees and one that increases patient satisfaction; it would be nice to be paid accordingly. Resources: I would love to see more standardized assessments and evidence-based materials in other languages, as well as noted dialectical differences (particularly treatment materials). Validation: I’m fairly busy and don’t want to purchase/complete a special certification so I can use my language skills on the job. Administration should support providers by defining an internal language competency validation process for multilingual providers in health care settings.
• Conferences like Adelante where we can network with each other
• Consider having some sort of placement test, to add to our credential and then we can advocate for an extra skill so that we can be compensated for it.
• Consider the difference between workload and caseload.
• Considerable amount of higher pay, provide more assessment resources and multilingual training, and allow more time to assess multilingual clients.
• Consistent compensation for multilingual abilities
• Continue to advocate for what helps improve the patient care and opportunities with bilingual patients.
• Continued development of AI and EMR resources to expedite clinical documentation processes
• Continued support with regards to mentoring, materials, and compensation
• Continuing education opportunities to increase competence, recognition of their skills at work, graduate programs including multilingual provider education
• Create a space to continue discussing how to build a proactive community to support multilingual providers.
• Create a team of multilingual SLPs and begin to translate assessment tools. Email me if you need help.
• Create incentives, allow for extra time to complete tasks since they are longer and more complicated, smaller caseload
• Create resources and materials to provide services. Compensation for multilingual services due to the extra work we have to do to get and create materials to target this population.
• Creating a supportive environment from an organizational perspective, where no groups are ignored or overlooked or are treated differently than others. I know that many other Jewish SLPs have found that they are very disappointed in ASHA for their lack of courage and leadership at this time. Many have considered not renewing their membership.
• Creating more “consulting” positions to help monolingual SLPs effectively service bilingual individuals or those who are culturally and linguistically diverse when there aren’t enough resources available to service individuals in their native language. I think many multilingual service providers leave because they feel all of the bilingual work is put on them. That is a huge burden. Monolingual SLPs need to understand and know more about multilingual populations.
• Decrease caseload. Unfortunately, it is not in our hands.
• Decrease caseloads.
• Decrease pay gap between monolingual and bilingual employees because we, as the minority, may be compensated less than the Caucasian monolingual peer.
• Decrease workload.
• Decrease workload/caseload, increase grants/bonuses/incentives to continue to practice, provide additional trainings.
• Decreasing ASHA dues and advocating for bilingual stipends and workload caps. Many multilingual providers come to this profession without the background knowledge of graduate school and take on lots of debt to enter this field. When we enter it, we become overloaded, overworked, and underpaid – and we have very few multilingual mentors and peers. It is very lonely and many take on the responsibility of supporting/advocating doubly underserved communities (non-English speaking and special education).
• Definitely increased compensation, and a better assessment of true workload.
• Different salary rate is needed. Multilingual service providers spend more time for research and studying about treatment and materials.
• Differential pay!
• Differentiation in the role. More evidence to support same language virtual visits vs in-person visits with an interpreter.
• Discrimination and poor pay are pervasive. Difficult to address in the short term.
• Discuss with a career coach before making a final decision. Contact ASHA Career Services and OMA departments. Speak to an attorney if legal recourse is possible based on your job situation, especially if discriminatory in nature.
• DON'T GO! You are especially needed.
• Don't leave. Community needs you.
• Don't do it, do something else. Health care and para health care have become way too red tape.
• Educate the administration, including other SLPs, about best practices that lead to the best outcomes in multilingual students with speech and language delays/disorders. If they don't understand that using their student's first language/home language in therapy is best practice they would not make a difference in compensation. I think compensation is key because there is more time and more skill needed to serve, but it also shows recognition of our contribution.
• Educate and advocate for policy changes to increase the pay scale.
• Educate monolingual SLPs and those who supervise bilingual/multilingual SLPs. Their ignorance about bilingualism creates a lot of problems for all of us.
• Educate school administrators about how different a bilingual evaluation/service provision is.
• Educate students better prior to finishing coursework and clinical placements.
• Educating monolingual SLPs on the importance and necessity of providing culturally sensitive services. This includes consulting with a multilingual SLP and respecting/honoring their recommendations.
• Educating the government entities and seeking for compensation as being multilingual is viewed as an added clinical skill.
• Education and advocacy.
• Education of monolingual service providers and higher education professors and programs. Inclusivity to the entire program instead of making "bilingualism" an option. Everyone must be informed to unlearn the bad, and understand the negative implications they are
inflicting on clients, and ultimately leading to the dissatisfaction of multilingual service providers because we see the wrong things happening. Its taxing on our hearts and the futures of these children, families, and communities.

- Effort needs to be made to recruit / educate multilingual college students about opportunities in CSD, as well as making graduate programs more accessible and affordable for these individuals so that we have more representation in the field in the future. Higher numbers of multilingual providers will mean lower caseload numbers and more collaboration between multilingual providers creating a better workplace environment. Multilingual providers need to be compensated for their specific skill set. Assessment and intervention of multilingual children take significantly longer but no extra time, resources nor pay is provided in most cases.

- Elevating the profession, field, and scholars doing work in this area and entering the field

- Emphasis on insurance changes. Without changing qualifications and reimbursement we can’t pay the providers more even though it does take more work and is cognitively more exhausting to be using two or more languages.

- Emphasize assimilation both linguistically and culturally, irrespective of linguistic/cultural backgrounds. Stop driving division in the name of “diversity”. Diversity is A strength— not THE strength of ANY field, nation, or people.

- Employer acknowledgement of the additional expertise and work required to provide multilingual services, and fair compensation for these

- Employer mindset shift towards specific bilingual service provider needs, adequate time to complete assigned duties when taking into account the added responsibilities, adequate workspace, materials, and tools, professional development, professional learning communities for bilingual service providers.

- Empower them with supervisory roles and supplemental pay.

- Encouragement from training institutions to develop true bilingual clinical skills, support from the community in encouraging families to maintain their first language in addition to learning English. Emphasize the great US and abroad. There are more bilingual/multilingual speakers on this planet compared to monolingual speakers.

- Encouragement within state and local governments to local education agencies that multilingual skills should be compensated.

- Encouragement, supportive administration, accessibility to needed resources. Reduction of caseloads if needed, streamline / manage all the steps of caseload management to reduce overwhelm and stress. Incentives for time spent and for experience.

- Ensure appropriate compensation for their specialized skill set. Ensure equity in the workplace. At times, monolingual providers test less than bilingual providers and yet get paid the same. The evaluations are sent out to agencies when the provider is not bilingual even though the child is on their caseload, while the bilingual provider has to test all their students (monolingual or bilingual).

- Ensure that the salary and benefits are competitive without trading off a positive culture and climate in the schools.

- Ensure they are properly funded for materials. Help connect them to other multilingual providers because there is not often another multilingual provider at same job.

- Equality

- Equitable pay and fair caseloads

- Equity in salary and compensation. It’s really hard to make it through with student loans and inflation. Pay rates are not on par with expenses and budget.
• Equity: multilingual providers end up having to do more, because they can do work with both monolingual and bilingual clients. This includes assessment and treatment, but it also spills over into scheduling, phone calls, logistics, etc. If there was a way to address this, that would be super helpful. Caseload sizes in schools are unrealistic.
• Exploring higher compensation to obtain retention, seeking additional courses and professional development, room for growth opportunities
• Extra compensation for bilingual skills. More resources and webinars.
• Extra pay for additional skills
• Extra time allowed and increased compensation for providing in another language
• Extra time and compensation for our work. We do double the work.
• Extra time built into workload for testing and for grouping students according to language/s that they speak
• Factor multilingual students as a .25 on workload models. My school district still bases on caseload and has stopped providing SLPs with SLPA support, so we have to translate at IEPs, translate documents, provide multilingual services, group children by languages, etc. without any type of compensation. Only teachers with bilingual programs receive a stipend for multilingualism.
• Fair compensation for all of the tasks performed both clinically and administratively when one uses another language and can easily transition from English to another language
• Fair compensation for multilingual skills
• Fair compensation for skills; workload/caseload that is commensurate with monolingual SLP peers; respect from administration; PD tailored towards ML SLPs who work in the clinical setting (not put on by researchers)
• Fair compensation for their value as a multilingual provider. Workload vs caseload analysis.
• Fair compensation with a balanced caseload that allows for adequate assessment of the languages spoken by the patient
• Fair compensation; more support with over-referrals of ELLs
• Fair pay for a graduate degree and additional skilled work as a multilingual service provider
• Figuring out a model that doesn't require them to travel all over the place to service a couple of random kids here or there which prevents the provider from being part of the school community/ knowing the whole child
• Financial compensation for bilingual/multilingual skills
• Financial compensation for doing two jobs in one. Increased awareness from administrators about the complexity of the position and the challenges it brings to assess/diagnose and treat children who are bilingual. Caseload vs workload awareness.
• Financial compensation for the additional service that is provided
• Financial compensation, more testing and treatment materials in other languages
• Financial compensation. Value their additional expertise (verbal and through referrals). Hire more bilingual SLPs.
• Finding more ways to provide support – conferences, virtual Q&As, etc. Effort to advocate for fair compensation.
• Finding ways to advocate for better compensation
• Firstly, PUT A CASELOAD/WORKLOAD CAP!!! I can’t do my job if I have so many individuals I need to see at once and back to back!! Secondly, money talks, especially in this economy. PAY SOMEONE WHO HAS THE SKILLS!! Because frankly, if I don’t see the
compensation, that extra language might as well go out the window and I become monolingual. No money, no skill. Knowing this language wasn’t for free, and I shouldn’t be taken advantage of because I have that skill. Pay me what I deserve and PUT A CAP ON THE INDIVIDUALS WE SEE SO WE CAN DO OUR WORK RIGHT!!!

- Focus on compensation; acknowledge that bilingual providers end up spending more time on the job; advocate at local and national levels.
- For my second language specifically, our own profession and professionals are part of the problem. We push amplification over use of ASL. These should happen together to avoid the long-term effects of language deprivation yet fellow ASHA professionals are still part of the problem with omitting ASL options for families.
- From my experience, people in leadership do not care about multilingual services and do not care to prioritize our valuable work. So more awareness of monolingual people in power of the importance of our work.
- From my perspective, I have not seen a difference between monolingual and multilingual SLPs. Both are typically plagued with unreasonable workloads/caseloads and are consistently underpaid given their educational level and skill set. Due to the shortage there is also a trend in education at this time to use SLPs (particularly those who are bilingual) as case carriers for extremely high caseloads with SLPAs conducting the treatment, leaving the SLPs responsible for mountains of paperwork and not for the “fun” part of the job that drove their passion for the career in the first place.
- From one state to another, it can be very different on what therapist are paid. I was in Florida prior to moving to Delaware. And frankly the resources in Florida for children were simply not there. Also the pay as a therapist for the area I was living in was not keeping up with the increase in the cost of living. I have since moved to Delaware which is better. I had a choice of which school district to go to, but was also hoping to earn a bit more than my counterparts. When I asked to negotiate my salary I was told that it was not negotiable.
- Get administrators on board that additional time needs to be built into the schedule of a school-based bilingual SLP to complete the additional evaluations that come with the job. In addition, more compensation would be a dream compared to monolingual SLPs. Lastly, there needs to be a work–home/life balance.
- Get rid of the annual dues and increase compensation.
- Get school districts to hire and correctly use assistants so that the SLP has a manageable job and children receive an appropriate amount of therapy minutes. No sense doing all the paperwork if you do not actually provide enough therapy to make a difference!
- Give more support and increase compensation.
- Give recent arrivals— all children, really— health care that is accepted everywhere so they aren’t bottle-necked into hospital systems and can go to smaller clinics. Provide reimbursement rates that pay enough to keep clinics open to Medicaid populations. We shouldn’t have to be a charity begging for donations in order to stay in business. The stress of being one of four bilingual providers in my large urban county really gets to me. My hospital won’t increase staff because we don’t make enough money to cover our costs and we couldn’t find a bilingual applicant anyway.
- Give support and make people feel heard.
- Give them more money and train more colleagues.
- Give them more support and compensation.
• Give us time and more pay.
• Giving more free material because it takes me hours to create my own material. It would also be nice to have a mentor because there is nobody near me who is a bilingual SLP and I am the only provider in the area and I am drowning.
• Giving them fair compensation for their specialized skills, a manageable caseload, and giving them the autonomy to go beyond standardized scores in their evaluation/treatment
• Go into private practice and seek an NPA type certification and/or supervise student clinicians through an accredited university, and/or mentor.
• Graduate programs could offer more training on how to self-advocate for compensation for multilingual training/skill set.
• Greater advocacy to increase people’s (e.g., admin, monolingual SLPs, other staff) understanding of the additional responsibilities and duties inherent in providing multilingual services.
• Greater compensation
• Greater pay and more support with evaluations, especially for those going through insurance, as scores are not valid but required for many insurers
• Have a caseload that is manageable, provide time for paperwork and planning, resources for evaluations and treatment, better salary
• Have a clear structure for compensation for the added cognitive effort. Providing services in my non-dominant language is exhausting and comes with no direct benefit to me despite the years of training it took to become proficient.
• Have compensation match skills.
• Have employers offer more pay for the extra service being provided.
• Have more resources and training to help support them.
• Have support resources and a community of other multilingual service providers to turn to for help and professional advice.
• Having more culturally and linguistically diverse speech-language pathology students. They will all bring in their own prospective culture and value into the field.
• Having pay and benefits reflect the skills provided
• Help administration and other monolingual SLPs understand the difficulty and amount of extra work it takes to evaluate, treat, and interview students/families in multiple languages.
• Help advocate for higher pay in the schools. Not just bilingual or multilingual SLPs, but all SLPs in general.
• Help increase salary as the economy has become terrible.
• Help provide greater compensation for being a multilingual service provider.
• Help these professionals feel safe – financially, mentally, and professionally.
• Help us advocate for more time and more money as we are doing more work and paying the “tax” to educate others as there is a lot of misinformation and lack of education for many monolingual SLPs who also work with multilingual families.
• Helping them to have a sense of community and support so they don’t feel so isolated
• Here is my example: In the past, I have requested to be placed at one school to work full-time. Because I speak Spanish, I was forced to take the position of traveling to all schools in the district to assess children In addition to providing speech therapy. I was never offered a
stipend or a school company car. I feel like my workload is more difficult than all the other speech therapists in the district just because I speak another language. I am pulled to be secretary, translator for parents and psychologists, speaker at parent workshops, etc. No English speaking SLP ever has to worry about this!!! I always have to work overtime to make up for this disturbance in scheduling. I have debated many times in reducing my time in the school district and working in a different profession. I feel that ASHA needs to step up and advocate for us.

- Higher compensation \((n = 5)\)
- Higher compensation according to their skill set
- Higher compensation and focus on training new providers
- Higher compensation and more time to develop multilingual materials, write reports, etc.
- Higher compensation and recruiting more multilingual service providers
- Higher compensation by employers
- Higher compensation for being bilingual
- Higher compensation for multilingual evaluations and treatment sessions
- Higher compensation for provision of multilingual services. Ensuring a comparable caseload to monolingual providers.
- Higher compensation for the extra skills and maintenance of the language skills as well as all the extra work adapting materials for the language
- Higher compensation for this additional specialized skill
- Higher compensation from employers
- Higher compensation to reflect multilingual skill set
- Higher compensation, community education and advocacy for us
- Higher compensation, outreach and recruitment for multilingual need in profession of SLP
- Higher compensation, smaller caseload, more non-treatment compensated time
- Higher compensation. All of my colleagues who have left did it for the increased money or some type of bonus that was not offered by my district but was offered in nearby districts.
- Higher financial compensation, additional time to address higher workload, and continuing education for monolingual providers on providing services for multilingual patients
- Higher pay \((n = 12)\)
- Higher pay (not a one-time stipend that they have to re-apply for), lower caseload numbers because the time required to assess/generate treatment plans and materials is greater than for monolingual SLPs
- Higher pay and better resources
- Higher pay and more resources
- Higher pay and more support from employers and ASHA
- Higher pay and more training
- Higher pay compensation
• Higher pay compensation and more time to complete evaluations. We have to assess in two languages.
• Higher pay for bilingual providers
• Higher pay for bilingual therapists and more resources for bilingual patients
• Higher pay for more skills. Easily accessible tests and materials. Foreign language courses specifically for CSD.
• Higher pay for multilingual providers
• Higher pay for our skills, compensation for testing materials
• Higher pay for our skills, more resources in terms of assessment particularly
• Higher pay for specialized skills, more support
• Higher pay in schools in particular
• Higher pay rates and benefits and manageable caseloads
• Higher pay to keep them on board
• Higher pay. More appropriate materials.
• Higher pay!!!!
• Higher pay, access to resources for assessment and intervention, better supervision and guidance to navigate issues in providing bilingual therapy
• Higher pay, caseload or workload caps so that monolingual colleagues do not add to our regular workload. Understanding that bilingual assessment takes at least twice as long because assessment in both languages is required.
• Higher pay, compensation for non-billable work
• Higher pay, developing evaluation tools and treatment materials to support multilingual clients
• Higher pay, more time for multilingual cases, and appreciation
• Higher pay; advocate for reduced and fair caseloads; train monolingual providers
• Higher salaries
• Higher salaries and specific tools to assess students/clients
• Higher salary and compensation
• Higher salary and lower caseloads/workloads for everyone
• Higher salary, additional resources and trainings in different provision languages
• Higher salary, lower caseloads in school setting, increased SLPA support
• Higher wages, smaller caseloads
• Higher/better compensation
• Hire paraprofessionals to support a heavier caseload. Increase salary and/or give stipends to multilingual SLPs.
• Hold on. We need to do what is best for our students/clients.
• Honestly, I am about to leave the profession, too. Texas needs caseload caps OR have other staff do the clerical work that comes with case managing. The SLP can’t do both for 60+ kids.
I am considering leaving the profession. I think valuing the work we do is paramount. I think many SLPs do not feel valued and do not get treated with respect. I think educating and advocating for the value of bilingual service providers would be very important.

I am happy in my current position. As stated previously, I am paid extra for bilingual assessments that take place on other campuses. However, I have friends who are expected to translate at IEP meetings, and they are not compensated for extra work.

I am not sure of the answer to that question yet. Perhaps add a little prestige or recognition to skill set so that is more valued.

I am the only bilingual SLP in the area and can’t speak to this. I can say that the case management piece is a factor that has left me very overwhelmed and developing more programs and incentives for bilingual caseworkers would be a huge asset to our work.

I believe appreciation and support from employers and organizations usually make a professional stay longer in a job setting.

I didn't know that it was a problem. In my opinion, if they are leaving it's for more reasons than multilingual issues. It's not easy working with children in general. Very little support.

I didn't know there were a lot of multilingual service providers leaving the profession. Usually improving working conditions and improving compensation will keep people in a job. Also recognizing that it may take extra time and money to build this service line within a department, and providing guidelines to employers for how to do that. Keep in mind, though, that asking departments to dedicate extra time and resources when they can't bill any differently may not go over well.

I didn't realize this was a pattern.

I do not know anybody who left the program, but if there is someone somewhere, I recommend to provide some monetary incentives to keep him working in the CSD field.

I do not know of many native speaking Hebrew SLPs. The ones I do know are not fluent in Hebrew.

I do not see this as the issue. I believe the issue is that there is not common recognition or guidelines as to what defines a “multilingual” service provider. Companies only care about legality, so if an SLP holds an official title as a “certified translator/interpreter AND multilingual therapy provider” then I think there would not be an issue. There is a huge disconnect between what a university defines and trains as a “bilingual” provider and actual function in terms of employment, salary, and valued skills.

I do not view this as a need/problem. But speaking from personal experience (and this isn't even related to being a multilingual service provider), I get paid a lot of money in my district. In fact, I would take a significant pay cut moving to any other job— university faculty, hospital, private practice, etc. And this is common sense, but when you feel you are being adequately compensated (or in my position, compensated even more than I would expect to be compensated), you are willing to put up with a lot.

I don’t have enough access to other bilingual ASHA providers. I learn best from others and want to connect with colleagues but have been unable to do so. It is disappointing.

I don't have enough experience or information regarding this.

I don’t have personal experience with providers leaving the profession.

I don’t know of any in my circle.

I don’t know that this is different than all service providers— high level of open positions leads to all SLPs being over caseload and overworked. My district attempts to support high multilingual by giving support but support is actually offered due to Title 1 or low income rather than understanding the additional workload of multilingual. I think it would be beneficial if school administrators
understood that the needs for low income and multilingual, though often seen in similar populations, are not actually the same. I am extremely fortunate in that I am not expected to pick up evaluations for peers. I know in many districts the bilingual SLP is asked to support with all bilingual assessments.

• I don’t know. It feels like no matter what people do or don’t do everyone points fingers. However, the biggest complaint is compensation. We are not being compensated for what we bring to the table.
• I don’t have any recommendations. I think professionals should always be adequately rewarded for their unique set of skills and unfortunately, I am consistently observing just the opposite in our profession!
• I don’t have. If they can figure out a way to support themselves and not have to deal with the stress and confusion of academia or health care... I say good luck to them.
• I don’t know any other multilingual service providers in our field.
• I don’t know anyone who left.
• I don’t know this to be an issue.
• I don’t know. There aren’t enough SLPs to go around as it is, let alone folks with specialized skills.
• I don’t think it’s a multilingual problem but a general SLP problem. So many people are leaving the field due to high caseloads, productivity demands, and stress. You can’t keep increasing the work and decreasing the pay and expect people to stay in the field. It’s a major problem and I’m not sure what the solution is. At least in my area, every single school district, hospital, and outpatient clinic is trying to find speech-language pathologists. They aren’t even thinking multilingual at this point because they just want someone with a pulse in their school to cover services. Money talks so they need to provide multilingual service providers with an extra stipend or more money.
• I feel like the answer is always money. If they feel appropriately and competitively compensated and enjoy the work, they will stay.
• I feel that the people who are in charge of salaries and workload need further education on the roles and responsibilities of multilingual service providers and how they differ from monolingual providers. I do not think that anything will change unless there is evidence behind the argument.
• I guess provide them with better support, better mentorship, better assessments, better therapy materials, better tools, and better pay. Do not take advantage of their bilingualism/multilingualism.
• I have not had a pay raise in over 25 years. This is no longer a profession I recommend to younger bilingual people.
• I have not known any multilingual service providers who left the profession, but I am in Texas so any provider who speaks Spanish has many job opportunities available!
• I have seen more and more clinicians refer to themselves as monolingual therapists (English only) in new work settings because of the high workloads, so perhaps educating administrators and directors.
• I have the same recommendations for monolingual professionals: caseload/workload needs to be reasonable in every setting so we can provide quality services. Sometimes I need a little more time to prepare for working with a Spanish-speaking client because I need to look up vocabulary specific to their needs. Also, in some settings I have been pressured to interpret in roles outside of an SLP, e.g., nursing asks me to translate orders, which is stressful, because my role is an SLP and it takes me away from my responsibilities to my
caseload. I am also not a medical interpreter and may not know the necessary vocabulary and may not have time to look it up on a short notice.

- I haven’t seen them leaving the profession, but I work at a college where we are fortunate to have a high number of bilingual students. When the students are ready to work for the NYC DOE (where the schools desperately need bilingual SLPs), the new CFs learn that they will be required to work at multiple schools with a high caseload, without additional compensation or a higher salary than monolinguals. Many, upon discovering this, proceed to seek out monolingual English speaking positions.

- I live on a small island, Martha’s Vineyard. This is not an issue with which I have to contend, especially because I am in private practice. The schools, hospitals, etc., provide multilingual services.

- I need to understand the reasons why clinicians leave the profession to answer this question.

- I personally don’t know any service providers who have left. However, my experience in the schools has been, SLPs tend to be the team member with the broadest scope of practice. As bilingual SLPs, our multitasking and executive functioning skills are inherently strong. These two factors contribute to an unmanageable workload. We tend to take the extra workload because graduate programs foster the overachieving, people-pleasing mentality. Overall, maintaining the workload that goes along with the mentality causes burnout. School SLP scope needs to be more well-defined and streamlined.

- I personally know of 10 bilingual SLPs this year alone that have quit their clinical jobs as SLPs (many mid-year in the schools) to pursue adjacent roles (consulting, training, substitute teaching, administration) or roles in completely different fields (e.g., tech, IT, sales and marketing, advocacy/policy). Some are my close friends; some are my former students that I helped nurture and train. When I’ve reached out to find out more information, most of them burnt out at the systems and the amount of emotional, physical, and mental effort they put in, with limited time, resources, and compensation. Some have had valid medical, personal, or family reasons for stepping away temporarily. But many are leaving altogether unsure if they will ever go back to clinical service delivery. Our pipeline is leaking and we (ASHA, graduate programs, other experienced/senior multilingual SLPs) are not even fully aware of it. We need *system-wide* supports. We need to reach out to those that are leaving (not those who are still here) and find out what would have made them continue. We need to acknowledge and raise visibility of multilingual providers’ needs. We need to support their confidence in their own knowledge and skills. We need to prepare them for the reality of the work environments they will be facing when they leave graduate programs. We need to train them in how to negotiate and advocate for better pay and resources. We need to check back in with them 1, 3, 5, 10 years post-graduation to make sure they are not alone on islands or silos screaming into the abyss when they are “the only” one at their work site that is doing this advocacy.

- I really don’t know. Caseloads are out of control in some districts.

- I recommend a focus on improving every area of need, including compensation, collaboration, and advocacy.

- I see some of the same reasons all SLPs are concerned about their work. Caseloads and productivity standards with no actual support or lobbying in sight. The reality of the day to day puts so many barriers between the SLP and good service. For someone with an additional skill set, this all applies and is exacerbated by colleagues who don’t know what that skill means and just assumed they can dump clients and expect travel and time from the bilingual SLP.
• I think additional pay for the amount of extra time spent managing these clients would be helpful. Although I am “technically” paid more, it doesn't compensate for the amount of time I spend, especially on report writing.
• I think ASHA needs to have a national certification for bilingual providers that needs to be renewed. In addition, the course work in graduate and undergraduate work needs to focus on language development in monolingual and bilingual brains. We need to do better to support our bilingual clients by adequately compensating bilingual therapists and advocate for Medicare and Medicaid reimbursement for these services. Most bilingual providers go out of business or can’t have a sustainable living because they work with communities who take Medicaid, scholarships, and grants and do not get paid adequately, on time, or deal with consistent insurance reimbursement cuts. It’s impossible to make a safe living this way.
• I think better work and pay conditions
• I think cultural competence training and certification to justify for extra compensation is needed. Many people claimed to be a multilingual provider because they speak more than one language but this does not mean they truly understand the difference between language disorders versus language differences.
• I think increasing salary and compensation and better advocacy from ASHA. Specifically regarding workload/caseload numbers because they are ridiculously high. ASHA needs to advocate on our behalf and put our ASHA fees towards having free access to CEUs that focus on multilingual issues.
• I think it’s not linked with the multilingual... it’s more linked with the fact that the rates are super low here in Florida.
• I think multilingual providers should be compensated more for their time and skills and should have access to ongoing continuing education specific to the language they provide services in. I also think it is important that caseloads and workloads are reasonable and we prioritize putting multilingual providers in settings where their skills can be best used instead of giving them other tasks that a monolingual SLP could do.
• I think overall community, support from admin and teachers, allowing for more in service to support and build teachers’ knowledge of language acquisition and understanding dialectal differences as well as more involvement of English as a second language at meetings.
• I think the dissatisfaction is with the demands of the job in general, not specific to one’s multilingual skills.
• I think the reasons are more related to SLP burnout across the field regardless of multilingual status. I’m not sure how to solve this.
• I think the resources needed depend on the type of provider and the setting they are in. First generation providers might need more resources that empower them while providers native to the US might need more resources that help then advocate for their roles and the families they serve.
• I think the same problems cause multilingual service providers to leave as monolingual providers, specifically pay, increased negative behaviors from students, and difficult administrators.
• I think the skills have to be valued, and typically, that will mean compensation monetarily.
• I think there is a problem as a whole with ASHA and our profession in general with race and minority populations. I think that we need to address this first or nothing else will change.
• I think there needs to be greater financial incentive for bilingual service providers. Other fields are more likely to provide compensation and/or higher roles for bilingual employees, which draws people away from this career in my opinion.
• I think this is a problem with the profession in general, and not just the multilingual service providers.
• I think we need to remember that teaching cultural responsiveness is not just something that applies to multilingual service providers. All service providers are going to interact with clients who come from a different cultural/linguistic background. Therefore, all providers need to utilize culturally responsive practices. The onus of knowing and utilizing these skills should not fall on those of us who are multilingual alone.
• I was not aware of such attrition. Perhaps sending liaisons to state boards to acknowledge their skill sets in teaching, especially in public K-12 schools, so that they might be compensated like teachers with English Language Learner certification.
• I work in a nursing home, there is little need for a bilingual SLP – occasionally only. In schools it’s totally different. A co-worker quit her school job, her district sent her to multiple other schools to provide service/testing, in addition to her own caseload, and did not pay her any extra. Her advice was to not let the district know you speak another language.
• I work in a setting with a strong union so I do not personally know of service providers leaving the professions. However, we are in need of resources for assessing and treating ELLs. I believe we should be compensated for our skills or at a minimum receive more teacher’s choice money to purchase materials in our other languages.
• I work in Washington, DC (it was not on the state drop-down). Make graduate programs equitable to minorities or those who are multilingual.
• I would encourage them to stay by reminding them that they possess a valuable wealth of information that not many have and that they can contribute to the advancement of speech and language skills for people from their common language-speaking community.
• I’m not sure what is the reason they are leaving the profession.
• I’ve had a couple of jobs in which they divide—SLPs do all evaluations and ARDs and SLPAs do therapy. It’s a lot easier to handle caseloads and supervision and supervision support this way. SLPs were very happy with this arrangement. Of course caseload number is still very important. Having good management and management that listens is key.
• If an individual loves the profession then being multilingual service or not will not be a deciding factor to quit this profession of SLP or audiologist.
• If the percentage of multilingual service providers leaving is higher than that of monolingual service providers, I assume it is due to things like what I have experienced here in MN, as mentioned, such as higher caseload, no extra compensation, extra time helping out translating or consulting. All of which I love, but yes it does add up and should probably be accounted for.
• If the salary is scaled like most school systems are, per year as bilingual providers, our scale should be increased to reflect the skill.
• If you intend to work with children in the school setting, your expectations should be realistic. SLPs do not make a lot of money in the schools. Money is not the driving force to stay.
• I’m not sure how specific burnout is to being a multilingual provider. I think in general, lack of opportunities for any kind of advancement (beyond individual skill development) is what makes me frequently think about leaving the field.
• Implement and develop more courses in others languages.
• Impose respect, starting with other disciplines, i.e., social worker, school psychologist, LDTCs, AND administration persons.
• Improve access to related CEUs overall and including additional training regarding relevant professional/vocational related vocabulary and materials to communicate with families. Also interested in speech/language development in Spanish and how that impacts treatment.
• Improve pay and workload.
• Improve salary and consideration about second language skills.
• Improved caseload/workload
• Improved compensation, both with salary and benefits
• Improved compensation/pay for multilingual providers. Training at the state level for administrators and policymakers to dispel myths surrounding multilingual population. Many believe multilingual students are cognitively low and don’t have the skills to excel academically.
• Improving compensation and advocating for caseload caps that take into account the additional work and expertise of multilingual service providers
• Improving pay and reducing workload burden
• In Florida, higher pay is needed for all SLPs period. I for one cannot afford to pay my ASHA dues this year. That’s how bad it is in Florida.
• In Florida, low salaries
• In most surveys of professional job satisfaction, salary is rarely foremost. Job satisfaction is highly related to recognition and appreciation of your work by bosses and employers. Therefore, it is important that you communicate with them about the special requirements and needs (equipment, materials, time, etc.) you have in order to do your best work.
• In my experience, the ones left the professions because of the discrimination and discouragement and they moved to administration or academia where there is less of bias/discrimination due to language. I think the most important part for the multilingual service providers is not to be discriminated against their background, language, and accent.
• In school settings, the pay is often less than in clinical settings. Additionally, the caseloads are more demanding, and the job can be stressful. For this reason, I have seen providers leave the school setting.
• In school, I will say provide help to bilingual SLPs in paperwork. Example an assistant to schedule ARDs, to call parents for meetings, I will say all our clerical work. Also making more connections with bilingual graduate programs to have graduate students that need to do their clinical hours.
• In schools: manageable caseloads; salary commensurate with workload
• In the school setting it is important to have administrator support and understanding about increased workload for assessing bilingual students.
• Incentives for having the skills, opportunities to meet with other multilingual professionals
• Incentives in salary
• Incentivize the position with salary reflecting skills.
• Increase advocacy for multilingual providers. Pay should be reflective of additional skills and workload.
• Increase awareness, advocate for professionals, compensate adequately, which means more than a monolingual provider, and ultimately increase caseload.
• Increase colleague support and monetary compensation.
• Increase compensation and administration support.
• Increase compensation and advocacy for overall better compensation for SLPs. SLPs in general are leaving the profession, not just multilingual. Particularly in high cost of living areas, compensation is not reflective of the level of education and skill level necessary to practice.
• Increase compensation and community.
• Increase compensation and decrease workload.
• Increase compensation and pay, is the most important one. This varies widely across settings, and is less common in private practice than in schools. Increase number of treatment materials available in the target language at work sites.
• Increase compensation and provide adequate time and support to complete their jobs.
• Increase compensation and resources.
• Increase compensation and support.
• Increase compensation for the work multilingual SLPs are doing across the country and more opportunities of CEU for multilinguals.
• Increase compensation to make their job worthwhile.
• Increase compensation to reflect their specialization of evaluative and diagnostic services.
• Increase compensation, decrease caseload size, and try to decrease burnout.
• Increase compensation, have current multilingual providers involved in the creation of assessments and treatment materials.
• Increase compensation, increase recruitment so we can decrease caseload size so we can improve treatment frequencies for patients; provide robust training at the graduate level and mentorship onwards so we don't feel "lost" during CF years and early career years.
• Increase compensation, reduce workload.
• Increase compensation. \( n = 7 \)
• Increase financial aid/scholarships for students in the first place; advocate for higher pay rates for multilingual SLPs.
• Increase in compensation
• Increase in compensation. Decreasing caseloads. Increasing therapy and diagnostic materials available. Bilingual bonus for translation at meetings.
• Increase in pay
• Increase in pay and benefits that are needed that will increase their satisfaction.
• Increase in salary
• Increase in support with treatment/assessment tools and training for job specific vocabulary in their language and pay that is commensurate to the skills they are providing
• Increase incentives/ pay differentials for multilingual staff.
• Increase multilingual compensation—take into account the client may not speak a second language but parents and caregivers do. This impacts quality of interactions and training provided to caregivers.
• Increase multilingual pay and decrease charges for license renewal.
• Increase of salary; decrease caseload sizes.
• Increase pay (n = 8)
• Increase pay and decrease caseload demands.
• Increase pay (for all educators). Provide American Sign Language as high school foreign language credit. Reduce caseloads to allow for planning and collaborating.
• Increase pay and allow more time for evaluations than those times provided for a monolingual only evaluation.
• Increase pay and better support from supervisors.
• Increase pay and decrease workload.
• Increase pay and federal initiatives to support dual language programs.
• Increase pay and provide a pay stipend for multilingual service providers.
• Increase pay and provide more resources.
• Increase pay and reduce workload.
• Increase pay and support for the population.
• Increase pay and/or decrease workload.
• Increase pay based on bilingual abilities, compensation, or incentives for community education.
• Increase pay based on skills and having skill of another language.
• Increase pay for all school employees.
• Increase pay for bilingual therapists. Increasing reimbursement rates would help therapists get paid more.
• Increase pay rate, reduce caseload, and provide support.
• Increase pay to be commensurate with workload and skills provided. Provide functional materials to improve ease and efficiency of service delivery.
• Increase pay to compensate for expertise.
• Increase pay to reduce caseloads.
• Increase pay to retain quality professionals.
• Increase pay, reduce caseloads, stop requiring us to get our CCCs.
• Increase pay, without also continuing to increase workload. Advocate for cultural justice; English-only mindset is not just, neither in schools nor communities. Recognize that multilingual service provision is more than just speaking another language.
• Increase pay, work to limit caseload sizes for all SLPs.
• Increase pay. Give scholarships and mentors to bilingual students.
• Increase pay. Lower caseloads.
• Increase pay. Not sure.
• Increase pay. We are doing the work of two SLPs for the price of one. Create caseload caps for school-based SLPs so that districts are forced to hire more SLPs.
• Increase pay/benefits.
• Increase pay/salary so that bilingual personnel stay.
• Increase pay; validate that multilingual service provider services require more time, more analysis, and more critical thinking than monolingual services. Stop asking them to translate if they are not getting compensated for translation. If you need translation, than they need to be compensated for translation or the patient/student needs to be referred to the multilingual professional.
• Increase payment for their knowledge on multiculturalism.
• Increase rate.
• Increase recognition and pay. Provide increased support, resources, and CEU opportunities.
• Increase salaries.
• Increase salaries commensurate to psychologists.
• Increase salaries, work to increase number of providers in the future so workloads can be spread out, recruiting more bilinguals to the professions.
• Increase salary. (n = 5)
• Increase salary and caseload management.
• Increase salary and formal education in graduate programs.
• Increase salary and support.
• Increase salary and training to add additional multilingual professionals.
• Increase salary for bilingual clinical providers, protect clinicians' caseloads from "overflow" from monolingual clinicians who would rather assign the task to a bilingual clinician than use resources readily available (bilingual community liaisons, language line, parent interviews, etc.)
• Increase salary for multilingual providers.
• Increase salary/pay.
• Increase salary/stipend for multilingual service providers. Access to more assessment/treatment resources. Provide more trainings/webinars on the assessment and treatment.
• Increase salary; be recognized for being bilingual, it should be reflected on the salary.
• Increase staff and compensation.
• Increase the amount of peer to peer support, bilingual mentoring program
• Increase the network of multilingual service providers and consider sponsoring a bilingual providers conference.
• Increase the number of bilingual SLPs.
• Increase the number of multilingual classes mandated in college. Decentralize English is the most powerful language in our profession. Help multilingual service providers advocate for better pay.
• Increase the pay and decrease the workload of multilingual providers.
• Increase the pay and support.
• Increase the pay to retain those providers along with better benefits, (in school setting) allow for better professional growth opportunities, allow for feedback from clinicians on what or how change needs to be implemented, consistent/open communication between supervisor and multilingual team, consider caseload caps for monolingual kids so bilingual kids can be impacted.
• Increase the pay. \( (n = 3) \)
• Increase the rate of pay.
• Increase the salary. \( (n = 2) \)
• Increase the salary for those who have bilingual skills, provide more graduate schools with bilingual classes so the number of multilingual providers increases.
• Increase their wages, increase advocacy for awareness and support of service provision based on the child’s needs, not the “mainstream.”
• Increased administrative support for appropriate translation/interpretation services—multilingual service providers are more likely than monolingual providers to appropriately refer out for these resources for assessment and treatment when the client’s language is unfamiliar. Many administrative staff discourage use of these resources. Advocacy in the field for better and easier reimbursement for translation and interpretation services.
• Increased advocacy efforts from ASHA, and state level mandates for practice patterns and compensation from ASHA
• Increased advocacy for Medicaid to increase rates overall but especially for bilingual evaluations and treatment. More resources for parent education in multiple languages.
• Increased awareness of caseload differences. Increased compensation for bilingual providers.
• Increased compensation \( (n = 3) \)
• Increased compensation and more balanced workload
• Increased compensation and restriction on workload/caseload size
• Increased compensation and support
• Increased compensation and support. Education to others about multilingual service providers and proving services to multilingual clients.
• Increased compensation and time for documentation and planning, more intense outreach to bilingual high school students to enter this career, increased bilingual extension programs and courses in SLP graduate school, increased ASHA support
• Increased compensation commensurate with experience, skills, and education level (though that goes for monolingual providers, too).
• Increased compensation for additional bilingual skills
• Increased compensation for multilingual skills
• Increased compensation for our skills
• Increased compensation for service
• Increased compensation for specialized skills, clear delineation of roles and responsibilities, and cultural responsive training for ALL team members.
• Increased compensation for their skills
• Increased compensation, better training for monolingual SLPs to lessen the burden on bilingual SLPs
• Increased compensation, more bilingual support staff at clinics so therapists are not doing extra work to support bilingual families
• Increased compensation. Increased access to resources. Increased assessment materials.
• Increased cultural and assessment practices and education. Increased compensation for multiple languages.
• Increased differential for being multilingual
• Increased financial compensation given all of the additional work we do yet get paid the same as monolingual providers. Increased time for writing bilingual reports since they take more time than monolingual reports and there are often significantly more requests for bilingual evaluations than monolingual evaluations in my district. This means much more writing that I do on my own personal time than my colleagues yet for the same compensation.
• Increased overall salary pay in all settings. Clinicians need to feel valued for what they do. Advocacy and support from career organizations, government organizations, and health organizations.
• Increased pay \( (n = 3) \)
• Increased pay – we work in languages other than English and save the employers so much money by not needing interpreters.
• Increased pay / additional stipend and manageable workload/ caseload
• Increased pay for the additional qualifications or increased workload on an informal basis
• Increased pay for their second language
• Increased pay for their time and skill set, feedback from actual multilingual mentors and supervisors, language-specific support and resources from supervisors and administrators, language-specific resources for service-delivery, language-specific in-person professional developments, language-specific inter-visitations or shadowing of “ideal” multilingual providers, greater emphasis and respect on multilingualism, cultural competency requirements for professionals—not only for their target population, but also for collaborating, supervising, mentoring, and working with multilingual providers
• Increased pay that is commensurate with the work, both emotional and mental, that comes from often doing double the work.
• Increased pay. Better benefits (e.g., ASHA membership/dues discounts). Resource sites.
• Increased pay, available therapy materials in multiple languages that are free or easily accessed
• Increased pay, decreased caseload
• Increased pay, fair caseload. Supplemental pay for advising monolingual therapists.
• Increased pay, respect, materials, support, and supervision
• Increased salary and decreased caseload
• Increased salary compensation and advocacy for multilingual assessments and treatments in languages other than English
• Increased support and compensation. We are told that bilingual providers are not needed/required for bilingual evaluations or treatment as all SLPs are trained on second language acquisition.
• Increased support and monetary compensation
• Increased support and pay for SLPs generally. Reduced workloads. And I’m sorry, but get rid of the CCCs.
• Increased support from employment administration, increased collaboration with colleagues, and improved compensation
• Increased understanding of the need for multilingual providers rather than just SLPs using interpreters
• Increased upward mobility in the profession. National caseload caps. More administrative understanding of our workload demands (at the district level for school). Increased pay/benefits or some way to increase self-regard and self-worth for bilingual SLPs doing more work.
• Increased value of the unique skill set as well respect for the individual's interest in also seeing patients that speak English primarily. It's nice to have a balance.
• Increased wages and insurance fee rate. ASHA advocating and promoting better acknowledgement for providers providing multilingual services.
• Increasing awareness of language combinations and variations
• Increasing awareness of the importance of their skills across the profession and in the education system. Advocating for increased compensation and considering workload when determining caseload sizes. Appropriate placement of multilingual service providers.
• Increasing compensation (n = 2)
• Increasing compensation, increasing number of support staff who also speak Spanish
• Increasing outreach to multilingual students and providing more resources to become aware of CSD fields
• Increasing pay
• Increasing pay across the board for speech therapists and enforcing caseload/productivity maximums
• Increasing pay and assisting them by providing resources on how to assess/treat multilingual patients
• Increasing pay and decreasing school caseloads
• Increasing pay and reducing workload
• Increasing pay and resources for bilingual materials/assessments
• Increasing pay for bilingual service providers. Why should someone identify and do the work of a bilingual individual for the same compensation as a monolingual individual?
• Increasing pay for the additional skill
• Increasing pay rates
• Increasing rates
• Increasing salaries, regular retention bonuses, limits on caseload/workload. Administration acknowledging that often a bilingual evaluation requires double the amount of time.
• Increasing salary differential for having that additional skill set
• Increasing support and resources regarding multilingual language development; advocacy for fair compensation for multilingual service providers; increasing discussions and connections between multilingual service providers for increased support between us and more camaraderie
• Increasing support, salaries
• Increasing testing material and research. Testing is very difficult and if there are no standardized testing it will be difficult to determine if it is a difference or a disorder.
• Increasing the number of multilingual service providers in the profession, and a significant increase in compensation
• Increasing the pay. Advocating for better school-based SLP pay.
• Increasing the rate of pay to acknowledge that there is a special skill set needed to complete proper assessment and treatment with bilingual students/adults. Not just let schools place them in Special Education. Mandate that administrators and CPSE< CSE directors take a workshop on why test scores cannot be used alone and the required areas of assessment that need to be looked at. Assessment is still having to be done down and dirty—45 minutes to an hour.
• It is general dissatisfaction with the support SLPs are given, reimbursement, lack of support from ASHA.
• It is important to honor their skills through compensation and appropriate support to serve their clinical populations.
• It would be helpful to conduct surveys and interviews with multilingual service providers to gather information on barriers and facilitators of achieving job satisfaction. However, I think that so many barriers are associated with privatized medicine and the way health care systems are set up in the U.S. (e.g., high productivity standards, lack of administrative support for SLPs).
• It’s not just multilingual providers, there is low morale of Special Education providers in my district (Portland public schools) because of lack of support from administrators. Administrators need to be educated about the role of SLPs and how the workload of providing services to multilingual students is much heavier than with white monolingual students.
• It’s tough to say. Since the beginning of the pandemic, it’s more than just job dissatisfaction as a multilingual service provider. As a profession, we have to recognize that our clients and their parents have greatly changed. Our service model has to also change. This pandemic has greatly affected children. In my 27 years of experience, I haven’t seen before the overwhelming and significant increase of language deficits like those I’ve seen the last 2 years.
• It’s so clear— a multilingual provider is doing double or triple the work and is not adequately compensated. As a whole, SLPs are undervalued and the compensation reflects that. Improve compensation, training, and support and you will have staff remain in the field.
• Keep going! If you reach and help a child to develop language it is a great satisfaction. Take it as a mission.
• Learn and don’t quit. It’s a calling.
• Learn your native language and practice as much as you can to help our elderly who are not able to speak English.
• Lighter caseloads and more resources in other languages
• Listen to their reasons for leaving.
• Look for support.
• Love your patients.
• Low caseload numbers, adequate reimbursement
• Lower caseload. Better pay. More support and advocacy from ASHA.
• Lower caseload. Increase rate.
• Lower caseload, higher pay
• Lower caseload, increased compensation, respectful treatment from school staff to recognize we are not teachers just because we work at a school. We are not afforded the professional courtesies given to school nurses, PTs, and OTs as being separate career fields. We are lumped in as teachers.
• Lower caseload/workload in the schools
• Lower caseloads (n = 4)
• Lower caseloads and less stressful work environments. Therapists are burning out because of work environments: high productivity demands, high caseloads, challenging caseloads, and few breaks.
• Lower caseloads, higher compensation, increased opportunities for professional development in bilingual issues, and more bilingual materials
• Lower caseloads, increased pay/compensation
• Lower caseloads, more administrative support in the workplace
• Lower caseloads, recognition of special skills
• Lower productivity standards to increase space for continued learning, and individualized case development
• Lower the caseload. Better compensation.
• Lower workloads and more supports from administrators
• Lowering caseloads in schools. My colleague who speaks three languages left after having a caseload of 91 students in a public school. Mentorship is very important for having open conversations and real-life problem solving sessions.
• Make ASHA donation-based.
• Make caseload caps, no more than 50.
• Make changes at the CAA level. Better advocacy from ASHA’s HCEC on RUC and CPT. Better advocacy at ASHA and the state level about the level of training an SLP has and continues to have so that they are paid what they are worth. No one with an MS or doctorate should have to have more than one job, unless they want to, and not have the lifestyle that other professions with similar training have. It is embarrassing and ASHA has been complicit in this for a long time.
• Make it a requirement or difference for bilingual SLPs to get compensated for their skill. Have material accessible to minimize the time spent on making materials. Have standardized testing that is reliable, CEUs, and have conferences.
• Make it fair – don't give us extra work, pay us for the extra skill (including CEU $), give us extra time in evaluations, build up enough bilingual providers that we have a good community for collaboration. Along those same lines, there needs to be openness from the community to having people treat in their L2. I have received hate for being "a white savior" – I'm not trying to appropriate anyone’s culture. I'm just trying to help. If there were enough native speaking SLPs, then I would gladly reserve my L2 for travel.
• Make language learning a requirement as part of a CSD program rather than an afterthought. Having more clinicians able to provide better quality services will help reduce the burden on the small percentage of clinicians who are multilingual. It’s disappointing. I once had a supervisor who had provided tx on a patient using a translator, labeled her with language deficits, then later discharged her for lack of progress. I later found out she had been using the wrong language. That should not happen. We should do better as a profession.
• Make sure providers feel a part of a team. Listening to "SomosSLP" podcast is very interesting. It's the first time I've been able to learn about bilingual issues in our field in Spanish.
• Make the field more welcoming for other cultures – it is a very white dominated field. Advocate more for multilingual/multicultural populations. Teach faculty and staff at universities about diversity, equity, and inclusion in CSD programs.
• Make them know you're in their corner. Acknowledge them! This is a good start. Thank you ASHA!
• Make work conditions better for everyone. Specifically target obstacles identified by multilingual providers who actually work in the trenches (i.e., not me).
• Manage workload, professional respect, work-life balance
• Mandate state caseload sizes so that there can be less burnout among SLPs. Multilingual SLPs end up having to see many students and it’s just not feasible. Also, mandate that districts use interpreters for interpreting meetings. Multilingual SLPs 🙋‍♀️ often get asked to do many things outside of their job duty just because they speak that language. It does not allow us to actually perform our job duties as a person who speaks that language, but rather do nonsensical things for the school and district because they refuse to hire interpreters.
• Mandate the use of a multilingual SLP on the Centralized Evaluation Team so that they feel useful and they can actually make a difference.
• Mandated higher compensation for the extra work (assessing, treating, consulting with families, creating materials, etc.) in another language when compared to our monolingual colleagues. More support/materials for our non-English speaking clients and families.
• Many of the same caseload challenges that affect all SLPs can negatively impact. Bias/resistance to acceptance of need for bilingual services is disheartening.
• Mentoring and networking support are key. It can feel really lonely being the only bilingual SLP.
• Mentoring for new multilingual SLPs
• Mentorship
• Mentorship, financial support, policy changes to make it easier to follow best practices for multilingual clients
• Money is the drive.
• More $
• More assessments
• More assessments and treatment materials in different languages
• More collaboration and a sense of belonging to their communities and an SLP multilingual community
• More compensation and significantly more support from ASHA
• More compensation and support from employers. More recruitment of diverse population and support of programs to train and retain.
• More compensation, and recognition of the value of native speakers of the language who may just need additional training in other areas of competency
• More compensation, more time, more resources
• More compensation
- More compensation; smaller workloads
- More education and sensitivity training for the administrators. I have witnessed them making insensitive comments, adhere to their own erroneous beliefs about multilingualism, and refuse to listen to the real providers who work under their supervision, etc.
- More education for monolingual providers to better understand when and why a bilingual provider may be needed and how to support bilingualism even though the provider may not be.
- More education in academic courses on multilingual service delivery (leads to less on the job training, leading to less burnout)
- More education to general education curriculum
- More financial and workload support
- More focus on quality of therapy vs. productivity, better overall working conditions in rehabilitation hospitals (e.g., health food, outdoor time, and social events for patients)
- More job offerings/security and more support for those providers who are alone in their setting (i.e., provider being the only bilingual in their setting). As someone who has been in that position, it can be overwhelming having to not only work with your own caseload and documentation but also have to interpret and translate for all of your coworkers when needed, especially when the multicultural provider is not being compensated appropriately.
- MORE MATERIALS. MORE ASSESSMENTS. There is seriously nothing in other languages!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
- More money
- More money and more opportunities.
- More money, smaller caseloads and workloads
- More multicultural support; ASHA is predominantly white females, and there isn't enough support or resources for people of color.
- More needs to be done for recruitment. There should be more pay for bilingual service providers, especially for those who have attended programs with bilingual emphasis/certificates. Plus, helping admin understand it is more time invasive to test a bilingual child vs a monolingual child. Reducing workload to make assessing bilingual students more manageable.
- More opportunities. More bilingual agencies and professionals to support providers.
- More options for service delivery. Laws to make it easier to perform services.
- More outreach to bilingual rich environments/high schools
- More pay (n = 3)
- More pay for being multilingual
- More pay for bilingual assessment and treatment
- More pay, lighter caseloads. We are overworked and underpaid. People are constantly leaving our field. I own a bilingual private practice and I can’t find therapists. We primarily serve the Medicaid population in the state of Ohio and our rates are $37!! THIRTY SEVEN!! I can’t serve my community or pay my therapists with those rates.
- More programs integrating the coursework as part of their program and outreach
- More recognition and higher pay
• More recruiting for minority providers who speak natively
• More research to develop tests for different dialects and languages. More education in the American multicultural pot.
• More resources for treatment and education
• More resources, make employers more aware of challenges faced by providers.
• More resources, more compensation
• More resources, training, and guidance
• More respect and better pay
• More support and access to resources
• More support and advocacy for compensation, recruitment of students to improve diversity of the field, language specific materials and guidelines, making a network of mentorship that is more well-known
• More support and compensation
• More support as BIPOC faculty, more support from administration, advocacy for the needs of bilingual service providers (resources, lower caseloads)
• More support – compensation – work load analysis
• More support from administration and compensation for multilingual skills/work
• More support from administration and more resources provided, lower caseloads
• More support from ASHA and state level organizations
• More support from ASHA to help us increase our pay rate to be above our monolingual counterparts. More ASHA support in educating the public on linguistic and cultural diversity.
• More support from employers and increasing the number of providers
• More support from the head people, transparency, and better pay
• More support if they need it
• More support in all areas mentioned. It was hard only to pick three when they all were very much accurate. The areas of need for multilingual guidance and resources.
• More support in the form of advanced continuing education, more opportunities to be supervisors, better compensation
• More support in the schools. Higher compensation due to the increased workload. Or give them time in their schedule to support students and staff.
• More support in the way of multilingual supervisors, materials available for assessment and treatment, and articles
• More support to help my administration understand workload difficulties. I do not feel that my administration fully understands how difficult it is to work in two languages and support the families I work with in two languages.
• More support with CEU courses conferences for providing services in other languages
• More support with research and developing materials in different languages
• More support, more pay, more testing/therapy resources
• More support, more value. There were ASHA sessions in Spanish that were so life-giving and the community there was exceptional. Having more support and more care to understand the additional mental load for multilingual SLPs.
• More support, resources, and advocacy for increased pay
• More support, resources
• More support, resources/materials, and pay
• More support. Better advocacy around caseload size/time required to support. Not being used as interpreters!
• More support. Stop making it so hard for multilingual SLPs to graduate. Distribution of caseload for other SLPs who should use translators when bilingual SLPs are not available.
• More supports for therapy and diagnostics
• More time for assessments and monetary compensation
• More time with patients needed when bilingual
• More training and fairness. I'm personally called all over the district to provide hearing screens, assess, provide therapy for, interpret, translate, and now behavior support all outside my building and normal caseload, which is not stated on paper nor compensated for.
• More training for monolingual SLPs on how to work with multilingual children, how to work with an interpreter, how to test, etc. This will decrease the load on multilingual service providers and also more patients can benefit from services.
• More training, more assistance with paperwork, extra pay for language fluency certifications
• More understanding from admin about the intricacies of service delivery, extra pay for the multilingual status, more available materials (rather than creating your own), lower caseload to accommodate the extra work
• More work and training on advocacy in the workplace
• Most likely they are leaving because they, like me, have administrators who do not understand best practices. I was seeing monolingual Spanish speaking students in various buildings in my district. My team leaders said I could not do that. They want the building non-Spanish speaking SLP to see the students because they want a blanket policy for the district that doesn’t rely on me (or another bilingual SLP). So they are now instructing the non-Spanish speaking SLPs to use interpreters for family calls, and they must be present during my therapy with the student (not the best use of staff time). They think the solution to Spanish speaking students with disabilities is to get them more immersed in English and learn English better— like that will solve their learning problem. They don't understand that it takes much longer for students with disabilities to achieve English language proficiency— up to 9 years as indicated by the research. In the last few days, with the implementation of this new policy, I have thought about leaving the district. Not only are they trying to make me obsolete and expendable, they did not once thank me for the 4 years of work that I did to perfect our bilingual evaluation and treatment process. I did thousands of hours of professional development, networked with other bilingual SLPs around the country and internationally, and I networked with the providers in SIG 14. With a tiny change of lower level leadership in my department, I suddenly go from being a person with skills that they appreciate to a person who they want to make expendable— because when I retire (or in their words “win the lottery”) they want to not be reliant on a bilingual SLP.
• Most multilingual providers tend to stay even when unhappy because they want to make a difference. Most leave because they are not valued as a professional.
• Most providers that I know, don't leave the job but remain unhappy at the workplace.
• Motivate new students to enter into the field of speech-language pathology and education. Plus offer good benefits and salaries to the recent graduates.
• Move to Nevada. The need is immense and compensation is one of the highest in the U.S.
• Multilingual language providers should receive higher pay and there should be more support related to allowing more time to treat clients from culturally and linguistically diverse backgrounds, because their cases are more complex and do require more time.
• Multilingual providers should have financial compensation according to their skills.
• Multilingual resources (e.g., assessment and treatment tools) should be widely available. Multilingual service providers should be paid more than monolingual providers.
• Multilingual service providers should get compensated for the extra time and service they provide. Testing in English and Spanish takes so much more time. Determining language difference versus disorder is also time consuming if done correctly. We need an increase in pay.
• Multilingual therapists need to be given higher pay and resources and support to retain them.
• National wide caseload cap standards. Increase in SALARY. Salary increases with second language.
• Need mentorship and support groups
• Networking! Find other multilingual providers in order to collaborate and share ideas and materials.
• Never saw the case
• No bridge between families who need it and providers who can service them
• No idea-- I am DYING TO LEAVE THE PROFESSION.
• No recommendations to share. I think the reason(s) a professional leaves their field of work is highly individualistic.
• None specific to multilingual providers. There are some things profession-wide for SLPs that may help decrease those who leave the profession/increase those who come into the profession – improved reimbursement from insurance, increased resources and support for independent contractors, improved salary schedules rather than stagnant pay rates.
• None. I could only be encouraging to stay in the profession.
• Normalizing additional compensation for multilingual providers. Additional pathways for specialist certification in multilingual service delivery.
• Not all states have guidelines that reinforce best practice for assessment of multilingual students. For instance, they may not *require* that the child is assessed in the native language. There is little understanding that bilingual assessment takes twice as long as monolingual assessment. Where this is understood and bilingual providers have a workload adjustment, job satisfaction is higher.
• Not aware of significant differences between multilingual and monolingual SLP dissatisfaction and burnout rate
• Not just multilingual, but all SLPs in the school setting face too many factors that negatively impact their workload which mostly are out of our control
• Not sure -- I don't know any multilingual service providers who have left the profession.
• Not sure. Work where people appreciate you, and don't get sentimental about trying to impress administration who has no idea what your job is or how much it takes to do it well.
• Not to add more students to our caseload just because there is nobody else. Educate our staff members on how long a bilingual assessment takes. It is double the time than monolingual.
• Not too sure. Overall, I would say that job satisfaction is high for monolingual/multilingual SLPs.
• Of course, creating workplaces where our work is respected. Recognition of the work we do would be great. Extra time and compensation would, of course, also help.
• Offer a salary stipend.
• Offer better clinical supports.
• Offer compensation; provide adequate materials for testing and tx.
• Offer higher pay or a stipend.
• Offer more $$$.
• Offer more money.
• Offer stipends, have supportive special education leadership who understand the challenges and time demands of multilingual evaluations.
• Offer the correct compensation for their job qualifications.
• Offering better compensation and improving access to resources to provide families
• Offering better mentorship, resources, and pay for multilingual providers
• Offering compensation for this skill and providing more resources to make the job easier. (Multilingual service delivery requires more materials and preparation.)
• Offering financial incentives and controlling for caseloads to account for increased workload related to supporting colleagues
• Offering higher compensation, proper assessment tools, administrative support
• Oftentimes having a multilingual speech-language pathologist means being pulled into different meetings to serve as a translator/liaison for monolingual individuals. While it is great to be a helping hand, it would be nice to be valued as such. Compensation for being multilingual, increased time to dedicate towards our students, and an increase in resources.
• Our job is very involved and does not compensate us well. These colleagues who have left found better salaries and better mental health settings.
• Outpatient / medical setting – increased compensation for multilingual evaluations to reflect the time associated with a good assessment. (Right now it’s the same for monolingual English.) Schools – more time or more money to reflect the extra time. When I would complete my own evaluations and translate IEP paperwork, I did not receive extra time or fewer students or more money compared to monolingual English speakers.
• Overall caseloads in the schools are far too high, especially for multilingual providers who are more needed and harder to find.
• Overall, reasonable caseloads with a competitive salary
• Pay
• Pay a bonus for being multilingual and providing multilingual services.
• Pay a differential to multilingual providers.
• Pay accordingly for their skills.
• Pay accordingly to our additional skills.
• Pay better! Having more diverse and welcoming workplaces.
• Pay compensation.
• Pay compensation for bilingual skills.
• Pay differential for those that speak another language. We do a lot more than a monolingual provider. Translating for families is also time consuming. We become the main contact for the families.
• Pay differential/bonus/increased acknowledgment
• Pay for those skills!
• Pay incentive
• Pay increase
• Pay increase due to time and specialty
• Pay increase for multilingual providers
• Pay increase for specialized skills
• Pay more. \( n = 3 \)
• Pay more for bilingual and multilingual providers.
• Pay more!!! Value the skills of a bilingual SLP!!!
• Pay multilingual providers well and trust expertise/resources needed.
• Pay multilingual SLPs higher.
• Pay raise
• Pay should reflect being multilingual in a profession which emphasizes languages.
• Pay should reflect our skills. Administration needs to understand and support that disorders should lay across both languages. Caseload should be lower to fully address the needs of the multilingual and multicultural students.
• Pay that matches the workload
• Pay that reflects the level of expertise and assessment/treatment resources in different languages
• Pay the value of our work. We should be compensated for having access to another language and culture.
• Pay them accordingly for their skills.
• Pay them adequately as they always have to translate, call parents, and do tasks beyond what they need to.
• Pay them better and don't overwork them.
• Pay them better and make their workload manageable.
• Pay them fairly as an SLP AND additionally as a bilingual professional. Create more materials for bilingual therapy and assessments.
• Pay them for the skill set; assessing in both languages is a skilled craft that takes time and experience.
• Pay them for their skill set. Pay them extra for bilingual evaluations and for bilingual clients.
• Pay them more. \( n = 4 \)
• Pay them more and provide the appropriate evaluations and therapy materials in the target languages.
• Pay them more for their specialized skills.
• Pay them more since they have more skills and work more.
• Pay them more!
• Pay them more, especially in school settings.
• Pay them more. Bilingual SLPs in the schools don’t make enough money to pay rent or buy food. They have significantly higher caseloads and have to work multiple jobs to make ends meet.
• Pay them more. Create a mindset among monolingual supervisors and SLPs that bilingualism and multilingualism are not just direct translation from one language to another. Words matter. There are ways to say things in the second language that have different connotations. Even for native speakers this takes time. Just because someone memorized 100 words in a second language does not make them bilingual. Understanding the culture is extremely important. This has many levels—Spanish in NE US vs Spanish in Texas vs Spanish in California vs Spanish from South America vs Spanish from Spain, Mexico—all speak the same language but there are differences that people need to be sensitive to.
• Pay them more. Give better benefits. Cap their caseloads to something reasonable (under 50). Form a union. Clear structure for new referrals. Better cultural competency from leads and peers. Support for learning financial literacy beyond what HR provides.
• Pay them more. Teach monolingual SLPs how to work with bilingual populations to reduce multilingual SLPs' workload.
• Pay them well.
• Pay them what they're worth!
• Pay them! If someone is doing the job of two people then they should get double the salary.
• Pay us a good salary or compensate us for indirect services (like paperwork and continuing education) if we are fee for service.
• Pay us more.
• Pay us more and have respect.
• Pay us more for our multilingual services and ensure we have the materials and support we need.
• Pay us more!
• Pay us more! Advocate for us to be paid more!
• PAY US WHAT WE DESERVE. MODIFY OUR CASELOADS, RESPECT US, RESPECT THE PATIENTS AND THEIR CULTURE. The system is broken and we give money to ASHA for what? Advocate for us at least. Make research accessible to all.
• Pay us! Advocate for ASHA for what? Advocate for us at least. Make research accessible to all.
• Pay/salary incentives
• Pay/salary increases
• Paying multilingual service providers at a higher salary. We are continuously working with higher caseloads in two languages, which is twice the work, without compensation.
• Paying them for their specialized skills the way they would be in a private, corporate setting!!
• Paying us more for our unique skillset!
• Pediatric clinics have it hard, especially the ones who accept Medicaid. The reimbursement we get makes the numbers hard to match up. We mostly only get half an hour per kid for sessions, sometimes only half an hour for an evaluation (because many insurances pay the same, so the company books only half an hour for us to do a whole evaluation!) and we get no time for notes. 40 hours of contact per week minus the cancels, and money is still tight because Medicaid pays so little and costs have risen so much. We need advocacy for increased reimbursement for kids’ therapy. Florida also has a third party now for almost all the Medicaid companies that pay based on how severe they decide the case is, paying every 60 days a set low amount no matter how much we see the child, with a minimum visit amount. It undercuts our pay and also the amount of visits we can give the child (unless we want to work even harder for the same low pay). It’s really a problem, and most if not all of my Spanish speaking kids are Medicaid, so it certainly applies to that segment of my practice. The company is called Therapy Network of Florida, and it’s much complained of in this state. We could really use some help with this – it affects the kids.
• Perhaps . . . support group for professionals and regional/national conferences
• Perhaps a stipend provided for multilingual providers
• Perhaps set time aside for a better caseload.
• Personally, the professionals I have met that leave the profession are not necessarily multilingual and they leave to pursue further education in a separate field.
• Poor compensation and stricter rules
• Possibly a website for parents in need of multilingual service providers in our field
• Probably better compensation and more training, and giving them the ability to state their scope of practice and what expectations can be placed on them to administration and peers
• Professional recognition and compensation
• Professionals are less likely to leave their professions if they are compensated for their unique skills and abilities. And if their caseload takes into consideration the added workload required to assess and treat individuals who are multilingual.
• Programs should have a more positive perspective on school-based positions vs scaring students away from this setting so it’s more inviting and we can be better staffed.
• Proper compensation, trainings on how to assess and treat multilingual clients, assessments in the required languages, treatment material and books in the treating language
• Provide additional compensation for hourly rates and bilingual evaluations, as well as extra time to analyze multilingual evaluations.
• Provide additional support. Reduce caseload. Provide more training for monolingual providers.
• Provide adequate assessment materials. ASHA bears the responsibility of advocating for their multilingual/multicultural professionals in terms of materials, research, and monetary compensation.
• Provide adequate pay for specific skills/cognitive load of working in a non-donate language.
• Provide adequate training and assessment material as well as courses or training.
• Provide an academic vocabulary list for more difficult terms or symptoms of disorders with examples in that language. Offer resources stating the economic benefit multilingual providers can have for an institution.
• Provide an increased rate. Have proper assessments and materials for treatment.
• Provide appropriate compensation and advocate for compensation generally. Workload needs to match the amount of work that multilingual assessment/delivery entails compared to monolingual.
• Provide better compensation.
• Provide better compensation and benefits while reducing excessive caseload sizes.
• Provide better compensation for their skillset.
• Provide better pay and more support.
• Provide better support and time to offer services in other languages.
• Provide bonus compensation for their multilingual skills and resources to support their work, including stipends and training benefits, awards and scholarships for their continued education and training advancement; provide mentorship opportunities and mentorship for them too; offer more graduate program spots to increase the number and quality of individuals who can enroll.
• Provide compensation for being multilingual.
• Provide compensation for bilingual licenses. Prevent administration from forcing providers to see bilingual students and monolingual students in the same group. Create SLP group forum by language where SLPs can share with their community.
• Provide compensation for using two languages. As a bilingual provider I often translated materials, progress reports, meetings, made phone calls to parents to name a few of the extra duties I had to complete. As a bilingual SLP I currently do not provide bilingual services. I am overwhelmed by the amount of work beyond seeing students, Medicaid billing, reports, etc. I cannot see myself doing the extra bilingual work with the increase in job duties for all SLPs.
• Provide compensation in recognition of the additional job skill. Multilingualism in a profession where knowledge of speech and language development should be recognized as part of the profession.
• Provide districts with guidelines for compensation of our high skill set; advocate for the pay we deserve and lower caseloads so we have the time to do a valid assessment.
• Provide easily accessible and targeted resources that SLPs can provide to key team members to help remove barriers you identified in previous questions (e.g., workload issues). Administrators need to understand the effect of office staff requesting a quick interpreter to talk to a Spanish speaker on the phone, SLPs in other locations requesting consultation/assistance with evaluations and therapy, travel between sites to assist with other students’ needs, significantly higher time demand to write reports, the need to complete evaluations well ahead of meetings to give translators an opportunity to convert documentation for key team members, etc. Education and advocacy are key. Salaries are also important; speaking more than one language is an important skill that is rarely compensated, despite the increased responsibility and complexity that comes with that skill.
• Provide education in high diversity areas in high school to let them know of this profession.
• Provide extra compensation for professionals who are multilingual.
• Provide financial compensation.
• Provide good compensation through stipends.
• Provide higher compensation for being bilingual.
• Provide incentives for multilingual service providers. The US population is increasingly becoming more bilingual/multilingual, and professionals who can work with these populations should be compensated for their skills and knowledge.
• Provide information on multilingual providers to advocate for themselves for bilingual services pay and support.
• Provide more compensation and CEUs.
• Provide more financial compensation and mentorship.
• Provide more guidelines regarding the identification of speech-language disorders in multilingual children. There needs to be more bilingual assessment materials appropriately normed for all ages and cultures.
• Provide more materials and better educational resources to prevent recidivism in the community.
• Provide more resources and a pay increase.
• Provide more resources and training to district administrators as to the importance of multilingual assessment and treatment and how this is a specialty. Advocate for increased compensation for multilingual skills.
• Provide more supplemental salary. Give us time to help monolingual educators. Don’t expect us to be translators or interpreters at CSE meetings. Give more materials and training.
• Provide more support and again, hold monolingual SLPs accountable for the lack of education in these areas. The support from your fellow coworkers is a very real drive to be better. When you’re surrounded by a lack of education in this area it’s so hard for us to make a difference on our end.
• Provide more support and/or limit caseload to multilingual students so we can focus in our area. Provide more materials, resources, and assessments for multilingual population.
• Provide more support for bilingual service providers. More training for monolingual SLPs.
• Provide more support. We spend so much money on our ASHA membership compared to other disciplines’ organizations, but we don’t see any results or benefit from it.
• Provide more time and support.
• Provide opportunities to gather feedback from them. Advocate for programs and trainings to make all SLPs (monolingual and bilingual) feel comfortable assessing a student who does not speak the same language. This would remove the extra burden put on multilingual SLPs.
• Provide recognition and compensation as well as other forms of support for this group.
• Provide salary incentives for the additional workload.
• Provide special compensation for their unique skill set.
• Provide support and salary increases based on their skills.
• Provide support and higher compensation.
• Provide support and resources to help with providing services in another language.
• Provide support and supplemental stipends for bilingual SLPs.
• Provide support and tools for advocacy.
• Provide support with additional staff to provide treatment and assessment.
• Provide support, more materials, and appropriate compensation.
• Provide the proper compensation as we are able to provide services that monolingual providers cannot.
• Provide them a higher salary. Compensate them for the multilingual service.
• Provide them with more resources: more access to assessments and therapy materials in multiple different languages, access to culturally sensitive tx tasks.
• Provide them with the proper compensation for possessing a proficient second language.
• Provide training and mentors.
• Providers need support from top down (i.e., the school district, principal, agency). It is important for the system as a whole to understand bilingual language development and to educate and dispel myths.
• Providing acknowledgement of extra skill, providing support for treatment of multilingual students
• Providing additional pay and resources for bilingual assessment and treatment
• Providing adequate compensation (time and money) and resources for multilingual service providers
• Providing adequate compensation, maintaining a reasonable caseload, and not adding additional tasks such as translating for others or taking phone calls that don't directly relate to our work (we are not interpreters).
• Providing adequate pay for being multilingual in the workplace.
• Providing appropriate compensation for specialized skilled, bilingual diagnosis and intervention; promoting bilingual test materials and mentoring of graduate students would encourage bilingual clinicians to remain in the field.
• Providing appropriate pay for the skill set and years in profession
• Providing better compensation and guidance
• Providing clear certification to support an increase in compensation for specialized services
• Providing financial incentives and more support with resources and supervision from other bilingual providers
• Providing higher compensation, more training, support, and access to evaluation and treatment materials
• Providing incentives for companies to support and maintain a specific multilingual program (educating graduate students as well as for service delivery) (i.e., feeling supported). Encouraging a wage compensation for education, skill, and time required as a multilingual therapist.
• Providing increased compensation and a decreased workload/caseload for multilingual service providers due to the extra amount of time/expertise it takes to assess and treat CLD students.
• Providing individualized evaluation and treatment materials for Spanish speakers/cultural resources to assist with additional variables impacting access to care due to immigration.
• Providing materials and resources for SLPs to diagnose and treat. For example, the CELF, Spanish edition is a horrible test. It's impractical, confusing, and I'm not even sure it measures what it is supposed to. We need more tests like the OWLS, but in Spanish. The PLS 5 - Spanish consistently places expressive much higher than other tests or developmental norms. We need better standardized tests!
• Providing more advocacy and support for the work required of multilingual service providers, which by definition exponentially exceeds that of monolingual service providers.
• Providing more bilingual resources for therapists, having bilingual admin to help with the administrative side of things, better compensation for all the extra work it takes to be a bilingual service provider, more guidance through bilingual supervisors/mentorship, bilingual programs/certification options even outside of graduate school. (It's one thing to be bilingual/bicultural and another thing to know how to truly analyze and treat bilingual patients well as an SLP.)
• Providing more educational resources and support, as well as sufficient compensation for those skills
• Providing more resources and advocating for higher compensation
• Providing more resources that are easily accessible to service providers
• Providing more support and better compensation
• Providing multilingual tools (e.g., assessments and treatment materials) and increasing compensation for providing treatment in a multilingual setting
• Providing needed time, materials, and compensation for applying multilingual skills
• Providing salary or other incentives, reducing caseloads
• Providing service providers with more resources such as treatment ideas, treatment materials, and assessment protocols
• Providing support with treatment materials and assessments, hiring bilingual SLPs, mentoring bilingual SLPs, compensating bilingual SLPs
• Providing them adequate testing materials, time to do testing in both languages, and therapy materials that support cross-linguistic transfer. Lowering caseloads for multilingual populations.
• Providing them with reduced caseloads and giving them the resources they need to do their jobs. In addition to putting pressure on graduate programs to start accepting multilingual people as the United States is a melting pot and people speak different languages.
• Providing time and resources to provide accurate assessment and treatment
• Provision of adequate assessment and treatment resources as well as adequate compensation
• Put laws in place that require appropriate work environments and make it harder for clinics to abuse evaluating clinicians. Stop therapy mills that just have patients coming in back to back with no breaks for the clinicians.
• Raise
• Raise the pay.
• Reach out to colleagues and supervisors to discuss the problems and issues you are having with managing caseloads, scheduling, providing therapy, etc.
• Realistic expectations for caseload and workload in the schools
• Really work on workload/caseload caps. It's ridiculous how big our caseloads are at the schools. Districts take advantage of us.
Reasonable caseloads, more administrative support in the form of physical help, reducing the number of schools served, and reducing the redundant clerical duties and data collection expectations, and of course, a MAJOR increase in bilingual stipends and/or bonuses as incentives for retention and hiring. Leadership education on CLD populations and requirements as well as a reduction in prejudices and racism

Reasonable workload and fair compensation. Multilingual assessments take more time to complete.
Reasonable workload and supplemental salary (not just hiring bonuses)
Receiving higher pay for providing bilingual services
Recognition and salary. We should be paid a little more because of the skills.
Recognition and actual support from decision makers
Recognition and respect from co-workers
Recognition in the form of board certification/specialty recognition AND compensation
Recognition via appropriate compensation for the double work we do with assessments and way extra work and time trying to figure out what to do for each one of our clients
Recognize our worth.
Recognize that being a bilingual SLP requires more of our profession and thus we should be compensated for our expertise.
Recognize their skill set beyond the minimum expectation to be an SLP.
Recognize us and reward us.
Recommend statewide caseload caps.
Recruiting more diverse students into the professions
Reduce ASHA fees, provide journal articles for free, provide continuing education for free, promote the field to multicultural undergraduate university students, advocate for other careers like translators, interpreters, SLPs, SLPAs, paraprofessionals
Reduce bullying.
Reduce burnout by equalizing caseload.
Reduce caseload, increase pay, increase awareness of our needs across other specialty and regular providers.
Reduce caseloads and educate administrators regarding the role of bilingual SLPs.
Reduce caseloads.
Reduce costs of membership/licensure/CE fees.
Reduce limitations for multilingual persons trying to enter the field at the undergraduate and graduate levels. Hire multilingual service providers as clinicians and professors.
Reduce paperwork, lessen the numbers of sessions per day, increase salary, provide adequate supervision/mentorship.
Reduce root causes of burnout. I think our field generally needs more providers.
Reduce the caseload.
Reduce the caseload number and increase the salary for multilingual providers.
Reduce workload.
• Reduced caseload in order to complete the paperwork and better compensation
• Reducing caseload and allowing sufficient time to develop/create materials
• Reducing caseload, having a pay supplement for multilingual services especially in areas with high multilingual caseload, offering interpreter services (because even multilingual providers can only work with one or two non-English languages, and our schools have dozens of other languages).
• Reducing caseload, providing compensation, doing more research to support treatment and evaluation of bilingual students
• Reducing caseload/other responsibilities so there is enough time to do multilingual professional activities. Increase compensation. Education so other staff do not share incorrect information with families/students about using more than one language.
• Reducing staff shortages (monolingual SLPs, special education teachers) would go a long way. We have enough bilingual SLPs, but there are very few bilingual social workers or psychologists, so we have to do a lot of case management. It’d be nice if our caseloads were smaller, or we were given a stipend to reflect the extra work.
• Reducing workload in school settings (need to travel to various schools). Empowering providers to self-advocate their "worth."
• Reduction of caseload and increase of salary are two major factors. Not only do we have to work more than our monolingual peers in the same position, we also receive the same pay.
• Reduction of caseload/workload – it is always higher for multilingual service providers (translating paperwork, material prep, etc.); increase pay/stipends for multilingual service work.
• Remember always our mission is help our little ones and families and if something is not working well ask for help from a supervisor or mentor.
• Remind school districts that bilingual evaluations take longer than monolingual ones.
• Requiring school districts to pay a stipend for bilingual certified providers
• Requiring training for all SLPs in a second language. We should be a profession that embraces diversity and build it within our own training.
• Resources and education
• Respect their skill set, and offer these specialists increased wages.
• Respect, provide appropriate resources and time to assess
• Retention pay? Bonuses? Recognition? We need more bilingual people to become SLPs. Reduce cost of education for that. Reduce negative stereotyping of our immigrant population. They are the people with the multilingual skills, too.
• Rewards/compensation for being multilingual!
• Salary benefits for speaking additional languages would be a good reinforcement.
• Salary bonus for speaking another language
• Salary compensation and fair workload
• Salary compensation is huge. We have an added layer of responsibility and a skill few possess that is required and yet we are not compensated for it.
• Salary incentives, ongoing support via materials and evidence-based assessment/treatments
• Salary increase \((n = 3)\)
• Salary increase, recognition of the skills and the importance, and support from administration
• Salary supplement(s) \((n = 3)\)
• Salary supplements and increased awareness of the value that multilingual providers bring to a team
• Salary/pay should reflect multilingual language skills and clinical expertise and extra time needed for serving multilingual clients/patients/students. There is a lack of resources/testing materials to assess and provide services. We definitely need resources in Haitian-Creole as we serve an extremely large population here in Florida and these resources do not exist. I’m currently in the process of creating a few to assist my colleagues and parents.
• Same recommendation for retaining monolingual providers—provide them with support and compensation commensurate with their skills.
• School administration is not welcoming and accommodating of culturally sensitive practices.
• Schools should improve training about how language develops in bilingual populations.
• Seek out support and guidance from major institutions that could represent them.
• Seek support from other bilingual SLPs.
• Set your boundaries and don’t accept more clients if you’re full. Advocate for more pay and good benefits.
• SIG or meeting at ASHA? Other informal virtual event during the year?
• Significant extra compensation that justifies their extra training and credentials
• Significant increase in salary
• Significant salary supplement; same things as for reducing attrition of monolingual SLPs
• Since I live and work in Miami, being bilingual (English/Spanish) is a requirement for most jobs although many SLPs from Spanish speaking countries that do not speak English can easily find positions. The SLPs that only speak English are at a significant disadvantage in this area.
• SLPAs and monolingual SLPs need to do their jobs.
• SLPs in general are leaving the field because of lack of meaningful support and advocacy in a way that personally impacts them. Challenge productivity standards in SNFs, caseloads in schools, the compensation rates we are being offered in general ($28-30/hour is not reflective of our expertise). STs are viewed as the least of the therapy team in most facilities, as reflected in pay, yet we practice in 9 areas. More abstract belief statements and best practices have their place, but we need ASHA to represent us and put pressure on legislators, employers, etc. for meaningful change, not pressure on the SLPs. Once we are valued even as monolinguals it will be easier to effect change for multilinguals. Give current multilinguals some type of incentive to stay—reduced fees, SLPA access, etc. before or at the same time in which trying to recruit new ones. As a former teacher and an SLP it was demoralizing to many coworkers to see incentives offered to new recruits for things they had done all along. They left and took their experience and leadership skills with them. The cycle repeats itself without as a new foundation is laid again and again.
• SLPs in general need advocacy for fairness/caseloads/pay for those in the schools. Multilingual SLPs have a higher workload, so we tend to burn out more quickly.
• SLPs in schools need advocacy for higher pay regardless of their multilingual abilities. Multilingual service providers should also receive a stipend and recognition that their workloads are higher.
• Some recognition from the sites that we service for the additional services they receive for free from multilingual service providers. They don't see the value in even hiring multilingual vs. monolingual service providers and there is no compensation.
• Some sort of incentive. I do more work than any other SLP in a department of 25 SLPs and nothing has changed.
• Special designation in addition to CCC and compensation
• Specifically in the schools, they need to compensate for being multilingual. Part of the reason why I may not go back.
• Speech pathology is a large field. Keep looking for your niche if you are not happy in your current job.
• Spread awareness of what and how broad areas SLPs work, so we feel valued and appreciated.
• Start your own practice because the compensation, time spent for testing and treatment, and workload is always manageable and stress-free.
• Starting multilingual clinicians with a lower caseload number with knowledge that they will be needed to provide assessment/therapy help at other campuses
• Stay motivated. It will all work out.
• Stipend for providing multilingual service
• Stipend/increased salary for additional languages
• Stop ableist practices within recruitment and retention of professionals, such as use of "Essential Functions" documents within graduate programs.
• STRONGLY advocate for compensatory pay for services from multilingual providers, reduced caseload for multilingual providers (it is not equitable to have multilingual providers providing assessment and services than monolingual providers. We do much more work but are not compensated. Also, we save the district time and money by making our own phone calls, interpreting meetings, etc.)
• Supplementary pay for multilingual providers (e.g., sign-on bonus, increased salary) for providing care to a population only suited for their linguistic skills
• Support (salary, more prep time, etc.)
• Support and compensation
• Support and compensation that reflect our special skill
• Support and education on the administration side
• Support and emphasis on how serving multilingual services includes more work
• Support for evaluating and treating
• Support for their professional work and different ways of doing this to accommodate bilingual issues
• Support for treatment materials and supervision in the target language. Education to improve awareness over the importance of providing service in the patient’s target language to employers.
• Support from administration to understand that evaluation and planning for treatment for families and children with a language other than English is more time consuming and this is not compensated. Which should be compensated since at times takes double the time as
doing the job twice. At my job they are assigning Spanish speaker families only because I speak Spanish, but I was not hired as I will work with this particular population. I am not compensated for this and noticed most of these families have MA assistance which means more paperwork. As well as more paperwork for planning and writing notes in both languages— one for file (English) and one for family (Spanish). Meetings are longer due to the need of translation so less time to complete paperwork within work hours. Same for evaluations, gathering background information, analysis, report writing, etc.

- Support from administration, additional compensation
- Support from administration, funding for materials, higher compensation for multilingual providers regardless of language (e.g., other than Spanish)
- Support from administration, higher pay, more resources
- Support from ASHA and employer
- Support from ASHA in the profession, regarding caseloads and stricter requirements to be considered bilingual and stricter criteria of acceptance of foreign country degrees as equivalent to United States SLP degree. Educate for a true understanding of language disorder versus language difference.
- Support from individual facility administration
- Support from leadership, starting with compensation. They would rather pay a translation service (CyraCom) than me and lack the understanding that my bilingual skill set saves the company money.
- Support from the administration. Pay should reflect their workload. Additional support must be provided when needed.
- Support system needs to be in place.
- Support that you would provide for any therapist
- Support with job responsibilities and workload
- Support, advocacy, compensation
- Supporting higher education such as doctorate programs. Increasing diversity in our graduate programs. Continued support of DEI initiatives and continuing education.
- Supporting organizational leaders in understanding multilingualism needs: rights for heritage language, workload for service providers, framework for multilingual assessment and intervention
- Taking into consideration the strengths of the individual providing the services and not beating them down for unrealistic expectations
- Taking multilingual service provision into account when calculating equitable workloads, including the extra time required for bilingual assessment and preparation for providing services in multiple languages, e.g., a diagnostic team could be formed to do bilingual assessments and consult with monolingual SLPs rather than expecting multilingual SLPs to do bilingual assessments on top of their full caseload.
- Thank you for your faithful, bold, passionate, and courageous advocacy for us and for all of our multilingual and monolingual students' benefit, ASHA!!
• The biggest two factors are a need for higher pay and a need for a workload–based caseload. (It’s not just about the number of students but about how many services each has, if some students have higher needs, etc.) There’s a need for realistic expectations because it is stressful and hard to complete all of the assessments, treatments, paperwork, reports, etc. in the 40 hour work week.

• The compensation for providing services in more than one language is not even considered important by my management. They don’t realize how difficult it is for a patient to understand directions in a different language. They seem to rely on one or two keywords and gestures to get by. I have brought this to management’s attention and got nowhere. It seems like knowing a second language is a “nice to have skill” and not really appreciated.

• The compensation for the added skill set is the primary factor as well as overwhelming caseloads (site specific).

• The compensation must reflect the specialized skills.

• The discrimination I experienced began in my CSD program and continued from there. I had clinician supervisors in graduate school and post graduate school who recommended monolingualism as a treatment method. The faculty and staff were all white. It was a horrible experience.

• The high caseloads, especially in the school districts. Private clinics can also have high caseloads with productivity as the main concern and not enough concern/care about SLP burnout.

• The issue with people leaving has nothing to do with the nature of working with multilingual families. The issue is that the field of speech-language pathology sucks and ASHA is worthless and does nothing to make it better.

• The jobs I have left were due to burnout. Being given more work than monolingual colleagues, being treated as a band-aid for bigger issues, high workload without compassion.

• The lack of recognition, respect, and compensation for SLPs overall is embarrassing, and for multilingual SLPs, it’s a slap in the face. OTs and PTs are better treated, respected, and compensated than us in ALL SETTINGS!

• The more we are culturally competent and experienced in multilingual services, the more we embrace the diversity and increase the quality of our services.

• The same as all SLPs, I would think. Reduce caseloads, reduce stress, and improve relationships with employers.

• The state needs to advocate and understand the importance of bilingual speech and language therapists who provide service to students in their own language. Also be able to communicate with parents and understand clients’ culture. Furthermore, advocate the importance of understanding the difference between English and Mandarin’s syntax, morphology, and language development.

• Their workloads, including the amount of evaluations they have to do is probably too high. Administrators need to understand that bilingual evaluations are more complex, comprehensive, and time consuming because we include no standardized measures. It would help if the workload was lowered to allow time for that.

• There are jobs that pay better.

• There are no recommendations to the therapist. The companies and the establishments have treated all providers as dispensable and such are losing valuable workers.

• There is a need to value multilingualism in our field. It is an asset not a bother.

• There is no adequate compensation for expertise that requires greater investment.
• There needs to be a concerted grass level effort to give credit where credit is due. Personnel are often praised for knowing languages, only to be abused in terms of caseloads, multi-site assignments, and lack of materials. Many do not mention being multilingual for fear of being assigned to the “traveling circus” between multiple schools.

• We are back to the 1960s in terms of second language learners in the schools. Gone are the enlightened years of Cummins, Krashen et al. Reclassification is on the menu and we are one step away from chastising the use of primary languages except, of course, if it is in the context of the “dual immersion” programs. This situation makes our role difficult, and multilingual children with communicative difficulties are as always caught in the middle.

• There needs to be advocacy for pay differentiation for multilingual SLPs.

• There needs to be more understanding and appreciation, especially when they are starting out. And there needs to be more education to administration, general education and special education teachers about multilingual children and the difference between impairment and difference.

• There should be a higher pay standard for clinicians who are able to treat in multiple languages, as they are able to access more of the population at hand. In addition, providing more resources for assessment and treatment activities would be beneficial.

• There should be a way to be compensated for your extra skills or a way to become certified so that organizations will be able to officially recognize and have proof of your multilingual skills.

• There's a cycle of needing to create/research so much because resources and knowledge are not easily found or cohesively put together. This takes so much additional time that the workload is higher than many think. ASHA should either (or can do both) promote better compensation, workloads/caseloads, etc. and/or gather and provide the resources and research needed.

• These new SLPs have so much student loan debt. There should be special debt relief to attract multilingual talent.

• They desperately need support. They are overwhelmed with the workload, often without compensation for the work and the unique skill level they provide. There’s lack of understanding of how long it takes to complete an evaluation on a dual language learner or a bilingual individual, how long it takes to analyze the data, how long it takes to prepare evaluation and treatment materials, etc. They are expected to have the same caseload numbers as monolingual SLPs but the workload is not comparable. There seems to be a lack of understanding. Often the bilingual providers are used as interpreters and cultural brokers when that’s not their role and they are often not trained to do that. They may be used to translate documents as well, which again, is not their role and it takes an inordinate amount of time. There’s just a general lack of understanding of what bilingual SLPs are being asked to do from decision makers. Also, SLP peers just assume that the ONE bilingual SLP in a facility can take care of all bilingual clients and they may make little effort to learn how to work with this population, expecting the bilingual SLP to take care of it. It's really overwhelming and leading to burnout quickly. HELP!

• They do need more money, but they also perform more evaluations than monolingual SLPs. That's because they have to perform the Spanish evaluations for the monolingual clinicians in addition to their own evaluations.

• They need to be compensated appropriately. Bilingual assessments are twice the work as monolingual assessments. We are able to interpret for families without the need for an interpreter, therefore doing two people's jobs in one.

• They need to detest and that they have the opportunity to bring change. How profession is still growing and dynamic. If someone can’t make it happen for you, you take the initiative and do it yourself. Your patients will benefit and thank you.
To be treated with more respect, feeling valued and appreciated goes a long way.
To continue with a positive attitude, advocating for increased compensation, as well as clear communication with supervisors to see the additional work we do for servicing families who are bilingual.
To create a job environment that shows appreciation, respect, and sensitivity for bilingual/multilingual patients and that provides the support, understanding and appreciation that every clinician deserves
To create opportunities!
To get back. We need them!
To respect the caseload and not to be considered as two employees in one
To step back if they are struggling, but to think of all the students that would benefit from being served by them even if it was as a part-time SLP
Train ALL providers how to use interpreters well and how to be competent assessing in languages they don’t speak.
Train more students to provide the services needed. Provide mentoring and support on the job.
Train them well and pay them well!
Try to balance work life with personal life. It will be much more rewarding. If you do not like your current setting, look into other settings that might be a better fit for you.
Try to find an open company to offer multilingual services.
Try to find other people with similar needs and consult with them.
Understanding a difference between workload and caseload when assigning duties to SLPs, higher pay across the board (even if located in a smaller/rural area), more clerical help for copies, Medicaid paperwork, prepping therapy activities, prepping assessment packets, etc.
Unfair compensation
Unfortunately, there is too much paperwork associated with our jobs. Not enough of a focus on therapy.
Use us wisely, don’t stretch us thin.
Validate and support their experience
Validation, a pay differential for bilingual service providers, multilingual/multicultural peer support
Value their work by increasing salary and support.
Wage compensation. Admin realizing how much more work it takes than monolingual.
We (multilingual SLPs) are put into this position without any training or resources. More often than not, we are looking for our own assessments, treatment materials, and researching treatment approaches to provide evidence-based tx.
We are in desperate need of multilingual service providers so you will never be out of work.
We are in dire need of multilingual therapists. Try to do your best in your environment always.
We are not sufficiently compensated for the work that we do. In my district, I am assigned all Spanish-English bilingual evaluations. These evaluations can take me double the time of an English evaluation, and I am not compensated for the additional time. I am expected to
complete the same number of evaluations as my colleagues. When people feel underappreciated and overworked, they understandably burn out and they leave.

- We are seen and treated as monolingual SLPs, but we do much more than a typical SLP. Assessment and treatment of bilingual children is much more complicated and time consuming. If done incorrectly and/or quickly, students get misdiagnosed. A big portion of students in special education within our school district are brown Latinx children, which is due to over identification. This leads to systematic problems in our community. We need to be valued for our work by having some sort of incentive/bonus/compensation, recognition by IDEA so that we are allowed more time to complete assessments, less students/schools on our caseloads, and more education for our monolingual peers.
- We desperately need advocacy for better compensation! The workload of a multilingual provider is not equal to the workload of a monolingual provider and should be differentiated via an alternative pay scale as well as education geared towards administrators.
- We do not get compensated by holding and using the bilingual certification.
- We have to find a way to bridge the gap between master level, multilingual, service, providers, and opportunities within universities and other institutions. The pay continues to be low in those areas yet we seasoned multilingual providers have experience to offer in regard to supervising graduate students in diagnostics and in interventions.
- We have too many cases so people are overworked. The need is huge but some SLPs have other responsibilities so they burn out really fast. It's just too much.
- We need advocacy for higher salaries across the board.
- We need appropriate testing materials and treatment materials. Caseloads need to be lower and pay needs to be higher.
- We need better and more broad assessment tools and we desperately need more billing codes to account for the extra work we end up doing, the added skill set, and added counseling/family education we provide. Especially in home health pediatrics where we have one set billing code not making it financially feasible. To spend extra time with patients/families, but knowing that if we don’t, we feel unethical for not giving the extra time for education there is no financial mechanism to bill for that added work other than companies paying out of their pocket. Which they should not have to do. We should have counseling and other codes to account for all the administrative work and counseling/coaching we provide.
- We need better recognition professionally and economically.
- We need community. ASHA could leverage the existing communities built through the MCCGs and sponsor and support more of their activities.
- We need help from ASHA to have more specifically defined parameters among the workload/caseload debate, better definition of technician (not SLPA) or paraprofessional use, and support in recruiting clinicians to rural areas.
- We need more education around the importance of having multilingual professionals.
- We need more guidance in terms of how to assess children and also how to help parents whose children are delayed (as they are sometimes told to stop speaking their native language which is terrible).
- We need more multilingual individuals getting specialized training.
- We need more people to learn foreign languages and we need to empower the ones who already speak other languages.
• We need more resources and materials to use with examples.
• We need more salary compensation and administration support.
• We need more staff, more bilingual SLPs but also more understanding of diversity.
• We need more testing materials in different languages. Also more training for treatment.
• We need more ways for signing SLPs to be in community. ASHA needs to have and recognize Clinical Specialty Certification Board for SLPs working with the deaf and hard of hearing population. Additionally, the ASHA Learning Pass should be automatically available to SLPs who have paid their ASHA dues.
• We need to advocate for better compensation!!!!
• We need to be compensated for the extra skills and knowledge of the culture, language and ability to describe in the reports.
• We need to be recognized for the extra work that is involved in providing care to bilingual clients and we should receive financial compensation to reflect that.
• We need to have professional autonomy for seeing the number of children we are able to treat effectively and not being overworked, also, being compensated for an extra (and very needed) skill.
• We need to recruit more multilingual individuals during graduate school. If we had more multilingual individuals graduate, there would be more opportunities for them in the field.
• We need to train monolingual SLPs to administer multilingual evaluations, educate them on ways to be culturally sensitive, AND advocate for an increase in compensation for multilingual providers across the field.
• We need you!!
• We should be treated as clinicians not teachers and be paid accordingly. More help from administrators.
• We should have higher salaries because not only do we provide multilingual assessments and treatments but we also bring our multilingual and multicultural background knowledge, which is very crucial when working with families.
• Why isn’t ASHA involved more? We all pay a lot of money to have our CCCs. It doesn’t feel like ASHA advocates for us in any way regarding our caseload size and workload. There are no guidelines for states which means that states take advantage and work SLPs to death. Why does every state have a different expectation of the SLP? Why do some states have legal limits for caseloads but most don’t? Even in states that have legal limits they’re still not feasible caseloads because they’re going by headcount and not the actual workload. If you want people to stay in this profession, the job has to be a doable job without losing your mind. School districts have made it so that SLPs are just machines with revolving door of kids coming through until the SLP collapses from the stress. Where is the advocacy we all pay for from ASHA? It is not best practice to have 60 or even 90 kids on the caseload. No human being could do that job without losing your mind. The kids suffer and the SLPs suffer. It is a huge problem that there are Facebook groups dedicated to helping SLPs find other professions other than this profession. We are too overworked and overlooked. This is a fabulous, worthy profession when done correctly with realistic expectations.
• Work in an environment you enjoy. This is why I don’t leave. I love the families I work with, and I love the staff/administration at my school. I love going to work!
• Work to increase reimbursement rates, advocate for increased pay for all the extra work we do due to being bi/multilingual.
• Work with improving compensation for this skill set. I have never received higher pay despite being more capable than any of my coworkers to evaluate and treat individuals who speak languages other than English.
• Workload advocacy – my district only responds to legally-imposed workload limits, not best practice recommendations.
• Workloads are too high for compensation that is too low. Adequate compensation is key. ASHA lobbying for higher reimbursement rates would be directly beneficial. Speech therapy is reimbursed at the lowest rate in comparison to all of the other rehab therapies. We need to be supported and lobbied for by ASHA.
• You are one of the few resources that children and parents have. Don’t abandon them!

Respondents Who Hold the SLPA

• ASHA needs to get its act together and advocate for real, lasting, extraordinary change in our professional field.
• Compensate them for having the ability to do more for the community than someone who is monolingual.
• Decrease caseload and pay SLPA for providing multilingual services. We are not paid enough.
• Have a better compensation in the job.
• Higher pay, more admin/paperwork time to review assessments, treatment, and collaborations
• Increase compensation and more language training specific programs in graduate school
• Increase pay and obtain a stipend.
• Opportunities to receive training to become board-certified and continually develop their skills
• Provide more support and try to keep caseload balance. Have grace and mercy for human error with high caseloads.
• Raise the pay rate.
• Salary increase