

A Conceptual Framework for Responsive Global Engagement in Communication Sciences and Disorders

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The field of speech-language pathology needs a conceptual framework to guide the provision of services in a globalized world. Proposed in this article is a conceptual framework designed to facilitate responsive global engagement for professionals such as speech-language pathologists, who are increasingly serving diverse populations around the world. A set of concepts associated with Critical Social Theory is defined and then organized into a statement. This proposed conceptual framework could be useful for educating speech-language pathologists, educators, and related professionals to provide relevant services across the globe. Examples of how the conceptual framework could be infused into research questions, university course content, clinical services, or community outreach are provided. **Key words:** *global engagement, globalization, macropractice, social theory, theoretical framework*

GLOBALIZATION is generally defined as the increased and intensified interdependencies across national borders. In this regard, globalization is far reaching and has influenced practices in many fields, including speech-language pathology (Hyter, 2012; McAllister, Wylie, Davidson, & Marshall, 2013). Globalization consists of dynamic and multidimensional processes (Hopkins, 2002; Steger, 2010). It is defined differently on the basis of one's conceptual framework, and it has been around for many years, being described by some scholars as having at least five historical periods (Ellwood, 2002; Hopkins, 2002; Steger, 2010). Table 1 outlines these

five periods of globalization and their main characteristics. What is often less discussed with regard to globalization is that it operates within varied levels and domains (e.g., economic, political, cultural, ideological, environmental, and military) (Hylland Eriksen, 2007; Steger, 2010).

The consequences of globalization are uneven, experienced differently in various parts of the world, with both positive and negative effects. On the positive side, technological advances allow almost everyone in the world who has access to electricity and information-processing technology to interact across cultural and national boundaries. Events in one part of the world now can be communicated to or become known by another part of the world in a matter of seconds. In addition, travel across national borders is more possible for some. On the contrary, some negative effects of globalization are experienced as inequality, military occupation, imperialism, or economic apartheid, particularly by disenfranchised groups and in the impoverished regions in the world (Akindele, Gidado, & Olaopo, 2002; Amin, 2000, 2013;

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Table 1. Stages of globalization and the corresponding major events

Stage of Globalization	Primary Events That Played a Role in Interdependencies
First stage (BCE)	Invention of writing facilitated the spread of ideas, including religious ideas Invention of the wheel, making possible the spread of crops and animals from one region of the world to another and bringing diverse cultures into contact with each other Infectious diseases were spread from one region of the world to another.
Second stage (1600s-1800s)	Development of mechanized printing, postal systems, and nautical technologies intensified trade Development of colonial powers and the transatlantic slave trade
Third stage (1800s-1970s)	Expansion of international trade as companies sold their products externally Reduction of tariffs on international trade and transfer of profits back to the foreign company trading in another country
Fourth stage (1970s-the present)	Increased presence and use of technology, including accessibility of traveling by airplane Ability to communicate across the globe and to receive news from disparate locations Increased contact and knowledge of people from cultures and countries different from one's own Transnational companies moving operations to various locations in the world Privatization of publically owned businesses and property

Note. From *The No-Nonsense Guide to Globalization* by W. Ellwood, 2002, London: Verso; "The History of Globalization—And the Globalization of History?" A. G. Hopkins, 2002, in A. G. Hopkins (Ed.), *Globalization in World History* (pp. 12–44). New York: W. W. Norton; *Globalization: A Very Short Introduction* by M. Steger, 2003, New York: Oxford University Press.

Harvey, 2007; Hyter, 2012; Steger, 2010). Some of those uneven consequences also include dispossession of resources, reorganization of work resulting in displaced workers, privatization of once public services and spaces (Santiago-Valles & Hyter, 2009; Santiago-Valles, Hyter, & Salo, 2009; Steger, 2003), unequal distribution of wealth, as well as limited access to resources such as health care and fresh food (Patel, 2008; Steger, 2010; Therborn, 2006, 2009); and the imposition of cultural values and assumptions of one culture onto others. Speech-language pathologists (SLPs) should be aware of the various facets of globalization to avoid engaging in activities that may repeat mistakes associated

with imperialism and the reproduction of non-sustainable changes within a community.

Sometimes inequities on a global scale promote forced displacement as well as voluntary migrations of groups of people from their home areas within and across national borders (United Nations News Center, 2013). Forceful displacement typically involves poor people being forced to leave their homes as a result of violence, repression, human rights violations, or natural disasters, whereas, migration is voluntary movement from one place to another across the world (Koser, 2007). More people than ever before are living outside their home areas (Delgado Wise, 2013; International Organization for Migration, 2011;

Tenorio, 2013). About 45.2 million persons were forcefully displaced in 2012; however, figures for 2013 have surpassed that number (Delgado Wise, 2013; United Nations News Centre, 2013). According to the United Nations Department of Economic and Social Affairs (2013), 232 million people (3.3% of the world's population) were migrants (of which almost half are women) in 2013. This 232 million is a number that has increased by 57 million migrants since the year 2000 (United Nations Department of Economic and Social Affairs, 2013). Whether groups of people are moving voluntarily or being forced to relocate, they travel with their own worldviews and beliefs about health, wellness, and disability. It is, therefore, particularly important for SLPs to be aware of diverse worldviews and to have a conceptual framework guiding ways to incorporate and/or consider those diverse worldviews for clinical practice. Furthermore, understanding why millions leave their places of origin and how the causes of that movement are interpreted by the migrants or those forcefully displaced may facilitate culturally sensitive communication with clients and their families.

The purpose of this article is to offer a conceptual framework that will help SLPs take a broader worldview of practice. This conceptual framework, which is based on Critical Social Theory, can serve as a guide for working across cultures, diverse worldviews, and nation states, and facilitate the development of professionals well equipped to provide verifiable explanations and sustainable services—locally and globally. Before defining and explaining this application of Critical Social Theory, the background is set in terms of disability in a global context, the need for a macro-practice perspective, and the importance of a conceptual framework.

BACKGROUND

Disability in a global context

In the *World Report on Disability*, the World Health Organization (WHO) and World Bank (2011) indicate that about one billion

people or 15% of the world's population lives with some type of disability. The manner in which disability is measured or defined varies from one region of the world to another; therefore, persons with communication impairments may be underrepresented in these data (WHO and World Bank, 2011). The previous data about displacement and migration, however, accompanied by the prevalence figures on disabilities, suggest that it may be highly likely that SLPs and educators in any part of the world may have persons from countries other than their own on their caseloads and in their classrooms.

Many (about 59%) international migrants find their new homes in the Global North compared to the Global South, although there is also considerable South-to-South or North-to-North migration (United Nations Department of Economic and Social Affairs, 2012, 2013). The Global North and Global South refer to the economic and political characteristics of countries rather than their geographical locations. The Global North typically is used to refer to wealthy countries, which are not always located in the northern hemisphere of the world. Such countries include Israel and those located in North America, Europe, as well as in some parts of Asia and Oceania (Kegley & Blanton, 2012). The Global South, on the other hand, refers to poor countries, primarily located in the southern hemisphere of the world and includes most countries located in sub-Saharan Africa and Latin America (Kegley & Blanton, 2012). Changes in world demographics demand that SLPs acquire a "broader view on communication disability" (Wylie, McAllister, Davidson, & Marshall, 2013, p. 1) to include conflicting definitions from the Global South, as well as ideas about causal relations that challenge the explanations normalized or thought of as common sense in the Global North.

Speech-language pathologists need a deeper understanding of the contextual factors outlined in the WHO's International Classification of Functioning, Disability and Health (WHO-ICF; WHO and World Bank, 2011), as they prepare to work with increasingly

diverse (national, cultural/ethnic, and linguistic) groups around the world (Hyter, 2012). The framework of the WHO-ICF depicts functioning and disability as being correlated with health and contextual factors (WHO, 2002). Contextual factors comprise environmental and social realities. They encompass every aspect of life and can serve to facilitate or impede health outcomes and/or one's full functioning and participation in daily life (Howe, 2008; WHO, 2002). It is essential for SLPs to acquire tools or critical analysis with which to both explain and address contextual factors as outlined in the WHO-ICF (Howe, 2008; WHO, 2002). Part of what is missing in the field of speech–language pathology are cohesive conceptual frameworks that can be used to guide services for groups from diverse cultural, linguistic, and national backgrounds. These conceptual frameworks can help explain SLP educators' choice of course content, teaching strategies, research questions, objects of study, research methods, data analyses, verification processes, and choices of intervention settings.

More comprehensive conceptual frameworks also may facilitate a transition from a functionalist focus primarily on individuals and their families to a public health policy focus on how macro-level structures facilitate or hinder full participation of persons with communication impairments in daily life. This expanded focus would move the profession into the realm of macro practice—a concept from social work—meaning work at the collective level of society with communities and public policies (Netting, Kettner, McMurtry, & Thomas, 2012).

Toward a macro practice

Macro practice is necessary in a world-system (global context) where national borders are fluid, and there is increased interest in and opportunities for transcultural, translinguistic, and transnational interactions (Hyter, 2012). In order for SLPs to engage in macro-level contexts, theoretical and conceptual frameworks different from those focused

only on language-learning processes need to be considered.

It is common for communication sciences and disorders programs to focus on language learning theories or speech perception and production theories, but it is doubtful that many programs make an explicit connection to the history of social theories from which such theories emerged. Social theories help explain cultural and social phenomena, such as the relationship between communication disorders and social structures (e.g., economic, military, political, and cultural systems) as whole systems, across different time periods (e.g., remote past and current events), as well as the place of social/cultural groups (e.g., Afro Latinos and African Americans) within those systems (Baert, 1998; Joas & Könbl, 2009; Lemert, 2004). Theories should evolve with changes in the world, as well as with the needs of a particular field (Lemert, 2004). Expanding conceptual frameworks means a move toward theories that specifically facilitate global engagement.

Engaging in macro practice by addressing contextual factors affecting communication outcomes of the families with whom we work is particularly important in this current global context. The consequences in this stage of globalization challenge the field of communication sciences to be more socially and culturally relevant. Relevance is defined as making connections between our disciplines and the macro structures of society (e.g., economic, military, political, and cultural spheres) in which we exist, by offering our expertise in terms accessible to the greater public, and in ways that offer alternatives to current realities (Massey, 2008; Said, 1996).

The importance of a conceptual framework

A conceptual framework is like a map (Sinclair, 2007). It facilitates connections between multiple components of a topic or phenomenon and serves to organize these components into a representation of coherent knowledge (Kermode, 1986; Kirst-Ashman,

2013), as well as produce new knowledge. A conceptual framework can be used to ensure that SLPs and audiologists working with a diverse range of cultural groups across national borders are providing culturally as well as globally relevant services and critical analysis. It also allows SLPs to participate in global transdisciplinary conversations. A conceptual framework is a way to build cognitive structures for learning ways of practice, which will provide for well-organized, more efficient production, verification, and sustained application of knowledge (Garner, 2007; Kermode, 1986). Conceptual frameworks can guide an understanding of reality and provide a structure for producing curriculum content, teaching practices, the development of research questions, and clinical services, and how community outreach is achieved. The point being made here is that expanding theoretical and conceptual frameworks to include those social theories that are more relevant for handling a global context rather than just a linguistic or auditory system would help SLPs (a) deal more adequately with the contextual factors that could facilitate or hinder communication outcomes for those we serve from a variety of cultural, ethnic, and linguistic backgrounds and (b) make more relevant and sustainable the contributions SLPs make in facilitating access to services in countries other than their own or with disenfranchised groups within their own countries.

CRITICAL SOCIAL THEORY

I approached the development of the proposed conceptual framework from the perspective of Critical Social Theory, an epistemological paradigm that facilitates a holistic understanding of contexts and increases conscious awareness of the myriad factors influencing daily life and can be used to guide professional practices. Although other paradigms of knowledge exist (e.g., positivism and interpretivism), Critical Social Theory lends itself to developing knowledge, skills, and practices that would be effective for culturally compe-

tent global engagement (Joas & Knöbl, 2009; Neuman, 2003).

A continuum of epistemologies

Epistemologies can be considered to occur on a continuum based on socially constructed and historically determined ways to understand reality and determine what is valid evidence. Critical social theories would fall on one end of the continuum and positivism would fall on the other end of the continuum (see Figure 1). Interpretivism and structural-functionalism would fit in the middle.

Positivism is what people typically think about when defining “scientific method.” Positivists understand reality as being external to a person and reality is “waiting to be discovered” (Neuman, 2003, p. 72). A primary assumption of positivism is that observable and measurable behaviors are the basis of knowledge (Baert, 1998; Jones, Bradbury, & Le Boutillier, 2011; Neuman, 2003) and that this knowledge is value free or objective with the ability to “transcend the human condition, and by implication, its social-political context” (Stockman, 2007, p. 300). The ultimate goal of positivists is to discover the “laws of nature” or consistent cause-and-effect relationships (Jones et al., 2011; Neuman, 2003).

Structural-Functionalism facilitates a holistic view of society. An assumption of this social theory is that society is composed of multiple but interdependent structures or systems (economic, political, educational, military, religious, gender, and racial structures), all of which have particular functions or roles to play in keeping society stable (Baert, 1998; Jones et al., 2011; Parsons, 1951). Changes in any one of these structures result in others adapting so that the entire system remains stable. Within this epistemology, reality is understood as the collective consciousness of groups of people determining how these groups think about the world working in concert with the society’s social institutions to guide and/or limit behaviors (Andersen & Taylor, 2006).

Interpretivism is an umbrella term used to describe social theories such as hermeneutics,

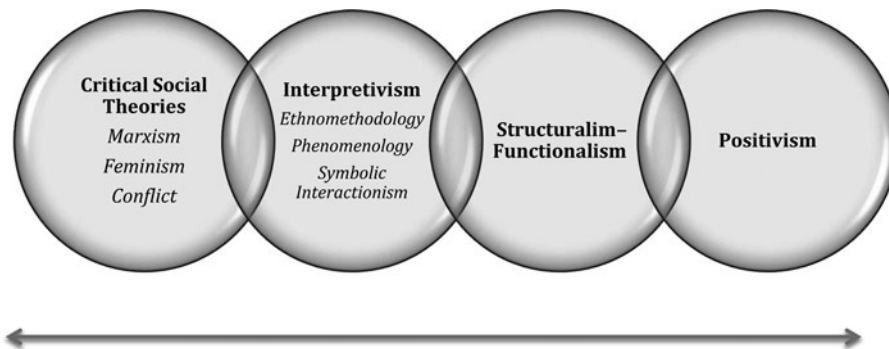


Figure 1. Continuum of epistemologies.

phenomenology, or symbolic interactionism (Blaikie, 2009; Evans & Hardy, 2010; Neuman, 2003). What is common among these epistemologies is the assumption that groups of people can create meaning out of their experiences and socialization. Proponents of this system of knowledge understand reality as being dynamic and determined by people's subjective interactions with others. The goal of those who approach their work from an interpretive framework is to explain how groups of people make sense of their daily life and social interactions (Blaikie, 2009; Neuman, 2003).

Critical Social Theory situates reality in historical, economic, political, and cultural contexts that shape social interactions (Agger, 2006; Jones et al., 2011; Neuman, 2003). As in interpretivism, critical social theorists acknowledge the dynamic nature of reality. In addition, proponents of Critical Social Theory believe that reality is grounded in conflicting relations of unequal power. Of these social theories, Critical Social Theory seems to lend itself more toward a macro-level analysis needed to explain a global system.

Premises of Critical Social Theory

Critical Social Theory, which has been called "Western Marxism" (Held, 1980, p. 13), is associated with members of the Frankfurt Institute of Social Research (Frankfurt School established in 1923); however, it does not necessarily represent a singular line of epistemological thought (Agger, 2006; Held, 1980). In this vein, I have interpreted Critical Social Theory as an overarching way

of thinking that refers to a variety of explanations such as Marxism, feminism, and conflict theories because they share some common assumptions.* Critical Social Theory allows explanation of the reciprocal relations between social and cultural phenomena, such as communication processes and disorders on the one hand, and social structures on the other hand. *Social structures* are defined as the institutionalized "social arrangements" or norms and values that are "embedded in the political and economic organization" of society (Farmer, Nizeye, Stulac, & Keshavjee, 2006, p. 1686). It is within the context of social structures that phenomena exist and gain meaning (Fairclough, 1995; Farmer et al., 2006; Freire, 1998; Giroux, 2010; Kellner, 2007; Stockman, 2007).

Critical Social Theory is based on at least seven premises, which can be outlined as follows:

1. The historical context is essential for explaining the present (Agger, 2006; Kellner, 2007). Historical events shape present knowledge, and this knowledge is dynamic rather than static.
2. Humans exist in an interconnected world, and because of this interconnectedness, the unit of analysis must

*In keeping with the work of Antonio Gramsci, as I understand it, there is a reciprocal or dynamic relation between economic and cultural factors in the construction of an explanation and its acceptance as "common sense" (Gramsci, 1931).

- be totality—or a *whole global system** rather than a single individual, family, state, region, or nation. This global interdependence is particularly evident under the current system of corporate globalization (Steger, 2003, 2010).
3. Analysis of any problem must cross disciplinary boundaries. This is because the world is too complicated for any one discipline to comprehend and explain alone (Fleck 1981). Any holistic explanation of a phenomenon has to represent multiple perspectives (Hyter, 2008; Stockman, 2007). Thus, Critical Social Theory incorporates views from diverse fields of study including cultural studies, communication, psychology, philosophy, anthropology, and political economy (Crossley, 2005), with the end goal of *transdisciplinarity*, resulting from fluid learning and sharing across disciplinary boundaries (Agger, 2006; Held, 1980).
 4. Knowledge in Critical Social Theory cannot be separated from action (Dant, 2003), which is referred to as praxis. *Praxis* is theoretically informed action followed by collective reflection resulting in learning from each other and changing current contexts (Bottomore, Harris, Kiernan, & Miliband, 1983; Freire, 1994; Jones et al., 2011).
 5. Inequalities are reproduced by larger *social structures*, such as economic exploitation, political domination, and social-cultural exclusion, which often occur at gender, racial, linguistic, religious, or national levels (Agger, 2006; Smith, 2013–2014). These ingrained social structures typically benefit a few while marginalizing many. Critical social theorists are concerned with the effect that these social structures have on daily life, seek to explain the historical causes of these effects, and also seek to develop

alternative ways to create a different, more equitable, reality.

6. Knowledge is not value free or objective, but rather socially constructed (Stockman, 2007). Critical Social Theory requires the type of reflection that problematizes long-held assumptions so that the underlying causes of assumptions are made explicit and then can be challenged or changed (Kellner, 2007).
7. Critical Social Theory has a dialectical component. *Dialectical thinking* is the ability to separate one's perceptions about reality and current ways of thinking in order to think in a new way (Callinicos, 2007). Marcuse (1991) explained that dialectical thinking is negative thinking, meaning the ability to disengage one's thinking from what seems to be true. Furthermore, Marcuse differentiated dialectical thinking from "one dimensional thought," which focuses on what already exists or reality as it already seems. Dialectical thinking, then, is used to "negate" what already seems to exist, making room for one to think of or imagine another reality (Kellner, 1991, p. xxvii).

A CONCEPTUAL FRAMEWORK FOR RESPONSIVE GLOBAL ENGAGEMENT

Critical Social Theory served as a guide for the conceptual framework that I am suggesting as a means to facilitate culturally responsive global engagement. To develop the conceptual framework, which is shown in Figure 2, I used the premises and concepts represented by the italicized words in the preceding section and arranged them into a cohesive statement that could be used to guide culturally competent global engagement. Concepts that make up the conceptual framework that have not been defined previously are defined in this section, and examples are offered for how such concepts might be utilized by SLPs while teaching, engaging in research, providing clinical

*Italicized words are the concepts that make up the conceptual framework and are further defined in the following section.

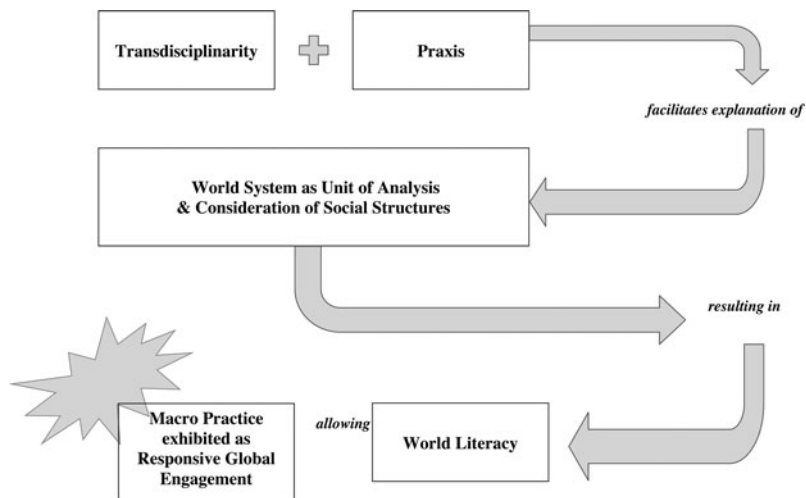


Figure 2. Conceptual framework for responsive global engagement. *From Literacy and Language Practices as Keys to "Development"* by Y. D. Hyter, 2007, September 19, Panel presentation made at the AfriCANDO Conference, Florida International University, Miami, FL; "Making Cultural Connections Across the Professions," by Y. D. Hyter, 2012, *SIG 17 Perspectives on Global Issues in Communication Sciences and Disorders*, Vol. 2(2), pp. 49-58; *Consequences of Globalization in W. Africa & U. S. Midwest: Transnational Comparisons of Public Policies, Encounters Between Languages, and Urban Strategies* by W. F. Santiago-Valles and Y. D. Hyter, 2010, March, Panel presentation made at the National Council of Black Studies, New Orleans, LA.

services anywhere in the world (in their home countries or those of others), or engaging in community outreach. Table 2 provides a summary of the key concepts and how they might influence choices made in each of these domains.

As represented in Figure 2, transdisciplinary praxis enables an explanation of the world-system as a unit of analysis that considers the effects of social structures on groups of people resulting in world literacy, which enables macro practice exhibited as responsive global engagement. In the context of this model, the term *praxis* refers to the ongoing practice or process through which diverse groups of people (or multiple disciplines) engage in critical dialogue and then engage in reflective practice (Freire, 1998; Winchell & Kress, 2013).

In this model, the term *transdisciplinarity* refers to an interactive state or condition resulting from collaborative processes that transcend traditional professional boundaries (Scholz, Lang, Wiek, Walter, & Stauffacher, 2006; Stock & Burton, 2011). This state epit-

omizes the ultimate goal of operating within holistic and sustainable practices. Transdisciplinary is the process of moving beyond professional roles by crossing disciplinary boundaries, such as collaborating with professions outside of the traditional health and education professions (e.g., anthropology, history, sociolinguistics, and political economy), in order to create a more holistic understanding of reality. Engaging in transdisciplinary activities is used to (a) compel the continual questioning of one's own professional cultural assumptions, (b) focus on globally shared problems (e.g., privatization of public services leading to limited access to adequate health care for marginalized groups in the United States and marginalized countries abroad), and (c) require critical and dialectical thinking (e.g., resolving contradictions between diverse ways of thinking) to identify potential alternatives to those shared problems that are recognizable in each cultural context (Catlett & Halper, 1992; Nicolescu, 2002).

Table 2. Application of the conceptual framework to research, curriculum, teaching, and clinical services

Conceptual Framework Components		Domains and Example Applications		
	Research	Curriculum	Teaching	Clinical
Transdisciplinary praxis	Questions emerge from dialogue among transdisciplinary team members; Activities carried out in transdisciplinary teams that include local and global members.	Courses include explanations of social theories, as well as material/readings pertaining to macro-level factors affecting diverse groups are incorporated into course content; students engage in critical reflection and collective practice of skills.	Teaching strategies include case-based and team-based learning requiring dialectical thinking and critical self-reflection.	Clinicians partner with other disciplines (e.g., anthropology), as well as clients and their families (as a transdisciplinary team), to understand the cultural history of persons on their caseloads; they incorporate new knowledge into existing knowledge, alter practices based on new knowledge, and then critically reflect on those altered practices and their outcomes, revising as necessary.
World-system	Research questions focus on explaining language and literacy processes, development and disorders in the context of world-system(s).	Courses include explanations of world-systems and the relationships among them, including how these relationships affect communication, language, and literacy development and practices.	Case-based and team-based learning activities focus on groups from diverse world-systems that are both in harmony and in conflict with one another.	Clinical services are implemented with consideration of the client's worldview, cultural assumptions, and practices. These factors are incorporated into assessment and/or intervention processes. <i>(continues)</i>

Table 2. Application of the conceptual framework to research, curriculum, teaching, and clinical services (*Continued*)

Conceptual Framework Components	Domains and Example Applications			
	Research	Curriculum	Teaching	Clinical
Effects of social structures	Social structures are considered when constructing research questions, as well as when collecting and interpreting data.	Courses include explanation of social structures and their impact on diverse groups of people from different world-systems.	Case-based and team-based learning activities consider consequences of social structures on lives of potential client-partners.	Contextual factors are considered, including social structures, when planning, engaging in, and interpreting assessment and intervention.
World literacy	Researchers use a dialectical and critical approach to construct research questions, and when collecting and interpreting data.	In addition to discussing various levels of print literacy, multiple courses include explanations of world literacy, and opportunities for students to engage in these forms of literacy	Standard classroom and course topics include information about diverse communities inside and outside of one's country; opportunities occur to engage in critical inquiry of speech-language pathologist research and clinical strategies	Clinicians demonstrate an understanding of the causes of problems faced by their clients, benefits and losses, and in collaboration with clients identify ways to overcome obstacles that hinder full participation in daily life.
Macro practice as responsive global engagement	Research agendas are developed in collaboration with local and global community members. Research questions emerge from shared problems with local and global community members (Tuhitwai-Smith, 1999).	Concepts denoting a pathway to responsive global engagement are a common discussion topic in curricula. Information about diversity, inclusion, multiculturalism, and multilingualism is part of the curriculum.	Practical activities requiring demonstration of the concepts of responsive global engagement are commonly utilized.	Clinical services are carried out in collaboration with local and global communities. Clinicians are able to make seamless transitions between local and global communities.

Praxis is a method of living or engaging in a lifetime of combining prior knowledge with learning from others and making changes to practices by interacting with social contexts (Horton & Freire, 1990; Winchell & Kress, 2013). Praxis includes engaging in conversations as a precursor to the development of critical thinking and the production of knowledge. This helps groups identify shared concerns and the causes of shared problems. Then those involved in the dialogue are poised to implement a direct action based on their understandings of the problem in their respective contexts for the purpose of changing reality by abolishing the causes of the problem and dismantling obstacles to solving the problem. As illustrated in Figure 3, this direct action is then followed in a reciprocal fashion by critical reflection, from which the participants learn from each other and produce new knowledge together (Freire, 1994; Santiago-Valles, 2003).

Speech-language pathologists can engage in transdisciplinary praxis by operating beyond the comfort zone of their own discipline (Chaput, 2008). This entails learning to identify macro-level factors and addressing how those factors and the contexts in which they occur may affect clients from diverse cultural, linguistic, and/or national backgrounds. For

example, an SLP preparing to work with an immigrant family might seek first to understand the larger context of migration and not merely plan to engage an interpreter who can translate for the family, although that is important too. This way of operating may be achieved by reading literature from and participating in collaborative research endeavors with members of disciplines that may have a more in-depth view of world events. Such disciplines should go beyond those with which SLPs traditionally collaborate (e.g., education or medicine) to include disciplines such as anthropology, economics, ethnic studies, geography, global studies, sociology, political science, and public health. Information from these fields also can be incorporated throughout SLP course work within university professional preparation programs.

The term, *world-system*, has the meaning suggested by Wallerstein (2004), as referring to “systems, economies, empires *that are a world*” (p. 17) but not necessarily of the whole world. These systems, rather, refer to an integrated region that includes several political, economic, and cultural aspects at once, such as the Global North or the Global South, described previously (Wallerstein, 2011). Wallerstein (2004) argued that “separate boxes of analysis—what in the university are called disciplines—are an obstacle, not an aid, to the understanding of the world” (p. x). The use of the world-system in this conceptual framework means that, as SLPs, we should routinely see our work and ourselves as part of an interdependent system that goes well beyond individual neighborhoods, states, and countries where we live, study, or work. For example, if the world-system were the unit of analysis, the undergraduate and graduate curricula for SLPs would routinely incorporate the contexts of world-systems to facilitate recognition of connections between choices and practices in one region (e.g., Global North), and outcomes and consequences in another region (e.g., Global South). This frame of reference is necessary under the current system of corporate globalization, where there are uneven

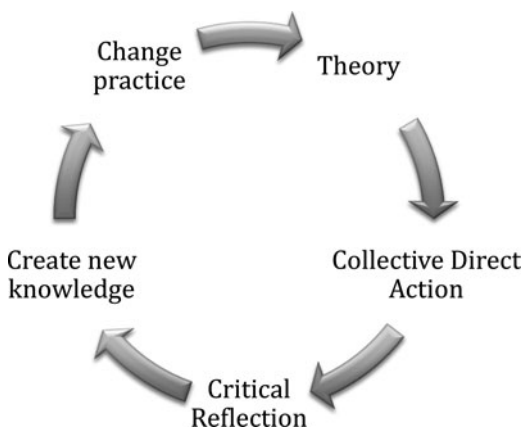


Figure 3. Schematic of praxis (to visualize this process imagine the graphic rotating in a circular motion while also gradually moving from the bottom to the top of a three-dimensional funnel).

consequences of exchange between countries, frequently resulting in global challenges such as mass migration, devaluation of diverse and local languages, reduced access to health care, and increased food insecurity (Amin, 2000; Brock-Utne & Hopson, 2000; Hyter, 2012; Khor, 2001; Pal, 2007; Steger, 2003, 2010). Considering interconnected world regions as the unit of analysis could promote awareness of the effects of social structures on the daily life of clients, both in the United States and abroad. A world-systems view would make it easier for SLPs to recognize the effects that social structures have on those persons on their caseloads.

The term, *social structures*, is used to evoke a concept of interconnectedness. It refers to the economic, political, cultural, gender, and racial structures that “shape the social environment” (Agger, 2006; Dillon, 2010, p. 10). An example is capitalism, which, as the economic structure of the United States, is a key feature of a social structure in which some population groups have access to valued resources and other groups do not. Marginalization and exclusion occur as a result of limited access to valued resources, as determined by social structures. Political structures are another example of a social structure that allows groups of people to exercise power, which is the ability to define goals and make decisions in the interest of one’s own group.

Culture is a social structure that entails underlying assumptions and values that determine how people live their daily lives (Ting-Toomey, 1999). In this model, culture is the context for the experience of cooperative problem solving, which involves collective struggle and knowledge production, as well as collective meeting of a group’s basic material needs (Lustig & Koester, 2013).

Both gender and race are contested concepts. They are socially constructed and, hence, another example of social structure. Gender refers to sexual identity (Bahati-Kuumba, 2001) and race refers to several physical features but is usually thought to refer to a person’s skin color (Lustig & Koester,

2013). Being able to make connections between these larger social structures and the everyday lives of our clients may facilitate SLPs’ understanding of contexts that can serve to facilitate or hinder health outcomes and one’s full functioning and participation in daily life.

The term *literacy*, as I use it in the model, refers to the type of knowledge production practice, as defined by Freire and Macedo (1987). I call this *world literacy*, but it also may be called *critical literacy* (Freire, 1994; Westby, 2004). An example of world literacy is when an SLP recognizes and takes into account the consequences of macro-level social structures on the daily life of a child or an adult on his or her caseload. Demonstrating world literacy involves the ability to make connections among the underlying social structures described in the paragraph given previously. These include economic structures (access to resources), political structures (exercise of power), and cultural structures (underlying assumptions, beliefs, values that shape our daily lives) and a client’s way of living. The term *literacy* used in this manner refers to competency in being able to “read the world” as a text, make clinical decisions while also taking into consideration the effects that real-world events (past and present) may have on the practice of speech-language pathology and those we serve.

World literacy provides an avenue for recognizing economic exploitation, political domination, and social exclusion, all of which are social structures that press down on those who are poor and/or from marginalized cultural/ethnic and linguistic groups. Such negative effects can be evidenced in such areas as health (e.g., vital health inequality as per Therborn, 2006, 2009), language (e.g., language policies that disrupt linguistic rights), and print literacy (e.g., limited access to all forms of literacy, as per Westby, 2004). Speech-language pathologists who are literate in complex world structures then can partner with clients and colleagues to “read” (i.e., decode) the various contexts in which they exist and then “(re)write” them, meaning to

transform those contexts “by conscious practical work” (Freire & Macedo, 1987, p. 35). An example of this might be for professional groups to extend their world literacy by engaging in a book club reading and discussion of a book such as *Enrique’s Journey* (Nazario, 2007), or a movie such as *Life and Debt* (Black, 2001) that address the consequences of world inequities (and not communication disorders directly) as part of their continuing education.

The combination of participating in transdisciplinary praxis, understanding the world-system and the social structures that shape participation in social interactions, and being able to read the world may result in more responsive global engagement on the part of professional disciplines such as speech-language pathology. It could also be a trigger for transdisciplinary dialogue and praxis.

The term *responsive global engagement* refers to an ongoing process of self-reflection and reciprocity. Responsive global engagement is a process rather than a developed skill; that is, one is always in the process of moving toward more responsive global engagement rather than having achieved it (Campinha-Bocote, 2002). Global engagement is defined as a collaborative or bilateral and sustainable interaction with communities in parts of the world different from the part of the world with which one may be most familiar. Global engagement looks much different from “voluntourism” (Guttentag, 2009; Hickey, McKenna, Woods, & Archibald, 2012). Hickey and colleagues explained voluntourism as when a volunteer travels to another country ostensibly to help the poor of society (Hickey et al., 2012), while ignoring the cultures of local populations or not involving local actors in the development and/or planning of a project. The ethical concerns associated with such practices include limiting employment opportunities for local populations and promoting dependence on outside workers, reinforcing the volunteers’ ideas of the local people being “the other,” and rationalizing poverty (Guttentag, 2009, p. 537).

Responsive global engagement is associated with four key constructs or steps, which are

illustrated in Figure 4. They can be used to guide attitudes, behaviors/practices, and policies.

The first step toward responsive global engagement is global humility. This is a broader or macro-level form of cultural humility (Tervalon & Murray-Garcia, 1998; Ortega & Faller 2011).* *Cultural humility* is defined as the ability to recognize that there are valid values beyond one’s own, allowing one to be in a position of learning from others. Global humility, then, allows professionals to put themselves in a position to be able to learn from the expertise of the families from diverse national and ethnic backgrounds and learn about the material conditions in which such families live. Global humility naturally encourages self-awareness. An example of putting the principle of global humility into practice is when SLPs seek out a cultural informant to help them learn about and understand the religious celebrations and restrictions practiced by a family with whom they work. In this way, the SLP follows Elsa Barkley-Brown’s (1989) advice, “I believe all people can learn to center in another experience, validate it, and judge it by its own standards without need of comparison or need to adopt that framework as their own. Thus, one has no need to ‘de-center’ (or *invalidate*)† anyone in order to center someone else; one has only to constantly, appropriately, ‘pivot the center’ (*include multiple perspectives*)” (p. 922).

The next step toward responsive global engagement is self-awareness, the ability to engage in critical self-reflection of one’s own personal and professional cultural assumptions that shape current practices. A reflective professional is able to deconstruct his or her own culture and worldview and to

*The author thanks Dr. Roxanna Duntley-Matos in the School of Social Work at Western Michigan University whose presentation on *cultural humility* (Duntley-Matos & Way, 2013) challenged my own conceptualizations of cultural competence.

†Words that are parenthesized and italicized within this quote are my interpretation of Barkley-Brown’s further explanation in her own footnotes.



Figure 4. Pathway to responsive global engagement.

understand how that culture and worldview shape the way he or she perceives the world and acts in it (Ortega & Faller, 2011). Specifically, self-awareness includes the ability to (a) identify the underlying assumptions that drive personal and professional beliefs and behaviors, (b) critically analyze and challenge those underlying assumptions and worldviews (e.g., explaining where they came from and how they became “common sense”), (c) learn to center another’s experience (Barkley-Brown, 1989), and (d) determine alternatives to those assumptions taking into consideration macro-level effects on the context in which these assumptions occur or may affect service delivery. Critical self-reflection, for example, might lead an SLP to avoid culturally inappropriate themes, such as themes of American Thanksgiving when working with a Native American family or with recent immigrants, or using Easter themes with a Muslim family. It also may cause an SLP to revise the way families are involved in service delivery, as assumptions cannot be made about how members of families interact with each other (van Kleeck, 1994).

Global knowledge* is the third step toward responsive global engagement. It refers to the

*Note that global knowledge and global awareness can be reversed in this model; however, because most of what we do as humans is autobiographical, it seems appropriate to begin with the self and move outward in an effort to move toward increased global competence.

constant effort to learn about others’ cultural beliefs, values, assumptions, and worldviews. One way that global knowledge can be acquired is to engage in a research and practice model similar to the one developed by Luis Moll and his colleagues (González, Moll, & Amanti, 2005), called *Funds of Knowledge*. This model uses an ethnographic interview and analysis approach to learn from families about the types of knowledge (e.g., economic, horticulture) held by families of children attending a local school, and how that knowledge is passed on from one generation to the next. The teachers then incorporate the families’ knowledge and teaching strategies into their classrooms to minimize the mismatch between the cultural expectations of the school and the cultural practices of the child in the classroom.

Global reciprocity, the fourth step toward responsive global engagement, is the use of dialectical and critical thinking to negotiate cultural differences (Kalyanpur & Harry, 2012). An example of this would be when an SLP works in collaboration with his or her clients to identify and embody behaviors (e.g., clinical practices, procedures, and policies) that are recognizable and comfortable to all involved in a clinical interaction. To engage in reciprocity, a professional would first need to be aware of assumptions, beliefs, and values underlying his or her clinical and educational approaches. This professional would then need to be able to recognize the incongruence between a clinical approach and a

client's level of comfort or discomfort with the approach. The next step would be to modify the approach in ways that are more recognizable and comfortable for the client (Kalyanpur & Harry, 2012; González et al., 2005).

The previous four steps are necessary to move toward responsive global engagement. This represents moving closer to the goal of being able to engage in research, teaching, course content development, and clinical practice in ways that are consistent with the cultural values of those being served or of future clients. It is the ability to incorporate what has been learned in each of the other steps—humility, self-awareness, global knowledge, and reciprocity—into the context of every clinical interaction. Movement through these five overlapping phases is viewed as progress toward responsive global engagement.

To summarize, SLPs who exhibit responsive global engagement can be recognized by at least four indicators or actions. These include taking action to (1) adopt diverse conceptual frameworks that will facilitate an understanding of a dynamic global context, and the role of the profession within it; (2) become more familiar with the cultural, economic, and political history of the country to which they are traveling or in which they are working, and of the people with whom they are working; (3) engage in bidirectional learning with local actors (or clients) about services for children and adults with disabilities that are consistent with the global context; and (4) as suggested by Wylie et al. (2013), cocreate with their clients service delivery models that are accessible, equitable, and sustainable within the cultural and national contexts of those being served.

CONCLUSIONS

Conceptual frameworks enable the organization of information into comprehensible, relevant, and verifiable knowledge. In this

article, I present a conceptual framework aimed at moving toward the goal of responsible global engagement. It is my contention that SLPs who use a conceptual framework that informs their choices while getting involved in services abroad and while working with groups and families from national, cultural, and linguistic backgrounds different from their own are more likely to be effective service providers and collaborators. The concepts in this theoretical framework can make contributions to course content, teaching strategies, research, and clinical practices in the field of speech-language pathology. Table 2 provides a summary of the key concepts and how they might influence choices made in each of these domains.

In developing these arguments, I reference several concepts that are not typically used by SLPs, but that may be instrumental in moving the field toward being more relevant in a globalized world. Among these, I suggest that the contextual factors mentioned in the WHO-IFC (Howe, 2008; WHO, 2002) be expanded to include social structures (economic, political, military*), which affect the daily lives of us all. One important point to underscore is that this framework includes a consistent way for SLPs to challenge their own personal and professional cultural assumptions, which is a necessary task for teaching cultural competence and global engagement, and for providing culturally competent globally engaged services. It is my hope that this conceptual framework will promote discussion and movement toward a more holistic version of responsive global engagement in the field of speech-language pathology.

*Culture, race, and gender are already included in the WHO-ICF as personal contextual factors that can hinder or facilitate communication or health outcomes and one's full participation in daily life.

REFERENCES

- Agger, B. (2006). *Critical social theories* (2nd ed.). Boulder, CO: Paradigm Publishers.
- Akindele, S. T., Gidado, T. O., & Olaopo, O. R. (2002). Globalization: Its implications and consequences for Africa. *Globalization Archives*, 2(1), 1-16. Retrieved May 3, 2011, from http://globalization.icaap.org/content/v2.1/01.akindele_et.al.html
- Amin, S. (2000). The political economy of the twentieth century. *Monthly Review*, 52(2) Retrieved on May 1, 2012, from <http://monthlyreview.org/2000/06/01/the-political-economy-of-the-twentieth-century>
- Amin, S. (2013). *The implosion of contemporary capitalism*. New York, NY: Monthly Review Press.
- Andersen, M. L., & Taylor, H. F. (2006). *Sociology: Understanding a diverse society*. Belmont, CA: Thomson Wadsworth.
- Baert, P. (1998). *Social theory in the twentieth century*. New York, NY: New York University Press.
- Bahati-Kuumba, M. (2001). *Gender and social movements*. New York: Altamira Press.
- Barkley-Brown, E. (1989). African-American woman's quilting: A framework for conceptualizing and teaching African-American women's history. *Signs*, 14(4), 921-929.
- Black, S. (Producer & Director) (2001). *Life and debt* [Film]. Retrieved from Tuff Gong Pictures. <http://www.tuffgong.com>
- Blaikie, N. (2009). *Designing social research*. Malden, MA: Polity Press.
- Bottomore, T., Harris, L., Kiernan, V. G., & Miliband, R. (Eds.). (1983). *Dictionary of Marxist thought* (2nd ed.). Malden, MA: Blackwell Publishers Ltd.
- Brock-Utne, B., & Hopson, K. (2000). *Languages of instruction for African emancipation*. Oxford, UK: African Books Collective.
- Callinicos, A. (2007). *Social theory: A historical introduction* (2nd ed.). Malden, MA: Polity Press.
- Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing*, 13, 181-184. doi:10.1177/10459602013003003
- Catlett, C., & Halper, A. (1992). *Team approaches: Working together to improve quality*. Quality Improvement Digest. Rockville, MD: American Speech-Language-Hearing Association.
- Chaput, C. (2008). *Inside the teaching machine: Rhetoric and the globalization of the U.S.* Tuscaloosa: University of Alabama Press.
- Crossley, N. (2005). *Key concepts in Critical Social Theory*. Thousand Oaks, CA: Sage.
- Dant, T. (2003). *Critical Social Theory*. Thousand Oaks, CA: Sage.
- Delgado Wise, R. (2013). The migration and labor question today: Imperialism, unequal development, and forced migration. *Monthly Review*, 64(9). Retrieved October 19, 2013, from <http://monthlyreview.org/2013/02/01/the-migration-and-labor-question-today-imperialism-unequal-development-and-forced-migration>
- Dillon, M. (2010). *Introduction to sociological theory: Theorist, concepts, and their applicability to the twenty-first century*. Oxford, UK: Wiley-Blackwell.
- Duntley-Matos, R., & Way, I. F. (2013, February 21). *Cultural genograms: Promoting cultural humility, awareness of intersecting identities and transformative complicity as prerequisites to culturally responsive health services*. Seminar presented at the WMU College of Health and Human Services Committee on Diversity and Inclusions' Interdisciplinary Conference - Diversity and Inclusion: Preparing Ourselves to Advance Health equity, Kalamazoo, MI.
- Ellwood, W. (2002). *The no-nonsense guide to globalization*. London: Verso.
- Evans, T., & Hardy, M. (2010). *Evidence and knowledge for practice: Skills in contemporary social work*. Malden, MA: Polity Press.
- Fairclough, N. (1995). *Language and power*. (2nd ed.). New York, NY: Routledge.
- Farmer, P. E., Nizeye, B., Stulac, S., & Keshavjee, S. (2006, October 24). Structural violence and clinical medicine. *PLOS Medicine*, 3(10), e449. doi:10.1371/journal.pmed.0030449
- Fleck, L. (1981). *Genesis and development of a scientific fact*. Chicago, IL: University of Chicago Press.
- Freire, P. (1994). *Pedagogy of the oppressed*. New York: Continuum.
- Freire, P. (1998). *Education for critical consciousness*. New York: Continuum.
- Freire, P., & Macedo, D. (1987). *Literacy: Reading the word and the world*. Westport, CT: Bergin and Garvey.
- Garner, B. K. (2007). *Getting to "got it": Helping struggling students learn how to learn*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Giroux, H. A. (2010, October 17). Lessons from Paulo Freire. *The Chronicle of Higher Education*, 57(9), GALE A239857046.
- González, N., Moll, L. C., & Amanti, C. (2005). *Funds of knowledge. Theorizing practices in households, communities, and classrooms*. Mahway, NJ: Erlbaum.
- Gramsci, A. (1931, between March and August). Hegemony (civil society) and separation of powers. In J. A. Buttigieg (Ed.) (2007). *Antonio Gramsci Prison Notebooks: Volume III* (pp. 64-65). New York: Columbia University Press.
- Guttentag, D. A. (2009). The possible negative impacts of volunteer tourism. *International Journal of Tourism Research*, 11(6), 537-551. doi: 10.1002/jtr.727
- Harvey, D. (2007). *A brief history of (neo)liberalism*. Oxford: Oxford University Press.

- Held, D. (1980). *Introduction to critical social theory: Horkheimer to Habermas*. Berkeley, CA: University of California Press.
- Hickey, E., McKenna, M., Woods, C., & Archibald, C. (2012, September). Ethical concerns in volunteerism in speech-language pathology and audiology. *Perspectives in Global Issues in Communication Sciences and Related Disorders*, 2(2), 40–48. doi: 10.1044/gics2.2.40
- Hopkins, A. G. (2002). The history of globalization—And the globalization of history? In A. G. Hopkins (Ed.), *Globalization in world history* (pp. 12–44). New York: W. W. Norton.
- Horton, M., & Freire, P. (1990). *We make the road by walking: Conversations on education and social change*. Philadelphia: Temple University Press.
- Howe, T. J. (2008). The ICF contextual factors related to speech-language pathology. *International Journal of Speech-Language Pathology*, 10(1/2), 27–37.
- Hylland Eriksen, T. (2007). *Globalization: The key concepts*. New York: Berg.
- Hyter, Y. D. (2007, September 19). *Literacy and language practices as keys to “development.”* Panel presentation made at the AfriCANDO Conference. Miami: Florida International University.
- Hyter, Y. D. (2008, January 22). *Considering conceptual frameworks in communication sciences and disorders*. Rockville, MD: American Speech-Language-Hearing Association.
- Hyter, Y. D. (2012). Making cultural connections across the professions. *SIG 17 Perspectives on Global Issues in Communication Sciences and Disorders*, 2(2), 49–58.
- International Organization for Migration. (2011). *Key migration terms*. Retrieved November 23, 2013, from <http://www.iom.int/cms/en/sites/iom/home/about-migration/key-migration-terms-1.html#Migration>
- Joas, H., & Knöbl, W. (2009). *Social theory: Twenty introductory lectures*. Cambridge: Cambridge University Press.
- Jones, P., Bradbury, L., & Le Boutillier, S. (2011). *Introducing social theory* (2nd ed.). Cambridge: Polity.
- Kalyanpur, M., & Harry, B. (2012). *Cultural reciprocity in special education: Building family-professional relationships*. Baltimore: Paul H. Brookes.
- Kegley, C., & Blanton, S. (2012). *World politics: Trend and transformation*. Boston: Wadsworth.
- Kellner, D. (1991). Introduction to the second edition. In H. Marcuse (Ed.), *One-dimensional man* (2nd ed., pp. xi–xxxix). Boston: Beacon Press.
- Kellner, D. (2007). The Frankfurt school. In T. Edwards (Ed.), *Cultural theory: Classical and contemporary positions* (pp. 49–68). Thousand Oaks, CA: Sage.
- Kermode, S. (1986). A conceptual framework for nursing practice. *Australian Journal of Advanced Nursing*, 3(3), 27–34.
- Khor, M. (2001). *Rethinking globalization. Critical issues and policy choices*. New York: Zed Books.
- Kirst-Ashman, K. K. (2013). *Human behavior in the macro social environment: An empowerment approach to understanding communities, organizations, and groups* (3rd ed.). Belmont, CA: Wadsworth Publishing.
- Koser, K. (2007). *International migration: A very short introduction*. New York: Oxford University Press.
- Lemert, C. (2004). *Social theory: The multicultural and classic readings* (3rd ed.). Boulder, CO: Westview Press.
- Lustig, M. W., & Koester, J. (2013). *Intercultural competence: Interpersonal communication across cultures* (7th ed.). Boston: Pearson.
- Marcuse, H. (1991). *One-dimensional man* (2nd ed.). Boston: Beacon Press.
- Massey, D. (2008). When theory meets politics. *Antipode*, 40(3), 492–497.
- McAllister, L., Wylie, K., Davidson, B., & Marshall, J. (2013). The World Report on Disability: An impetus to reconceptualize services for people with communication disability. *International Journal of Speech-Language Pathology*, 15(3), 118–126.
- Nazario, S. (2007). *Enrique’s journey*. New York: Random House Trade Paperbacks.
- Netting, F. E., Kettner, P. M., McMurtry, S. L., & Thomas, M. L. (2012). *Social work macro practice* (5th ed.). Boston: Allyn and Bacon.
- Neuman, W. L. (2003). *Social research methods: Qualitative and quantitative approaches* (5th ed.). Boston, MA: Allyn & Bacon.
- Nicolescu, B. (2002). *Manifesto of transdisciplinarity*. Translated by Karen-Claire Voss. Albany: State University of New York Press.
- Ortega, R. M., & Faller, K. C. (2011). Training child welfare workers from an intersectional cultural humility perspective: A paradigm shift. *Child Welfare*, 90(5), 27–49.
- Pal, A. (2007, February 16). Corporate globalization kills. *The Progressive*. Retrieved from http://www.progressive.org/mag_apb021607
- Parsons, T. (1951). *The social system*. New York: Free Press.
- Patel, R. (2008). *Stuffed and starved: The hidden battle for the world food system*. New York: Melville House.
- Said, E. (1996). *Representations of the intellectual*. New York, NY: Vintage Books.
- Santiago-Valles, W. F. (2003). Intercultural communication as a socialized problem in a global context: Ethics of praxis research methods. In W. J. Starosta, & G. M. Chen (Eds.), *Ferment in the intercultural field: Axiology/Value/Praxis* (pp. 57–90). Thousand Oaks, CA: Sage.
- Santiago-Valles, W. F., & Hyter, Y. D. (2009). *Cultural Connections: Transnational Curriculum Development Program*. Grant awarded by the U.S. Department of Education as project number P021A090092.
- Santiago-Valles, W. F., & Hyter, Y. D. (2010, March). *Consequences of globalization in W. Africa & U. S.*

- Midwest: Transnational comparisons of public policies, encounters between languages, and urban strategies.* Panel presentation made at the National Council of Black Studies, New Orleans, LA.
- Santiago-Valles, W. F., Hyter, Y. D., & Salo, K. (2009). *Criteria for comparison: Themes of the Cultural Connections Curriculum Development Project.* Unpublished document.
- Sinclair, M. (2007). Editorial: A guide to understanding theoretical and conceptual frameworks. *Evidenced Based Midwifery*, 5(2), 39.
- Scholz, R. W., Lang, D. J., Wiek, A., Walter, A. I., & Stauffacher, M. (2006). Transdisciplinary case studies as means of sustainability learning: Historical framework and theory. *International Journal of Sustainability in Higher Education*, 7(3), 236–251.
- Sinclair, M. (2007). Editorial: A guide to understanding theoretical and conceptual frameworks. *Evidenced Based Midwifery*, 5(2), 39.
- Smith, S. (2013–2014, Winter). Black feminism and intersectionality. *International Socialist Review: Quarterly Journal of Revolutionary Marxism*, 91, 6–24.
- Steger, M. (2003). *Globalization: A very short introduction.* New York: Oxford University Press.
- Steger, M. (2010). *Globalization: A brief insight.* New York, NY: Sterling.
- Stock, P., & Burton, R. J. F. (2011). Defining terms for integrated (multi-inter-transdisciplinary) sustainability research. *Sustainability*, 3, 1090–1113. doi: 10.3390/su3081090
- Stockman, I. J. (2007). Social-political influences on research practices: Examining language acquisition by African American children. In R. Bayley & Ceil Lucas (Eds.), *Sociolinguistic variation: Theories, methods, and applications* (pp. 297–316). Cambridge: Cambridge University Press.
- Tenorio, R. (2013, September 17). 232 million people left their countries for new ones—Where did they go? *The Atlantic*. Retrieved October 19, 2013, from <http://www.theatlantic.com/international/archive/2013/09/232-million-people-left-their-countries-for-new-ones-where-did-they-go/279741/>
- Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician-training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117–125.
- Therborn, G. (2006). *Inequalities of the world.* London: Verso.
- Therborn, G. (2009). *Inequalities of the world: New theoretical frameworks, multiple empirical approaches.* London: Verso.
- Ting-Toomey, S. (1999). *Communicating across cultures.* New York: The Guilford Press.
- Tuhiwai-Smith, L. (1999). *Decolonizing methodologies: Research and indigenous peoples.* Dunedin, New Zealand: University of Otago Press.
- United Nations Department of Economic and Social Affairs Population Division. (2012, June). *Migrants by origin and nation: The role of South-to-South migration.* United Nations. Retrieved January 2014, from http://www.un.org/esa/population/publications/popfacts/popfacts_2012-3_South-South_migration.pdf
- United Nations Department of Economic and Social Affairs, Population Division. (2013, September 11). 232 million international migrants living abroad worldwide—new UN global migration statistics reveal. Retrieved January 2014, from <http://esa.un.org/unmigration/wallchart2013.htm>
- United Nations News Centre. (2013, December 20). *2013 witnessed some of the highest levels of forced displacement ever—UN report.* Retrieved January 2014, from <http://www.un.org/apps/news/story.asp/html/story.asp?NewsID=46792&Cr=displace&Cr1=#.UvafQUJdUR8>
- van Kleeck, A. (1994). Potential cultural bias in training parents as conversational partners with their children who have delays in language development. *American Journal of Speech-Language Pathology*, 3, 67–78.
- Wallerstein, I. (2004). *World-systems analysis: An introduction.* Durham, NC: Duke University Press.
- Wallerstein, I. (2011). Structural crisis in the world-system. *Monthly Review*, 62(10). Retrieved January 2014, from <http://monthlyreview.org/2011/03/01/structural-crisis-in-the-world-system>
- Westby, C. E. (2004). 21st century literacy for a diverse world. *Folia Phoniatrica et Logopaedica*, 56, 254–271. doi: 10.1159/000078345
- Winchell, M., & Kress, T. (2013). Living with/in the tensions: Freire's praxis in a high-stakes world. In R. Lake, & T. Kress (Eds.), *Paulo Freire's intellectual roots: Toward historicity in praxis* (pp. 145–168). New York: Bloomsbury Academic.
- World Health Organization. (2002). *International classification of functioning, disability and health (ICF).* Geneva, Switzerland: Author.
- World Health Organization and World Bank. (2011). *World report on disability.* Malta: World Health Organization.
- Wylie, K., McAllister, L., Davidson, B., & Marshall, J. (2013). Changing practice: Implications of the World Report on Disability for responding to communication disability in under-served populations. *International Journal of Speech-Language Pathology*, 15(1), 1–13.