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When Belonging Begets Belonging

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Belongingness is not an aspirational concept in Communication Sciences and Disorders (CSD); it is a foundational condition for learning, professional identity formation, and ethical culturally responsive clinical practice. In CSD, students are asked to engage deeply—with vulnerability, cultural humility, and reflective capacity—while navigating high expectations, evolving clinical competence, learning in real time, teambuilding, and assessment-focused supervision. These demands do not pause with the turn of a calendar year; rather, they tend to evolve across semesters, practica, and lived experiences with an anticipatory energy that is delightful to be part of. Without belonging, such demands can limit learning. With belonging, they become opportunities for growth, self-exploration, renewal, and the affirmation of identity within a profession that values humanity as much as competence.

The start of a new academic year or semester offers a particularly powerful moment for reflection within clinical education. Graduate student clinicians enter each the new year carrying much -- prior learning, fatigue, confidence, doubt, and the desire to contribute and make a meaningful difference. Belongingness recognizes the ongoing nature of professional preparation and creates space to honor what students and educators bring forward, what they may need to release, and how they wish to further develop their professional purpose (see the [Belonging Checklist](#)). In doing so, belonging becomes not only a condition for learning, but a mechanism for sustained engagement and ethical integrity over time in the profession.

Historically, diversity efforts across a wide range of professional, employment, and educational contexts had focused on representation—measuring progress by who is admitted, hired, or present—but often overlooking the lived experiences of those individuals when inside these spaces. We know that representation has not guaranteed that individuals feel safe, valued, or able to participate fully, particularly as expectations intensify over time. An emphasis on belongingness shifts the focus from mere presence to the quality of experience. It asks whether individuals feel seen, heard, supported, and able to contribute meaningfully at different points in their developmental journey. These experiences of *mattering* are essential to the professional clinical development of student clinicians and those who provide their supervision and instruction, especially at moments of transition such as the beginning of a new year, new instruction, new spaces.

Research across education, psychology, health and allied health sciences demonstrates that belonging predicts persistence, engagement, wellbeing, performance, and retention. In clinical education, belonging supports risk-taking by creating the psychological and relational conditions that make it safe to step into seemingly iterative uncertainty. This is especially critical in CSD clinical education, where learning depends on experimenting, creativity, innovation, practice, reflection, adjustment, relationship-building, and sometimes getting it wrong in front of others. Student clinicians who feel psychologically safe are more likely to ask questions, acknowledge uncertainty, integrate feedback, and engage in honest self-reflection—skills essential to a developing ethical and competent practice. Conversely, environments characterized by fear, shame, lack of recognition, or the absence of mattering inhibit learning and disproportionately affect students from historically marginalized backgrounds, particularly during periods of

heightened evaluation or transition. The new year often amplifies these vulnerabilities, as students reassess their progress and recalibrate expectations under new circumstances.

Integrating belongingness into clinical education is not only a pedagogical choice, but an ethical one. Attention to belonging becomes a measure of our capacity to enact the ASHA Code of Ethics in everyday supervisory, instructional, and professional relationships. The Code explicitly requires that individuals shall not discriminate in their relationships with colleagues, students, and members of other professions on the basis of age, citizenship, disability, ethnicity, gender, gender expression, gender identity, genetic information, national origin—including culture, language, dialect, and accent—race, religion, sex, sexual orientation, socioeconomic status, or veteran status. When belonging is intentionally cultivated, these ethical commitments move beyond compliance and into lived practice.

By centering belonging as a core condition of clinical education—and by honoring the reflective possibilities of the new year—CSD programs affirm that professional preparation is neither linear nor finite, nor merely transactional. Instead, it is an ongoing process that strengthens student clinicians, their educators, the profession, and the individuals and communities we serve. When belonging is intentionally cultivated into lived practice, it becomes generative: shaping clinicians who extend acceptance, care, and ethical practice to others. In this process of continual becoming, belonging begets belonging, creating the conditions in which learning, care, and justice converge.