CHALLENGES AND REWARDS OF PRIVATE PRACTICE:
AN EXPLORATORY STUDY OF AFRICAN AMERICAN SPEECH-LANGUAGE PATHOLOGISTS

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ABSTRACT

This exploratory study examined the perceptions of African American speech-language pathologists who owned or co-owned a private practice about the challenges and rewards of working in this employment venue. Six participants were engaged in a focus group interview. The participants represented the major geographic regions in North Carolina. Client benefits, career challenges, and job satisfaction were discussed as thematic highlights. Interpretation of participants' comments revealed the need for culturally sensitive and culturally responsive service delivery when working with diverse populations. Such dynamics play a factor in establishing trust and rapport building between the client and clinician. Additionally, themes identified the need for advocacy and networking with critical stakeholders as key in the vitality of the profession and promoting more culturally and linguistically diverse professionals within the discipline. Further research is suggested to explore more generalizable results among a larger number and wider geographic range of private practitioners in speech-language pathology.

KEYWORDS: private practice, African American speech-language pathologists, job satisfaction, focus group methods, minority speech-language pathologists

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The field of speech-language pathology continues to evolve in providing state of the art evidence based practices to address communication disorders in diverse populations across the life span (Leonard, Plexico, Plumb, & Sandage, 2016). The overall aim of services provided by speech-language pathologists (SLPs) and audiologists is to optimize the individual's ability to hear, speak, and swallow thus improving quality of life (ASHA, 2007). These services are provided in a wide variety of employment settings. Specifically, over half (52%) of American Speech-Language-Hearing Association-affiliated SLPs are employed in schools and another 39.5% work in healthcare settings (ASHA, 2017a). The remaining 8.5% offer services in early intervention settings, individual homes, and private practice settings.

With regard to the number of SLPs opting to pursue private practice as an employment option, the findings of the ASHA 2015 Health Care Survey of 1,842 working SLPs revealed that 41% identified themselves as owners or co-owners of a private practice either on a full-time or part-time basis (ASHA, 2015). When the private practitioners were also asked about their work setting(s), it was revealed that 5% worked in a pediatric hospital; 8% worked in a rehabilitation setting; 12% worked in a general medical setting; 22% worked in skilled nursing facilities; 26% worked in home health agencies or clients' home and 27% worked in outpatient clinics or offices. Ninety-six percent of the respondents had master's degrees as the highest degree and 4% had a doctoral degree. The geographic distribution of the participants within the United States included the following: 20% worked in the Northeast; 21% worked in the West; 22% worked in the Midwest; and 36% worked in the South. Unfortunately, there was no indication of the race and/or ethnicity of the private practice SLPs surveyed in this study. It should be noted here that as opposed to findings from the 2015 ASHA Health Care Survey reporting 41% of SLPs working in private practice, more recent figures, based on *total* ASHA SLP membership (i.e., 162,473), reveal that 30% of its members are employed full-time or part-time as private practitioners (ASHA 2017a).

Most of the professional published literature on private practice in speech-language pathology has focused on the business essentials of private practice such as transitioning to private practice, financial management, marketing (Golper & Brown, 2004; Dougherty, 2014; Brown & Dougherty, 2015) or ethical dilemmas experienced by SLPs in private practice (Flatley, Kenny, & Lincoln, 2014). These publications are useful in their provision of information on how to start a practice, suggestions for networking, tips on billing and coding, and advantages/disadvantages associated with private practice. However, they provide little in the way of actual data on the experiences of SLPs in private practice or their perceptions of the challenges and rewards of private practice. The lone exception is a survey study, conducted by Fortson (2014) wherein she examined experience level, preparation and confidence levels of practicing speech language pathologists and audiologists in private practice.

The Fortson study included 24 SLPs and audiologists from the American Academy of Private Practice in Speech Pathology and Audiology and current private practitioners throughout the state of Arkansas. There was no control for gender, race, age, level of education, length of time as a licensed professional or geographic location. A 15-question online survey was distributed which provided identifying information such as demographic location, educational background, knowledge and skill sets associated with private practice, and an open-ended question for future directions in private practice. Survey questions were adapted from the ASHA Health Care Survey Report (2009a). A total of 64 individuals opened the online questionnaire, and 24 of the surveys were completed. Twenty-three participants were female, and one was male. Ages of participants ranged from 24 to 60 years. Twenty-three of the owners/co-owners held a master's degree and one had a doctoral degree. All participants were located throughout the state of Arkansas. The results suggest a variety of factors affect both the decision to pursue a private practice and the preparation necessary to become a successful private practitioner.

According to Fortson (2014), graduate education, clinical experience, attending professional conferences/conventions, and personal drive were all seen by participants as helpful in preparing them for private practice. Most of the respondents chose to start their own

private practice so they could have flexibility along with the opportunity to make more money. Additionally, the respondents felt that prior work experience in a variety of other settings best prepares clinicians for working in private practices. Attitudes and feelings towards healthcare reform was another area highlighted regarding its impact on private practice. Fortson (2014) noted that surprisingly, the majority of clinicians felt that there would be no significant changes to the way therapy is billed to insurance although, 64% of the respondents reported having difficulty with billing insurance companies for their work. Additionally, this research study revealed that private practitioners stated there needs to be a delicate balance of the costs, risks, and rewards. However, most felt that the rewards gained from the private practice were favorable.

Although the Fortson (2014) study used similar methodology as seen in ASHA's 2015 Health Care Survey, such as indicating highest degree earned by practitioners, identifying geographic locations of professionals and seeking insight into the attitudes and feelings of practitioner satisfaction, neither study provided information on the race and/or ethnicity of their respondents. Given the trend towards more SLPs opting to own or co-own a private practice (ASHA, 2009a, b; 2015; 2017a), it is not implausible to speculate that more clinicians of color are likewise following this employment trend. Moreover, underrepresented SLPs, such as African American professionals, may face similar challenges and garner some of the same rewards as majority private practitioners. Approximately three percent of ASHA-certified SLPs are non-Hispanic Blacks or African Americans and 81 percent are non-Hispanic Whites (ASHA, 2017a). Interestingly, Black and African American medical doctors, another health professional group likely to engage in solo or small collaborative private practice, comprise only four percent of the physician workforce, (Association of American Medical Colleges, 2014). What both of the latter professions share is that next to nothing is known about the perceptions of African American professionals regarding challenges and opportunities they face as private practitioners.

To summarize, the service delivery setting of private practice in speech-language pathology continues to grow and be viewed as a desirable platform for provision of clinical service within the profession. Private practice in speech-language pathology requires a delicate balance of

cost, risks, and rewards. What is also known is that the evolving efforts to reform healthcare will affect practicing speech-language pathologists in major ways, service delivery models are evolving (e.g., telepractice), the demographics of the United States will continue to diversify as will the clinical service-seeking population of the nation, and it is important to engage those with experiences in the profession regarding the biggest impact on private practice in the future. It is unknown what percent of African American SLPs work as private practitioners.

While it was beyond the scope of the current report to determine the number of African American SLPs working as private practitioners in the U.S. or regionally, we determined that it was important to examine a small segment of such practitioners in one state, North Carolina, to identify trends and themes such as motivation to enter private practice, highest degree earned, perceptions of the role cultural sensitivity and competence play as factors in client satisfaction and comfort, and challenges (present and future) faced by African American SLPs in private practice. We reasoned that this initial exploratory study of African American SLPs in private practice could shed light on their perceptions of some of the challenges they face on a daily basis, their motivations for pursuing private practice ownership, features of their practice that may attract clientele, and rewards associated with private practice ownership. Thus, the purpose of this study was to examine the perceptions of African American SLPs, who owned or co-owned a private practice, toward the challenges and rewards of working in this employment setting.

Method

Participants

Potential participants for this study were recruited from the membership of the Carolina Association of Minority Speech-Language Pathologists. Of the 84 members of this professional group, 23 (27.3%) were identified as owners or co-owners of a private practice. These 23 private practitioners were contacted by the authors through an email containing an explanation of the study and an invitation to participate. According to ASHA (2017b), there were 465 African American licensed SLPs in North Carolina in December 2016. Thus, our potential pool of participants represented 4.9% of African

American SLPs practicing in North Carolina. Ultimately, six professionals agreed to participate in the study.

All participants were African American female SLPs working in the state of North Carolina who were owners or co-owners of a private practice in speech-language pathology for five years or longer. The participants represented the major geographical locations in the state: Raleigh, NC; Lumberton, NC; Charlotte, NC; and the Greensboro/High Point, NC metropolitan area. The age range of the participants was between 37-44 years old (see Table 1).

The participants reported providing clinical services for clientele between the ages of 3 and 22 years of age. The highest level of education for five of the participants was a master's degree in speech-language pathology with one participant holding a doctoral degree in speech-language pathology. One of the participants was identified as a bilingual speech- language pathologist. As shown in Figure 1, participants reported having practiced in a variety of settings prior to becoming a minority private practice owner.

All participants indicated that prior to opening a private practice they worked in public schools, early intervention and home health settings. Two of the six participants specified that they had also worked in skilled nursing settings as well as inpatient and outpatient rehabilitation sites. On average, participants worked 7.3 years (range = 5-11 yrs.) in other settings prior to opening a private practice.

A moderator designated for the focus group discussion used in this study met the guidelines and criteria as outlined in the research literature as best practices for conducting focus group interviews (Krueger & Casey, 2000). The moderator was identified as an African American female with 10 years of professional experience in academia as a Program Director and Assistant Professor in an undergraduate program in Speech-Language Pathology and Audiology. Additionally, the moderator was a state-licensed, ASHA-certified SLP holding a doctoral degree in speech-language pathology and with over 18 years of clinical experience in clinical settings including early intervention, home health, skilled nursing facilities, public school settings, and private practice.

Table 1. Profile of African American Private Practice SLP Participants

Participants	Location of Practice in North Carolina	Age of Participants	Years of Experience as a Licensed SLP	Years of Experience as a Private Owner
1	Raleigh/Durham	44	12	5
2	Fayetteville	37	10	5
3	Charlotte	43	20	9
4	High Point & Greensboro	42	19	14
5	High Point & Greensboro	41	18	7
6	High Point & Greensboro	41	15	10

Figure 1. Work Settings of Participants Prior to Becoming Private Practitioners
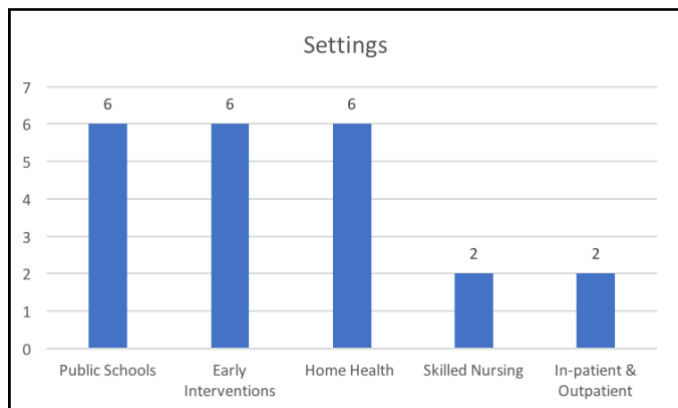
Materials

Focus group questions were developed from current literature in the field of speech-language pathology with additional questions based on the focal point of this current research highlighting multicultural considerations. The focus group questions consisted of an opening question, introductory question, transition question, key questions and ending questions as outlined for best practices regarding the general types of questions used in focus group interviews (Villard, 2003). The session was video recorded with an Apple iPhone 7 which offered high definition video recording.

In addition to coordinating the video recording, the moderator and a student research assistant served as the transcribers of the recorded content of the focus group meeting. The research assistant was a senior undergraduate student who had completed the following courses with a grade of B+ or better: Clinical Practicum in Speech-Language Pathology; Clinical Methods Practicum in Speech-Language Pathology; Information Processing; Technical Behavioral Research; and Social Statistics.

Procedures

A focus group interview method was used in this study. Given the aim of this study, focus group interviews were deemed appropriate because they nurture different perceptions and points of view and are used to gather information for discovery, benchmarking, evaluating, and verifying perceptions, feelings, opinions and thoughts

(Patton, 1990, p. 9). A description of the use of focus groups in research is provided in Appendix A.

A local community center situated in the central region of the state served as the site of the meeting. This location was selected as it required no more than one-and-half hours of driving time of the participants. Once the participants arrived the moderator directed all to a large round table and they were given name tags to wear. The total time of the focus group interview was two hours. The focus group meeting proceeded as follows:

1. The moderator welcomed and opened the discussion with asking the following questions:

Opening Questions:

   a. Tell us your name, age, and how long you have owned your private practice in speech-language pathology?

   b. Please share with us your educational background and highest level of education as well as how long you have been a practicing speech language pathologist?

   c. Please share how you feel that your educational background prepared you for owning a private practice.

   d. What is your experience practicing speech therapy outside of a private practice? If you have, please specify those settings (e.g., public schools, early intervention, etc.) and how many years you worked in them.

   e. Including yourself, how many employees (i.e., SLPs, SLP Assistants) make up your practice?

2. After the welcome and opening questions, the participants were engaged in the transition question which allowed for a more in depth discussion of the opening questions.

Transition Question:

   a. What motivated you to become the owner of a private practice? What clientele do you predominately serve?

3. Once the transition question was posed, the focused (key) questions were asked:

Focused (Key) Questions:

   a. Why do you feel clients are drawn to your particular practice? Do you feel that cultural sensitivity and cultural competency play a factor in client satisfaction and comfort?

   b. What have you found to be the biggest challenge(s) for your private practice as a minority owner in this discipline?

c. What have you found to be the biggest reward(s) for your private practice as a minority owner in this discipline?

d. What do you anticipate being the largest challenge for minority-owned private practice in the next 5 years?

e. What advice would you give to other minority speech-language pathologists interested in private practice?

4. Finally, an ending question was provided to bring the session to closure. The ending question was as follows:

a. Is there anything we should have talked about, but didn't?

To provide sufficient time for all participants' voices to be represented in the focus group session, 20 minutes was allotted for responses to each focused (key) question.

Data Analysis and Interjudge Reliability

Following the focus group meeting, the moderator and student research assistant viewed the video recording of the meeting and transcribed all of the participants' comments. For each question, they noted the main ideas that occurred in the answers to identify recurring ideas/comments that became themes. Following the review session, the observations from the moderator and research assistant were judged to be 90% reliable. Thereafter, both individuals again reviewed the transcripts and recordings to achieve a 100% consensus.

Results

While participants agreed unanimously (6/6) that their educational background prepared them well for the *clinical aspects* of private practice, most (5/6) stated their educational background did not adequately prepare them for the *business aspects* (i.e., marketing, staffing, and fiscal management) of private practice ownership. All respondents said their experiences in the "working world" and "self-preparation" on matters of business were the primary factors in preparing them to enter private practice. Respondents reported that the number of professional employees staffing their practice averaged three SLPs and two speech-language pathology assistants (SLPA) (range = 2 SLPs/2SLPAs to 4 SLPs/2 SLPAs).

The participants' five most frequently stated responses to the first portion of the transition question, 'What motivated you to become an owner of a private practice?' are presented in rank order as follows:

1. "To provide services for clients I am interested in."
2. "Control my own destiny/Be my own boss/Autonomy."
3. "No limits on income."
4. "Disenchantment with a system that was not meeting the needs of underserved/minority/bilingual children and families."
5. "To serve the community from which I came."

Additionally, their responses to the second part of the transition question, 'What clientele do you predominantly serve?' included:

1. Infants to 4 years of age
2. School age children (K-6)
3. Minority and bilingual children. Children of all racial/ethnic groups
4. Low income children and families

Examples of participants' representative responses to the five focused questions and response rates based on the themes extrapolated from the transcripts are shown in Tables 2 through 6. The first key question that was discussed involved reasons why the participants felt clients were drawn to their practice. The themes that were extrapolated and delineated in Table 2 included: (1) offering personalized services which includes meeting them where they are whether in the home setting or in an outpatient/clinic environment; (2) providing culturally sensitive care which involved empathy; (3) demonstration of scholarship in practice (knowledge base of clinician, use of evidence based interventions); and (4) diversity in experiences with working with minority populations. All of the practitioners reported that their clients felt a level of comfort with interacting with them and felt as though "we (the clinicians) understood what they were going through". These reports are supported by the literature regarding providing culturally sensitive and responsive services to CLD populations (ASHA, 2017c). The participants, in turn, also expressed that it is important to offer high-quality services to their clientele and that failing to do so would be ". . . counterproductive to business even if the practice was owned by a person of color."

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Table 2. Key Theme Identified and Responses to Question 'Why Are Clients Drawn Your Practice?'

Focused Question	Key Theme Identified and Representative Participant Responses
Q 1: Why do you feel clients are drawn to your particular practice?	**Practice-Population Match** "Specialization area of practice is serving bilingual and African American school-age students and we are able to be empathetic and understand cultural variations." **6 out of 6 respondents (100%)**
	"We have *lots* of professional experience working with culturally and linguistically diverse clients and families." **6 out of 6 respondents (100%)**
	"We value relationship building, personalized services, short-notice/term assignments, culturally sensitive care and scholarship in practice." **5 out of 6 respondents (83%)**
	"Our ability to build rapport with our clients and families and our use of culturally-appropriate assessment and intervention approaches." **4 out of 6 respondents (66%)**
	"Willingness to serve clients living in so-called 'less desirable' communities of the city or county." **4 out of 6 respondents (66%)**
	"Use of marketing strategies that show inclusiveness with regard to staff, pictures of clientele, and mission(s) of the practice." **3 out of 6 respondents (50%)**

The second key question focused on perceived challenges that occurred being a minority private practitioner in speech-language pathology. This focused question led to the following thematic responses listed in Table 3: (1) the ability to find therapists who are also culturally diverse and/or bilingual; (2) maintaining a well-balanced work and family life; (3) being able to reach out to larger private practice owners for advice or/and collaboration and (4) finding consistent referral sources.

Many participants observed that the continued shortage of minority SLPs nationally has been (a) a barrier in diversifying the profession; (b) could, in certain contexts, limit the delivery of culturally and linguistically sensitive and responsive services to culturally and linguistically diverse (CLD) clients and families and populations; and (c) increase the difficulty in finding and hiring CLD and/or culturally competent SLPs. The ability to "juggle" work and home life was also a focus point within the discussion. Most participants felt as though, specifically, for minority female owners, being able to maintain a personal and professional balance can be challenging and that they must carefully plan their daily family life (e.g., time for spouses/significant others/children, vacations, spiritual life). The participants reported being simultaneously pulled by the need to successfully manage and expand their business. All owners stated they were able to strike the professional-personal balance through support from family, staff and others.

Interestingly, 100% of the participants discussed the fact that it is very difficult to collaborate with many of the larger private practices or seek referral sources from other practitioners perceived as "the competition". In particular, they observed that small businesses may not have enough resources to compete with larger practices in order to expand. Participants stated that a possible solution to the latter challenge was merger with another practice although; concerns about maintaining some semblance of autonomy were raised.

Table 3. Key Theme Identified and Responses to Question 'Biggest Challenges Faced?'

Focused Question	Key Theme Identified and Representative Participant Responses
Q 2: What have you found to be the biggest challenge(s) for your private practice as a minority owner in this discipline?	**Hiring Good Personnel, Networking and Referrals** "Finding therapists that are also culturally diverse." **5 out of 6 respondents (83%)** "Perhaps being a small minority private practice that serves in so many roles professionally and personally, the difficulty with balancing daily operations and plans for expansion of business with family responsibilities is challenging." **5 out of 6 respondents (83%)** "Reaching out to larger private practice owners for advice and information has been difficult." **6 out of 6 respondents (100%)** "Like all (non-minority and minority) practices, the paperwork load can be overwhelming if not managed properly." **6 out 6 respondents (100%)** "Maintaining a balance between work life and personal/family life." "Making certain that business is not prioritized over family." **5 out of 6 respondents (83%)** "Finding consistent referral sources." "Penetrating the majority/non-minority client market." **3 out of 6 respondents (50%)** "Reluctance of some clients to work with minority SLPs." **1 out of 6 respondents (16%)**

Thirdly, the participants were asked to identify the rewards of being a minority private practice owner in speech-language pathology. Themes that were highlighted among the participants and shown in Table 4 included the following: (1) flexibility of work schedule; (2) the ability to attract diverse clientele and build rapport with clients in high-need populations; (3) reported that clients enjoyed being served by someone who "looks like them"; (4) additional source of income diversity versus traditional clinical settings and (5) the ability to inspire and train future SLPs to promote diversity in the profession.

The fourth key question focused on the largest challenges facing minority private practices over the next five years. As indicated in Table 5, 100% of the participants reported that reimbursement fees and rates as well as the proposed new healthcare reform proposed under the new presidential leadership were problematic and somewhat "scary". The participants were concerned with provisions for an increase in reimbursement rates due to the stagnation of the last five to seven years as well as the protection of the IDEA law legally granting special needs services for those populations in need.

Table 4. Key Theme Identified and Responses to the Question 'Biggest Rewards of Being a Minority Private Practice Owner?'

Focused Question	Key Theme Identified and Representative Participant Responses
Q 3: What have you found to be the biggest reward(s) for your private practice as a minority owner in this discipline?	**Professional, Personal and Financial Rewards** "Clients enjoy being served by someone who looks like them." **6 out of 6 respondents (100%)** "Ability to attract diverse clientele." **6 out of 6 respondents (100%)** "Rapport building with clients in high impact populations." **6 out of 6 respondents (100%)** "Flexibility" **6 out of 6 respondents (100%)** "Endless opportunity for income generation." **6 out of 6 respondents (100%)** "A sense of personal accomplishment." **6 out of 6 respondents (100%)** "Some referring agencies/personnel, being aware that we are a minority-owned practice with a good reputation, will send CLD clients to us almost exclusively." **5 out of 6 respondents (83%)** "Inspiring, recruiting, training future minority SLPs." **5 out of 6 respondents (83%)**

Table 5. Key Theme Identified and Responses to the Question 'Largest Future Challenges Faced by Minority Private Practitioners?'

Focused Question	Key Theme Identified and Representative Participant Responses
Q 4: What do you anticipate being the largest challenge(s) for minority-owned private practices in the next 5 years?	**Future Challenges** "Reimbursement fees - will they increase?" **6 out of 6 respondents (100%)** "New health care laws that will significantly limit health insurance and care options for clients and impact our businesses." **6 out of 6 respondents (100%)** "Finding (employing) minority SLPs/non-minority SLPs who are culturally competent and bilingual." **5 out of 6 respondents (83%)**

Finally, the participants provided input regarding what advice they would provide future SLPs interested in private practice. Comments emanating from this theme and shown in Table 6 included: (1) gain employment in a variety of clinical settings to "master your craft"; (2) be comfortable with the pay scale (salary, per session, contract work versus employee); (3) do your homework and educate yourself on the business aspects of ownership and (4) be aware of potential/actual ethical dilemmas and maintain a strong ethical foundation.

Table 6. Key Theme Identified and Responses to Question 'What Advice Would You Give to Minority SLPs Interested in Private Practice?'

Focused Question	Key Theme Identified and Representative Participant Responses
Q 5: What advice would you give to other minority speech-language pathologists interested in private practice?	**Advice to Minority SLPs Considering Private Practice** "Work full time in another setting to master your craft before starting a private practice." **6 out of 6 responses (100%)** "Be comfortable with the pay scale." **6 out of 6 respondents (100%)** "Have a well-developed set of 'people skills' because you will be working with a wide variety of people and agencies such as employees, clients/families, referral agencies, other SLPs, education and health professionals, administrators, etc." **6 out of 6 respondents (100%)** "Do your homework. Educate yourself on the business aspects of a practice." **6 out of 6 respondents (100%)** "Hire good people (SLPs and staff) and invest in them." **6 out of 6 respondents (100%)** "Develop a workable professional-personal life balance." **6 out of 6 respondents (100%)** "Beware of ethical dilemmas and maintain your ethical core." "You can make a lot of money in private practice while conducting yourself in an ethical way." **5 out of 6 respondents (83%)** "Learn how to network with other practices, professionals, agencies and be comfortable doing it." **5 out of 6 respondents (83%)**

Discussion

To our knowledge, the present exploratory study represents the first examination of the views of African American private practitioners in speech-language pathology regarding their motivation to enter and remain in private practice and the challenges and benefits associated with private practice. Focus group methods were used to capture salient themes regarding client attraction to participants' practices; uniqueness of service offerings; and challenges and rewards within the private practice sector for African American SLPs.

The discussion among African American female private practice owners revealed some themes that were consistent with the one study conducted with other private practitioners of unspecified race/ethnicity, (i.e., Fortson 2014). Trends regarding challenges in the future with health care reform and reimbursement rates have been an ongoing concern among private practitioners within the disciplines of speech-language pathology and audiology as well as other healthcare professions. Due to these increased concerns among practicing SLPs, efforts to support advocacy through discussions with national organizations such as ASHA and the National Black Association for Speech-Language and Hearing (NBASLH), healthcare advocates and agencies, politicians, and families of persons with communication disorders will be imperative for the vitality of the profession.

The responses of African American owners of private practices in SLP also provided insight into specific factors that promote client satisfaction when serving predominately culturally and linguistically diverse populations. Themes that arose from this discussion included rapport building, empathy with families, and cultural responsiveness. Such themes suggest that in addition to the clinical and technical skills being taught in training programs in communication sciences and disorders nationwide, emphasis on interpersonal communication skills when interacting with families representing underrepresented populations is equally critical. Paul (2014) stated "Our ability to listen actively and nonjudgmentally, our capacity for empathy and perspective taking, and our skill in absorbing and sharing information will serve as the linkage between research, experience, and client perspective" (p. 204).

Establishing a trusting relationship with underrepresented populations that are faced with limitations of resources was another theme that resounded during the focus group discussion with minority private practitioners. Providing culturally sensitive service delivery for this clientele is increasingly critical due to the changing population demographics in the United States. These ongoing and anticipated demographic shifts suggest that as speech-language pathologists providing assessment and intervention services, the need to incorporate cultural sensitivity and cultural responsiveness as best practice standards is imperative. Moreover, the need for more specialized training workshops regarding communication and culture for private practitioners serving diverse populations is essential. We would be remiss in not stating the need for greater representation in the profession and by extension, private practice, of SLPs from culturally and linguistically diverse populations to serve the needs of an increasingly diverse nation. This fact was underscored by the participants in this study who all lamented the challenges associated with finding and hiring culturally competent and racially, ethnically and linguistically diverse SLPs to staff their practices.

In conclusion, career satisfaction and advancement within the private practice sector was thematic throughout the group discussion. Highlights of the discussion focused on more efforts and provisions for small private practitioner opportunities to network with larger companies within the discipline in more collaborative efforts. Such networking opportunities would allow smaller private practice owners such as the participants in this study, resources for expansion. Challenges of competition and maintaining autonomy were discussed. However, regardless of these challenges, the rewards and benefits of being a minority private practice owner were well worth it in the opinions of our participants. The flexibility of work schedule, surmounting limitations on income generation, ability to work with diverse clients, having a role in training future minority SLPs and the freedom to be your own boss were viewed as rewards.

As SLPs providing services within an ever-changing society, it is imperative that best practice standards remain at the forefront to meet the needs of a diverse population. Advocacy regarding healthcare reform and insurance reimbursement rates will take ongoing efforts by stakeholders. Moreover, ensuring that clients receive the most comprehensive services will be critical for the future

of the profession. Meeting the needs of our clients which include considerations of family structure and dynamics is important. The ongoing efforts of ASHA and the National Black Association for Speech-Language and Hearing (NBASLH) to promote and recruit more culturally and linguistically diverse practitioners and establish advocacy programs and interest groups for minority-owned private practice owners represent an avenue to promote inclusivity and networking efforts among all professionals within the discipline.

Limitations

There are some factors that could limit the generalizability of our findings. First, a small number (6) of African American owners of SLP private practitioners, all of whom were female and working in one state, participated in this study. Future studies should incorporate regional and national perspectives of African American private practitioners (females and males) which could broaden the findings of the present study. However, alternatives to focus group methods may be needed in regional or national studies of minority private practitioners given the substantial volumes of qualitative data generated and the difficulty in analyzing same. Second, as noted by Leung (2009), the focus group method relies heavily on assisted discussion to produce results; consequently, the facilitation of the discussion is critical. The quality of the discussion depends on the skill of the moderator, who should be well trained and preferably from the target population, yet not affiliated with the researchers (to ensure impartiality). The moderator for the present study was an experienced speech-language pathologist, university educator, trained group facilitator and private practitioner of longstanding.

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Appendix A

A Note on the Use of Focus Groups: Involving People in Measuring Quality and Impact

Scholars have historically utilized surveys and interviews for gathering information useful for planning and evaluating programs (Fowler, 2009). These approaches have also been utilized by the American Speech-Language-Hearing Association to analyze trends such as clinical work settings; membership and affiliate counts; healthcare surveys; and caseload surveys for school based speech-language pathologists (ASHA, 2009a; ASHA 2015). However, a group method for gathering information, focus group interview, has become increasingly popular (Rennekamp & Nall, 2009). Historically, focus groups arose in the early 1940s as social science researchers were looking for alternatives to interviewer-dominated methods. One of the first uses of focus groups was to examine morale during World War II. During the latter years, focus groups were utilized among the business community for customer satisfaction purposes. It was not until the 1980s that focus groups were embraced in the academic community.

According to Rennekamp and Nall (2009) focus groups are "a special type of group used to gather information from members of a clearly defined target audience. A focus group is composed of five to ten people who are similar in one or more ways and are guided through a facilitated discussion on a clearly defined topic to gather information about the opinions of the group members" (p.1). "Group members can influence each other by responding to ideas and inquiry that may not otherwise be brought out in measuring the quality and impact of a current or potential program" (Villard, 2003). Focus group interviews are a qualitative method that consists of a carefully designed "discussion: which allows people to express their points of view in a group setting and provide researchers with indicators of program impact. "Focus group interviews nurture different perceptions and points of view and are used to gather information for discovery, benchmarking, evaluating, and verifying perceptions, feelings, opinions and thoughts (Patton, 1990, p. 9). Villard, (2003) stated, "While the purpose of focus groups is to promote self-disclosure among participants in a group(s) by ascertaining their perceptions, feelings, opinions and thoughts, focus group interviews are not intended to help groups or researchers reach decisions or establish how many people hold a particular view like statistics" (p. 22). Instead, "focus groups are most productive when used to determine information on new proposals or programs, determine the strengths and weaknesses of a program, assessing whether a program is working and in the evaluation or success of a program" (Greenbaum, 1993, p.11). Additionally, they provide a vehicle for being flexible in questioning, the encouragement of dialogue and exchange of ideas, and the generating of a hypothesis (Patton, 1990). Focus groups are used to gather the information needed for decision-making or guiding action.

There is a systematic approach when preparing for a focus group interview. The first step in conducting a focus group interview is to determine the purpose of the study and who should be studied. Participants should be representative of the group. Part of determining the purpose is to consider the information "users" of the gathered information---who they are, what they want and why they want the information (Krueger, 1988). The users usually include the decision makers or resource allocators related to the professional, business or educational organization. A key component in conducting successful and productive focus group interviews is identifying appropriate and informative questions to be asked of the participants. According to Villard (2003) "the questions should have a stimulus (topic discussion) and a response (clues to the answer to how people are expected to answer). The sequencing of the questions must establish a pattern for asking questions, be descriptive, allow for opinions, feelings and perception to arise and stem from the participants knowledge and/or skill" (pp.1-2). There are five general types of questions used in focus group interviews which include: (1) opening questions; (2) introductory questions; (3) transition questions; (4) key questions; and (5) ending questions. "The specific order in which the questions are asked is called the questioning route. It is important to estimate the time required to exhaust the discussion on each question. These time estimates can be used to help manage the focus group discussion" (Villard, 2003). Emphasis is noted that effective moderators of focus groups require mental discipline and skill in facilitating group interaction. Moderators must listen attentively with sensitivity and try to understand the perspective of each participant.

Data analysis consists of examining categorizing, tabulating or otherwise recombining the "evidence" collected during the focus group to address the initial propositions of the study (Villard, 2003). The purpose of the study drives analysis. There are typically three sources of information that are used in the analysis. First are the moderator's notes. The second is memory. The third source is the audio tape-recording the session, if one was made. Analysis of focus group data involves three steps: indexing, management, and interpretation. Stewart and Shamdasani (1998) describe each analysis as follows:

Indexing-Involves reading transcript or notes and assigning codes or "labels" to each piece of relevant information. Often codes are written in margins. The codes or labels link together pieces of text which represented a common viewpoint or perspective related to one of the key questions or central purposes of the study.

Management-Collecting together all of the extracts of text which have been allocated the same code or label.

Three management methods are typically used. One method is to cut apart individual responses and use piles to cluster similar extracts. Another method is to use a word processor to "cut" and "paste" extracts. There is also an option to use software specifically designed for analysis of qualitative data.

Interpretation-One technique is analytic induction. This technique involves development of a summary statement which is true of each extract or piece of text in the pile or group. These statements often become key themes which are communicated in reports of the study (pp. 2-4).

At the conclusion of the focus group-based study a written report of the study is often prepared and discussed with key stakeholders. The report consists of the purpose of the study, description of the procedures used, summary of findings, and the implication of those findings often presented as recommendations. Additionally, it is often common to discuss several key themes which emerged (Villard, 2003).