JOURNAL OF THE NATIONAL BLACK ASSOCIATION FOR SPEECH-LANGUAGE AND HEARING

VOLUME 15, NUMBER 3 • WINTER 2020

CONTENTS

To navigate through this document, use the scroll bar in the right-hand column and observe the page indicator at the bottom of the screen.

Letter to the Editor

Linda Redford Taylor, MA CCC-SLP

One of One: Addressing Feelings of Isolation among Black Students in CSD

Maddie Mayes, B.S., Master's Student, Department of Speech Pathology and Audiology, Miami University, Oxford, OH

Morgan Payne, Undergraduate Student, Department of Speech Pathology and Audiology, Miami University, Oxford, OH

Amber D. Franklin, Ph. D., CCC-SLP, Associate Professor and Chief Departmental Advisor, Department of Speech Pathology and Audiology, Miami University, Oxford, OH

JOURNAL OF THE NATIONAL BLACK ASSOCIATION FOR SPEECH-LANGUAGE AND HEARING

VOLUME 15, NUMBER 3 • WINTER 2020

CONTENTS (continued)

JOURNAL OF THE NATIONAL BLACK ASSOCIATION FOR SPEECH-LANGUAGE AND HEARING

CONTENTS (continued)

CONTENTS (continued)

CONTENTS (continued)

JOURNAL OF THE NATIONAL BLACK ASSOCIATION FOR SPEECH-LANGUAGE AND HEARING

VOLUME 15, NUMBER 3 • WINTER 2020

CONTENTS (continued)

ABOUT THE EDITOR

Charles Ellis Jr., PhD is a Professor in the Department of Communication Sciences and Disorders at East Carolina University (ECU). Dr. Ellis is a licensed and certified speech-language pathologist who received his Bachelor of Science and Master's degree from The University of Georgia, Athens, GA. and Doctor of Philosophy degree from the University of Florida, Gainesville, FL. Dr. Ellis' academic concentration focuses on adult neurogenic disorders and he teaches courses related to aphasia and cognitive disorders. He leads the Communication Equity and Outcomes Laboratory where his research is designed to understand outcomes associated with adult neurologically based disorders of communication and factors that contribute to the lack of equity in service provision and outcome disparities that exist among African Americans and other under-represented minority groups. Dr. Ellis has published extensively in the areas of Parkinson's disease, stroke, traumatic brain injury, and health disparities and minority health issues. Dr. Ellis is the former Language Editor for the Journal of Speech-Language-Hearing Research 2017-2018. Dr. Ellis was awarded the American Speech-Language-Hearing Association Certificate of Recognition for Special Contribution in Multicultural Affairs in 2011. In 2014 he awarded Fellowship of the American Speech-Language Hearing Association (ASHA). Email: jnbaslh@nbaslh.org

ABOUT THE *JOURNAL*

The *Journal of the National Black Association for Speech-Language and Hearing (JNBASLH)* is a peer-reviewed, refereed journal that welcomes submissions concerning communication and communication disorders from practitioners, researchers or scholars that comprise diverse racial and ethnic backgrounds, as well as academic orientations.

JNBASLH editorial board welcomes submissions from professionals or scholars interested in communication breakdown and/or communication disorders in the context of the social, cultural and linguistic diversity within and among countries around the world.

JNBASLH is especially focused on those populations where diagnostic and intervention services are limited and/or are often provided services which are not culturally appropriate. It is expected that scholars in those areas could include, but not limited to, speech-language pathology, audiology, psychology, linguistics and sociology. Articles can cover any aspect of child or adult language communication and swallowing, including prevention, screening, assessment, intervention and environmental modifications. Special issues of *JNBASLH* concerning a specific topic may also be suggested by an author or through the initiation of the editors.

Aims & Scope

Topics accepted for publication in *JNBASLH* could include, but is not limited to, the following:

- Communication breakdowns among persons due to culture, age, race, background, education, or social status
- Use of the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) framework to describe communication use and disorders among the world's populations.
- Communication disorders in underserved or marginalized populations around the world
- Service delivery frameworks for countries' minority populations, including those who are minorities for a variety of reasons including race, religion, or primary language spoken.
- Dialectical differences and their effects on communication among populations
- Evidence base practice research with culturally and linguistic diverse populations
- Provision of communication services in low income/resource countries
- Provision of communication services in middle income/resource countries
- Provision of communication services to immigrant and/or refuge populations
- Effects of poverty on communication development and the provision of services
- Education/training issues in serving diverse populations
- Ethical issues in serving diverse populations
- Role of religion in views of communication disability and its effect on service delivery

Submissions may include:

- Research papers using quantitative or qualitative methodology
- Description of clinical programs
- Theoretical discussion papers
- Scientifically conducted program evaluations demonstrating
- Clinical forums
- Works using disability frameworks or model's effectiveness of clinical protocols
- Critical clinical literature reviews
- Case studies
- Tutorials
- Letters to the editor

Submission of Manuscripts

All manuscripts should be accompanied by a cover letter (e-mail) in which the corresponding author:

• Requests that the manuscript be considered for publication;

• Affirms that the manuscript has not been published previously, including in an electronic form;

• Affirms that the manuscript is not currently submitted elsewhere;

• Affirms that all applicable research adheres to the basic ethical considerations for the protection of human or animal participants in research;

• Notes the presence or absence of a dual commitment;

• Affirms that permission has been obtained to include any copyrighted material in the paper; and

• Supplies his or her business address, phone and fax numbers, and e-mail address.

All manuscripts must be submitted electronically and should follow the style and preparation presented in the *Publication Manual of the American Psychological Association* (Sixth Edition, 2010; see Journal for exceptions to APA style). Particular attention should be paid to the citing of references, both in the text and on the reference page. Manuscript submissions and inquiries should be addressed to: nbaslh@nbaslh.org.

Preparation of Manuscripts

Manuscripts must be written in English. Authors are referred to recent copies of the journal and are encouraged to copy the published format of papers therein.

Text should be supplied in a format compatible with Microsoft Word for Windows (PC). All manuscripts must be typed in 12pt font and in double-space with margins of at least 1-inch. Charts and tables are considered textual and should also be supplied in a format compatible with Word. All figures, including illustrations, diagrams, photographs, should be supplied in .jpg format.

Authors must write clearly and concisely, stating their objectives clearly, defining their terms, and substantiating their positions with well-reasoned, supporting evidence. In addition, they are encouraged to review articles in the area they are addressing which have been previously published in the journal and, where they feel appropriate, to reference them. This will enhance context, coherence, and continuity for readers.

All submissions are considered by the editorial board. A manuscript will be rejected if it does not fall within the scope of the journal or does not meet the submission requirements.

Manuscripts deemed acceptable will be sent to a minimum of two reviewers. This journal uses double-blind review, which means that both the reviewer and author identities are concealed from each other throughout the review process. The Editor and Associate Editor will consider the reviews and make a decision regarding a manuscript. Decisions are made on a case-by-case basis, typically within 6 weeks from submission, and the Editor's decision is final.

Disclaimer & Ethics Statement

Copyrights and Permissions

Sponsoring Organization

ISSN

EDITOR'S NOTE

It is my privilege to publish **Volume 15, Issue 3** of the *Journal of the National Black Association for Speech Language and Hearing (JNBASLH)*; **Removing the Stranglehold of Racism in CSD Special Issue**. Members and friends of NBASLH submitted a collection of work a Letter to the Editor, a number of "Student Perspectives", Original Research and Commentaries offer insights into the issue of racism and the impact on students, clinicians, faculty and staff engaged in Communication Sciences and Disorders programs. The authors address a range of issues related to racism and offer unique perspectives from the field, from programs and from personal perspectives. I sincerely thank all the contributors to this interesting issue of *JNBASLH* and anticipate that you will enjoy reading these interesting works.

Charles Ellis, Jr. PhD CCC-SLP
Editor
JNBASLH

LETTER TO THE EDITOR

Dear Editor:

This special issue call for papers on "Removing the stranglehold of racism in CSD" is quite timely: There are clarion calls to end systemic racism all over the world, e.g., "Black lives matter!" For clarity, according to Frances Cress Welsing, M.D. (Psychiatrist), in her book *The Isis Papers: The Keys to the Colors (1991)*:

> [R]acism (white supremacy) is the local and global power system structured and maintained by persons who classify themselves as white, whether consciously or subconsciously determined; this system consists of patterns of perception, logic, symbol formation, thought, speech, action and emotional response, as conducted simultaneously in all areas of people activity (economics, education, entertainment, labor, law, politics, religion, sex and war). The ultimate purpose of the system is to prevent white genetic annihilation on Earth – a planet in which the overwhelming majority of people are classified as non-white (black, brown, red and yellow) by white-skinned people. All of the non-white people are genetically dominant (in terms of skin coloration) compared to the genetically recessive white-skinned people." (p.ii)

Now, be warned: Information presented here may make many uncomfortable. It may even hurt, as the cutting away of hardened mistruths and the reconstruction with truth and justice to strengthen and purify the field of Communication Sciences and Disorders (CSD) occurs. Hopefully, the National Black Association for Speech-Language and Hearing (NBASLH) will become a leading catalyst for change that its Founders envisioned in 1977.

Because systemic racism vies for domination in all areas of people activity, it is prevalent in majority White organizations whose policies foster misconceptions and false teachings that keep Blacks from advancing. To bring this point closer to home, NBASLH has sponsored several "Talks", following the world-widely viewed murder of George Floyd, in attempts to allow its members and the parent organization, The American Speech-Language and Hearing Association (ASHA) to work through difficult Black-White situations, repairing the breaches in their relationship for which systemic racism is responsible.

As this letter reflects on the effects of systemic racism in America, the systemic racism in CSD is rooted in and can be found in the literature on the language of enslaved Africans as far back as the early 1900s. The works of many researchers, e.g., John Bennett, George Phillip Krapp and Ambrose E. Gonzales, are examples of those who posited and spread the Eurocentric/racist view that enslaved Africans were docile *tabula rasae* or 'blank slates" upon which the Europeans imprinted their infantile-like or 'baby-talk' linguistic creations to aid in communicating with them. Also, it hinges on the depiction of African people being jungle savages that were too mentally infantile to comprehend the Europeans' speech, with innate and cognitive deficits and biophysical defects that prevented them from speaking the White man's language, e.g., big lips, wide noses, etc.

Then, in the 1950s, the scientific study of African languages emerged, and others staked their claims to scientific explanations of the language of Blacks in America. One was the *Pidgin-Creole (PC)Theory*, which refutes the 'baby talk' theory, and adheres to the diachronic linguistic principle of "genetic classification", i.e., common origin and continuity in the rules of grammar, as the basis upon which languages are classified. The PC Theory posits that the grammar of present day Blacks in America is West and Niger-Congo African. As such, it is genetically akin to and belongs to the African language family. However, in the PC theory, systemic racism emerges. The Pidgin Creolists shift their position, and abandon the scientific principle of genetic classification and language family kinship. The PC theory introduces an unscientific criterion for classifying the hybrid European and African languages of enslaved Africans. Using the bulk of the vocabulary or lexicon as the criterion for classification, the Pidgin Creolists posit all of the hybrid European and African languages spoken by enslaved Africans as European language-based. Hence, in the U.S.A., the language of the descendants of enslaved Africans is called English because it uses the words of the English language.

Concretized in the works of researchers, e.g., Robert L. Williams, Molefi Asante and Ernie Smith, in the 1970s there emerged the *Afrocentric or Africological Theory* on the historical and sociological development of Black language in America. It supports the scientific research and empirical evidence that, in the deep structure, (i.e.,the phonetic, phonology,

and morpho-syntactical patterns or rules of grammar) the language of the descendants of West and Niger-Congo Africans in the diaspora is African language-based. The Africologists contend that, in order for the language of the descendants of enslaved Africans to be a dialect of English, it would have to have an English grammar relexified with African words. However, scientifically, that is not the case.

The English language, itself, was fashioned and shaped from a grammar base (of the original German [Anglish] [Anglo-Saxon] people) that was relexified with Roman/Italian and French words. This newly evolved language, the English that is the primary language spoken in America, has retained its German grammar, but, even today, 85% of its lexicon is derived from Italian and French. Despite the fact that the grammar is German, using the Pidgin Creolists' criterion of classification, (based on the language from which the bulk of the vocabulary is derived) the English language would actually belong to the Romance language family.

So, systemic racism played an early role in regard to the language development of Blacks in America. By refusing to acknowledge that, grammatically, the native language of Blacks in America is not a dialect of English, the field of CSD continues to showcase a patently unscientific and systemically racist stronghold.

In closing, ASHA, can help 'remove the stranglehold of racism in CSD'! One area that needs ASHA's immediate focus is its Position Statement on Social Dialects (1983). When ASHA speaks, the world listens. ASHA can speak and tell the world that the language of Blacks in America is not a variety of English, e.g., Black English (BE) or African American English (AAE). More specifically, the language of Blacks is Ebonics*, the "linguistic continuation of Africa in Black America". For the years of misleading, ASHA needs to apologize. It will be hard, but it is necessary. Once ASHA releases the vice grip of the false label of "dialect of English" on the language of Blacks in America, there will be a revitalization of Black education never experienced before. *NBASLH, can, help, too, by catching Dr. Robert L. Williams' vision, that Black language needs to be named something other than English, and creating a more acceptable term that people will embrace. *This letter is dedicated to Dr. Robert L. Williams' memory, his ingenuity and his passion that created the term Ebonics in 1973: He passed away in July, 2020, at the age of 90.*

Linda Redford Taylor, MA CCC-SLP

Contact: lindaredtaylor@aol.com

ONE OF ONE: ADDRESSING FEELINGS OF ISOLATION AMONG BLACK STUDENTS IN CSD

Maddie Mayes, B.S.
Master's Student
Department of Speech Pathology and Audiology
Miami University, Oxford, OH.

Morgan Payne
Undergraduate Student
Department of Speech Pathology and Audiology
Miami University, Oxford, OH.

Amber D. Franklin, Ph.D., CCC-SLP
Associate Professor and Chief Departmental Advisor
Department of Speech Pathology and Audiology
Miami University, Oxford, OH.

Black speech-language pathologists (SLP) often join the profession for reasons rooted in community and connectedness, such as having a family member with a speech or hearing disorder or after shadowing a Black SLP from their community. Yet, for many Black SLP students at predominantly white institutions (PWI), community is often absent from their educational experience. We write this commentary as two Black students, one graduate and one undergraduate, attending a PWI, Miami University of Ohio.

Data from Miami University's Office of Institutional Research revealed that in the five years spanning from 2014 to 2018, only two Black students (0.76%) earned a B.S. in Speech Pathology and Audiology. These statistics are a reflection of our reality, and a numeric demonstration of the isolation we often experience within our major. Since the beginning of our academic careers, we have each experienced being the only Black student in a classroom, one of one. We have experienced microaggressions during our attempts to find partners for projects. Sometimes, our ideas for assignments and/or our discussion points have been ignored or not taken seriously by peers. These microaggressions, further contribute to feelings of isolation and lack of success in higher education (Hubain et al., 2016). We believe that being more intentional in the recruitment of students of color and providing mentorship and counterspaces for students will direct the field of CSD to become more inclusive.

Community Engagement and Recruitment

Universities and professional institutions must work collaboratively to provide educational planning, job shadowing and career fair opportunities, and to support guidance counselors in communities of color. This provision would not only introduce students of color to the CSD profession, but also promote the interaction of individuals established in their career, and those emerging in the profession, with communities of color. To further promote these interactions and establish rapport between communities of color and the CSD profession, universities and professional institutions should support involvement of CSD professionals in community-based activities such as volunteering for back to school initiatives, cleaning up neighborhoods, painting, planting a community garden, and tutoring. These interactions are imperative in exposing people of color to the profession. Conversely, these programs expose those in the CSD profession to people of color, which could aid in the deconstruction of implicit biases about people of color. Lastly, universities and professional institutions must be intentional in not only recruiting traditional students but, rather, in promoting programs that provide a path for non-traditional students of color. Such programs could provide scholarships and other educational needs to extend opportunities to persons of color. These suggestions will assist in improving recruitment and hence, decrease feelings of isolation experienced by people of color within the SLP profession.

Mentorship and Counterspaces

The implementation of department-level mentorship programs that allow undergraduate students of color to be connected with graduate students and/or professionals of color will help retain students of color at PWIs as they move forward in their academic programs. Additionally, establishing counterspaces that allow students of color to build community within and outside of their department will help foster an environment that is both nurturing and validating. Solórzano and his colleagues (Solórzano, 2000, Solórzano & Villalpando, 1998 as cited in Ong, 2017) define counterspaces as, "academic and social safe spaces that allow underrepresented students to: promote their own learning wherein their experiences are validated and viewed as critical knowledge; vent frustrations by sharing stories of isolation, microaggressions, and/or overt discrimination; and challenge deficit notions of people of color (and other marginalized groups) and establish and maintain a positive collegiate racial climate for themselves." Ong et al. (2017) found that counterspaces, specifically for women of color in STEM, provided social, academic, and emotional support to women of color. Furthermore, they provided women of color with insights and advice on departments, careers, and education; helped people navigate the profession and advance professional skills; and broadened participation of women in underrepresented groups (Ong et al., 2017). Faculty must help establish and support these departmental and inter-departmental counterspaces as an additional form of mentorship.

Finally, academic and professional institutions must leverage support networks that currently exist in national organizations, such as ASHA's Minority Student Leadership Program and NBASLH's Power to Empower Mentorship Program. We believe that the solutions discussed above would both recruit and retain students of color in the CSD profession. Implementing these solutions would create an environment where students emerging in the profession do not feel as lonely and complete their programs with a level of satisfaction that encourages more students of color to enroll in CSD programs.

References

Hubain, B. S., Allen, E. L., Harris, J. C., & Linder, C. (2016). Counter-stories as representations of the racialized experiences of students of color in higher education and student affairs graduate preparation programs. *International Journal of Qualitative Studies in Education*, 29(7), 946–963. https://doi.org/10.1080/09518398.2016.1174894

Ong, M., Smith, J.M. and Ko, L.T. (2018), Counterspaces for women of color in STEM higher education: Marginal and central spaces for persistence and success. *J Res Sci Teach,* 55: 206-245. doi:10.1002/tea.21417

Contact Information:
Maddie Mayes, B.S.
Email: mayesml@miamioh.edu

COUPLING DEGREES, BREAKING THE SILENCE, AND SEEING WHAT I CAN BE

Amira C. Jessie, B.A.
Jackson State University
Jackson, MS

— ABSTRACT —

This paper provides a Black student's perspective as she finds her voice through her dual undergraduate degrees in Speech and Hearing Science and Comparative Ethnic Studies. The paper follows her development through graduate school as she encounters her first Black professors and mentors. Her graduate experience culminates with the student using her voice effectively to combat racism in her graduate program with her peers and in her clinical environments.

KEY WORDS: Voice, anti-racism, microaggressions, mentorship

Coupling Degrees, Breaking the Silence, and Seeing What I Can Be

"For many people of color, learning to break the silence is a survival issue. To remain silent would be to disconnect from her own experience, to swallow and internalize her own oppression.
The cost of silence is too high."

Why are All the Black Kids Sitting Together in the Cafeteria?:

And Other Conversations about Race

by Beverly Daniel Tatum

It has always been apparent to me that most people avoid talking about race and racism; and if these topics are brought up, the burden to initiate or discuss is usually on Black people and people of color. This has been a realization of mine since high school because I was frequently subjected to microaggressions (defined as the everyday, subtle, intentional — and oftentimes unintentional — interactions or behaviors that communicate some sort of bias toward historically marginalized groups (Limbong, 2020), and it was always my responsibility to let my peers know that I was offended. These conversations typically ended with self-guilt and feeling bad for making my peers feel uncomfortable or "racist". Years later, I realize that these experiences have impacted my relationships with my non-Black peers because in my interactions, I find myself always anticipating a microaggression or assuming a defensive posture ready to respond to what might come my way.

Fast forward to my undergraduate career at Washington State University, I had the opportunity to study Speech and Hearing Sciences along with Comparative Ethnic Studies (CES). Coupling these two areas of study, I was able to holistically understand how power dynamics function between race, gender, age, ability, sexual orientation, socioeconomic status, educational background, and religious background. With this knowledge, I pieced together a plan for initiating and facilitating proactive conversations about identities and began implementing my plan with family members and peers. It took me *eight years* and these critical conversations to realize it was not my job to make my White and non-Black peers feel comfortable, but rather hold them accountable for how they project their racial biases. In other words, my job was not to prioritize White comfort over Black pain.

During my 5th year of my undergraduate career, I had the privilege of working at the Diversity Center at Washington State University. During my time there,

I led a series of workshops that addressed uncomfortable topics. The series was held every other Tuesday, and they were titled "Tough Talk Tuesdays." Each tough talk addressed different issues such as toxic masculinity, implicit biases, why black lives matter, LGBTQ topics, and white privilege. Conducting these workshops, I learned that continuous guided discussions are most impactful when trying to unlearn misleading information and unpacking biases. I say this because topics of race are not usually normalized for those who are white identified. In fact, the topic of race is usually uncomfortable for most people especially when these topics are addressed across cultures and races. A lot of people also feel uncomfortable addressing race-related issues because they are afraid they might "offend" someone or say the wrong things. Discussion-based workshops allow people to share their thoughts in a safe place, while also learning from others. I believe this approach has the best chances for long-term success because it acknowledges participants' feelings and allows them to discuss their experiences in order to better bridge the disconnect that often happens cross-culturally in a field like ours that is 92% White.

My graduate program in speech-language pathology has turned out to be a critical component of my personal and professional development. Jackson State University (JSU), a historically Black university (HBU) in Jackson, Mississippi, has provided me with opportunities to gain self-confidence that I have never experienced before at a university. For the first time in my 23 years of life, I was learning from professors who looked like me. The racial representation presented throughout the faculty made me feel like I actually belonged in the field of speech-language pathology. Dr. Betty Sutton was the first black professor I ever had in my life, and her presence shifted how I would matriculate through the master's program. I felt more comfortable asking questions in class, going to office hours, and I was more engaged in my coursework. I have noticed this shift over the past year in all my classes, and it has been comforting to see how the impact of having a professor who looks like you can set the tone for your academic path. Becoming a speech-language pathologist finally seemed attainable. Coming from the Pacific Northwest where I was one of two Black women in my cohort of 60 people, studying at JSU was a culture shock. Having for the first time, Black professors and mentors like Dr. Sutton and Dr. Brandi Newkirk-Turner helped me see what I could be.

Another experience that helped me to see that I belonged in the field was the ASHA Minority Student Leadership Program (MSLP). I was selected to participate in the program during the first semester of my graduate program at JSU. At the same time that I was having meaningful cultural experiences in an academic environment at an HBU, this program allowed me to have similar ones within my professional association. The program put me in the same spaces as other students who had similar experience and made leadership opportunities available to us. Through the program, we learned how to better advocate for ourselves in academic settings, how to get involved with state organizations affiliated with ASHA and different leadership opportunities where more racial representation is needed. My experience through MSLP allowed me to navigate my academic spaces at JSU differently. More than before, I made efforts to connect with my classmates who are from different racial backgrounds, and I felt as if I was more comfortable with my own identity because of critical experiences I had at my HBU graduate program.

As I take time to reflect on my development and how I was finally able to break my silence, I have benefited from having a dual degree in CES and Speech and Hearing Sciences and from being able to incorporate these degrees simultaneously. The degrees complement one another and have propelled me to become a leader fighting racism in my program, in the clinic, and personal relationships. I realize that my HBU, JSU, has allowed me to build upon my undergraduate degrees and take an intersectional approach to my educational studies and how I approach my clinical practice. My graduate program has allowed me to hone my critical thinking skills, actively acknowledge my own implicit biases, and break the silence to find my own voice. My professors have supported me and have facilitated my growth in this area by allowing me to partner with them to host sessions similar to "Tough Talk Tuesdays" that were held at my undergraduate institutions. Most importantly, I have had the opportunity to interrupt the silence and the biases of others, to help educate my white peers, and to help provide them with the tools to recognize and be accountable for their biases.

References

Limbong, A. (2020, June 9). *Microaggressions are a Big Deal: How to talk them out and when to walk away*. Retrieved from www.npr.org : https://www.npr.org/transcripts/872371063

Tatum, B. (2017). *Why are All the Black Kids Sitting Together in the Cafeteria?*: *And Other conversations about race*. New York: Basic Books.

Contact Information:
Amira C. Jessie, BA
Email: amira.c.jessie@students.jsums.edu

BREAKING THE SILENCE: ACTION STEPS FOR ERADICATING RACISM IN CSD

Kaylee D. Stowe, B.S.
Department of Communication Sciences and Disorders
School of Health and Human Sciences
University of North Carolina at Greensboro
Greensboro, NC USA

— ABSTRACT —

As racially motivated violence in our country toward its Black citizens is being exposed with alarming frequency, so are the structures that uphold this violence. During these unprecedented times, members of our Communication Sciences and Disorders (CSD) community have courageously shared their stories of racial prejudice and discrimination. These experiences of injustice should not be normalized as they have a negative impact on the members of our community who are already severely marginalized due to lack of diversity in our field. This lack of diversity has a direct correlation with the negative experiences of Black, Indigenous, and People of Color (BIPOC) individuals who are working to become Speech-Language Pathologists and Audiologists. In response, it is time that we as a community take action to engage in the work of being anti-racist. It is imperative that the field of CSD acknowledge the actions that are enabling systemic racism on a National, University, and personal level. After acknowledging these actions, strides toward accountability must be enacted. Embracing anti-racism and the responsibility of creating a truly equitable field is no small assignment. However, it is a long overdue duty that is within our reach, should the majority be willing to do the work.

KEY WORDS: systemic racism, communication sciences and disorders, anti-racism

Introduction

There is much irony in the idea that our purpose as a field is to make effective communication achievable for all people, as we know that it is a human right (McLeod, 2018; Brady, Bruce, Goldman et al. 2016). All the while the voices of our own Black peers are being erased and silenced. Departments of Communication Sciences and Disorders across our nation, as well as our national association have publicly endorsed sentiments of justice. The American Speech-Language-Hearing Association took a stance on condemning systemic racism and oppression in response to the horrific murders of Black folks that occurred over the summer as a result of state violence (ASHA, 2020). However, it is time that the sentiments of the majority within our CSD community be turned into action steps, and today, rather than five years from now. Special interest groups and committees in the professions that encompass communication sciences and disorders (CSD) i.e., speech-language pathology and audiology, have been assembled whose focal point is multicultural issues and Black, Indigenous, and People of Color (BIPOC) members of our communities have long been asked "What can we do?" by our peers who hold privilege. The answer is not a surface level change. Instead it is deep and uncomfortable work on the part of white people who make up the majority of our professional field as well as academic settings. In order to move forward and truly condemn systemic racism, we must look within our system and engage in the work of anti-racism.

Action Steps

First, we must recognize that systemic racism is more than physical violence against Black people, or overt discrimination and prejudice. Systemic racism is also all- white leadership within organizations and a lack of diversity in hiring or admission, despite the availability of qualified applicants of color. On July 1st of 2019, ASHA Leader published an article that reported 4% of the people working as Speech Language Pathologists are Black. One percent identify as multiracial (ASHA, 2019). Dismantling this racial gap within CSD looks like intentionally admitting BIPOC students who are qualified applicants to our programs of higher education. It also looks like investing in these students in the form of scholarships, fellowships, grants, and forgivable loans. In most cases, it takes an average of six years of higher education to achieve a Master's degree in Speech-language Pathology and 10 years to earn a Doctor of Audiology (AuD) degree. This time commitment to higher education is incredibly expensive to the average student of color. BIPOC students are more likely to be first generation college attendees, unlike their white peers, whose families are more likely to have experience with higher educational settings as well as resources to fund and supplement their student's education. It should be the goal of our national organizations as well as individual academic educational CSD departments that host our undergraduate and graduate studies to create more opportunities for minoritized students to receive scholarships within our field. Not engaging in the intentional admission of BIPOC students does not only affect those not admitted, but also those who we are charged to serve. Investing in our students and clinicians of color also means investing in our clients of color who may be more receptive to services from someone who looks like them and shares similar cultural backgrounds.

Next, in addition to initiatives that fund the education of BIPOC students majoring in CSD, we must strive to create a culture of advocacy and intentional education within our respective fields. It can no longer be a choice, but rather a requirement, that all professionals in our field experience training in implicit-biases, anti-racist advocacy, cultural humility, and curricula on racial inequities in healthcare in America. These difficult conversations should be mandatory and should not require BIPOC students or clinicians in our fields to lead and teach these lessons. The task of dismantling a system that we did not build and do not profit from is a heavy and unfair burden. Rather, training and sustained dialogue should be provided by people who are paid to do this work, such as community groups knowledgeable in and dedicated to social justice. These groups exist within every university, in every community and if not, then on the state and regional levels. It is time we utilize their services.

Finally, change should be enacted on a personal level. In the classroom setting when diversity or inclusion are a topic of discussion, BIPOC students often become the teachers. We are either tokenized or discomforted by microaggressions to the point where there is no choice but to speak up on behalf of the marginalized people in the room. We are often the only people in the room that are affected by said topics which inherently creates a power dynamic within the space. The people who hold racial privilege in the room are allowed to openly discuss our existences and pick up temporary racial guilt, leaving it at the door upon their exit. To rid ourselves of these situations, educators must encourage vulnerability in the classroom as well as affirm safe and brave spaces for BIPOC students. For students, this looks like listening to your friends' and colleagues' stories without expecting them to be your educator or sounding board unless they choose to take on that role.

Conclusion

It has never been enough to just be non-racist. In order to truly engage in change and create an equitable field for all, we must be intentionally anti-racist. We must use our privileges to advance people of color within our field and create systems of accountability. We must be willing to be vulnerable to create a culture of safety and trust for BIPOC students, educators, and clinicians within our profession. These action steps all require a culture of non-complacency that may be difficult and uncomfortable for the majority but is worth it.

REFERENCES

American Speech-Language-Hearing Association. (2019). A demographic snapshot of SLPs. The ASHA Leader. Available from https://leader.pubs.asha.org/doi/full/10.1044/leader.AAG.24072019.32.

American Speech-Language-Hearing Association. (2020). Response to Racism [Position Statement]. Available from www.asha.org/policy/response-to-racism/.

Brady, N. C., Bruce, S., Goldman, A., Erickson, K., Mineo, B., Ogletree, B. T., Paul, D., Romski, M., Sevcik, R., Siegel, E., Schoonover, J., Snell, M., Sylvester, L., & Wilkinson, K. (2016). Communication services and supports for individuals with severe disabilities: Guidance for assessment and intervention. American Journal on Intellectual and Developmental Disabilities, 121(2), 121–138.

McLeod, S. (2018). Communication rights: Fundamental human rights for all. International Journal of Speech-Language Pathology, 20, 3-11.

Contact Information:
Kaylee Stowe
Email: kdstowe@uncg.edu

IMPLEMENTATION OF A RACIAL EQUITY COURSE WITHIN A COMMUNICATION SCIENCES AND DISORDERS GRADUATE PROGRAM: A STUDENT PERSPECTIVE

Elizabeth M. Evans, B.S.
Department of Communication Sciences and Disorders,
University of Wisconsin-Madison, Madison, WI

Kimberly D. Mueller, Ph.D., CCC-SLP
Department of Communication Sciences and Disorders, University of Wisconsin –
Madison; Division of Geriatrics and Gerontology, Department of Medicine, University
of Wisconsin School of Medicine and Public Health, Madison, WI

Although the systemic racism underlying institutional designs has been ignored and manipulated since American's foundations, the drive to change those systems has waxed and waned. As my mind constantly shifts through ideas for change, I find myself confronting that every abstract goal, must be broken down into tangible actions. It was in a discussion with a peer in mid-June from my undergraduate program that developing a racial equity course, an area I found most Master of Sciences in Communication Sciences and Disorders (CSD) programs to be lacking in, could be a tangible action for the abstract goal of developing a more diverse CSD community. I feel that I am frequently challenged with whether I am sufficiently using the resources and support I have to guide the path to more culturally competent clinicians and a more welcoming field for historically disenfranchised groups, with respect to both the clients we serve, and future clinicians. When considering long term change and the significant lack of previous education, the necessity of racial equity courses in the Speech Language Pathology (SLP) field is undeniable.

Following my discussion with my undergraduate peer, I approached my research advisor with this idea for a course. Through her support I began implementing the racial equity series within the research lab via one-hour weekly discussions with reading and listening materials sent out prior to the meeting. Through trial and error, I developed a resource discussing how the training would be best structured, resources for the training, discussion questions to support the conversation, and measurable outcomes. The outcomes included understanding one's own cultural and linguistic variables, how these may compare to others, and how these variables impact

health and educational disparities. We begin with history, so that we could then incorporate the learned history specifically into the realms an SLP or audiologist would work in; schools and medical settings. Lastly, we discussed how one could apply what we are learning to the field of speech-language pathology and audiology, and how we could ensure that, in our approach to diagnostics and treatment, we are considering the differing experiences that clients bring. Within the research lab I have been facilitating discussions with fellow lab members on how we could ensure that the research questions acknowledge the broad differences in social determinants of health that may impact research recruitment as well as how the research is used. Through discussion, lab members have shared with me that they felt more aware of their own thoughts, biases, and dedicated to searching for new information independently by the end of the summer series of the course.

Throughout my experience I have confronted a plethora of emotions, sometimes at the same time. Sadness, frustration, and exhaustion come to mind, but so do warmth, hope, and determination. I am learning so much about how to balance burnout with the importance of developing this systemic change. But it is particularly in those moments of exhaustion that I reflect on how encouraging and refreshing it is to watch those who, because of a poor societal system, have never confronted these issues. Not only are they confronting the issues, but also, they are welcoming the confrontation within themselves. And it is heartwarming to watch. I may not touch everyone, and I may not change how everyone perceives the world and their work as a clinician, supervisor, or educator. But for those that are ready and willing to do the work, I know that these newfound perspectives

have the power to institute change regarding the experience of students, clinicians and clients from historically disenfranchised groups, some of whom have lived their whole life working with health professionals who have never considered their experience. We are at the beginning of a long, and at times, draining process, and this step of making the conversation critical and interwoven into all we do is essential to current and future change.

Contact Information:
Elizabeth M. Evans, B.S.
Email: eevans23@wisc.edu

THE NEED FOR INTERDISCIPLINARY COLLABORATION AND POLICE TRAINING ON HOW TO INTERACT WITH DIVERSE INDIVIDUALS WITH AUTISM AND OTHER COGNITIVE-COMMUNICATION DISABILITIES

Hannah Hoyns, B.S.
Department of Communication Sciences and Disorders
School of Health and Human Sciences
University of North Carolina at Greensboro, Greensboro, NC

Although police brutality against marginalized groups of people is not a new concept, specific data surrounding incidents of individuals with disabilities is scarce. However, since 2016, police departments across the nation have been obligated to report arrest-related fatalities to the U.S. Department of Justice under penalty of loss of ten percent of their federal funding (Swaine, 2016). However, Swaine (2016) reported that even with this requirement, police have been able to avoid the repercussions of losing ten percent of their federal funding because the law has been largely ignored since being reauthorized in 2014. Thanks to a few individuals and organizations, accounts of citizen's violent encounters with police are being documented. For example, Brian Burghart, developed "Fatal Encounters", a growing national search engine of persons killed during interactions with police. Also, the *Guardian's* "The Counted", represents an ongoing effort to document all deaths caused by law enforcement officers. Likewise, *The Washington Post*, has quantified individuals with mental health and intellectual disabilities who were shot and/or killed by police. Similarly, thanks should be given to the Ruderman Foundation and Elinoam Abramov for analyzing the above databases and numerous other resources resulting in an overwhelming numbers of cases being systematically reviewed and compiled to develop a tangible idea of the intersectionality between disability and police violence and how other factors such as race, gender, and socioeconomic status can multiply risks of violent and fatal encounters with law enforcement.

Dr. David M. Perry and Lawrence Carter-Long of the Ruderman Foundation, a disability organization, in their 2016 study of the media coverage of law enforcement use of force on individuals with disabilities, *"found that individuals with disabilities make up a third to a half of all people killed by law enforcement officers"* (Perry & Carter-Long, 2016 p. 4). Specific studies ranged from 21% of cases using police force against people with disabilities all the way to 81%. Elinoam Abramov, in his 2017 Master's thesis, "An Autistic Man Lives Here Cops No Excuses... Oh Yes He Is Black Too": Cognitive Disability, Race and Police Brutality in the United States, examined and searched through newspaper reports, interviews, medical examiner reports and police statements for keywords surrounding cognitive disabilities and police shootings, and then used *The Guardian* and *The Washington Post's* online databases from 2015-2016 to organize biographical information about the victims. Although his preliminary search revealed that only twenty-three of the roughly two-hundred cases found police using brutal force against individuals with cognitive disabilities, Abramov reported that 41% of those cases were against Black individuals, 32% were White, and 18% were Hispanic. Additionally, nine percent of the cases resulted in lethal outcomes. Notably, just over half of the Black individuals were diagnosed with Autism Spectrum Disorder (ASD) and all the White individuals, except one homeless man, had a confirmed ASD or Down Syndrome diagnosis. Abramov (2017) notes that due to disparities in healthcare, differential diagnosis, and age of diagnosis between Black and White Americans, Black individuals are less likely to receive a proper ASD and/or cognitive disability diagnosis, which could lead to the smaller percentage of Black individuals with undiagnosed disabilities in his above findings. These findings have been supported elsewhere (ADDM 2018; Constantino et al. 2020). It is critically important to understand the intersectionality between race, SES, gender, sexuality, and systems of oppression and their relationship to police brutality and lethal force. Many people with disabilities killed by law enforcement are also people of color (Bradley and Katz, 2020). People of color are more likely to be disabled, amongst having other health conditions, due to poor access to healthcare and insurance, and in terms of cognitive disabilities, are more likely to obtain a diagnosis later in life than their White counterparts (Abramov, 2017). Thus, it

is necessary for police forces to work toward recognizing and acknowledging these facts and factors in order to work to dismantle the system of oppression they are a part of.

The issue of police violence against individuals with disabilities, especially Black individuals, I believe, is paramount now. At the height of anti-police brutality movements in 2016, Charles Kinsey, a behavioral therapist, was shot by police for protecting his client, Arnaldo Rios, a 26-year old man with ASD. The police officer tried to justify that Rios was "behaving strangely, did not obey commands, and appeared to be holding a weapon" (Abramov, 2017). That weapon he was carrying, turned out to be a toy truck. After the incident, Rios' suffered severe trauma and his cognitive and communicative function significantly deteriorated. Today, calls for accountability have not been enough, as many parents of children with autism fear for their children's safeties and futures, with the news of 23-year-old Elijah McClain's murder in 2019. Although Elijah was not formally diagnosed with ASD, his story spread throughout the autism community when it resurfaced in 2020. When he was ambushed by three police officers, Elijah was seen walking home while flailing his arms and wearing a ski-type mask for warmth. Some of his last words were, "I'm an introvert. I'm just different. That's all!" (Tompkins, 2020). Between Neli Latson, a teenager with autism assaulted and arrested for "looking suspicious" sitting outside a library (Vargas, 2020) and Antonio Martinez, a 21-year-old man with Down Syndrome who was illegally detained, beaten, and arrested by a police officer for refusing to stop walking (Perry and Carter-Long, 2016), to a case from my hometown (Virginia Beach, Virginia) about Matthew Rushin, many alarming issues become apparent. In 2019, Matthew, a 22-year-old Black man with ASD, ADHD, traumatic brain injury and a seizure disorder, was sentenced to fifty years in prison for a car accident caused by one of his seizures (Vargas, 2020). When Matthew exited his car, he was approached by an angry man asking if he wanted to kill himself; due to Matthew's echolalia, he repeated this back, and his words were used against him that night and subsequently in court. Matthew's disabilities were not considered that night when he was interrogated by the seventeen police officers who had completed training in mental health crises and autism. Both the actions of the police officers and the training they received were unacceptable.

Interactions with police officers can be very problematic for individuals with autism---the condition can lead to sensory overload due to flashing police car lights, shiny badges, loud voices and sirens, which can escalate a situation and lead to poor responses

(Debbaudt, 2002). Autism Speaks provides examples of ways behaviors of individuals with autism may exacerbate interactions with police, such as having an impaired sense of danger, wandering to bodies of traffic or other danger areas, being overwhelmed by police presence, fearing a person in uniform or exhibiting curiosity and reaching for objects/equipment, reacting with "fight" or "flight," not responding to "stop" or other commands, having delayed speech and language skills, not responding to their name or verbal commands, avoiding eye contact, engaging in repetitive behavior, having epilepsy or seizure disorder, and/or having sensory issues.

As noted by the American Speech-Language-Hearing Association (ASHA), speech-language pathologists (SLPs) play a central role in the screening, assessment, diagnosis, and treatment of persons with ASD. These roles and activities also include educational services and advocacy (ASHA, 2020). I believe that SLPs can be a valuable resource for law enforcement officials in combination with reallocation of funding toward Crisis Intervention Training (CIT) programs and more specific training in working with individuals with cognitive-communication disorders. For example, in Chicago, where a teenager with autism was shot twice and killed by three Chicago police officers for holding a butter knife, the Chicago Police Department offers a 40-hour program on Crisis Intervention Training, but only 20% of their police officers have received the voluntary training. Two of the three officers involved in the incident testified that they had received autism-related training just once in the six and seventeen years they had been working, respectively (Hurst, 2015). Clinical Psychologist, Genevieve Thornton who was involved with the case said it best, "The police are trying to apply principles for 'neurotypicals' that don't work with an autistic population… you've got two people who don't understand each other."

Ideally, SLPs in every city could collaborate with their local police departments, and funds could be reallocated to fund training in working with individuals with disabilities and their concurrent cognitive and communication disorders. Collaborations should also be established between SLPs, police and other professionals such as community workers, crisis intervention specialists, social workers, mental health specialists, attorneys, etc. SLPs could design workshops or provide resources for law enforcement departments on how to identify physical and behavioral symptoms and communication characteristics of individuals with different disabilities such as ASD, ADHD, intellectual disabilities, and disorders such as Down Syndrome, etc. and learn appropriate and inappropriate responses. It is also important for po-

lice to start anticipating encountering individuals with disabilities more often. Just because someone has a disability, does not mean they will not be driving a car or be out in public. Law enforcement officers should be able to quickly identify characteristics of different disabilities and disorders and then use appropriate strategies for interaction. If we do not start finding solutions for these recurring nightmares of problems, I fear for the course of our country. The rationale and the need are there; the hard statistics are just buried with the thousands and thousands of victims who were not properly reported on or whose disabilities were not identified correctly. If we have it in our power to help protect marginalized people from harm, that is our responsibility. When people with disabilities and other intersectionalities are killed by the police, why are the people in power not learning from these devastating mistakes, identifying patterns, reaching out for resources, and pushing for change? SLPs have the potential to play a role in resolving a national crisis; not much seems more important at this time.

References

Abramov, E. (Oct. 2017). "An Autistic Man Lives Here Cops No Excuses… Oh Yes He Is Black Too": Cognitive Disability, Race and Police Brutality in the United States. [Unpublished Master's Thesis] Columbia University Graduate School of Arts & Sciences.

American Speech-Language-Hearing Association. (2020). ASHA Practice Portal: Autism Spectrum Disorder. Available at https://www.asha.org/practice-portal/clinical-topics/autism/#collapse_1.

Autism and Developmental Disabilities Monitoring. (2018). Spotlight On: Racial and Ethnic Differences in Children Identified with Autism Spectrum Disorder (ASD). Available at https://www.cdc.gov/ncbddd/autism/addm-community-report/documents/differences-in-children-addm-community-report-2018-h.pdf.

Autism Speaks. (2020). Information for Law Enforcement. Portions accessed from Dennis Debbaudt, Autism Risk & Safety Management.

Bradley, D & Katz, S. (June 2020). "Sandra Bland, Eric Garner, Freddie Gray: The toll of police violence on disabled Americans." The Guardian.

Burghart, B. (Aug. 2014). "What I've Learned from Two Years Collecting Data on Police Killings." Gawker.com.

Constantino, J.N., Abbacchi, A.M., Saulnier C., Klaiman, C. Mandell, D.S., et al. (2020). Timing of the diagnosis of autism in African American children. Pediatrics, 146(3), 1-9.

Debbaudt, D. (2002). Autism, Advocates and Law Enforcement Professionals. Accessed from Adrienne Hurst's, "Black, autistic, and killed by police." Chicago Reader.

Hurst, A. (Dec. 2015). "Black, autistic, and killed by police." Chicago Reader.

Perry, D & Carter-Long, L. (March 2016). The Ruderman White Paper on Media Coverage of Law Enforcement Use of Force and Disability. Ruderman Family Foundation, Newton, MA.

Swaine, J. (Aug 2016). "Police will be Required to Report Officer-Involved Deaths Under New US System," The Guardian.

Tompkins, L. (Aug. 2020). "Here's What You Need to Know About Elijah McClain's Death." The New York Times.

Vargas, T. (June 2020). "A young black autistic man was sentenced to 50 years for a car crash. Tens of thousands of people are now calling for his freedom." The Washington Post.

Contact Information:
Hannah Hoyns, B.S.
Email: hnhoyns@uncg.edu

A CALL TO ACTION: COMMUNICATION HARM REDUCTION FOR IMMIGRANT CHILDREN SEPARATED FROM FAMILIES

Rachel Mooneyham, B.A.
Department of Communication Sciences and Disorders, School of Health and Human Sciences
University of North Carolina at Greensboro, Greensboro, NC

An especially tragic component of the Trump administration's "zero tolerance" crackdown on illegal border crossing has been the separation of thousands of Latino children from their parents at the U.S.-Mexico border since summer 2017. In November 2020, lawyers working to reunite those families reported being unable to reach the deported parents of 545 of those children (Merchant, 2020). The children, many of whom were infants and toddlers when they were separated from their parents, have been cared for by government employees in Health and Human Services (HHS) shelters for months, pending home studies and international legal issues. Some have also been placed with relatives residing in the U.S., while their parents have been prosecuted.

One consequence of the government's separation of immigrant children is the high potential for toxic stress. Toxic stress is the strong, frequent, and/or prolonged activation of the biological stress management system caused by factors such chronic neglect, child abuse or a sudden separation from parents (National Scientific Council on the Developing Child, 2014). Scientific research indicates that toxic stress can have an adverse impact on brain architecture, particularly in the developing brain. During the early years of brain development in a child's life, the areas of the brain that regulate responses to fear, anxiety, and impulses may overproduce neural connections while the regions dedicated to reasoning, planning, problem-solving, and behavioral control may underproduce neural connections under conditions of toxic stress. In cases of extreme toxic stress, the physiological stress management system can be altered in such a way that it responds at lower thresholds, activating more frequently and for longer periods of time than necessary.

The separation of young children from their parents and their detention in institutional settings for an indefinite period trigger a massive internal toxic stress response (Shonkoff, 2019). From birth, responsive environments and supportive relationships are required for the establishment of healthy brain circuitry. The extended absence of adult-child relationships that are reliably responsive to a child's individual needs can impair the development of brain regions that are critical for thinking, learning, sustaining attention, memory, emotional regulation, and executive functioning. Institutions in which large numbers of immigrant infants and young children are detained are typically staffed by employees with little or no training in caring for children and operate via "assembly-line" caregiving that deprives children of the one-on-one interactions and stimulation they need to facilitate their emerging capabilities. Although most legal definitions of neglect may be circumvented in these facilities by the provision of food, shelter, warmth, and medical care, children do not receive the individualized care and responsiveness they need in order to avoid the consequences of toxic stress.

The issue of prolonged toxic stress exposure in immigrant children who have been separated from their caregivers and/or detained at the U.S.-Mexico border is relevant to the field of speech-language pathology and should be addressed by its practitioners, educators, students, community stakeholders, and the American Speech-Language-Hearing Association (ASHA). The forcible separation of these children from their families inflicts unnecessary and unacceptable trauma which may precipitate a wide range of cognitive-communication deficits. Within our scope of clinical practice, the development of a child's language abilities, cognitive skills, fluency, speech sound production, and other domains can all potentially be impaired by the effects of toxic stress. Beyond our scope of clinical practice, included in our domains of professional practice are advocacy, outreach, education, research, and leadership. ASHA's vision is "making effective communication, a human right, accessible and achievable for all" (ASHA, 2018). As such, we are compelled as a collective profession to serve as advocates representing our discipline and for individuals by promoting and facilitating access to communication through a variety of mechanisms, including community awareness, health literacy, academic literacy, education, and political action. To address this particular critical issue, I propose that financial and personnel harm reduction resources be allocated to: 1) the rapid reunification of effect-

ed families, 2) universal screening of all children who have experienced border detention for possible cognitive-communication delays and disorders, 3) research dedicated to the unique needs of this client/patient population, and 4) specialized training informed by the findings of that research provided to practicing clinicians, faculty, and students in the field of speech-language pathology.

The restoration and repair of a healing relationship with a parent or other responsive, familiar caregiver is inarguably the best, most powerful intervention for addressing a child's overloaded stress response system, as evidenced by the decades of scientific research referenced above. The swift reunification of families separated at the U.S.-Mexico border will require international government directives, policy changes, and likely a special task force dedicated to this complex cause. Leaders in our field should advocate at the national, state, and local levels for the necessary funding and policies to support these efforts. Speech-language pathologists should also be included as members of the multidisciplinary teams that address the effects of toxic stress in children who remain in HHS shelters, those who have been placed with relative sponsors residing in the U.S., and those who have been successfully reunited with their parents/primary caregivers. Given their prolonged exposure to toxic stress and the known correlation to disrupted brain development cited above, all of these children should be screened by adequately trained (bilingual Spanish-English skills likely required) speech-language pathologists for cognitive-communication delays and disorders. Furthermore, this emerging client/patient population and their caregivers have distinctive needs that warrant new clinical research to inform evidence-based practice and clinical decision making for assessment and treatment. The outcomes of this research should be readily disseminated to practitioners and incorporated into the curriculum of graduate programs in Communication Sciences and Disorders throughout the United States.

The foundation of thriving communities are the health and development of their people. When young children experience extreme, long-lasting toxic stress responses without the nurturing protection provided by a stable parent or other responsive caregiver, healthy development is derailed, with damaging effects on learning, behavior, and health across the lifespan. The long-term consequences of childhood toxic stress include increased risk for poor academic achievement, a host of adult diseases, and difficulty with basic life skills such as securing and performing a job, regulating emotions, resisting addictive drugs and/or alcohol abuse, and parenting the next generation (Shonkoff, 2019). These are the bleak ramifica-

tions facing our society if we fail to address the separation of thousands of families at the U.S.-Mexico border by the Trump administration. This humanitarian issue transcends partisan politics surrounding immigration policies and requires immediate resolution. I call upon all members and entities of the profession of speech-language pathology to promote ASHA's vision of effective communication as a human right that is accessible and achievable for all by putting action to ASHA's 2018 press release urging for the "quick reunification of separated families" (ASHA, 2018). Over two years have passed since that press release from ASHA, and 545 children remain separated from their deported parents. They and thousands more are at great risk for cognitive-communication delays and disorders secondary to the toxic stress imposed upon them by our federal government, and it is our ethical responsibility, and our society's best interest, to care for them.

References

American Speech-Language-Hearing Association. (2018, June 21). ASHA Urges Quick Reunification of Separated Families [Press release]. Retrieved 11/11/20 from https://www.asha.org/news/2018/asha-urges-quick-reunification-of-separated-families/

American Speech-Language-Hearing Association (Producer). (2020, September 10). When Communication Disorders and the Justice System Intersect [Audio podcast]. Retrieved 11/8/20 from https://leader.pubs.asha.org/do/10.1044/2020-0910-transvoices-cognitive-communication-disorders-and-the-justice-system-update

Merchant, N. (2020). Report: U.S. knew of problems family separation would cause. Associated Press News. Retrieved 11/25/20 from https://apnews.com/article/mexico-immigration-el-paso-texas-1cfbebde3e571815b9212ae2f34e9399

National Scientific Council on the Developing Child (2005/2014). Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper No. 3. (Updated Edition). Retrieved 11/8/20 from www.developingchild.harvard.edu.

Shonkoff, J. P. (2019). Toxic Stress: Issue Brief on Family Separation and Child Detention. Immigration Initiative at Harvard. Retrieved 11/8/20 from https://immigrationinitiative.harvard.edu/toxic-stress-issue-brief-family-separation-and-child-detention

Contact Information:
Rachel Mooneyham, B.A.
Email: ramooney@uncg.edu

ADDRESSING ASHA PRESIDENT'S STATEMENT: AN AFRICAN AMERICAN PERSPECTIVE

Mia McWilliams, B.S.
Department of Communicative Disorders
Jackson State University, Jackson, MS

What is it to be a black Speech-Language Pathologist (SLP)? It is seeing curricula taught about equality and compassion for African Americans, but not seeing it applied in actuality. It is being perceived as "less of an SLP" when using native vernacular (African American English/AAE) instead of Mainstream American English (MAE) because an SLP's diction should always resemble that of a white person's. It is being told by your governing body that "All Lives Matter" in response to a "Black Lives Matter" movement. In a field in which I am already disproportionately represented as an African American woman, it was very disheartening to discover that I did not have the moral or emotional support of the American Speech-Language Hearing Association (ASHA). Speech-language pathology is my passion. It is my future. I have dedicated myself to a rigorous graduate program as proof. For as long as I have pursued the field, I have always considered the world of speech-language pathology to be one with which I would be perpetually intertwined. Imagine my surprise in the juxtaposition presented before me. Something that I once utilized as a form of identity left me feeling even more unrepresented, unidentified, and alone than ever before. Consider this analogy. There is a specific population of birds that are endangered. As a response, attention has been drawn to this particular population of birds considering the dire circumstances they face; and PETA (the organization designed to protect animals) responds to this attention by saying "all birds matter". Though the latter statement is true, not all birds are in the compromising position of being endangered. So, the latter statement seems like an apathetic red herring attempt used to deflect from the real matter at hand. That matter being that these birds are dying, and they need to be cared for and protected; and the people responsible need to be held accountable to ensure that this happens. Saying "All Lives Matter" in a situation that was not severely impacting "all lives" deprives ASHA of any real accountability to address the suffering and injustice that is repeatedly being presented to the African American community. This comment is not only insensitive to African American professionals in the field but most importantly the African American children we serve. African American children must once again be left vulnerable to those who vow to "protect" them. ASHA used an opportunity to pacify African Americans who were hurting to instead afflict further pain. Such ambiguous statements are insensitive, inappropriate, and not becoming of a governing body in addressing such explicit forms of racial inequality. How paradoxical in nature is it that the same entity that refuses to hold one side accountable (out of the lack of desire to deal with repercussions) is the same one that constitutes and upholds the Code of Ethics. It leaves me to ponder which population the "Code of Ethics" truly serves to protect. Emotional detachment on behalf of White people in such incidents exists quite frankly because of the lack of overall impact it has on their reality. This option of "choosing" whether or not to speak against these social injustices is a privilege that white people never seem to be fully cognizant of; one that African Americans will never have. For Whites, speaking out was never a matter of life and death like it was for George Floyd or Breonna Taylor. Though, indeed, Whites may never fully grasp the magnitude of the injustice African Americans face, the very least they can do is step outside of their biases to uphold their moral obligation of ensuring that we feel heard and protected as people who serve under ASHA. This can be achieved by implementing listening sessions to encourage more diverse input as it pertains to pressing societal matters. As well as establishing regularly scheduled workshops (hosted by African Americans) aimed at combating anti-racism in the field. Social media campaigns aimed at promoting African American efforts to combat anti-racism would also be beneficial in bridging the gap between ASHA and the younger African American populations in the field. These practices will help in gradually broadening the perspectives of ASHA's leaders as well as ensuring that African American voices are heard.

Contact Information:
Mia McWilliams, B.S.
Email: mia.mcwilliams@students.jsums.edu

THE BURDEN OF IMPOSTER SYNDROME: A STUDENT PERSPECTIVE

Amira Jessie, B.A.
Department of Communicative Disorders
Jackson State University, Jackson, MS

When ASHA published its initial inclusion statement of "All live matters" in response to the George Floyd incident, many of my Black classmates, peers across the profession, and I were hurt and felt even more alienated in a profession dominated by middle class white women. When a hurting child comes to a parent for comfort, the parent does not say, "I love all of my children equally," in response to that hurt. So, our faculty and socially proactive students united to provide an opportunity to faculty and students to share, to grieve, and to grow.

As I have continued to climb the academic ladder from undergraduate to graduate studies, I have encountered the overwhelming presence of predominantly white spaces. In the fall of 2019 I attended the ASHA convention in Orlando for the Minority Student Leadership Program (MSLP). It was here that I first experienced severe imposter syndrome (defined as a collection of feelings of inadequacy that persist despite evident success), which was interesting because I was surrounded by Black and brown people within this program, but not when we would merge into the outside events ASHA showcased. A racialized lens was added to my imposter syndrome because of the 150,000 attendees and my inability to feel valid in my ability to be an effective future speech-language pathologist because of the underwhelming amount of Black and brown professionals in attendance. I still felt invisible because MSLP was not the bigger picture, ASHA was.

On our first day at the ASHA convention we were taken up to the president's suite to meet with the board of directors which included the president, president-elect and past president. We were reassured that our attendance and representation was an important component of the conference and how we are the faces needed in different leadership roles. Although their words were encouraging and memorable, they did not hold much weight. The language intent was there, but the action was missing. This tone reminded me of the statement ASHA released with the intent to unify members instead of highlighting disparities. This statement was not strong or transparent enough, similar to the familiar sentiments about inclusion and representation we were fed while in the president's suite. It is clear that the fight to be anti-racist is only a priority to members that are systematically impacted by it. This is not okay, and ASHA's statement illustrates the isolation of Black and African-American members within this field.

Due to ASHA being represented by an overwhelming amount of white individuals, the inclusion statement provided was not surprising to me at all. I was disappointed and embarrassed but almost numb because this response was expected. On a cabinet dominated by white women, it is expected for there to be a disconnect with racial disparities, they are not challenged to see differences around them. As mentioned earlier, solutions for becoming anti-racist need to be practice based. By this I mean that to become anti-racist, actions need to be included in everyday interpersonal situations.

First, individual biases need to be addressed including prospective speech-language pathology students, undergraduate, graduate students, and professors. The work will start with each individual. Secondly, white individuals need to understand how they embody their white privilege and how they project those privileges on those around them, this should be practiced through discussion-based workshops and shifting curriculum content with an anti-racist lens. Lastly, I believe white individuals need spaces where they can plan and organize discussion based meetings focused on dismantling racism in their own communities and the speech-language pathology community as well. All racial groups should be held accountable for unlearning their biases, but it will be especially important for white communities to come together and set the force since whiteness has overshadowed the voices of many marginalized communities for centuries.

Contact Information:
Amira C. Jessie, BA
Email: amira.c.jessie@students.jsums.edu

ALL LIVES CANNOT MATTER UNTIL BLACK LIVES MATTER

Cortise Brown, B.A.
Department of Communicative Disorders
Jackson State University, Jackson, MS

"Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly." These are wise words from the late Dr. Martin Luther King, Jr. In other words, racism should not be tolerated in any form or manner. You've heard the saying "one bad apple ruins the whole bunch before", right? Well, that's the case in this situation. If racism prevails in any place, it can be and will be detrimental to the places where racism does not exist. It can be compared to a virus, which spreads from person to person.

After reading The American Speech Language Hearing Association's initial statement, I was overwhelmed with a plethora of negative emotions. There were so many words put together, yet no clear stance was made. The lack of clarity began to make me feel uncertain about whether or not ASHA is for or against racism and systematic oppression. There cannot be an in between. I sensed a lot of hesitation after reading that statement. The American Speech Language Hearing Association specializes in communication; however, they failed to communicate their stance on racism effectively. To be quite frank, the lack of clarity is a message within itself. If it is so difficult to communicate your stance on racism, then I am forced to believe that you may not be against it. Out of the countless words that were put together, none of those words were put together to condemn racism. None of those words proclaimed that Blacks lives matter. None of those words confirmed the solidarity between ASHA and the Black community. As stated before, there was no clarity whatsoever.

The statement failed to speak out against racism. It was very insulting. I expected better. Due to ASHA's failure to successfully articulate their stance on racism, a second statement was made. The first statement should have been clear enough. There are various resources ASHA could have used before making a statement. Interviews could have been held with the black community in efforts to have a more diverse input. A virtual roundtable discussion could have been organized to express thoughts and feelings. To say the least, I am extremely disappointed being that this is the organization I am associated with. All lives cannot matter until Black lives matter.

Contact Information:
Cortise Brown, BA
cortise.b.brown@students.jsums.edu

IN RESPONSE TO ASHA

Patrice Hampton, B.S.
Department of Communicative Disorders
Jackson State University, Jackson, MS

Racism is unfair, unequal, and it could even be considered unethical. There is not an association in the world that should tolerate racism. The American Speech-Language-Hearing Association's (ASHA) initial stance against racism was subtle and misleading. As an African American, I was shocked at how ASHA issued the statement regarding racism as well as the lack of thought that was put into the statement. They left out a lot of information and their follow-up statement did not provide much clarification.

Upon reading the statement, I expected more. I wondered how they expect diversity in the field, when they do not even know how to properly articulate their stance on racism. Their response only made me furious, upset, and overlooked. Does ASHA not fully understand how we as African Americans feel? Do they not understand the challenges we face on a daily basis just because of our skin color? How are we supposed to be proud of our profession and its governing body when it fails to properly take heed to its African American members? We deserve more as African Americans in our field especially since we are already outnumbered and overlooked.

ASHA wholeheartedly failed to make a logical and clear statement. They failed their students, professionals, and even themselves. We constantly hear "All Lives Matter," and we understand that. However, we as African Americans understand that.

We are not saying all lives do not matter, it's just a matter of Black Lives Matter, too. We love the field of speech-language pathology and all that it entails. However, we would love for our profession to love us the same way.

Instead of the lack of thought put into their statement, ASHA should have included more a diverse input before releasing their statement. They could have consulted with various minority groups and asked for their opinions and feelings about the events that took place. This would have given ASHA more insight and could have allowed them to release a better statement. They could have also sent out a rough draft to a few individuals of minority groups and asked for their hand in assisting them with coming out with a statement that would have had a more positive effect and actually included input from people of color. All in all, ASHA simply should have thoroughly analyzed their statement and thought about the members of the association before releasing their statement. It showed that ASHA put little thought or effort into the statement and it lacked diversity and compassion.

Contact Information:
Patrice Hampton, BS
Email: patrice.t.hampton@students.jsums.edu

STRATEGIC MEASURES TO REDUCE RACISM & PREJUDICE IN HIGHER EDUCATION

Keyra-Nicole Lecointe, M.S., CF-SLP
RCM Healthcare Services
New York, NY

— ABSTRACT —

Racism is deeply rooted in the educational, health, and social systems in the United States of America. Students from minority backgrounds face more challenges in higher education compared to students from non-minority backgrounds. For example, the lack of representation of educators can contribute to a feeling of not belonging and implicit bias and prejudice in higher education. These challenges can impact the success of minority students, as well as their mental health. The objective of this review is to highlight the different types of challenges minority students face in higher education and to provide possible solutions to tackle these challenges.

KEY WORDS: higher education, microaggressions, racism, implicit bias

Introduction:

Elocutionist Hallie Quinn Brown paved the way for speech-language pathologists (SLPs) of color today. She taught oral language and literacy skills to African American children in both public and plantation schools in South Carolina and Mississippi from 1873-1875 (Duchan & Hyter, 2008). Brown opened the door for people of color to access higher education, necessary as a means to overcome the many obstacles they faced. In the fields of speech-language pathology and audiology (AuD), approximately 8% of clinicians are people of color, with 2.5% identifying as Black or African American and about 5.8% identifying as Hispanic or Latino (American Speech-Language-Hearing Association [ASHA], 2020). This lack of representation in educators, researchers, and clinicians in these fields contributes to racism in higher education, research, and clinical practices.

The aims of this manuscript are: 1) to bring awareness to implicit biases that contribute to prejudice and microaggressions; 2) to highlight the challenges minority students face in higher education; and 3) to provide strategic measures for reducing biases, prejudice, and racism in higher education. Awareness of these challenges will aid in developing a safe space and a sense of community for minority students in colleges and universities.

Challenges Faced by Minority Students:

It is not uncommon to hear stories of racism experienced by minority students in predominately white institutions (PWI). Minority students are more likely to experience harassment, such as bias incidents and hate crimes, than their white peers (Dwivedi, 2018). Ginsberg (2018) investigated successful strategies that Black SLPs used to persevere in their predominately white academic programs. Participants in Ginsberg's (2018) study attended PWIs and all reported experiencing microaggressions (e.g. comments disguised as hidden racism), isolation, and culture shock. Further, students of color at PWIs reported they often were intimidated or bullied by their peers, professors, and/or supervisors. Bullying is not always physical. Some examples of bullying and/or

microaggressions students reported include covert comments about their appearance, dialect, or education, unjust treatment/clinical reviews, peers intentionally withholding important information and/or leaving students out of study groups. Microaggressions contribute to isolation and lack of success in higher education (Hubain, Allen, Harris, & Linder, 2016; as cited in Dwivedi, 2018).

Microaggressions and hate speech also have an impact on the mental health of students in higher education. Marginalized groups may experience feelings of alienation and vulnerability (Kaplin, 1992; Liao, Weng, & West, 2016). Students from these marginalized groups often question their purpose and capabilities in their academic programs. In addition, these students may be unable to take full advantage of the educational opportunities available at their colleges or universities and report that the emotional scarring is every bit as real as physical abuse (Kaplin, 1992). Individuals from minority groups do not have to directly experience hate speech or microaggressions to be impacted by it as it denigrates everyone (Kaplin, 1992). Students who experience hate speech or microaggressions may begin to lose motivation and hope in their academic programs (Ginsberg, 2018). Instead, they may begin to suffer from increased anxiety, depression, and/or stress (Liao, Weng, & West, 2016).

Strategic Measures to Reduce Racism:

A first step in tackling racism in higher education is to increase educator, supervisor, and student awareness of their implicit biases. Implicit bias refers to the attitudes or stereotypes, which are activated involuntarily, that affect our decisions, understanding, and actions insensibly (Ohio State University, n.d.). An effective tool that is used to identify biases is Project Implicit from Harvard University https://implicit.harvard.edu/implicit/takeatest.html. There are several implicit association tests (IAT) that identify and address bias regarding race, transgender, and/or disability. These tests administered to and completed by educators, supervisors, and students would bring consciousness to biases and prejudices of individuals of different races and backgrounds, as well as their effects on these individuals. Bringing awareness to these biases will increase awareness of actions and interactions with others.

Tackling racism in higher education also combats racism in clinical practice. Everyone, students and educators alike, all have implicit biases. A good practice would be to have students complete an IAT to bring to consciousness their biases. Our implicit biases affect how we interact with our clients. For example, white physicians were less likely to refer black patients with symptoms for thrombolysis for specific medical care because they implicitly associated black patients with being less cooperative (Perception Institute, n.d.). Increased awareness of these internalized beliefs is necessary when assessing and treating clients in the clinic or in externships, as well as interacting with peers. Recognition of and alertness to implicit biases helps to ensure that we interact and treat colleagues and clients equitably, providing them with the best level of care.

A second step to tackling racism in higher education is to include and embed cultural humility workshops and/or courses into the curriculum. Although all schools and programs have clear anti-racism guidelines in the department handbook, they should be reviewed annually with students, professors, and clinical supervisors. Institutional responses should be outlined in the handbook to emphasize the seriousness and commitment of the program's zero tolerance for racism. Furthermore, while academic programs list a link to the university's anti-discrimination, anti-harassment policies on the department website and/or handbook to address unacceptable behaviors, these policies are often not enforced.

There may be some resistance from faculty, supervisors, and students to participate in these workshops or assessments. Although some may even question the necessity, it is this simple: racism and racial prejudice are intertwined. "If racial prejudice is not reduced, it could lead to racism, and if racism is not addressed, it could lead to more prejudice" (Hampton & Lee, n.d.). Institutions need to identify potential biases that affect behaviors and decisions to eradicate the cycle of prejudice and racism (Perception Institute, n.d.). Administrators, educators, and clinical supervisors are in positions of power; thus, education and policies are needed to address inherent biases (Hampton & Lee, n.d.). Institutions must commit to implementing specific procedures for decision making. They can also encourage the staff to be conscious of the hazards of implicit biases to prevent acting on these biases which may go against their conscious values and beliefs (Implicit Bias Explained, 2017).

A third step to tackling racism in higher education is to increase representation of minorities in administrative, faculty, and clinical lines consummately. Diversifying the faculty creates a voice for the underrepresented populations in decision-making, as well as a community. Hiring qualified Black, Hispanic, or Latinx faculty members to PWI creates visibility and diverse role models. Diversifying the curriculum by identifying varied and inclusive learning materials (e.g. norms in minority cultures) and providing workshops to address stereotypes in cultures can help overcome barriers leading to increased opportunities for minority students and clients. Creating diversity opportunities in higher education allows students

to become allies with their peers and future clients. Students educated in this type of environment will develop better critical thinking skills, empathy, perspective-taking, and think more open-mindedly, which will prepare them for diverse work environments (Drexel University School of Education, n.d.).

Conclusion:

Overcoming racism in higher education is ongoing and feasible with the collaboration of administrators, faculty, clinical supervisors, staff, and students. Identifying and eliminating microaggressions creates a supportive work and learning environment for all students and faculty. Instituting and enacting violations of anti-racist policies indicates a program's commitment to creating a safe environment for its entire community. Checking our implicit bias is a major step to eliminating the continuous cycle of prejudice and racism. Recognizing and admitting that we all have biases and prejudices is an important first step and necessary to ensure that they do not affect how we interact with others. Acknowledging and talking about racism, prejudices, and injustices of underrepresented populations necessitates the importance of this issue to end it (Gregory, 2020). COVID-19, the "Black Lives Matter,", and "Me Too" movements have made clear that inequities exist. These three seminal events have put to the forefront the inequalities that minorities and minority students confront. Now, more than ever, there is greater alertness and awareness of cultural, racial, and gender experiences and differences. An accepting and safe environment to discuss these issues openly, free from reproach is needed. As SLPs and audiologists, our voices cannot be silent. We are at a pivotal moment and should seize this opportunity to address these issues.

References

American Speech-Language-Hearing Association (ASHA). (2020). *Profile of ASHA members and affiliates, year-end 2019*. Retrieved on September 30, 2020 from https://www.asha.org/uploaded-Files/2019-Member-Counts.pdf

Drexel University School of Education. (n.d.). The importance of diversity in the classroom. Retrieved on October 3, 2020 from https://drexel.edu/soe/resources/student-teaching/advice/importance-of-cultural-diversity-in-classroom/

Duchan, J. F., & Hyter, Y. D. (2008). Elocutionist Hallie Quinn Brown. *The ASHA Leader, 13(2)*, 20–21. Retrieved on September 30, 2020 from https://doi.org/10.1044/leader.ftr4.13022008.20

Dwivedi, C. (2018). The experiences of undergraduate students of color in the field of speech-language pathology. *Master's Theses and Doctoral Dissertations*. 921. https://commons.emich.edu/theses/92

Ginsberg, S. M. (2018). Stories of success: African American speech-language pathologists' academic resilience. *Teaching and Learning in Communication Sciences & Disorders, 2(3)*, 1–15. Retrieved on October 3, 2020 from https://doi.org/10.30707/tlcsd2.3ginsberg

Gregory, K. (2020). Moving Forward as a Profession in a Time of Uncertainty. *The ASHA Leader Live.* Retrieved on October 26, 2020 from https://leader.pubs.asha.org/do/ 10.1044/leader.FMP.25082020.8/full/

Hampton, C. & Lee, K. (n.d.). Section 4: Strategies and activities for reducing racial prejudice and racism. *The University of Kansas Community Tool Box*. Retrieved September 30, 2020, from https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/reduce-prejudice-racism/main

Hubain, B. S., Allen, E. L., Harris, J. C., & Linder, C. (2016). Counter-stories as representations of the racialized experiences of students of color in higher education and student affairs graduate preparation programs. *International Journal of Qualitative Studies in Education, 29(7)*, 946-963. doi: 10.1080/09518398.2016.1174894

Kaplin, W. A. (1992). Hate Speech on the College Campus: Freedom of Speech and Equality at the Crossroads. *Land & Water Law Review, 27(1)*, 243-259.

Liao, K. Y.-H., Weng, C.-Y., & West, L. M. (2016). Social connectedness and intolerance of uncertainty as moderators between racial microaggressions and anxiety among Black individuals. *Journal of Counseling Psychology, 63(2)*, 240–246. Retrieved December 3, 2020 from https://doi.org/10.1037/cou0000123

Ohio State University (n.d.). Understanding implicit bias. Retrieved on October 3, 2020 from http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/

Perception Institute. (n.d.). Implicit bias. Retrieved on September 29, 2020 from https://perception.org/research/implicit-bias/

Contact Information:
Keyra-Nicole Lecointe, M.S., CF-SLP
Email: lecointekeyra@gmail.com

JOURNEY TO CULTURAL COMPETENCE: PERCEPTIONS OF A MULTICULTURAL COURSE IN COMMUNICATION SCIENCES AND DISORDERS

Audrey Farrugia, Ph.D., CCC-SLP
Eastern Michigan University, Ypsilanti, MI

— ABSTRACT —

The field of communication sciences and disorders requires multicultural content in graduate programs. This qualitative study explored student perceptions of a foundational multicultural course in its ability to increase cultural competence. The findings revealed that the student participants made growth; they gained new knowledge and skills for working with culturally and linguistically diverse clients, they critically questioned issues, and they reflected on their cultural competence journey. The results suggest that we need more than just a single multicultural course in order to better prepare speech-language pathologists to work increase cultural competence and better serve culturally and linguistically diverse clients.

Keywords: Scholarship of teaching and learning, Multicultural coursework

Multicultural Requirements and Cultural Competence

Instructors in graduate communication sciences and disorders (CSD) programs have the responsibility to "prepare students for entry into professional practice and provide curriculum (academic and clinical education) that reflects current knowledge, skills, technology, scopes of practice, and the diversity of society" (ASHA, n.d.-a, para. 1). To this end, the American Speech Language Hearing Association requires that all graduate programs contain multicultural content and clinical practica experiences with diverse populations (ASHA, n.d.-a ; Council for Clinical Certification in Audiology and Speech Language Pathology of the American Speech Language Hearing Association, 2013). There are two approaches for incorporating multicultural content into speech-language pathology programs; the infusion and foundational course approaches (ASHA, n.d.-a). The infusion approach entails embedding content about culturally and linguistically diverse (CLD) populations into courses across the curriculum. The foundational course approach calls for one or more courses dedicated solely to multicultural content to be required in the program. Currently there are no standard approaches for clinical practicum experiences with CLD clients (Sheepway et al., 2011; Stewart & Gonzalez, 2002). During the 2018-2019 academic year, 96% of individuals who earned an undergraduate degree and 95% who earned a graduate degree in CSD were female. White, non-international students made up 71% of individuals who earned an undergraduate degree and 81% of individuals who earned a Master's degree in speech-language pathology (CAPCSD & ASHA, 2020). These statistics contrast sharply from the U.S. population as 51% identified as female and 42% of people identified as Black, American Indian, Asian, Native Hawaiian, Hispanic/ Latino or biracial (U.S. Census Bureau, 2019). This lack of diversity in the field represents a great need for cultural competence in coursework.

Increasing cultural competence has been identified as an essential component of the multicultural requirement in CSD programs (Cotton et al., 2016;

Farrugia-Bernard et al., 2018; Horton-Ikard et al., 2009; Hyter, & Salas-Provance, 2019; Johnson et al., 2016). Cross et al. (1989) proposed a model, which ASHA has endorsed (ASHA, n.d.-b), in which cultural competence is on a continuum with six stages: cultural destructiveness, in which thoughts and actions that are destructive to the culture are demonstrated; cultural incapacity, in which individuals do not choose to be destructive to cultures but lack the ability to help; cultural blindness, in which individuals believe in no bias and that everyone is the same; cultural pre-competence, in which individuals possess an awareness of their own culture; cultural competency, in which individuals are not only aware of their own culture and others but also possess a sensitivity and respect for all cultures; and cultural proficiency, in which individuals not only respect all cultures but also seek to add to culturally competent practices. Battle (2000) defined cultural competence in CSD as "a process through which one develops an understanding of self, while developing the ability to develop responsible, reciprocal, and respectful relationships with others" (p. 20).

A limited number of researchers have examined cultural competence in multicultural preparation in CSD (Farrugia-Bernard, 2018; Franca et al., 2016; Stewart & Gonzalez, 2002; Stockman et al., 2004). The purpose of this study is to investigate CSD student perceptions of a foundational multicultural course in its ability to increase cultural competence and prepare students to work with culturally and linguistically diverse clients. Understanding these perspectives will aid in the development of effective multicultural content needed to begin to remove the stranglehold of racism in CSD.

Method

This qualitative investigation employed a phenomenological approach through the lens of the scholarship of teaching and learning. Phenomenology is a qualitative research approach that seeks to understand a lived experience from the participants' perspective (Schram, 2006). The phenomenological paradigm employs a constructivist approach in which individuals construct their own distinct perspective of the world (Glesne, 2006). Phenomenological inquiry is not done with the intention to generalize the results but rather to yield interpretive understanding, based on the examination of the experiences and perspectives of individuals (Brantlinger et al., 2005).

The scholarship of teaching and learning is a method in which educators critically examine teaching and learning through scientific inquiry and disseminate results. Shulman (2004) describes the process of teaching and learning by stating, "When we step back and reflect systematically on the teaching we have done, in a form that can be publicly reviewed and built upon by our peers, that we have moved from scholarly teaching to the scholarship of teaching" (p.166).

Data Collection

Data collection began after receiving Institutional Review Board approval in April 2016. The informed consent document was presented and collected by a colleague, not on the research team; the principal investigator was not present. The principal investigator did not know which students agreed to participate in the study until after grades had been turned in and the term had ended. All students enrolled in the researcher's seven week Multicultural Issues in Intervention for Communication Disorders courses during the 2016 and 2017 terms were eligible to participate in this study. The sample group was composed of 76 student participants. In the 2016 cohort there were 40 student participants. All of the participants were female and four students self-identified as a person of color. In the 2017 cohort there were 36 student participants. All of the participants were female and one self-student identified as a person of color. This sample was not purposefully homogenous by race and gender, however, it does accurately reflect the current demographics and lack of diversity in the field.

The course described in this paper is a two-credit graduate level course focused on multicultural cultural issues in the field of CSD. The course does not assume any prerequisite multicultural or social justice knowledge. Student cohorts take this course at various points in their program. This course is only offered in the summer semester, face-to-face, and lasts 7.5 weeks. Each week a lecture is delivered that ties speech-language pathology content to diverse communities through case studies. See table 1 for how content topics and communities were presented. Following the lecture and case study work, guided large and small group discussions focusing on the threaded discussions from students take place. In addition, videos known as community spotlights are shared each week where community member representatives that self-identify as belonging to the featured cultural group share experiences and perspectives.

Table 1

Course Content

Topic	Community Spotlight
Cultural Competency Continuum	(Dis)Ability
Assessment	African American/ Black
Speech	LGBTQA+
English Language Learners	Indiginous/ Latinx
Language	Asian American
Swallowing	Arab American

The data collected for this study were required components of the course—no outside time or activities were required of the student participants. Data gathering involved compiling three digital journal entries at week one, three, and six of the course as illustrated in table 2. Journal entries were self-reflective and focused on the development of cultural competence and the delivery and content of the course.

Table 2

Digital Journal Prompts

Sequence	Topic
Week 1	What topics do you think will be covered? How do you feel about this course being a required in the program? What is your level of cultural competence going into the course?
Week 3	What is the most valuable thing you have learned so far? What is the least valuable thing you have learned so far? What are any general comments about the course?
Week 6	Describe your cultural competency as a result of taking this course. Will you continue to learn about cultural competence? If so how? What would you change in this course to make it more beneficial?

Data Analysis

In order to understand the experiences of the participants, the researcher analyzed the journal entries. A modified version of Hycner's (1985) steps for phenomenological data analysis was followed: transcription of journal entries, bracketing (suspending belief so as to enter with no preconceived attitudes or opinions), listening to the entries for a sense of the whole, delineating units of general meaning, delineating units of meaning relevant to the research questions, eliminating redundancies, clustering units of meaning, determining themes from clusters of meaning; summarizing each entry, modifying themes, identifying general and unique themes for all journal entries, contextualizing of themes, and creating of a composite summary.

Data analysis began during the data collection process, while reviewing the journal entries in order to begin to identify commonalities among the student participants' experiences. Themes, or common experiences of the participants that impart the essence of the phenomenon, (Creswell, 2013) were identified. When all journal entries were completed, the researcher commenced line-by-line focused coding to cluster frequently used terms and common experiences into themes. A composite approach, in which the narratives of the participants were organized and presented in themes, was chosen because it was the most effective and efficient way to illuminate the participants' various responses, both those that were similar and different, while also protecting their confidentiality.

Results

The student participants detailed their cultural knowledge throughout the course in their self-reflective journals. While each student participant's experiences and perspectives varied, three major themes emerged: lack of knowledge, resistance, and fluidity.

Lack of Knowledge: "There was just so much I didn't know about."

Many of the student participants were very surprised at the lack of knowledge they had about cultural diversity in general and related to speech-language pathology specifically. Students commented on the fact that they did not know basic terms to enter into conversations about diversity, "As sad as it is to admit, before being introduced to the topics in this class, I viewed opportunity as equal to people of all cultures." One student commented, "I had never heard the term microaggressions before this past week." Another student stated, "I had no idea what a model minority was and that even a positive stereotype could be harmful." One more wrote, "The ethnographic interview style is new to me and I think trying it out on an SLP was good. My supervisor didn't even know about it." More than just surprised, several students expressed anger that they were not given resources earlier in the program. One student wrote,

> I am one year into the speech-language pathology master's program and yesterday was the first time I learned about the Diagnostic Evaluation of Language Variation (DELV) test. The CELF (Clinical Evaluation of Language Fundamentals) is brought up in every class I have taken, yet the DELV has been forgotten. I find this really frustrating.

Another student questioned, "Why am I learning about dynamic assessment for the first time in my LAST class? This would have been really useful in my school internship." Similarly, a student exclaimed, "Why is this framework of the EMIC model just being introduced to us now? It would make sense that this model or the mix of both the ETIC and EMIC models are used when treating all disorders and all ages." Expanding their cultural knowledge led to discussions both in and out of the class. As one student put it, "To be honest, I haven't liked every part of your class, but I have probably discussed more of the topics you presented than any other class I have ever had. There was just so much I didn't know about."

Resistance: "How is this going to help me be a better SLP?"

While nearly every student acknowledged that she learned new information throughout the course, many were still resistant to accepting this as truth

and changing her own behaviors. If the information presented did not specifically align with their personal experiences, they determined it was not an issue. Many students found themselves in a state of cognitive dissonance. For example, one student explained, "I tried to discuss the Black Lives Matter movement with a group of classmates and we unanimously voiced that we were 'tired of hearing about it' and didn't believe racism or White privilege was an issue." Another student shared a story of why she resisted believing she had privilege:

> I think minority privilege exists in many situations these days. My little brother did not get into [college's] engineering program. I knew that although my brother had straight A's, a high ACT score, was captain of the robotics team that went nationally his senior year, and was involved in many other activities, it would be a challenging program to get into. However, I became very upset when some of his friends who did not appear as accomplished and did not have as good of grades were accepted and he was not. These friends were a part of my brother's robotics team and went to the same high school. The only thing I could assume is that these friends were half Asian and that's why they got in.

In conjunction with resisting new cultural information as being personally relatable, many students expressed they felt they were being attacked. One student angrily commented,

> What about "White" people? We are all racist. We are all privileged. Everything is easy for us. We don't have to worry about our skin color having an impact on how we are treated, yet because I am white I have to keep my mouth shut because I don't understand.

While some students resisted by merely questioning new information, others articulated blatant racism in their journals. Students made statements such as "I honestly think that White English speaking woman are the majority of this field because we are the people who know about it and are willing to go the extra few years for a Master's degree." and "For society to remain society some things must remain, such as qualified people performing jobs. A lot of people of color just aren't." One student wrote, "I also feel, though an unpopular opinion, that in some situations the barriers created by society are needed."

A large number of students just simply did not see how learning about culture as it relates to current events was related to their roles and responsibilities as an SLP. One student wrote, "For me, it is easier to find information about current events and current

issues that minorities face outside of class… Applications of cultural differences to therapy, however, are much harder to find" and "If the discussions stay speech related it would be better." Other students stated, "I was annoyed that we had to talk about these news items, and I really didn't see the point. How is this going to help me be a better SLP?" and "We lose the connection between the general cultural discussion we're having and how this relates to our work as SLPs." Another said, My future clients might have more important issues—like learning to care for a loved one after a stroke—and they won't have the energy to 'educate' me about what is important to them [referring to culture].

Fluidity: "A person may not always progress."

The vast majority of students followed the same trajectory with respect to where they believed they fell on the cultural competence continuum. In the beginning of the course most students felt like they were at the midpoint, "I think I have a moderate level of cultural competence because I respect other people's beliefs and opinions and don't judge them for the way they were raised and what culture they thrive in." One student explained, "I would say that I am moderately culturally competent…I have been lucky enough to travel to countries in Europe and Asia, so I could see differences firsthand." Another student wrote, "My level of cultural competence? I suppose it's as good as it can be for a White girl who grew up in a college town that celebrates privilege."

By the middle of the course, the students "realized how little I know about multicultural issues" and began to question if they actually were culturally competent. A student wrote, "I am slowly realizing that I do not have as much multicultural experience as I previously thought." Students made comments such as, "I realize now, especially after taking the self-assessment on cultural competency- in which many of my answers were "barely" or "not at all", there is so much more to learn, considerably more than I expected." One student commented that her internship that co-occurred with the course made her question her cultural competence, "I think now my level of cultural competence is very low. I am from a very small town where diversity is almost non-existent. When I began my internship, I was overwhelmed by the culturally diverse environment." One student lamented,

> I thought that I would be able to answer the questions without a problem because considered myself to be aware of people of different cultures. However, the truth is that I had to guess about many of the answers to the questions.

At the end the course, many students believed they were culturally proficient, with comments such as,

"I think I have made strides in my cultural growth" and "What was the most eye opening to me was how much I've grown in my cultural competence and proficiency." However, some students noted that while they progressed closer to cultural competence, they were not there yet, "Overall, I think that there is more that I do not know than that I do." One student commented, "I do feel that I am at least more aware of my limitations. I like to believe that I am now not ignorant about the role that differences in culture, dialect and ethnicity play in speech and language intervention."

One student insightfully commented on the fluidity of the continuum,

> I really like the idea that a person may not always progress to a more advanced stage, and that certain situations can actually cause them to regress to an earlier stage along this cultural continuum. I appreciate this view not only because it is more realistic, but also because it caused me to reflect on and gain a better appreciation of the experiences I have had in my own life.

Discussion

Lack of Knowledge

In order to prepare students to work with CLD clients, most speech-language pathology programs utilize the infusion approach (Stewart & Gonzalez, 2002; Stockman et al., 2004). The program in this study employed the foundational course approach. The foundational course approach has been found to be problematic in that it does not adequately develop the cultural competence needed by future clinicians to work with CLD clients. This was evident as the student participants expressed anger in not having multicultural resources and knowledge earlier and/or along the course of the program. No matter the approach, SLPs do not feel that they have received adequate training to confidently and effectively work with CLD clients (Hammer et al, 2004; Kohnert et al., 2003; Roseberry-McKibbin et al., 2005).

In an effort to better prepare speech-language pathologists (SLPs) to work with CLD individuals, academic programs with a multicultural/bilingual emphasis, such as the one in New York, New York detailed by Walters and Geller (2002), were created. While 61 of these CLD intensive programs exist, only 28 focus on multicultural preparation while the others have a bilingual or specific cultural group emphasis (ASHA, n.d.-c). While multicultural emphasis programs may be effective in better training SLPs to work with CLD populations, the limited number

of them may make access to them for aspiring SLPs difficult.

Resistance

Students tend to enter academic programs viewing experiences from their own cultural perspective and have limited opportunities to engage in experiences with diverse cultural groups to build cultural competence (Hancock, 2011). Internship experiences can create the cognitive dissonance needed to progress toward cultural competence. Bucher (2004) theorized that cultural competence can be developed by pre-service clinicians through critically examining themselves and the world, increasing their knowledge of others experiences, becoming a witness to social injustices, and committing to action. By professionally interacting with individuals whose cultures differ from their own during pre-service experiences, speech-language pathology students may experience challenges to their belief system and move beyond viewing experiences from their own cultural perspective, a necessary skill for working with CLD populations and progression toward cultural competence (Walters & Geller, 2002).

When many of the traditional candidates in academic programs are presented with information about social inequities and anti-racist frameworks of teaching, they reject it (Grant, 1989; Haberman, 1991; King & Ladson-Billings, 1990; Zeichner, 1992). This resistance was noted in the student participant journals as they pushed back against new knowledge. However, this resistance is not the end of the process for many. The concerns-based adoption model (Hall & Hord, 2005) stated that when individuals are presented with new information or strategies, such as information about CLD communities, they follow predictable stages. At first, the new information is not used. Next, a general awareness of the new information is acquired. After time, the information is mastered and applied consistently. Finally, the knowledge is not only adopted but also shared with others.

Fluidity

Cultural competence is based on a person's past experiences and its development is not a linear process (Cross et al., 1989). As Hyter and Salas-Provance (2019) note, "It can be said we go in and out of being culturally responsive at any point in time" (p. 7). The student participant's experienced this circular development with feeling that their level of cultural competence varied throughout the short time frame of the course depending on the situation. Self-awareness and the ability to critically self-reflect are essential skills in assessing cultural com-

petence (Campinha-Bacote, 1999). Many students are still developing these skills and may not be able to accurately assess where they fall on the cultural competence continuum (Hollinsworth, 2013).

While the stages of cultural competence from Cross et al. (1989) are widely accepted across disciplines, it is not without criticism (Fisher-Borne, 2015). Newer models of cultural competence such as cultural humility (Tervalon & Murray-Garcia, 1998) and culturally responsive practices (Ladson-Billings, 1995) that better account for self-reflection, circular development, the meaning of culture, and power structures may be beneficial for students to learn instead of or in conjunction with cultural competency.

Implications

Cultural competence takes time to develop (Cross, Bazron, Dennis, & Isaacs,1989). While one course can improve students' preparation to work with CLD clients, true cultural competency requires a much more in-depth approach. Programs should employ a combination of the infusion and foundational course approaches with opportunities all throughout the program to develop cultural competency as well as self-assessment skills. Students in this study commented on this idea in their journals with statements like "I think the program and its students would benefit from this class being taught at the beginning of our coursework" and "I still wish these issues could be integrated more fully into all of our previous classes, including clinical experience." It is not enough to merely have multicultural coursework in the program in order to fulfill the requirement. Careful attention must be paid to the type of content that is presented with particular emphasis on incorporating intersectionality (Crenshaw, 1991) and anti-racist frameworks (Squire et al., 2018). Researchers such as Horton-Ikard at al. (2009) have outlined best practices for teaching a multicultural course in speech-language pathology but more information and research is needed.

Faculty in speech-language pathology programs must also be cognizant that while multicultural academic course work can be an important step toward cultural competence, true cultural competence amongst professionals does not merely come from academic knowledge of speech and language differences but also from experiences with people from diverse backgrounds (Laing & Kamhi, 2003). One way to accomplish this is through deliberate and intentional clinical placements with diverse clients. Partnerships with diverse school districts and healthcare facilities are a valuable way to provide experience for SLPs in a diverse setting where they can apply the

information learned throughout coursework (ASHA, 2010; Carter et al., 2016; Walters & Geller, 2002).

Limitations

This study is limited in that the data were from a small number of participants, all attending the same university in the Midwest. A larger participant pool from various geographic locations would be needed in order to provide a more nuanced perspective about students' journey to cultural competence. It should also be noted that despite preparation practices in speech-language pathology programs, implicit personal bias, beliefs, and experiences does impact the increase of cultural competence.

Conclusion

The results of this study suggest that students do make progress toward cultural competence with a foundational multicultural course. When analyzing the student journals it was evident that the students made growth; they gained new knowledge and skills for working with CLD clients, they critically questioned issues, and they reflected on their cultural competence journey. The multicultural requirement represents a concrete opportunity for students to begin to develop the self-reflection, knowledge, and clinical skills necessary for the equitable assessment and treatment of all clients. We have heard the stories of racism and discrimination that are prevalent in our communities. It is time for action. However, one course is not enough—it cannot be the only solution offered. CSD faculty need to be committed to fostering life-long learners that constantly progress toward cultural proficiency. This can only be achieved by faculty holding themselves to that same standard. As one student so poignantly stated,

> I have lived a lot of life, a lot of trauma. I *always* have more to learn. I can always learn to be a better advocate and work on being a better person and being a person who lives my ideals and philosophies more fully.

References

American Speech-Language-Hearing Association (ASHA). (n.d.-a). *Multicultural / Multilingual issues in CSD curricula: Resources for infusion.* Rockville, MD: Author. Retrieved from http://www.asha.org/practice/multicultural/faculty/mmi/

American Speech-Language-Hearing Association (ASHA). (n.d.-b). *Cultural competence.* Rockville,

MD: Author. Retrieved from http://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Competence/

American Speech-Language-Hearing Association (ASHA). (n.d.-c). *ASHA edfind.* Rockville, MD: Author. Retrieved from https://find.asha.org/ed#sort=%40fullname%20ascending&f:@degreeprogram=[Master'%20Degree%20in%20Speech-Language%20Pathology]&f:@emphasis=[Multi-cultural]

American Speech-Language-Hearing Association (ASHA). (2010). *How does one urban program manage clinical education?* Rockville, MD: Author. Retrieved from http://www.asha.org/Academic/questions/urban-program-clinical-education/

Battle, D. (2000). Becoming a culturally competent clinician. *Special Interest Division I: Language, Learning, and Education, 7*(1), 20-23.

Brantlinger, E., Jimenez, R., Klingner, J., Pugach, M., & Richardson, V. (2005). Qualitative studies in special education. *Exceptional Children, 71*(2), 195-207.

Bucher, R. D. (2004). *Diversity consciousness: Opening our minds to people, cultures, and opportunities.* Upper Saddle River, NJ: Pearson/Prentice Hall.

Campinha-Bacote, J. (1999). A model and instrument for addressing cultural competency in health care. *Journal of Nursing Education, 38,* 203–207.

Carter, J., Rudebusch, J., & Lougeay, J. (2016). UT Dallas partnership tackles SLP shortage in urban areas: *ASHA Leader, 21*(7), 34. doi:10.1044/leader.AE.21072016.34

Cotton, C., Pluskota, A., Mayo, R., Goldstein, B., Crowley, C., Roseberry-McKibbon, C., Sheng, L., & Riquelme, L. (November, 2016). *Lessons in Multicultural Development Progressing From Challenges to Growth.* Oral presentation presented at the ASHA Convention, Philadelphia, Pennsylvania.

Council of Academic Programs in Communication Sciences and Disorders &American Speech Language-Hearing Association. (2020). *Communication sciences and disorders (CSD) education survey national aggregate data report: 2018–2019 academic year.* Retrieved from https://www.asha.org/uploadedFiles/CSD-Education-Survey-National-Aggregate-Data-Report.pdf

Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2013).

2014 standards for the certificate of clinical competence in speech-language pathology. Rockville, MD: Author. Retrieved from http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review 43*(6): 1241-1299.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care, Volume I*. Washington, DC: CAASP Technical Assistance Center, Georgetown University Child Development Center.

Farrugia-Bernard, A. M. (2018). Unprepared: A Qualitative Exploration of the Preparation Practices of SLPs Practicing in Urban Schools. *Teaching and Learning in Communication Sciences & Disorders*, *2*(3), 2.

Farrugia-Bernard, A. M., Salvia, B. & Bernard, E. (2018, April). *Behind the voices: Designing the ultimate multicultural course in SLP*. Oral presentation presented at the NBASLH Convention, Washington D.C.

Fisher-Borne, M., Cain, J. M., & Martin, S. L. (2015). From mastery to accountability: Cultural-humility as an alternative to cultural competence. *Social Work Education, 34*(2), 165-181. doi:10.1080/02615479.2014.977244

Franca, M. C., Smith, L. M., Nichols, J. L., & Balan, D. S. (2016). Culturally diverse attitudes and beliefs of students majoring in speech-language pathology. *CoDAS (São Paulo), 28*(5), 533-545. doi:10.1590/2317-1782/20162015245

Glesne, C. (2006). *Becoming qualitative researchers: An introduction*. Boston, MA: Pearson.

Grant, C. A. (1989). Urban teachers: Their new colleagues and curriculum. *Phi Delta Kappan, 70*, 764-770.

Haberman, M. (1991). Can cultural awareness be taught in teacher education programs? *Teaching Education, 4,* 25-32.

Hall, G., & Hord, S. (2005). *Implementing change: Patterns, principles, and potholes*. Boston, MA: Allyn & Bacon.

Hammer, C. S., Detwiler, J. S., Detwiler, J., Blood, G. W., & Qualls, C. D. (2004). Speech language pathologists' training and confidence in serving Spanish-English bilingual children. *Journal of Communication Disorders, 37*, 91–108.

Hancock, S. (2011). White women's work: On the front lines in urban education. In J. G. Landsman & C. W. Lewis, (Eds.), *White teachers/diverse classrooms: Creating inclusive schools, building on students' diversity, and providing true educational equity* (pp 91-109). Sterling, VA: Stylus Publishing.

Hollinsworth, D. (2013). Forget cultural competence; ask for an autobiography. *Social Work Education, 32*(8), 1048-1060. doi:10.1080/02615479.2012.730513

Horton-Ikard, R., Munoz, M. L., Thomas-Tate, S., & Keller-Bell, Y. (2009). Establishing a pedagogical framework for the multicultural course in communication sciences and disorders. *American Journal of Speech-Language Pathology, 18*(2), 192-206. doi:10.1044/1058-0360(2008/07-0086)

Hycner, R. H. (1985). Some guidelines for the phenomenology analysis of interview data. *Human Studies, 8*(2), 279-303.

Hyter, Y. D., & Salas-Provance, M. B. (2019). *Culturally responsive practices in speech, language, and hearing sciences*. San Diego, CA: Plural Publishing, Inc.

Johnson, K., Weiss, A., Park, J. & Gildersleeve-Neumann, C. (November, 2016). *Strategies to Consider When Developing a University Course on Multicultural Considerations in Communication Disorders*. Oral presentation presented at the ASHA Convention, Philadelphia, Pennsylvania.

King, J., & Ladson-Billings, G. (1990). The teacher education challenge in elite university settings: Developing critical perspectives for teaching in a democratic and multicultural society. *European Journal of Intercultural Studies, 1,* 15-30.

Kohnert, K., Kennedy, M. R., Glaze, L., Kan, P. F., & Carney, E. (2003). Breadth and depth of diversity in Minnesota: Challenges to clinical competency. *American Journal of Speech-Language Pathology, 12,* 259–272.

Ladson-Billings, G. (1995). Toward a theory of culturally relevant pedagogy. *American Education Research Journal, 32*(3), 465-491.

Laing, S., & Kamhi, A. (2003). Alternative assessment of language and literacy in culturally and linguistically diverse populations. *Language, Speech, and Hearing Services in Schools, 34,* 44–55.

Roseberry-McKibbin, C., Brice, A., & O'Hanlon, L. (2005). Serving English language learners in public school settings: A national survey. *Language, Speech, and Hearing Services in Schools, 36*, 48–61.

Schram, T. H. (2006). *Conceptualizing and proposing qualitative research.* Upper Saddle River, NJ: Pearson Merrill Prentice Hall.

Sheepway, L., Lincoln, M., & Togher, L. (2011) An international study of clinical education practices in speech–language pathology. *International Journal of Speech–Language Pathology*, *13,* 174–185.

Shulman, L. (2004). *Teaching as Community Property: Essays on Higher Education.* San Francisco, CA: Jossey-Bass. 164-172.

Squire, D. D., Williams, B. C., & Tuitt, F. (2018). Plantation politics and neoliberal racism in higher education: A framework for reconstructing anti-racist institutions. *Teachers College Record (1970), 120*(14), 1.

Stewart, S. R., & Gonzalez, L. S. (2002). Serving a diverse population: The role of speech language pathology professional preparation programs. *Journal of Allied Health, 31*(4), 204-216.

Stockman, I. J., Boult, J., & Robinson, G. (2004). Multicultural issues in academic and clinical education: A cultural mosaic. *ASHA Leader, 9*(13), 6.

Tervalon, M., & Murray-Garcı´a, 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*, 117–125.

U.S. Census Bureau. (2019). *Quick facts: United States.* Retrieved from https://www.census.gov/quickfacts/fact/table/US/IPE120219

Walters, S. & Geller, E. (2002). The evolution of an urban bilingual/ multicultural graduate program in speech-language pathology. *Contemporary Issues in Communication Science and Disorders, 29,* 185-193.

Zeichner, K. (1992). *Educating teachers for cultural diversity (Special Report).* East Lansing, MI: National Center for Research on Teacher Learning. Retrieved from https://education.msu.edu/NCRTL/PDFs/NCRTL/SpecialReports/sr293.pdf

Contact Information:
Audrey Farrugia, Ph.D., CCC-SLP
Email: afarrugi@emich.edu

LEVERAGING THE HISTORY OF BLACK EXCELLENCE IN MEDICINE TO PROMOTE HEALTH EQUITY FOR BLACK ELDERS AT RISK FOR DEMENTIA

Whitney Anne Postman, Ph.D./CCC-SLP
Neuro-Rehabilitation of Language Laboratory
Communication Sciences & Disorders Department, Doisy College of Health Sciences
Saint Louis University, St. Louis, MO

Tayla Slay, B.S. (Expected May 2021)
Communication Sciences & Disorders Department, Doisy College of Health Sciences
Department of Sociology & Anthropology, College of Arts & Sciences
Saint Louis University, St. Louis, MO

— ABSTRACT —

In this clinical report, we describe our adaptation of group reminiscence therapy to suit the specific cultural characteristics of a group of low-income community-dwelling African American elders in St. Louis who were at risk for dementia. Our setting for addressing the accumulation of a lifetime of racial health disparities experienced by the participants was the historic all-black Homer G. Phillips Hospital in North St. Louis, a legendary symbol of their community's response to racial health disparities. We connected its history to the current socio-political climate in St. Louis, to empower the participants to assume control of their brain health as they age while facilitating their involvement in their community's racial justice endeavors. Two highlights of our interventions were a screening of the award-winning documentary film "The Color of Medicine: The Story of Homer G. Phillips Hospital", and a visit by the non-profit organization 4TheVille to involve our group's participants in a fundraising art project for restoration of neighborhood landmarks cherished by the local African American community. This fusion of culturally adapted group reminiscence therapy with community activism for racial justice is an example of a clinical solution to racism in geriatric care in the field of Communication Sciences and Disorders.

I. INTRODUCTION: OVERCOMING THE RACIAL INJUSTICE OF HISTORICAL ERASURE THROUGH CULTURAL ADAPTATION OF REMINISCENCE THERAPY

Reminiscence Therapy is an effective non-pharmacologic intervention for individuals with cognitive-communicative decline, designed to elicit meaningful interactions about past events and experiences through carefully designed multimodal stimuli such as photographs, artifacts, videos, and music (Woods, O'Philbin, Farrell, Spector, & Orrell, 2018). Group reminiscence therapy supports communication based on collective memory recall (Livingston, 2017; Olazarán et al., 2010). In this clinical report, we describe our adaptation of reminiscence therapy to suit the specific cultural characteristics of a group

of community-dwelling African American elders at risk for dementia. Our approach benefitted from foundational research on culturally and linguistically competent cognitive-communicative therapies for diverse aging populations (Harris, 1997a,b; Harris & Fleming, 2009; Harris & Norman, 2002; Ripich & Horner, 2006).

For our cultural adaptations of reminiscence therapy, we drew upon our historical setting of the former Homer G. Phillips Hospital (hence, HGPH) in the heart of The Ville neighborhood of North St. Louis. Named after the African American lawyer who secured the bond for its construction, this legendary hospital was the premiere training site for African American physicians, nurses and other health professionals from its inauguration in 1937 to its forced closing in 1979. The greater portion of the original HGPH building complex was remodeled as senior living apartments, but a corner of it was transformed into a day health site by our community partner CareSTL Health, a local federally qualified health center founded in 1969. Our other community partner was the non-profit agency Northside Youth and Senior Service Center, Inc. founded in 1973 by Father William J. Hutchison, S.J. of Saint Louis University (SLU). Both organizations primarily serve economically disadvantaged minority residents of North St. Louis.

Our partnerships with CareSTL Health and Northside were established through SLU's Gateway Geriatric Workforce Enhancement Program, which sponsored our clinical program dedicated to community-dwelling low-income African American elders in early stages of cognitive-communicative decline. The medical and behavioral health staff of our community partners referred all participants. Our group of 8 to 12 participants, named the "Senior Social Group For Brain Health As We Age", gathered weekly at CareSTL Health's site on the hallowed grounds of HGPH. Most of the initial 10 participants adhered to our clinical program throughout our 3 years and 3 months of operation, though some attrition occurred and newer referrals were recruited. Further details are published elsewhere (Postman et al., in press).

We connected the history of HGPH to the current socio-political climate in St. Louis, to address the accumulation of a lifetime of racial health disparities experienced by the participants and to facilitate their involvement in their community's racial justice endeavors. Two highlights of our interventions were 1) screening of the award-winning documentary film "The Color of Medicine: The Story of Homer G. Phillips Hospital" (Fitzpatrick, Shackelford, & Robinson, 2018), which narrates the history and legacy of HGPH, and 2) a visit by the non-profit organization 4TheVille to photograph and video-record the participants for a fundraising art project to restore neighborhood landmarks cherished by the local African American community.

This fusion of culturally adapted group reminiscence therapy with community activism for racial justice is an example of a clinical solution to racism in geriatric care in the field of Communication Sciences and Disorders. Our group reminiscence therapy helped to overcome the erasure of The Ville's history of black excellence in medicine and other domains through facilitation of participants' civic and social engagement as a group. The term "erasure", defined by Allahar (2005, p.125) as "the act of neglecting, looking past, minimizing, ignoring or rendering invisible an other", applies to the systematic dismissal of African American history beyond a restricted set of key moments (Bumpus, 2020; Harley, 2006; Johnson, 2017). "Erasure" captures our group participants' oft-expressed dismay at the prospect of future generations' ignorance of their neighborhood as a vibrant incubator of black talent and achievement, exemplified by HGPH. To validate the participants' identities as crucial contributors to and beneficiaries of their venerated community, we incorporated culturally relevant events such as the release of "The Color of Medicine: The Story of Homer G. Phillips Hospital" into our clinical activities, and we connected our group with local community advocates such as 4TheVille. Hence the history of racism and the ongoing struggle for racial justice were essential— not incidental— components of our group's clinical program for traditionally underserved African American elders at risk for dementia.

II. SYMBOLIC SIGNIFICANCE OF OUR GROUP SETTING: THE HISTORY OF HOMER G. PHILLIPS HOSPITAL WITHIN THE CONTEXT OF THE CONTEMPORARY RACIAL JUSTICE MOVEMENT

Though the Black Lives Matter (BLM) movement did not originate in St. Louis, Missouri, events such as the killing of Michael Brown on August 9th, 2014 did galvanize and expand the BLM movement (Carney, 2016). Older living generations of African Americans are familiar with St. Louis as a site of intense racial strife. Simultaneously, they recognize this city as a driver of civil rights advancement thanks to well-organized progressive activism fueled by civic pride (Marans & Stewart, 2015).

This duality of racial conflict and progress may have contributed to the readiness and willingness of our group participants to freely discuss issues of racial health disparities with our team. These issues have always been at the forefront of the collective

consciousness of St. Louis residents, and were symbolized by our group setting at the former HGPH. Participants were well acquainted with the glorious history and symbolic status of HGPH; each had personal or family connections with HGPH as former patients or employees. In 1980, a year after its forced closure, it was designated a St. Louis City Landmark, but the participants were poignantly aware that the end of its operation as a hospital entailed the loss of The Ville's most powerful economic engine. A common refrain in our discussions was that the ensuing decline of this once-flourishing African American neighborhood was predictable and preventable (Gordon, 2008).

III. INTEGRATING THE PAST INTO THE PRESENT WITH REMINISCENCE THERAPY INSPIRED BY THE HISTORY OF HOMER G. PHILLIPS HOSPITAL

Our clinical team's leadership of group sessions was informed by the meaningful symbolism of our setting on the hallowed grounds of HGPH. Our Senior Social Group For Brain Health As We Age openly addressed racial health disparities among aging populations on the very site that was constructed to correct racial health disparities. We initiated and moderated discussions of risk factors that were most likely to contribute to the heightened prevalence of dementia in African Americans relative to whites in the United States. In particular, we emphasized how disproportionately high levels of chronic conditions including hypertension, hyperlipidemia, diabetes and respiratory illnesses in African Americans result from socioeconomic, educational and environmental inequities, and mistrust of the mainstream medical establishment based on a history of poor and unequal treatment.

We were inspired by our symbolic setting to openly solicit uncomfortable but necessary conversations about persistent racism in healthcare. Our impassioned conversations drove a sense of unified collective purpose that encouraged participants' loyalty to our group. Participants reminded us that while the hospital's closing was a source of deep regret, its undeniably astounding success continued to inspire joy, dignity and a lingering sense of unique African American achievement. As illustrated in the verbal exchange below during which two of the participants interviewed each other, they appreciated that our team confronted these issues with them, in a manner that consistently prioritized their views and opinions, without judgment, dismissal or discouragement.

Participant 1: What do you think of the class?

Participant 2: I think that the class is uh, a catalyst to uh better mental and physical

health. You know, and it's been uh, uh... very stimulating.

Participant 1: I totally agree.

Participant 2: It's been a stimulant for me. (…) Don't you think that it's awesome that they have this meeting here in The Ville? (...) It's a historical area.

Participant 1: Yes I-I think it's good that uh... we are having our class in Homer G. Phillips, who was a lawyer. And they did not want to close down this uh establishment. But was forced to, so... we're learning more about him.

(April 17, 2019)

IV. THWARTING THE WHITE SAVIOR COMPLEX WITH GRATITUDE AND REVERENCE

Though the first author identified as Semitic (Middle Eastern) and the second author as African American, we acknowledged that because of our privilege as professor and student at a well-endowed private university, we were susceptible to the pernicious "white (or "privileged") savior" complex. Other members of our team identified as Caucasian or Asian. Perceptions of us as "white (or "privileged") saviors" whose purposes were egotistical, presumptuous and patronizing would have been counterproductive to the goals of our Senior Social Group For Brain Health As We Age (Feagin & Bennefield, 2014). To counteract such perceptions, we implemented numerous measures for establishing trust in our commitment to participants' welfare and for cultivating a true sense of cooperation, as opposed to condescension or coercion.

The team consistently demonstrated gratitude for being welcomed onto the historical HGPH site. At each group session the team offered free nutritious lunches to the participants and the CareSTL Health and Northside staff. The team also provided free literature in the form of brochures, booklets and handouts from the National Institute of Health, the Alzheimer's Association and the Centers for Disease Control and Prevention for participants and staff, and for storage in display cases of waiting rooms onsite. Thus, the team habitually conveyed its desire to positively contribute to the activities of these community health centers, instead of merely recruiting participants from them.

The team's weekly visits to HGPH were viewed as a welcome bridge between our university campus and the participants' beloved historic neighborhood. The Ville is still perceived by many St. Louis residents as separated by the "Delmar Divide", named after the socio-economic and racial boundary of Delmar Boulevard (Abello, 2019). Participants acknowledged our

reliable presence on their familiar territory by conveying to us their appreciation for our willingness to "visit their turf and play by their rules", rather than expecting them to travel to our campus for group sessions. On occasions when we did invite them to our campus, such as for our screening of "The Color of Medicine: The Story of Homer G. Phillips Hospital" or for individual no-fee appointments at the SLU Audiology Clinic, we arranged free transportation through Northside and ensured that they felt welcome. Participants' yearning to have representatives from nearby organizations become acquainted with their community was expressed by one of them in this narrative of her experience at another local university:

> Participant: I was in this (…) health conference this morning at Washington University (…). And uh they were talkin' about this area. And actually they were talkin' about equity, about the um equity, how things are not equal among the urban and the um, well I'll say, the particular area where we are. And they're trying to make things better. And so one lady asked a question, said, "How can we help?" And she said— she was a white person (…) and they said "What can we do to help?" And so this young lady from The Ville, which everybody knows this is The Ville…

> (Another participant interjected: Right! Absolutely!)

> Participant: Okay, this one lady said, "If you wanna help, do some volunteering and come over. You can't help somebody that you never want to be around." And everybody clapped because it's so absolutely true. Like people say, "How can we help? How can we help?" But instead they don't wanna come near you. They just wanna help form afar, maybe send you some dollars.

> (October 31, 2018)

V. SCREENING OF THE AWARD-WINNING DOCUMENTARY FILM "THE COLOR OF MEDICINE: THE STORY OF HOMER G. PHILLIPS HOSPITAL"

We were fortunate to benefit from renewed interest in the history and legacy of HGPH, as evidenced by the 2018 release of the award-winning documentary film, "The Color of Medicine: The Story of Homer G. Phillips Hospital" (Fitzpatrick, Shackelford & Robinson-Williams, 2018). On November 26th, 2019, we arranged a special screening of this film for our group (Pictures 1a,b).

Pictures 1a,b. Scenes from our screening of "The Color of Medicine: The Story of Homer G. Phillips Hospital", in a conference room at the Saint Louis University Department of Communication Sciences and Disorders.

As long-time residents of The Ville where HGPH once flourished, the participants were deeply moved by this powerful documentary about the hospital's founding, glory days, and legacy. The following quotations from the energetic discussions sparked by our film screening reveal their recollections of the pride and unity that HGPH inspired in this African American community, coupled with their awareness that the closing of HGPH was a racist act that inflicted permanent harm upon this African American community.

> Participant 1: And if you were raised up in this community and you see it now, it does bring tears to your eyes.

> Participant 2: It really does, 'cause I was raised up here!

> Participant 1: It's hurtful… it's so hurtful.

> Participant 3: I had my son at Homer G.

> Participant 1: Because a lot of people, they do not know what it was, and what we had.

> Participant 2: Absolutely!

Participant 1: And you know, and the black community, you know we had some pride and you-you had that, you know that companionship, you had… you know…

Participant 2: It just tore the community up.

Participant 1: You had community!

Dr. Postman: Totally… And it was on purpose!

Participant 2: It was on purpose.

Participant 4 (referring to line in film): Well he said it was stolen…

(…)

Participant 3: They stole it, because they were jealous because there were more African Americans going to Homer G. than there were those white folks going there…

Participant 2: Well they had smart doctors there at Homer G.

(…)

Participant 5: They called it "Fix It Phillips"!

(November 26, 2019)

VI. FROM GROUP REMINISCENCE THERAPY TO COMMUNITY ACTIVISM: INVOLVING A LOCAL ORGANIZATION IN OUR CLINICAL PROGRAM

Our team coordinated a group visit by the award-winning community activists Julia Allen and Aaron Williams from 4TheVille, a "community-based tourism and arts organization created by multi-generational Ville residents and volunteers to restore pride in the legacy of The Ville, a historic African American community in the heart of St. Louis, Missouri, and inspire reinvigorated community ownership" (http://www.4theville.org/). 4TheVille contributed to the production of "The Color of Medicine: The Story of Homer G. Phillips"; both Julia Allen and Aaron Williams were interviewed in the film. Thus, 4TheVille's activities were relevant to our group reminiscence therapy centered upon HGPH.

Together with assistant professor of art Meghan Kirkwood of Washington University, we arranged professional photography and video-recorded interviews with the participants during our group session on October 30th, 2019. The acquired photographs and video-interviews (Pictures 2a-e) were intended for exhibit in Spring 2020 at Washington University's Mildred Lane Kemper Art Museum. This exhibit was postponed due to the COVID-19 pandemic. Its goal was fundraising for the non-profit Northside Community Housing, Inc.'s purchase of the Sara-Lou Café, a historic landmark at the corner of St. Louis Avenue

Pictures 2a-e. Portraits and interviews acquired during 4TheVille visit.

Picture 2f. Group discussion led by Julia Allen and Aaron Williams of 4TheVille.

and Sarah Street in The Ville. Video-recorded interviews with participants consisted of narratives about memories of life in The Ville while the café was active (1972-2002).

4TheVille representatives Julia Allen and Aaron Williams concluded their visit by leading a group discussion on current efforts to restore the past glory of their community (Picture 2f). Participants were invited to continue corresponding with 4TheVille about involvement in community activities to support these efforts. Hence, our group session with 4TheVille constituted a reminiscence activity that transcended the boundaries of our setting by connecting participants to ongoing racial justice activities in their surrounding community. This event was aligned with our group's mission of overcoming the historical erasure epitomized by the 1979 shutdown of HGPH but also evident throughout The Ville. Because this special event appealed to the participants' well-earned sense of civic pride and purpose, they felt validated in their assertions of their identities as revered pillars of their community. This validation served as motivation for the participants to continue their lifelong citizen engagement, and to view this engagement as

a crucial lifestyle measure for stimulating their cognitive-communicative capabilities. By connecting our group reminiscence therapy to participants' involvement in revitalization of their venerable neighborhood, we promoted a holistic and socially conscious approach to aging brain health that celebrated participants' personal and cultural identities as advocates for racial justice in their community.

VII. CONCLUSIONS AND IMPLICATIONS

The strategy of incorporating our historic setting and its relevance to racial justice into our group reminiscence therapy protocol contributed to the success of our Senior Social Group For Brain Health As We Age. The first of its kind in this community, it has enjoyed over 3 years of continuous operation, halted only by the onset of the COVID-19 pandemic. The dazzling legacy of HGPH as an emblem of black excellence in medicine and an engine of community-wide progress inspired participants' hope for a more equitable future for the residents of their celebrated neighborhood. Our screening of "The Color of Medicine: The Story of Homer G. Phillips Hospital" and

our collaborative event with 4TheVille were memorable collective experiences for the participants that engendered increased commitment to their personal health and to the health of their community.

As healthcare practitioners and researchers, we must remain committed to our moral imperative of addressing and correcting health disparities wherever we encounter them. Our Senior Social Group For Brain Health As We Age overcame barriers to care for the participants by providing them culturally adapted cognitive-communicative therapy in an accessible, familiar and symbolic community site. This approach of deploying local history and connecting it to contemporary racial justice endeavors is applicable across settings, and can inform practices for reducing health disparities experienced by diverse elders everywhere.

REFERENCES

Abello, O.P. (2019, August 19). Breaking through and breaking down the Delmar Divide in St. Louis. Next City. Retrieved from: https://nextcity.org/features/view/breaking-through-and-breaking-down-the-delmar-divide-in-st.-louis

Allahar, A. (2005). Identity and erasure: Finding the elusive Caribbean. *European Review of Latin American and Caribbean Studies,* (79), 125-134.

Bumpus, N. (2020). Too many senior white academics still resist recognizing racism. *Nature*, *583*(7818), 661-661.

Carney, N. (2016). All lives matter, but so does race: Black lives matter and the evolving role of social media. *Humanity & Society, 40*(2), 180-199.

Feagin, J., & Bennefield, Z. (2014). Systemic racism and US health care. *Social Science & Medicine*, 103, 7-14.

Fitzpatrick, J., Shackelford, B. & Robinson, R. (2018). The Color of Medicine: The Story of Homer G. Phillips Hospital. United States: The Color of Medicine, LLC (https://www.thecolorofmedicine.com/).

Gordon, C. (2008). Mapping Decline: St. Louis And The Fate Of The American City. Philadelphia, PA: University of Pennsylvania Press. Accompanying website: http://mappingdecline.lib.uiowa.edu/

Harley, E.H. (2006). The forgotten history of defunct black medical schools in the 19th and 20th centuries and the impact of the Flexner Report. *Journal of the National Medical Association, 98*(9), 1425-1429.

Harris, J.L. (1997). Aging and ethnicity: Communication services for older African-Americans. *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse (CLD) Populations, 3*(2), 3-5.

Harris, J.L. (1997). Reminiscence: A culturally and developmentally appropriate language intervention for older adults. *American Journal of Speech-Language Pathology, 6*(3), 19-26.

Harris, J.L., & Fleming, V.B. (2009). Toward model-driven interventions for African Americans with cognitive-communicative disorders. In *Seminars in Speech and Language, 30*(3), 207-216.

Harris, J.L., & Norman, M.L. (2002). Reframing reminiscence as a cognitive-linguistic phenomenon. In J.D. Webster & B. Haight (Eds.) *Critical Advances in Reminiscence: From Theory to Application* (pp. 95–105). Springer, New York.

Johnson, G.M. (2017, February 21). The erasure of Black History in our classrooms is a crime. *TheGrio*. Retrieved from https://thegrio.com/2017/02/21/black-history-erasure-in-classrooms-a-crime/

Livingston, G., Sommerlad, A., Orgeta, V., Costafreda, S.G., Huntley, J., Ames, D., Ballard, C., Banerjee, S., Burns, A., Cohen-Mansfield, J., & Cooper, C. (2017). Dementia prevention, intervention, and care. *The Lancet,* 390(10113), 2673-2734.

Marans, D., & Stewart, M. (2015, November 16). *Why Missouri has become the heart of racial tension in America.* Verizon Media: HuffPost. Retrieved from https://www.huffpost.com/entry/ferguson-mizzou-missouri-racial-tension_n_564736e2e4b08cda3488f34d

Olazarán, J., Reisberg, B., Clare, L., Cruz, I., Peña-Casanova, J., Del Ser, T., Woods, B., Beck, C., Auer, S., Lai, C., Spector, A., Fazio, S., Bond, J., Kivipelto, M., Brodaty, H., Rojo, J.M., Collins, H., Teri, L., Mittelman, M., Orrell, M., Feldman, H.H., & Muñiz, R. (2010). Nonpharmacological therapies in Alzheimer's disease: a systematic review of efficacy. *Dementia and Geriatric Cognitive Disorders, 30*(2), pp.161-178.

Postman, W.A., Rosenthal, S., Thompson, S., Sankey, L., Leisure, K., Ferron, R., Slay, T. & Fischer, M. (In Press). Forging community partnerships to reduce health disparities in low-income African American elders of North St. Louis at risk for dementia. *Journal of the National Black Association for Speech-Language and Hearing.*

Ripich, D., & Horner J. (2006). A survey of services for cognitively impaired elderly in the USA. In K. Bryan & J. Maxim (Eds.) *Communication Disability in the Dementias* (pp. 285-318). Whurr Publishers Limited, London.

Woods, B., O'Philbin, L., Farrell, E.M., Spector, A.E., & Orrell, M. (2018). Reminiscence therapy for dementia. *Cochrane Database of Systematic Reviews*, (3).

ACKNOWLEDGEMENTS

Contact Information:
Whitney Anne Postman, Ph.D./CCC-SLP
Email: drwhitney.postman@health.slu.edu

A PHENOMENOLOGICAL STUDY OF MULTICULTURAL/ MULTILINGUAL INFUSION IN COMMUNICATION SCIENCES AND DISORDERS

Andrea "Andi" Toliver-Smith, Ph.D. CCC-SLP
Maryville University
St. Louis, MO

Gregory C. Robinson, Ph.D. CCC-SLP
University of Arkansas for Medical Sciences
Little Rock, AR

— ABSTRACT —

Purpose: The purpose of this study was to examine the phenomenon of multicultural/ multilingual infusion (MMI) in communication science and disorders courses from a pedagogical perspective in order to assist future instructors in teaching their students in the area of multicultural issues. **Method:** The participants were recruited during a National Black Association of Speech, Language, and Hearing (NBASLH) Conference. They completed an online questionnaire with 10 open-ended questions pertaining to how they infused multicultural information into their courses. **Results:** Survey data revealed various themes that addressed MMI and examples of strategies and activities. **Conclusion:** The results highlight methods and resources for MMI. The use of MMI as a way to begin eliminating racism with the field of Communication Sciences and Disorders is discussed.

INTRODUCTION

The United States has been racially and ethnically diverse from its beginning, but it is only in the past four decades that the Communication Sciences and Disorders (CSD) professions have addressed this diversity in a significant way (ASHA, 1983). Furthermore, it is only within the past two decades that the instruction of multicultural issues in CSD has been mandated by the American Speech-Language Hearing Association (ASHA, 2004). In 2020, the widely publicized cases of police brutality resulting in the killing of Black Americans, such as George Floyd, Breonna Taylor, and Ahmad Arbery raised global awareness of the rampant and ongoing effects of systemic racism. Following these tragic killings, ASHA (2020b) and the National Black Association of Speech, Language, and Hearing (NBASLH, 2020),

along with all the other groups in the Multicultural Constituency Coalition, issued position statements against racism. Furthermore, many in the CSD professions demanded that ASHA and the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology (SLP) strengthen requirements that academic programs train their students and current members about systemic oppression and working with culturally and linguistically diverse populations. ASHA specifically wrote such an objective in their strategic plan ending in the year 2025 (ASHA, 2020a).

The need for SLP and audiology students and members to be educated about diversity issues within the field is only growing more urgent. In a field that is made up of over 90% White women, yet is directly influenced by cultural and linguistic diversity within

society, our professionals must have the awareness, knowledge, and skills to interact with clients from a variety of cultures, abilities, and political systems. Additionally, speech-language pathologists (SLPs) and audiologists also need to be aware of inherent racism and bias within the systems in which they practice, as they are often on the frontline of maintaining, supporting, and challenging policies and procedures that may be implicitly or explicitly biased against groups of people. This reality is why one of the best places to begin to eradicate racism is in the classrooms preparing CSD students for professional practice.

Multicultural education began as a reform movement intended to change educational practices that hindered the achievement of Black, Indigenous, and People of Color (BIPOC) students and further reinforced the discriminatory practices and ethnic stereotypes present in society (Banks, 1989). Multicultural/Multilingual instruction has now evolved into a phenomenon that can assist students in their quest to become culturally competent and practice cultural humility (Hyter & Salas-Provance, 2019).

In the CSD curricula in the United States, courses devoted to multicultural issues are common (Stockman, Boult, and Robinson, 2008). However, the most efficacious multicultural instruction plan may involve the infusion of multicultural issues throughout the curricula *in addition* to having a devoted multicultural course.

The current study investigates how instructors infuse multicultural content into courses that are not devoted to the topic using a phenomenological approach. Yin (2011) discusses qualitative research in the form of a phenomenological study. In this type of study, human events may be considered unique or have some properties that are relevant. Phenomenological studies focus on capturing and interpreting participants' words and language as well as the potential need for a thematic analysis.

This phenomenological study is a type discussed by Yin (2011) that involved gaining access to the field setting where the individuals have the information that is to be studied.

Review of the Literature

Stockman, Boult, and Robinson (2004) conducted a nationwide survey of instructors that investigated attitudes, practices, and beliefs about the infusion of multicultural issues in CSD courses. While many faculty members of CSD programs supported the concept of infusion, there is considerable disagreement about what was meant by infusion (Stockman, Boult, Robinson, 2004). Some viewed infusion

as merely *inclusion*, where multicultural issues are addressed somewhere in the curriculum or course. Others felt that, by simply adding a multicultural lecture to a course, infusion had been achieved (i.e., the *annexation model*). Stockman and colleagues (2004) introduced the field of CSD to an *integral infusion model*. Integral infusion includes examining each component of service delivery for ways in which that component may differentially apply to different groups of people:

(1) Referring: Providing clients access to clinical services

(2) Scheduling: Selecting the time for clients to receive clinical services

(3) Gathering information: Obtaining clients' initial background information

(4) Assessing: Determining the nature of the clients' complaints

(5) Treating: Modifying clients' hearing and/or communication status

(6) Recommending: Advising and counseling clients about potential action plans

(7) Discharging: Terminating the client/clinician relationship

The job of the instructor is to teach the student how to accomplish the above tasks while becoming culturally competent through the meeting of the guidelines set forth by ASHA in their Knowledge and Skills Acquisition (KASA) Summary Form for Certification in SLP (2009) and increase knowledge, awareness, and skills across different cultural groups (Horton-Ikard, 2009). In an effort to maintain consistency in the field, ASHA's CAA in Audiology and SLP has developed six components that are essential to quality education in the field. One of the components is for the curriculum to prepare students in the full breadth and depth of the scope of practice (2008). The document states ASHA's accreditation requirements but places the responsibility of how to adequately meet the requirements on each program.

Multicultural Education Studies in General Education

The idea of creating a multicultural learning environment is not a novel one. Educators on all levels from elementary schools to higher education have pondered this dilemma. The landscape of the United States is an ever-changing one, so the professionals that serve these populations must change to meet the needs of their clients. This change is achieved primarily through education. Therefore, it is not a question of whether or not MMI should occur, but how it should be accomplished.

In 1997, Gay introduces the idea that multicultural education be embedded in the tools and techniques used in educating student teachers. She also maintains that elements of cultural diversity and multicultural education should be incorporated into every aspect of curriculum planning and professional development. This supports the idea that there should not be only separate classes or addenda to courses, but a full conceptual framework. MMI should be reflected in the curriculum, climate, philosophy, and pedagogy of teacher education programs.

Wallace (1997) echoed these ideas in her book chapter regarding MMI in the area of neurogenics. In her study, 68% of the clinicians felt that they did not feel competent in providing clinical services to diverse populations. She offered various approaches to remedy this situation, with infusion as the preferred approach. However, many instructors may feel that multicultural issues are not relevant to some courses, particularly those that are more scientific (e.g., speech science, research methods) compared to courses that are more clinically focused (e.g., child language disorders, speech sound disorders; Stockman et al., 2008).

Morey (2000) presented a framework for establishing an enabling environment that will spawn a systematic change in the curricula that highlights multiculturalism. She maintained that all grade levels can integrate ethnic content into their curriculum by using the following approaches: the contribution approach (what various cultures contribute to society), the additive approach, the transformative approach, and the action approach. These approaches may be used when infusing the curriculum with multicultural information. This approach is a dynamic process that demands the development of faculty expertise in this area.

Gender and race were at the core of Pope and Mueller's 2005 examination of multicultural competence of faculty in higher education. They found that women and minority faculty were more likely to infuse or integrate multicultural issues into the curriculum. It was suggested that this may happen due to the faculty member's personal experiences with racism, sexism, and social identity. Faculty members who did not identify with an oppressed group may need more education in this area.

Hammond (2015) asserted that the current teaching models used to educate underrepresented populations make the mistake of attempting to simplify content instead of allowing the inherent complexities to prevail. Such simplification models are built upon assumptions that underrepresented populations are cognitively inferior to others. Hammond proposed *culturally responsive teaching* as a model that does not shy away from complex topics, but instead, highlights the nuances, inconsistencies, and complications present in the academic content. Culturally responsive teaching, in essence, primes and stimulates neurological centers in the brain to attend to and ultimately acquire the academic content, while exciting the student to learn more.

Multicultural Education in Communication Sciences and Disorders

Hyter and Salas-Provance (2019), discussed culturally responsive practices from speech, language, and hearing sciences. They provided a cultural framework for global and cultural service. This pedagogical framework involves the domains of research, curriculum, teaching and clinical for the education of students as well as professionals. They asserted that building one's own conceptual framework or philosophy of practice will serve as a guide for providing culturally responsive services and that there are diverse ways of thinking about culturally responsive practices. This requires educators to start with a social theory to guide their thinking about the development of their conceptual framework. They further reviewed five models of culturally responsive practices: The Vision Model (Bellon-Harn and Garrett, 2008), Proposed Pedagogical Frameworks (Stockman et al., 2004; Horton-Ikard et. al., 2009), Hierarchy of Cultural Knowledge (2010), and a Conceptual Framework for Responsive Global Engagement (Hyter, 2014).

Resources for MMI are offered on the ASHA website (ASHA, 2020). Despite the development of this pedagogy and ASHA's various attempts to offer instructors in the field resources to assist with MMI, most programs do not meet competencies related to minority issues (Horton-Ikard and Muñoz, 2010). A checklist was developed to assist programs in developing an environment that fosters MMI. They suggested that at least 30% of the faculty in a department be BIPOC and at least 30% of the faculty be bilingual. The field of CSD is 91.7% White (ASHA, 2020), so this may be difficult for most programs to achieve.

With such an overwhelming support for MMI, why is it not being done on a wider scale in the field? Is it possible that the field does not agree upon the exact definition of infusion or could it be because they are unclear on the details of how to adequately achieve this phenomenon? The current study will explore how instructors in the field of CSD infuse multicultural/multilingual information into their scientific/theoretically based courses using qualitative information and insight.

Current Study

In this phenomenological study, the manner in which the instructors who infuse multicultural issues into courses that are scientific/theoretically based topics was explored. This information is necessary to educate current and future instructors of CSD regarding ways to infuse multicultural issues into their scientific/theoretically based courses. This study is focused on which MMI methods are being used by CSD instructors in their curriculum.

Focus and Bounding. This study was limited to instructors in the field of CSD. A conceptual framework was used to explain the main issues to be studied within a given context. This study was bound by the literature related to MMI. Phenomenological studies involve the examination of a particular event as experienced by a small group of people. This study is based on a conceptual model which outlines a study design for cultural competence. This includes MMI in the CSD curriculum as a component. Figure 1 displays this conceptual model. Figure 2 is adapted from Wallace's (1997) concept of MMI into courses. Most CSD courses focus on one disorder and follow a certain format that includes four main parts: introduction to the disorder, characteristics of the disorder, assessment of the disorder, and treatment of the disorder.

Cultural Competence

Part I
- Introduction to the course can include epidemiology and other risk factors associated with various multicultural populations

Part II
- Disorder Characteristics may include information regarding its impact on the linguistic features of various ethnic groups who may be bilingual, multilingual, speak English as a Second Language, or speak a non-standard dialect of English

Part III
- Assessment of the disorder may include information about how to conduct non-biased assessments and the instruments involved, which may or may not be appropriate for certain populations

Part IV
- Treatment of the disorder may include information regarding the use of culturally and linguistically appropriate materials in therapy sessions

METHOD

In the current study, the authors were licensed and certified speech pathologists and members of an ASHA special interest group as well as a minority constituent group. All participants were made aware of the authors' status and the details of the current study.

Participants

The investigators attended the National Black Association of Speech-Language-Hearing (NBASLH) to recruit participants. The authors also contacted some of the instructors via telephone, in person, or email to invite them to participate in the study. Participants were provided with a description of the study, outlining the important aspects to allow them to make an informed choice as to whether they wish to participate or not. The participants were required to give only an email address. In an effort to maintain confidentiality, no further identifying information was required for participation in the study. The completion and return of the internet questionnaire indicated their consent to participate in the study.

It was noted in the study by Stockman and colleagues (2008) that educators who reported that they were utilizing an MMI method were located in areas with a higher BIPOC density or were BIPOC themselves. Therefore, the majority of the participants were recruited from an annual conference of NBASLH. Other participants were contacted directly by the authors because of their experience with MMI in the field. Instructors in the field of CSD were invited to participate without concern for the type of courses they taught; however, the investigators specifically sought out instructors that taught scientific/theoretically based courses.

Survey Construction

A copy of the survey is provided in the appendix. The survey was constructed to gain information about the participants (Question 1-4), their professional preparation to teach multicultural information (Question 9), the multicultural/multilingual issues content they chose to teach (Question 6), and their methods of instruction (Questions 5, 7, and 8). Question 10 asked if there was anything else the participants would like to share with the investigators. The questions were open-ended, allowing the participants to describe their answers in their own way.

Procedures

Once the participants had been identified and assigned a participant number, they received an email with a link to complete a questionnaire with 10 open-ended questions via Survey Monkey (see appendix) to ensure anonymity. The initial questions were asked to provide demographic information. The remainder of the questionnaire presented the participants with open ended questions regarding MMI. The questionnaire remained open for participant response for one month.

Data Analysis

A thematic analysis was completed manually and cross-checked by both investigators. During this initial phase of data analysis, the data were disassembled and categorically coded in an attempt to move to a higher level of abstraction. This process is described by Yin (2003) as a way to sort the items into similar and dissimilar groups. Once sorted, the related features of these groups were examined and further insight was gained. As this was completed, several themes were created regarding the instructors themselves as well as their method of infusing MMI into the CSD curriculum.

RESULTS

Demographics

The participants included seventeen instructors with a range of 4 to 40 years of experience - an average of 24 years of experience. The ethnic groups represented in the study were: Black or African American (N=11), White or Caucasian American (N=4), Haitian American (N=1), and Hispanic (N=1).

The overall themes for research areas/areas of interest for these participants included: Multiculturalism/Cultural Diversity, Neurogenics (adult/child/feeding/dysphagia), and Child Language. The participants taught a variety of course types including some audiology courses on all educational levels to include bachelors, masters, Ph.D., and Au.D.

Survey Questions/Answers

The themes and example responses from participants are presented in Table 1. We received responses that represented all three of the infusion models outlined by Stockman and colleagues (2008): integral infusion, inclusion, and annexation. Out of these three approaches, integral infusion was the method discussed most frequently by the participants. The participants also used a variety of assessment and instruction methods. Interestingly, many of the participants gave responses that crossed multiple themes. Most of the respondents used knowledge from courses, continuing education, and personal experiences; however, one participant stated that they did not have any preparation to teach multicultural content in their course.

QUESTION	THEMES REVEALED	Participant Response
Question 1: How many years have you been an instructor in the field of communication sciences and disorders?	• Range from 4 years to 40 years (average = 23.88 years)	Specific responses retained to maintain participant anonymity
Question 2: What is your race/ethnicity?	• African American/Black • White • Haitian American • Hispanic	Specific responses retained to maintain participant anonymity
Question 3: What are your research areas (areas of interest)?	• Multiculturalism/ Cultural Diversity • Neurogenics (adult/ child/feeding/dysphagia) • Child Language	Specific responses retained to maintain participant anonymity
Question 4: What scientifically/theoretically based courses do you teach?	• Variety of courses on all educational levels	P1: "acoustics/psychoacoustics intro to research advanced diagnostics"
		P6: "Voice; Clinical Skills Training; Health Literacy; Neurogenics"
		P17: "Neurology for Human Communication; Anatomy and Physiology of the Speech and Hearing Mechanism, Aphasia and RHD, TBI and Dementia, Motor Speech Disorders, Voice Disorders, Feeding and Swallowing Issues Across the Lifespan, Language Development, and Intro to Neurogenic Communication Disorders"
Question 5: How do you incorporate multicultural/ multilingual issues into your scientifically/ theoretically based courses?	• Integral Infusion: Application of information in all material (as an overriding philosophy)	P15: "Introduced through full lecture that includes the vision of the department, school, and university; then it is addressed in every aspect of all lectures in the course; must be included within the texts of essay questions during testing; must be addressed in clinic planning and implementation of evaluation and treatment"
	• Inclusion Method: Application of information when considered relevant	P4: "In every single course, when appropriate, we discuss multicultural and multicultural factors. My research has focused on these as well."
	• Annexation: Dedicated unit to topic in course	P8: "The course is dedicated to multicultural and bilingual issues"

Question 6: What type of academic content do you focus on when incorporating MMI into your scientifically/theoretically based courses?	• ASHA Documents	P2: "1. I like to start with ASHA's stance on these issues by using ASHA position statements, guidelines and reports."
	• Census Data	P3: "Research articles, U.S. Census data, Websites: CDC, AARP,etc.,ASHA Special Interest readings"
	• Clinical Information: Assessment & Intervention of Minority groups	P2. "3. I present assessment issues related to multicultural clients including issues related to standardized test, ethnographic interviewing and alternative assessment procedures. 4. I include intervention issues related to multicultural clients."
	• Multicultural information of cultural groups	P9: "My use of an integral model of infusion requires me to regard MMI in every aspect of any course. So MMI could be discussed within the range of subject matter included in any course. This included prevalence, identification, treatment and prevention of communication disorders as well as research methods"
Question 7: What types of activities do you require students to engage in which increase awareness of MMI?	• Classroom Discussions	P13: "Lecture, research, projects, and discussion of clinical implications"
	• Class Activities: Writing Journals, Role Play	P11: "communication with classmates because most of my classes include students from multiple cultures; case studies; role playing of arena team centered diagnostic sessions with individuals representing multiple cultures; reviews of case studies from different cultures."
	• Critical Thinking Activities: Review of Case Studies and Literature Reviews	P4: "Comparing research done on subjects from different cultural and linguistic backgrounds. Critically analyzing how the cultural and linguistic factors can affect the outcomes of the research. Looking at how different cultural and linguistic factors can affect our services for clients."
	• Field Trips: Cultural Immersion Activities, Museums	P15: "I address major research needs in the field related to MC/ML populations. In the dysphagia course, I address the need to consider cultural preferences in food choices (i.e. sweet potatoes vs white mashed potatoes) with African Americans and plantin and mangos with Latinos, etc... In the Medical SLP course, areas addressed include the disparity of health care to MC/ML populations, issues related to test bias which affect differential diagnosis (i.e. Type I vs Type 2 errors), determination of severity levels and the importance of considering cultural variables (e.g. focus on religion, and media etc...) when working with African Americans and Latinos which would influence choice of materials to use in therapy (i.e. Bible, booklets of inspirational readings, magazines like Ebony, Jet and Essence, etc...). This is just a small example of areas addressed in my courses relevant to MC/ML populations."

Question 8: How do you access your students' knowledge of multicultural/ multilingual issues in your scientifically/ theoretically based courses?	• Examinations	P14: "Exams on information presented in the lectures, texts and required readings".
	• Papers	P9: "I always included several exam questions about MMI issues in any course taught. I also regarded the personal growth statements that students made about their MMI knowledge in their journals for the MMI course."
	• Projects: Case Studies, Presentations, Journaling	P14: "Projects based on specific assignments given in a particular class."
	• Lab Activities	P2: "In class diversity awareness activities Case summaries Assessment projects"
Question 9: Please describe any type of specific professional preparation you have had regarding incorporating multicultural/multilingual issues.	• Specific Courses	P13: "My doctoral education included specific coursework in cultural linguistic diversity as well as the infusion of cultural linguistic diversity (CLD) throughout the curriculum; I've also taken numerous professional development courses on the topic and I've taught courses on CLD in CSD as well as developed curricula that infused CLD which continued my opportunities to learn."
	• Continuing Education	P7: "continuing education, invited speaker"
	• Personal Research/Study	P12: "I served as a member of a focus group (MC2) created by the ASHA Office of Multicultural Affairs to prepare a paper addressing various models available to improve preparation of students in professional training programs in the CSD discipline in the area of multicultural issues. This required research into various models which were then presented in an article published in the ASHA Leader. The models included: 1) infusion model, 2) single course model, 3) guest lectures and 4) Seminars with invited speakers who taught for a 1/2 or full day on a specified topic relevant to assessment and treatment of MC/ML populations and other issues."
	• Personal Experience	P13: "I've also traveled and communicated with people from diverse cultures"
	• None	P9: "I had no professional preparation for teaching multicultural/multilingual issues."
Question 10: Is there anything further that you would like to share that is pertinent to this study? (Please explain below) or May we contact you for further information or clarification? (Please provide contact information if willing)	• Positive Responses	P1: "I look forward to seeing the results so I can broaden how I make this material meaningful to my students."
		P15: "I have found that the infusion model is the best way of integrating information on MC/ML populations into my courses. Yes, I am willing to be contacted."
		P17: "Wonderful questions. Best wishes with the research. You may contact me if needed

DISCUSSION

The purpose of this study was to explore the manner in which instructors in the field of CSD infused multicultural issues into their courses and curricula. Results from a previous study by Stockman and colleagues (2008) indicated that professors who use MMI were ones who taught in BIPOC dense areas or were minorities themselves. The participants in this research were selected as instructors who are knowledgeable about multicultural issues and likely infusers. The results from the online survey revealed that the participants' interests represented a wide variety of content areas, approaches, and assessment methods. The participants seemed comfortable and well prepared for infusing multicultural issues into their courses. They also described the importance of multicultural content, and the activities described by participants were experiential and appeared to seek changing students' attitudes and perceptions. Finally, ASHA documents appeared to be an important resource for instructors in MMI.

It was found that most of the participants used MMI by employing one or more of the three infusion methods by way of class activities. Most of the participants had taken courses regarding multicultural issues or had taken continuing education courses; however, most of the participants had not taken courses that involved pedagogy in which the integral infusion had been taught. The integral infusion model was specifically mentioned by some and described by some, but in many cases, the activities described reflected the inclusion and annexation models.

MMI to Eliminate Racism

Horton-Ikard (2009) stated that three areas should be addressed in the multicultural education of CSD students: knowledge, awareness, and skills. True integral infusion would serve to dismantle and eliminate racism by addressing these three areas: (a) Knowledge: Integral infusion ensures that the students do not receive biased cultural content. (b) Awareness: It increases the students' awareness of ongoing systemic racism and their role of maintaining and dismantling those systems. (b) Skills: It increases the adaptability of students to treat various cultural groups while developing cultural competence and cultural humility.

Recall that the integral infusion model (Stockman, et al., 2004) suggests considering each area of service delivery as a potential source for cultural bias, prejudice, and discrimination. Each area can be cross tabulated with different aspects of culture, such as language, materials, rituals, values, beliefs, etc. Such a cross reference and analysis does not need to be used solely for cultures that experience ongoing systemic discrimination, but the dominant cultures should also be analyzed for sources where unearned privileges exist that unfairly bias members of that culture over others.

Limitations and Future Research

The design of this study was phenomenological in nature to observe the themes that arose from the participants' experiences while infusing multicultural information into their courses. Although there was a small number of participants, this is not viewed as a limitation and results can be generalized to appropriately suit CSD departments with or without a diverse faculty and staff. Although NBASLH members have been trailblazers in the professional policies regarding multicultural issues, a clear limitation to this study points directly to the fact that this group of participants may not be the only group of individuals with insight to this information. Racism is often magnified when combined with other stigmatized identities, such as sexual orientation, gender diversity, and disability. Intersectionality is an under-researched area that needs further investigation, especially regarding how it is taught in CSD courses.

Another limitation is that clinician and graduate student's perspectives of being culturally competent were not solicited. Finally, this study did not explore why infusion methods are not being used in many CSD curricula.

Research is needed that investigates the processes of MMI, using qualitative research methodology, such as deep description and participant observation. Further research should involve exploration of the process of integral infusion, students' perspective of cultural competence, creating and universalizing a pedagogical model of integral infusion, efficacy of experiential activities on changing perceptions and attitudes of students toward various cultural groups, and methods of assessing cultural competency in graduate students.

Conclusion

Due to the current racial climate in the country and the most recent Black Lives Matters protests, it is apparent that we must make some very necessary changes in our curricula and in our service delivery to address the systemic racism that exists in the field of communication sciences and disorders (CSD). This study provides information as to how instructors have used MMI to teach courses not specifically devoted to that topic. The innovative activities and approaches shared by the respondents of this study highlight the assertion that multicultural issues are not something that should be sequestered into one

isolated class (annexation model) or merely included "as appropriate", but discussed as integral concepts to the study of communication sciences and disorders. It is impossible to discuss communication disorders without addressing culture; therefore, the question is not "*Is* culture being addressed?" but "*Which* cultures are being addressed, and which cultures are being subverted or erased?" Only with the understanding that culture is inherent across the scope of practice in CSD, can we ever hope to begin the long road to eliminating racism within the field.

REFERENCES

American-Speech-Language-Hearing-Association. (2005). *Cultural Competence*. Retrieved July 2011, from www.asha.org/policy

American-Speech-Language-Hearing-Association. (2012). *Highlights and Trends: Member and Affiliate Counts, Year End 2012*. Retrieved June 2013, from http://www.asha.org/uploadedFiles/**2012-Member**-Counts-Final.pdf

American-Speech-Language-Hearing-Association. (2009). *Knowledge and Skills Acquisition (KASA) Summary Form for Certification in Speech-Language Pathology*. Retrieved July 2011, from www.asha.org/NR/rdonlyres/3B9B6A8F-4AA7-4203-8447-BCFD754D64F9/0/KASA-SummaryForm.pdf

American-Speech-Language-Hearing-Association. (2004). *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services*. Retrieved July 2011, from American Speech-Language-Hearing Association: www.asha.org/policy

American-Speech-Language-Hearing-Association. (1997-2011). *Multicultural/Multilingual Issues Courses: A Resource for Instructors*. Retrieved July 2011, from www.asha.org/practice/multicultural/faculty/metaanalysis.htm

American-Speech-Language-Hearing-Association. (2020). *ASHA's Envisioned Future*: 2025. Retrieved from https://www.asha.org/about/ashas-envisioned-future/

American-Speech-Language-Hearing-Association. (2020). *Response to Racism*. [Position Statement] Retrieved from https://www.asha.org/policy/Response-to-Racism/

American-Speech-Language-Hearing-Association. (2008). *Standards for Accreditation of Graduate Education Programs in Audiology and Speech Pathology*. Retrieved July 2011, from www.asha.org/about/credentialing/accreditation/standards.htm?print=1

Banks, J. (1989). Integrating the Curriculum with Ethnic Content: Approaches and Guidelines. In J. Banks, & C. McGee (Eds.), *Multicultural Education: Issues and Perspectives* (pp. 189-207). Boston, MA: Allyn & Bacon.

Gay, G. (1997). Multicultural Infusion in Teacher Education: Foundations and Applications. *Peabody Journal of Education , 72* (1), 150-177.

Hammond, Z. (2015). Building the foundation of learning partnerships. *Culturally responsive teaching and the brain*: Promoting authentic engagement and rigor among culturally and linguistically diverse students (pp. 72-87). Corwin: Thousand Oaks, CA.

Horton-Ikard, R. (2010). Addressing Multicultural Issues. *Contemporary Issues in Communication Sciences and Disorders , 37*, 167-173.

Horton-Ikard, R., Muñoz, M., Thomas-Tate, S., & Keller-Bell, Y. (2009). Establishing a Pedagogical Framework for the Multicultural Course in Communication Sciences and Disorders. *American Journal of Speech-Language Pathology , 18*, 192-206.

Hyter, Y. and Salas-Province, M. (2019). Theoretical framework about culture and cultural responsiveness. *Culturally responsive practices in speech, language, and hearing sciences.* (pp.39-63). Plural Publishing: San Diego.

McCarthy, L. (2003). What About the "T"? Is Multicultural Education Ready to Address Transgender Issues? *Multicultural Perspectives , 5* (4), 46-48.

Morey, A. (2000). Changing Higher Education Curricula for a Global and Multicultural World. *Higher Education in Europe , 25* (1), 25-50.

National Black Association of Speech-Language-Hearing. (2020). Position Statement on Racism. Retrieved from: https://www.nbaslh.org/

Pope, R. (2005). Faculty and Curriculum: Examining Multicultural Competence and Inclusion. *Journal of College Student Development , 46* (6), 679-688.

Stockman, I., Boult, J., & Robinson, G. (2004, July 20). Multicultural Issues in Academic and Clinical Education: A Cultural Mosaic. *The ASHA Leader , 20*, pp. 6-7.

Stockman, I., Boult, J., & Robinson, G. (2008). Multicultural/Multilingual Instruction in Educational Programs: A Survey of Perceived Faculty Practices and Outcomes. *American Journal of Speech-Language Pathology , 17*, 241-264.

Wallace, G. (1997). Infusing Multicultural Content into the Traditional Neurogenics Framework. In G. Wallace (Ed.), *Multicultural Neurogenics: A Resource for Speech-Language Pathologists Providing Services to Neurologically Impaired Adults for Culturally and Linguistically Diverse Backgrounds* (pp. 115-127). Austin, TX: Pro-Ed.

Yin, R. (2003). *Case Study Research: Design and Methods*. Los Angeles, CA: Sage Publications

Yin, R. (2011). *Qualitative Research from Start to Finish.* New York: The Guilford Press.

Appendix A

Multicultural/Multilingual Instruction

Exit this survey

*1. How many years have you been an instructor in the field of communication sciences and disorders?

2. What is your race/ethnicity?

*3. What are your research areas (areas of interest)?

*4. What scientifically/theoretically based courses do you teach?

*5. How do you incorporate multicultural/multilingual issues into your scientifically/theoretically based courses? (Please be specific)

*6. What type of academic content do you focus on when incorporating multicultural/multilingual information into your scientifically/theoretically courses? (Please be specific)

*7. What types of activities do you require students to engage in when increasing awareness of multicultural/multilingual issues?

*8. How do you assess your students' knowledge of multicultural/multilingual issues in your scientifically/theoretically based courses?

*9. Please describe any type of specific professional preparation you have had regarding incorporating multicultural/multilingual issues.

*10. Is there anything further that you would like to share that is pertinent to this study? (Please explain below) or
May we contact you for further information or clarification? (Please provide contact information if willing)

Contact Information:
Andrea "Andi" Toliver-Smith, Ph. D. CCC-SLP
Email: atoliversmith@maryville.edu

| X1gpODv_2frgHr | | E6uK1MhOcpBU | | yzNpMOwOduzx | VW6Yh2TOSWX |
| SIZDISWsUXFc2 | 6kbZZsxbLec_2t | 4_2flgIEBMatuLT | | | i_2bNtHIwWgT2f |

ADDRESSING THE EFFECTS OF RACISM IN SLP GRADUATE STUDENTS: THE IMPACT OF A DYNAMIC RESPONSE APPROACH

Lollie Vaughan-Robinson, Ph.D., CCC-SLP
Jackson State University
Jackson, MS

Amira C. Jessie, B.A.
Jackson State University
Jackson, MS

— ABSTRACT —

The lack of diversity in the field of SLP has created a dramatic mismatch between the clinicians providing services and the clients served. Such a mismatch contributes to racism even if unintended. To address this issue, we utilized a dynamic response to address this issue with our students and future clinicians. This qualitative paper describes an innovative approach, which included the viewing of a documentary on racism, implicit bias activities, and guided discussion to address the impact of racism on current SLP students and faculty with a longer-term goal of raising awareness about racism among all racial-ethnic groups. We believe this type of dynamic approach is effective, sustainable, and applicable to SLP programs nationwide.

KEY WORDS: Racism, guided-discussions, clinic, speech-language pathology

Introduction

This is a phenomenological paper that seeks to disseminate the results of a dynamic response to combat racism among Speech-Language Pathologists (SLPs) in the clinical arena by challenging perspectives of graduate students and faculty through periodic guided discussions and multimedia presentations. These strategies resulted from a qualitative, phenomenological observation of an urban Historically Black College/University's (HBCU) response to the hurt to our African American students caused by American Speech-Language Association's (ASHA) response to George Floyd's death. Thus, the history of the graduate program will be discussed to provide context. Then racial disparity statistics will be presented to underscore the need for a long-term, systematic approach for addressing racism in our field for novice to retired professionals. The current climate of racial tensions will be briefly discussed. Finally, the dynamic response strategy that our graduate program has implemented will be presented.

Jackson State University (JSU) is an HBCU located in Jackson, MS, initially established to educate newly freed slaves in 1877 with the first cohort fully comprised of freed slaves; JSU has flourished with a record of success with global impact. JSU is an urban university in the Southeastern United States, that provides a quality Communicative Disorders (CMD) graduate program with 100% job placement and consistently high (100%) first-time Praxis pass rate. Our program promotes diversity in our students (50% African American, 50% Caucasian) and our faculty

and staff (67% African American, 33% Caucasian). It should be noted that the majority of the White students attended local private high schools that were established in response to integration of the public schools in the 1960s. While these schools are now integrated as well, they are not accessible to all; and this is a part of the regional culture that may differ from other parts of the country. JSU's history and the CMD program's commitment to diversity are exemplified as we strive to develop professionals who are culturally aware, culturally competent, and culturally humble with the clients they treat.

Statistics show that 92% of SLPs are White, leaving the other 8% for racial minorities (Profile of ASHA Members and Affiliates, Year-End 2019, 2020). Clearly a racial mismatch exists. Statistically racial groups comprise a majority of the population with disabilities across the United States. According to the National Disability Institute (Zablotsky & Alford, 2019), African American individuals (14%) are more likely to have disabilities than White (11%), Hispanic/Latino (8%), and Asian individuals (5%).

SLPs are vital to successful outcomes of students with disabilities in school settings. According to the Centers for Disease and Control and Prevention (CDC), non-Hispanic African American children are more likely to be diagnosed with ADHD or a learning disability (16.9% of the population) compared to non-Hispanics Whites (14.7%) (United States Census Bureau, 2019). This is concerning because non-Hispanic African American people make up 13.4% of the entire population within the U.S while Non-Hispanic Whites make up 76.3% of the population (U.S Census Bureau, 2019). These statistics indicate the overrepresentation of Non-Hispanic African American people diagnosed with disabilities given the racial demographics of the U.S. This is critical to acknowledge because SLPs serve predominantly African American populations, especially in school settings.

With the current political climate and different social movements globally, it has become clear that ASHA has voiced concern, but there is still a disconnect from the impact of systematic racism and subsequent effects on African American individuals within the organization and for those whom it serves. ASHA has implemented policies for inclusion and multiculturalism for several decades in its Code of Ethics and program accreditation requirements but has still only had nominal representation of African American leadership on the executive governing council since the 1970s (Muhammad, 2020). Furthermore, research on language disorders in children from low socioeconomic levels reveals an overrepresentation of African American children (Robinson, 2019). This

disconnect was underscored in the ASHA's 'all lives matter' response to the death of George Floyd. The discrepancy in the racial representation of SLPs and the clients that are served need are obvious places of need that may be addressed through undergraduate and specifically graduate programs. Programs that train clinicians using an anti-racist agenda to properly serve individuals from marginalized backgrounds are key and a logical place to start. Implementing anti-racist programs and workshops will help develop more culturally competent clinicians, which will eventually lead to better support of clients as they matriculate into their professional clinical settings, which will ultimately lead to better clinical outcomes.

As our African American students were deeply hurt and felt even more marginalized by ASHA's 'all lives matter' response, we sought a response to help our African American students hear and to help our White students and faculty understand how systemic racism is perpetuated by similar responses. Our response was aimed at creating intentional dialogue and allowing safe spaces for individuals to unlearn their biases and to practice better understanding of how systematic racism impacts African American individuals. Systematic change has to start with honest discussions about race. All of these ideas can be implemented through assigned documentaries, guided discussion activities, and homework assignments. The following section provides an example of successful implementation of these dynamic strategies with graduate students in the CMD program at JSU.

Method

First students and faculty were asked to view the documentary Pushout: The Criminalization of Black Girls in Schools presented by PBS (Morris, 2016). Next, the faculty and students met virtually for guided discussion. The department chair and a graduate student facilitated the discussion over Google Meet. Guided discussion topics included 1) the definition of racism, 2) implicit bias activities, and 3) discussion questions about the documentary. Google Meet Screen Share was utilized as needed to present definitions and activities. Each component will be discussed below.

Participants

There were 14 graduate students who participated. All student participants were female ages 23-30 years. 50% were African American, and 50% were White. The 6 faculty and staff participants were all female as well (67% African American, 33% White) with an age range from 35 – 65 years of age.

Procedures

A regular class meeting time was dedicated to this strategy. The session was presented virtually due pandemic precautions. The department chair sent a Google Meet Invitation for this special session to all participants two weeks before the session. In the email the chair also asked participants to view a documentary about systemic racism in the public schools called *Pushout: The Crimininaliztion of Black Girls in Schools* (Morris,2016). This film was selected for several reasons: 1) many of our students work in public schools during their clinical rotations and upon graduation; 2) this film highlighted systemic racism in public schools' disciplinary practices, specifically toward African American female students; 3) the film also included segments of success stories for African American students, who had found educational facilities that provided opportunities for them to develop their voices; and 4) it was available at no cost to participants.

All students and faculty/staff viewed the film prior to the session. Participants logged on via their personal devices from their homes due to the pandemic precautions. During the virtual session, the facilitators began the guided discussion with a definition of racism, followed by an implicit bias activity, and then finally discussion questions about the film. Each of the components is discussed below.

1) The Definition of racism.

This is the definition of racism that was presented: "the marginalization and/or oppression of people of color based on a socially constructed racial hierarchy that privileges White people," (Anti-Defamation League, 2020). This definition was selected because it addressed the systemic nature of racism and also because online definitions were rapidly changing during Summer 2020 in response to police brutality. The most poignant remarks surrounding the definition were White students shocked that 'hate' was not in the definition. Most of the White students and faculty had, prior to this discussion, only associated racism with hate and violence. Microaggressions were defined and discussed, as well. Limbong's (2020) definition for microaggressions was used, "the everyday, subtle, intentional — and oftentimes unintentional — interactions or behaviors that communicate some sort of bias toward historically marginalized groups." Our African American students and faculty shared their personal experiences with microaggressions and outright racism. The White students and faculty were heartbroken for their peers and friends. The pain was raw as those experiences were shared, and tears were shed by all in attendance. Many peers shared how they have been racially profiled, micro-

aggression encounters, and experiences with police officers. It was apparent that the experiences shared opened up a safe space for people to ask questions and reflect on how they might be contributing to some of the experiences that were shared.

2) Implicit bias activity.

An implicit bias activity was introduced with a slideshow of persons from different backgrounds (African American, White, Hispanic, Muslim, etc.,) with different attire and facial expressions, and participants were asked their opinions of the persons in the pictures. This implicit bias activity was implemented to demonstrate that every person has implicit biases and that they have to be addressed to overcome racism. Two examples that stood out in the responses were: 1) a young adult African American male in scrubs leaned against the wall with his arms crossed and smiling, and 2) a young adult White male with a scruffy goatee, a baseball cap, and a defiant chin-up position to the camera. All participants noted they would keep their distance from the White male in the baseball cap. However, there were varied responses to the African American male in scrubs. Most thought he was a doctor or other health professional (nurse or rehabilitation professional), but a few participants suggested he was a prisoner because of the scrubs.

3) Documentary guided-discussion.

The film was eye-opening for the White students and faculty. Prescriptive questions were asked initially to get the discussion started. For example, "How do you understand microaggressions?" While many of our White students were shocked and appalled by the way African American children were treated in the schools in the film, many of our African American students noted they were not shocked or surprised because they had seen it happen in their schools growing up. A generation gap was also noted as several of the professors noted that police officers did not work in the schools during their childhood; they worked outside to direct traffic. The film masterfully demonstrated that many of the children who struggled greatly had learning differences and needed help developing outlets for their voice and their emotions. This demonstration led to discussion of how SLPs in public schools can help children find ways to express themselves and their emotions more effectively, such as poetry, art, and journaling.

Conclusion

This cathartic approach to combating racism gave our African American faculty and students a safe space to express their hurts and to educate their

White counterparts, providing them increased understanding of privilege, systemic racism, and how to effect change in their careers. The JSU Graduate CMD program's response was more typical of a loving family's response as we all rallied around our hurting sisters to effect change on an individual level. As these individuals go forth in their everyday lives and in their careers, the lessons they learned in those discussions will guide their words and their actions. However, as we have new students each year, and as racism still exists, this effort is ongoing with future film discussions and topics planned for each semester. These discussions will help normalize topics of race and racism and will ultimately hold individuals accountable for their biases and their actions. This dynamic approach is sustainable with minimal cost and maximum benefit. Furthermore, this strategy in effect removes the burden of race discussions off African American students, making this strategy feasible even for departments with few to no African American students or faculty. Similar activities can be easily implemented in departments across the nation to eradicate racism in the clinical setting. Racism will be overcome in the clinical arena as novice clinicians and clinical supervisors participating in these activities transition from university clinics to other clinical settings.

References

Morris, M. (Director). (2016). *Pushout: The Crimininaliztion of Black Girls in Schools* [Motion Picture].

Muhammad, N.T. (2020) *Race and representation in the American Speech-Language-Hearing Association's leadership roles.* (Master's thesis, Jackson State University, Jackson, MS, USA.

Profile of ASHA Members and Affiliates, Year-End 2019. (2020). Retrieved from Asha.org: https://www.asha.org/uploadedFiles/Demographic-Profile-Certificate-Holders-by-State.pdf

Racism. (2020, July 20). Retrieved from Anti-Defamation League: https://www.adl.org/racism

Robinson, G.C. (2019). A Decade of disproportionality: A State-level analysis of African American students enrooled in the primary disability category of speech or language impairment. Language Speech, and Hearing Services in Schools, 50, (2), 267-282.

United States Census Bureau. (2019, July 1). Retrieved from www.census.gov: https://www.census.gov/quickfacts/fact/table/US/PST045219

Zablotsky, B., & Alford, J.M. (2020, March). *Racial and Ethnic Differences in the Prevalence of Attention-Deficit/Hyperactivity Disorder and Learning Disabilities among U.S. Children Aged 3-17 Years.* Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/nchs/data/databriefs/db358-h.pdf

Contact Information:
Lollie Vaughan-Robinson, PhD, CCC-SLP
Email: laura.v.robinson@jsums.edu

PATHWAYS TO THE PROFESSION:
THE UNCG CAMPAMENTO HISPANO ABRIENDO NUESTRO CAMINO A LA EDUCACIÓN (CHANCE) PROGRAM

James R. Wyatt, Ph.D.
Division of Student Success
University of North Carolina at Greensboro, Greensboro, NC

Robert Mayo, Ph.D., CCC-SLP
Department of Communication Sciences and Disorders
School of Health and Human Sciences
University of North Carolina at Greensboro, Greensboro, NC

— ABSTRACT —

This article highlights the UNCG CHANCE program, which is a unique experience that provides Latinx high school students with the opportunity to engage in an intensive five‐day college preparation, exposure to academic majors such as communication sciences and disorders, and leadership skills development experience. The program targets rising senior and junior high school students, encouraging them to attend a creative mix of days in the life of typical college students. These experiences include but are not limited to attending mini-classes, course registration, leadership development, team building activities, campus organizations, cultural experiences, college preparation, and civic responsibility. UNCG CHANCE participants engage with university professors, students, staff to develop a peer/professional network forging positive, healthy mentorship connections focused on academic success and personal growth. The ability to easily replicate a program of this nature makes the UNCG CHANCE program an investment that many universities can start with high institutional buy-in and reasonably low cost to the institution, Latinx students, and their families.

KEY WORDS: Latinx student recruitment, communication sciences and disorders, pipeline, pathway programs, college access, leadership, community

Background

Communication sciences and disorders (speech-language pathology and audiology) are consistently listed among those health professions with tremendous employment opportunities. It is anticipated that between 2020 and 2029 the number of jobs available for those persons trained as either speech-language pathologists or audiologists will increase by 25 percent and 13 percent, respectively (U.S. Bureau of Labor, 2020). Moreover, individuals with graduate degrees in speech-language pathology or audiology will be able to choose from a wide variety of employment settings, including schools, healthcare facilities, private practice, industry, universities, and corporate venues to name a few.

A major requirement on the pathway to this bright future is the attainment of a graduate degree---a master's degree in the case of those desiring to become a speech-language pathologist and a doctor of audiology degree (AuD) for those pursuing a career in hearing healthcare. Admission to graduate school in communication sciences and disorders (CSD) is a highly competitive process and is generally based on an applicant's grades, scores on the Graduate Record Examination, letter of interest/statement of purpose, and letters of recommendation. There are to be sure, other factors which graduate programs consider when reviewing a student's application. These might include extracurricular activities, research experiences, community service participation, etc. Thus, the body of work that a student has produced during their undergraduate education is displayed before the critical eyes of members of the graduate admissions committee for their review and evaluation. It is no exaggeration to say that how a graduate admissions committee views an applicant's dossier and the decisions it makes based on this information can have life-changing implications.

For many Latinx students, the pathway to the CSD professions involves the traditional route of undergraduate university study where the percentage of racial/ethnic minority students enrolled in bachelor's degree-level CSD programs in the United States averaged 23.7% over the eight-year period between 2011 and 2019 (ASHA, 2019). Latinx students frequently face the challenges of being first-generation collegians; learning the culture of the classroom (e.g., interacting with professors and seeking their assistance, engaging in classroom discussions); identifying and accessing support systems; and last but not least as explained by Ellis and Kendall (2020), overcoming systemic racism. In our experience, a successful approach to increasing the number of Latinx students who are made aware of and guided into the CSD disciplines is by active recruitment at the high school level paired with pre-college experiential activities designed to nurture their desire to attend college and place themselves on the pathway to the professions. The purpose of this paper is to describe a formalized program, UNCG CHANCE, a pipeline program developed to recruit Latinx students to college and introduce them to a variety of majors including CSD.

UNCG CHANCE Program Inception

Developed in 2017 at the University of North Carolina at Greensboro (UNCG), the UNCG CHANCE Program (Campamento Hispano Abriendo Nuestro Camino a la Educación) is a unique pipeline experience providing 160 Latinx high school students with the opportunity to engage in an intensive five-day college preparation and leadership skills development experience. Initially funded as part of the Bill and Melinda Gates Foundation Frontier Set Grant and subsequently supported by the University, CHANCE recruits Latinx students across the State of North Carolina to attend a creative mix of days in typical college students' lives. These experiences include but are not limited to, attending mini-classes, course registration, college preparation, leadership development, team building, campus organizations, cultural backgrounds, and civic responsibility. CHANCE participants engage with university faculty, students, and staff to develop peer and professional networks forging positive and healthy mentorship connections focused on academic success and personal growth. The oversight of CHANCE is guided by the CHANCE Committee which consists of faculty, staff, graduate and undergraduate students who provide logistical operations and programmatic scheduling during the week of the camp.

Based on data from Bransberger & Michelau (2016), there are approximately 421,000 Latinx students in the k-12 educational pipeline in the state of North Carolina and 105,845 of them will graduate from high school over the next six years. The statewide collaborative network of high schools and universities we have established over the last four years in North Carolina indicates that many of these students are from families with no previous college experiences, which presents unique challenges. While 90% of our Latinx students participating in CHANCE are US citizens, their families originated in other countries (e.g., Mexico, South American countries, and Spain). The students and families often struggle due to a lack of knowledge about accessing and navigating the pipeline-to-college process (e.g., the college application process, financial aid application process, FAFSA and scholarships), as

well as applying for housing, or registering for classes once admitted. College pathway outreach initiatives create an opportunity for Latinx students and their families to gain valuable knowledge and insight on techniques and information needed to apply for the various aspects of matriculating to college upon high school graduation. According to Mwangi (2017), gaining access to higher education helps uplift communities. The CHANCE program not only provides a pathway for the students participating in the week-long camp; students take what they have learned back into their home communities and share the knowledge gained.

Although the CHANCE program is designed as a pipeline experience, the CHANCE Committee's primary goal has not been to ensure the students who participate eventually attend college at UNCG. Instead, the program operates from a developmental approach, understanding the overall benefits to North Carolina youth to attain their education regardless of the college they attend. UNCG serves as an active contributor to the statewide effort to have 60% of North Carolina's population earn a college education by 2025. The Latinx community is the fastest growing population in the state (at a growth rate of approximately 110% per year). Thus, establishing pipeline programs for this population is not only logical, it is a necessity

Institutional Buy-in/Engagement

The program's overall success is due to the broad-based engagement of the university in this summer initiative. The CHANCE program has 97 faculty and staff members who volunteer their time during the week to teach mini-classes and provide cultural, organizational, team building, and civic engagement sessions for the student participants. These personnel design their mini-curriculums and create positive relationships through their interactions with these students by weaving culturally relevant content into their presentations. Faculty involved represent the School of Health and Human Sciences, Joint School of Nanoscience/ Nanotechnology, School of Education, School of Nursing, College of Visual and Performing Arts, College of Arts and Sciences, University Libraries, and School of Business. There are several main disciplines within each School or College that students gravitate to yearly. These are communication sciences and disorders, biology, nursing, chemistry, political science, psychology, business management, elementary education, and accounting. Staff members engaged with the CHANCE camp work in the following areas; Chancellor's Office, the Division of Student Affairs (Dean of Students, Intercultural Engagement, Leadership and Civic Engagement, and Recreation and Wellness), the Division of Student Success, Division of Enrollment Management (Admissions & Financial Aid), University Police, Business Affairs, and Alumni Affairs.

CHANCE Program Description and Outcomes

The CHANCE curriculum is not designed to convey cutting-edge theory, practice, or pedagogical approaches to a specific degree. Instead, it is intended to provide students with information about the disciplines of interest and broaden their understanding of employment and graduate/professional school possibilities upon their graduation from college. One example of how the program was designed to approach the curriculum is the banking industry. Faculty share information about the multiple disciplines needed in this industry, such as political science, communication, accounting, finance, policy, human resources, forensic computer science, and management, to name a few. In addition to the faculty and staff, 32 undergraduate and six Latinx graduate students are assigned as mentors and coordinators for the high school students. Mentors and coordinators stay in the residence hall with the students and provide 24/7 assistance with issues and advice as needed. Graduate student coordinators serve as advisors to the mentors when problems arise, requiring additional maturity and institutional policy knowledge. The mentors and coordinators also maintain direct contact with the Director of the CHANCE camp and other administrative camp staff to ensure federal, state, and institutional policies are adhered to at all times. The mentors also provide a valuable resource for aspiring high school students seeking to enroll at a university. These college students serve as the bridge between what the students are learning in their mini-classes and sessions and the practical experiences on campus and within the community or seeking advanced degrees. Through the UNCG students sharing their college experiences from social justice and political perspectives as well as their real world interactions with systemic, structural, implicit, and explicit biases, CHANCE participants gain valuable insight regarding what to expect and prepare for on a college campus.

In addition to the class sessions' academic/professional focus, students also attend core sessions specifically focused on the admission, housing, and financial aid application processes. These sessions facilitated by the Offices of Undergraduate Admission, Housing & Residential Life, and Financial Aid walk students through the actual process of applying using official applications for the FAFSA, housing, and admission to UNCG. Although program developers realize that there will be slight differences in admission applications between institutions, we have been informed by students (via surveys) and parents

(at each closing session) that having a basic understanding of how to respond to questions and provide the requested information helps reduce stress during the application process. There are also special sessions designed to address DACA issues and navigate working through the application and aid policies for undocumented students.

Tuesday afternoon and evening sessions are dedicated to the Amy Williamsen Speakers Symposium and focus on different aspects of college life and developing and becoming comfortable with who they are culturally and within their home communities. Nationally known speakers are invited to present to the students on a topic related to one of several areas (their culture, what's in their name, leadership, civic engagement, scholarship, or agency within the Latinx community). Over its three years of existence, 340 Latinx students have participated in CHANCE. Students from over 45 of the state's 100 counties have attended the CHANCE camp over its three years of operation. These counties span the state from the mountains to the coast (east and west) and from northern to the most southern counties. Since its inception in 2017, the visibility and work of the CHANCE program via word-of-mouth by student participants, high school teacher and counselor referrals, collaborators from other universities, and parents from the Latinx community has helped spur an uptick in UNCG's undergraduate student population by approximately 63% (from 1,308 in 2016 to 2,073 in 2020). From the 2017 cohort, 57.3% of participants have enrolled in college, with a retention rate of 92% for those enrolled at UNCG. These students have also achieved an average GPA of 3.3. Note that the CSD undergraduate program requires at least a GPA of 3.0 for admission.

The CHANCE program's growth rate of 162% from its initial year (2017) of 61 campers to the 2019 camp hosting 160 (over 300 applied to attend) participants is a testament to the perceived value of the UNCG CHANCE program to the Latinx community. Additionally, program evaluations have found that our best recruiters for this program are the students and their families upon returning to their respective homes. To further solidify the importance of a program of this nature, below are included several quotes from the students' assessments about the importance of the program. Additionally, personal anecdotes from parents of some CHANCE participants are provided about the program's impact on their lives. Pseudonyms are used for students.

Student Comments:

Margarita:

"The experience was so eye-opening and inspiring. It truly changed my life and gave me the motivation to pursue my dreams. I am an undocumented student, and after DACA was canceled, I was sure I had lost all hope of going to college. This camp allowed me to understand the college process, a concept so foreign to me as a first-generation student. You took the time to explain to all the undocumented students (DACAmented students) different ways to apply to college. You and all the other staff and mentors gave me so much hope. I was selected as a finalist, and I matched to Wellesley College on a full ride. It was through one of the mentors that I found out about Golden Door Scholars. This year students without DACA could apply, and I was selected for this scholarship as well."

Ricardo:

"Thanks to CHANCE, I am going to be the first in my family to graduate from college."

Eric:

"I believe that we did a pretty good variety of things, which led to me opening my eyes to more things and opportunities."

Jessica:

"I want to thank everyone involved, and especially my parents for encouraging me to come. I did not want to because I never thought that college was me. I didn't think I ever could go; I had convinced myself I did not want to go. Now, thanks to CHANCE, I want to go, and I know I can make it. Thank you, CHANCE, for giving me my dream."

Parent Comments:

"As a Latina, I fell into the trap of believing all those who told me, "You can't...You can't go to school, you can't get a better job...you can't build a better life." As a woman, I faced even more obstacles. I gave up. We face so many obstacles; we start to limit ourselves. Thank you, CHANCE, for showing our children they can, que Si se puede."

"Thanks to CHANCE, my daughter will be the first in her family to graduate with a university degree."

One father broke down in tears as he thanked the CHANCE staff, lamenting that "his academically gifted older son, now a father of two children, never finished college, he earned a two-year degree from a community college." He pleaded with us to help his son.

"Let's make sure that Si se puede is more than just words we repeat. We must all work tirelessly so that each of our children know they can. That we are here to ensure they succeed."

Based on survey results, 96.83% of the CHANCE participants (122 of 126 respondents, some students departed before participating in the survey) indicated that this program helped them feel more prepared/ready to go to college. The students' satisfaction for the mini-classes for the 2019 camp was high, with 88.6%, indicating they were satisfied or extremely satisfied. Participants expressed a desire for showcasing a wider variety of academic disciplines; however, the program was limited due to lack of space and competition with other ongoing summer camps (e.g., speech and hearing center camp, band camp, etc.). Students commented that they wanted to learn more about non-traditional disciplines (typically majors that award degrees to a smaller cohort of students).

Significantly, 92.8% of the students stated the program helped them feel more prepared to apply for college and the financial aid process. Also, 67% thought the CHANCE program helped strengthen their leadership skills and enable them to return to their communities, and high schools prepared to engage in leadership roles and assist other students in their communities to apply for admission and financial aid to college. The reasons for being a strong leader included: finding their "voice" among their peers; forced to get out of their comfort zones by leading different segments within their groups; learning how to guide people in the right direction without taking full control of situations that arose during the week, and being inspired by the positive interactions with the mentors and camp staff.

The CHANCE camp has been recognized nationally, regionally, and locally in the news media and by awards of recognition by Excelencia in Education in 2019 as a Program to Watch for its commitment to creating educational opportunities for the Latinx community.

Suggestions for Replicability at Other Institutions

It should be noted that the actual costs of a program of this nature are driven by the market prices for doing business on your campus and its surrounding community. Therefore, some institutions will be able to fund a program of this nature at a substantial saving. In contrast, others may experience higher costs due to the location, institutional policies, and buy-in from their faculty and staff. The program has been fortunate to encumber no fees associated with faculty and staff to work with this program. The incentive for faculty participating in the program is the opportunity to share their pedagogical and research interests with students, as well as the chance to collect data and publish their findings based upon their work. Some faculty members have become mentors to CHANCE students and maintained those relationships once a participant enters college. Working with the CHANCE camp for graduate and undergraduate students serves several purposes including resume builder, giving back to the Latinx community, building leadership skills, etc. Also, critical to the success of this program is engaging university student support staff to work with these students. These individuals are typically from the offices of Student Success; Student Affairs (multicultural, leadership and service learning, Dean of Students, and career services); Academic Affairs; and Advising.

As previously noted, buy-in and support (financial and non-financial resources) from upper university administration is important to the success and continuity of programs like CHANCE. Costs and resources for supporting a program such as CHANCE could be shared across university units and CSD academic programs can contribute through faculty and student volunteers and experiential activities (e.g., audiological assessment equipment and assessments, voice and speech instrumental examination techniques). As has been observed at the program home institution, a significant return on investment can be realized in the form of increased college student enrollment and tuition dollars when Latinx students bond with and ultimately attend a university that has demonstrated an interest and commitment to their futures. For example, in 2020, one-third of our CSD undergraduate majors at UNCG are Latinx and many of them (i.e., 23) are former CHANCE participants.

Conclusion

According to Schak, Bentley, Nichols, & Pilar, (2019), "if state leaders would commit to addressing

systemic racism and barriers throughout the educational pipeline, that might go a long way towards ensuring that public colleges and universities serve and support *all* state residents" (p. 29). Kiyama & Harris, (2015) also noted that students and their families' opportunities to pursue a college education were limited due to how the educational structure fails to provide critical information needed to access higher education. UNCG CHANCE was designed to open the doors of higher education to the Latinx communities in North Carolina by providing timely information high school students need to navigate the transitional process from high school to college. As a college immersion program, CHANCE provides the experience of a typical residential college student navigating campus without the pressure or consequences associated with actually being enrolled. This pipeline program provides faculty with the opportunity to position their fields of study in unique ways that do not confine students to a homogenous approach by failing to provide culturally relevant subject matter that resonates with the students and their families.

CHANCE is intentionally focused on delivering a comprehensive experience of student life on campus from an academic and co-curricular perspective that is tailored to the needs of the students participating in the program. Also infused within the structure of this program are opportunities for participants to hear from Latinx alumni and other college graduates about their experiences, which impacts the students by helping them see their potential futures upon attending and graduating from college. Furthermore, by providing the space for participants to engage with faculty and staff as well as each other, this program strives to develop peer/professional networks that forge positive, healthy mentorship connections focused on academic success and personal growth. In summary, the CHANCE college access program is designed to encourage Latinx students to attend college by increasing their awareness of higher education through information and experiences which demonstrate that college is well within their reach.

References

ASHA (2019). Communication Sciences and Disorders Education Trend Data. Available at https://www.asha.org/uploadedFiles/Communication-Sciences-and-Disorders-Education-Trend-Data.pdf.

Bransberger, P., & Michelau, D. (2016). *Knocking at the College Door: Projections of High School Graduates* (9th ed.). Western Interstate Commission for Higher Education, Boulder, Colorado. Available at https://knocking.wiche.edu/

Ellis, C., & Kendall, D. (2020). Time to act: Confronting systemic racism in communication sciences and disorders academic training programs. ASHA Journals: CSD Preprints. https://doi.org/10.23641/asha.12912266.

George Mwangi, C.A. (2017). A family affair: Examining college-going among Sub-Saharan African immigrants in the U.S. through a funds of knowledge lens. In J. Kiyama & C. Rios-Aguilar (Eds.). Funds of knowledge in higher education: Honoring students' cultural experiences and resources as strengths (pp. 106-124). New York, NY: Routledge Taylor & Francis.

Kiyama, J., & Harris, d. (2015). Implications for practice and policy: High school persistence and college access. In D. Harris, & J. M. (Eds.), *The plight of invisibility: A community-based approach to understanding the educational experiences of urban Latina/os* (pp. 161-168). Peter Lang Publishing, Inc.

Schak, O., Bentley, C., Nichols, A., & Pilar, W. (2019). Broken Mirrors II: Latino Student Representation at Public State Colleges and Universities. Washington, DC: The Educational Trust.

Contact Information:
James R. Wyatt, Ph.D.
Email: jrwyatt285@gmail.com

SUSTAINED EFFORTS IN RACIAL TRANSFORMATION: A CALL TO ACTION TO TRAIN STUDENTS IN COMMUNICATION SCIENCES AND DISORDERS

Vernée Butterfied, Ph.D., CCC-SLP
Booker T. Washington Academy
New Haven, CT

Tommie L. Robinson, Jr., Ph.D., CCC-SLP, FNAP
Children's National Hospital
Scottish Rite Center for Communication Disorders
The George Washington University School of Medicine and Health Sciences
Washington, DC

— ABSTRACT —

The reaction to George Floyd's public murder by the police caused uproar around the world and left educational institutions with the unspoken charge to institute change. This article will focus on developing sustained efforts in training students in communication sciences and disorders to be providers of services while being cognizant of racial equity and inclusive teaching. Information will be addressed regarding skills needed in administration and for academic leaders, faculty, and students.

Keywords: Racial Equity, Racial Diversity, Anti-Racist, Teaching Pedagogy, Teaching and Learning, Inclusive Teaching

Introduction

In the wake of George Floyd, a global pandemic forced the world to stand still and witness the murder of an unarmed Black man at the hands of those poised to protect and serve. Protests across the globe highlighted the continued exploitation, marginalization, and discrimination of Black Americans, bringing to light the understanding gained regarding systemic racism. Key questions that remain are: 1) What happens once the protests end? 2) How is a deeper understanding of systemic racism gained? and 3) How do professionals at educational institutions learn ways to interrogate and dismantle racism in their personal lives and the workplace? The responsibility of professionals in the field of Communication Sciences and Disorders (CSD) at higher education settings is to provide sustained efforts that focus on molding anti-racist clinicians whose service delivery meets the needs of racially diverse patients/students/clients. Sustained efforts for racial transformation are defined as actions that are ongoing, maintained, and prolonged with the — idea of embedding practices within all facets of speech-language pathology and audiology CSD higher education programs. This article will outline ways to develop anti-racist teaching that impacts training students in speech-language pathology and audiology programs.

Discussion

Although achieved in a variety of ways, effective leadership should be the cornerstone to develop

sustained efforts in racial transformation. Effective leadership on racial issues must be institutionally driven in order to be perceived as significant for all involved. The power of leaders within organizations is not to be taken lightly and the only way to be successful with eradicating racism and enhancing inclusive service delivery is a top down approach to the process of training students in CSD. Successful educational institutions must consider creating corporate goals and/or position statements depicting its unwavering commitment to racial equity. However, prior to the corporate goals and/or position statements, university presidents and the board of trustees should require racial equity "submersion" before embarking in these endeavors. Racial equity submersion will allow for tangible, cohesive corporate goals and/or position statements that create a space for a top down approach to permeate throughout an educational institution. This top down approach enables both the university president and board of trustees to institute actions centered on racial equity, which are then passed onto administration and faculty. Faculty then train students to develop their racial lens to better serve clients/students/patients in clinical encounters, thus infusing embedded practices within the program and stakeholders at large.

Issues and Solutions:

Requirements for Anti-Racist Leaders

Issue: The department chairs of Communication Sciences and Disorders programs lack anti-racist leadership.

Solutions: All CSD programs need to require diverse anti-racist leaders in order to drive sustained efforts in racial transformation. These leaders must possess an open mind and cultural responsiveness to create lasting, positive change for equitable speech-language pathology and audiology practices. Leaders who are able to maximize their strengths and leverage inclusive experiences provide students with a broader capacity for learning. Anti-racist leadership is about becoming more racially aware and developing the skills to dismantle racism and the connected oppressions (Superville, 2020). For example, one way to begin disrupting racist undertones within the field is to teach CSD students about the overrepresentation of Black students with individualized education programs (IEP). Sustained efforts mean leaders need to make anti-racist work the centerpiece of their program. CSD programs must proactively seek leaders who are committed to leading anti-racist departments and supporting faculty and students with comprehensive course work as well as coaching and professional development inclusive of

themselves. For example, Miller (2019) notes that "Leaders can be a powerful antidote to race inequality and discrimination in organizations" (p.987). When leaders understand the definition of racism and its impact, then they are able to address race related issues that arise in their educational and professional setting (Miller, 2020). Professional development sessions also become much more meaningful as they engage participants in tangible, systematic exercises designed to develop a racial lens.

Faculty Requirements for Anti-racist Teaching

Issue: There is currently a dearth of diverse faculty who are equipped to address racial issues.

Solutions: CSD programs need faculty from diverse backgrounds inclusive of expertise in teaching about race and inequality. Because the professions of speech-language pathology and audiology are dominated by White practitioners, CSD higher education programs must adjust their recruitment practices to reflect faculty who effectively engage in racial equity teaching (ASHA, 2020). Faculty then, according to Kishimoto (2016, p.540), can "incorporate the topics of race and inequality into course content, teach from an anti-racist pedagogical approach, and anti-racist organize within the campus linking efforts to the surrounding community." In speech-language pathology and audiology programs, faculty must develop racial awareness and understand their social position within a broader context as well as within their discipline. Their research and departmental work must also reflect such endeavors. This broader scope of practice gives rise to sustained efforts by faculty that reach beyond the tier one anti-racist approach that involves "simply incorporating racial content into courses, curriculum, and discipline" (Kishimoto, 2016, p. 540). In turn, faculty engage all learners and enable budding clinicians to provide service delivery through their racial lens even if a course is not centered on race within the field.

Comprehensive Coursework and Individual Racial Awareness and Recognition

Issue: Current coursework offers a limited scope of anti-racist practices

Solution: "Racial equity is defined as just and fair inclusion into a society in which all people can participate, prosper, and reach their full potential" (Blackwell, Kramer, Vaidyanathan, Iyer, Kirschenbaum, 2017, p. 6). The challenge in academia, however, is how to apply racial equity to teaching in order to promote an atmosphere of learning that is centered on maximizing everyone's potential. Because of the broad impact that it has on society and the patients/students/clients that are served, sustained efforts

should include a racial equity lens throughout university clinical training programs. However, a majority of "university-based preparation programs have not prioritized anti-racist" courses, often providing one or two equity courses nearing the end of a program signifying they are of less importance (Superville, 2020, p. 22). Current survey results show 82 percent of educators did not receive anti-racist or abolitionist professional development in their preparation programs (Superville, 2020). Results also showed more than half had neither training nor the resources to support the implementation of an anti-racist curriculum and only 14 percent had both the training and resources to do so (Superville, 2020). These findings suggest sustained efforts should entail comprehensive course offerings that must work symbiotically with individual racial awareness and recognition in order to become anti-racist clinicians. Communication sciences and disorders coursework should engage in embedded practices to allow for infusion of a racial equity lens and/or develop courses specifically designed to address this issue. This approach should ideally carry over to clinical training encounters and eventually the workplace.

Summary

University training programs in CSD have a role to play in helping society heal and must do a great deal of work to yield results. In order for the institutional goals and mission driven transformation to be successful, institutions and programs will need to build in sustained efforts at the administrative, teaching, and clinical levels. Sustained efforts within racial transformation require multiple forms of accountability that can be systematically and methodically measured and evaluated.

References

American Speech-Language-Hearing Association. (2020). *Profile of ASHA members and affiliates, year-end 2019*. Retrieved from www.asha.org.

Blackwell, A.G., Kramer, M., Vaidyanathan, L., Iyer, L., & Kirschenbaum, J. (2017). *The competitive advantage of racial equity*. Retrieved from, https://www.policylink.org/sites/default/files/The%20Competitive%20Advantage%20of%20Racial%20Equity-final_0.pdf.

Kishimoto, K. (2018). Anti-racist pedagogy: from faculty's self-reflection to organizing within and beyond the classroom. *Race Ethnicity and Education, 21*(4), 540-554.

Miller, P. (2019). 'Tackling' race inequality in school leadership: Positive actions in BAME teacher progression – evidence from three English schools. *Educational Management Administration & Leadership, 48*(6), 986-1006.

Miller, P. (2020). Anti-racist school leadership: Making 'race' count in leadership preparation and development. *Professional Development in Education, 1-15*.

Superville, D. (2020, September 23). Principals Need Help Building Anti-Racist Schools; School Leaders Need Support but They Can Also Take Immediate Steps. *Education Week on the Web*, 40(6), 22-24.

Contact Information
Vernée Butterfield, PhD, CCC-SLP
Email: vernee.butterfield@btwanewhaven.org

AN UNLIKELY DUO

Molly Jacobs, Ph.D.
Department of Health Services & Information Management
East Carolina University, Greenville, NC

Racism has been a stain on the soul of the United States for centuries. Generations of workers were born, lived and died only knowing a world where communities, neighborhoods and churches were identified by the color of their inhabitants. Their jobs began with compulsory sexual harassment, cyber security and anti-discrimination trainings. Despite efforts, decades of struggle, racism, discrimination and bigotry remain pervasive in every vein of the American workforce even those whose mission is to improve the lives of those they serve like communication sciences and disorders (CSD) and the field of speech language pathology (SLP).

Communication Sciences & Disorders (CSD) researchers and practitioners are not explicitly racist. In fact, most are committed to treating all patients equally. However, they practice in an inherently racist system. A system which has been built upon subconscious prejudices and implicit biases. In a system built upon inequality and systemic prejudice, individual partiality is often unrecognizable and often acceptable. To concede to the status quo is to accept these institutions as they are without awareness that they must evolve and the desire to see that change. The attention that the COVID-19 pandemic has brought to the existence of racial disparities should be utilized by both practitioners and academics as an opportunity to actively learn and expand their knowledge on cultural competence, cultural humility, sensitivity, diversity and inclusion.

Now that the platform has been established and awareness has been raised, the time has arrived to end the ingrained, or structural, racism, as well as implicit bias in CSD. Racism is not a condition that impacts only the marginalized population. Racism is a problem for all individuals because it limits the advancement, discovery, assistance and growth that all members of society can achieve.

What is the remedy? Articles addressing racism in clinical practice and academia suggest many of the same things—to fight racism and discrimination, we all need to recognize, name and understand the attitudes and actions of others. We need to be open to identifying and controlling our own implicit biases. We need to be able to manage overt bigotry safely, learn from it and educate others. These responsibilities need to be a part of CSD research and education, as well as institutional policy. We need to practice and model tolerance, respect, open-mindedness and peace for all individuals. Everyone has an obligation, and everyone can take actionable steps to advance this goal in their work, community and personal interactions. Only in a world where we are constantly striving for equity and justice, can we all maximize our potential.

In the fall of 2019, a colleague suggested that I meet a senior faculty member in the Department of CSD at my university who had proposed an interesting research hypothesis. Later that week, I met the individual who would quickly become a favorite collaborator, a trusted mentor and an enduring friend. Superficially we were an unlikely pair—I was a white, female, junior faculty economist and he was a well-published, senior, black, PHD, SLP—but together we have produced the most interesting, thought provoking and impactful research that has had projected my career to a new level.

On paper we might have appeared opposites, but our fundamental understanding of research, commitment to standard and ethics and intellectual curiosity were highly comparable. This collaboration illustrates the strides that can be made and the milestones that can be achieved when we accept, recognize and understand one another choosing to grow out of our differences using these lessons to educate and inform others.

Contact Information:
Molly M. Jacobs, PhD
Email: jacobsm17@ecu.edu

ME AND MICROAGGRESSIONS: A FRAMEWORK FOR OVERCOMING MICROAGGRESSIONS IN COMMUNICATION SCIENCES AND DISORDERS ACADEMIC PROGRAMS

Karen C. Davis, Ph.D. CCC-SLP
Department of Health and Human Performance
Middle Tennessee State University, Murfreesboro, TN

In light of the recent acknowledgment of social and racial injustice in this country, the discipline of communication sciences and disorders (CSD) has been reflecting on the experiences of minority practitioners, faculty, and students. I was assigned to teach a multicultural course this semester. To prepare for my course, I attended several of the live webinars sponsored by the American Speech-Language-Hearing Association (ASHA), journals, and other special interest organizations. These webinars addressed issues of cultural diversity and equity within CSD. Panelists that participated in these webinars shared their experiences along with recommendations for change. From these webinars, I heard descriptions of verbal behaviors that appeared to be racial, perpetuated stereotypes, and often disregarded individual's feelings. The panelists often discussed how these behaviors were not overt, but after a while could negatively impact an individual's well-being. The term 'microaggression' was mentioned. In addition to watching webinars, I researched journal articles regarding recruitment and retention of minority students in CSD. Ginsberg's (2018) research on African American speech-language pathology students' academic success caught my attention. She defined and discussed microaggressions that participants in the study experienced.

As I read Ginsberg's (2018) article, I began to reflect on my experience with microaggressions in academia as a student. I recall the feelings of loneliness and self-doubt. While in school, I did not realize I was experiencing microaggressions because it is often downplayed; therefore, I did not know what to call it. There are scholars (e.g., Campbell & Manning, 2014; Lilienfeld, 2017; Thomas, 2008) that minimize the impact of microaggressions and believe microaggressions are just everyday rudeness that anyone can experience. However, Sue (in press), has provided evidence that microaggressions, particularly, racial microaggressions are indeed more than just general rudeness. Racial microaggressions are constant acts experienced by people of color and symbolic of past social and governmental injustices.

The purpose of this paper is to define microaggressions for readers and discuss its impact on the educational experiences of minority students. I will share personal experiences in academia to provide examples of the various types of microaggressions. Lastly, this paper will introduce a framework developed by Sue, Alsaidi, Awad, Glaeser, Calle, and Mendez (2019) highlighting strategies to address racial microaggressions within communication sciences and disorders programs.

Microaggression

The term "microaggression" was first coined in 1978 by Chester M. Pierce to describe a phenomenon of subtle negative exchanges directed toward African Americans (Pierce, Pierce-Gonzalez, & Willis, 1978). Microaggressions can be related to race, gender, sexual orientation, socioeconomic status, religion, or other features that reflect some aspect of personal identity. While microaggressions most often present as verbal slights in spoken language, they may also take on nonverbal or environmental forms (Harrison & Tanner, 2018). Environmental forms are often difficult to recognize and remedy because they exist on a systemic level. Examples of environmental forms are having only one student of color in a program (tokenism), curricular exclusion of content and perspectives from non-white authors, and emphasizing the narratives of white people regarding race (Minikel-Lacocque, 2013). Racial microaggression is defined as the everyday slights, insults, putdowns, invalidations, and offensive behaviors that people of color experience in daily interactions with generally well-intentioned white Americans who may be unaware that they have engaged in racially demeaning ways toward target groups (Torres, Driscoll, & Burrow, 2010). The idea of microaggressions has been

around for decades, but it has more recently come to the forefront in disciplines such as psychology, teacher education, social work, and medicine. There are three types of microaggressions: (a) microinsults (b) microinvalidation, and (c) microassaults. I will discuss my experience with all three types.

Microinsults. Microinsults are interpersonal or environmental communication that conveys rudeness, insensitivity, and stereotypes that cast a negative light on a particular demographic group. For example, commenting on how well an English Learner speaks English or asking someone of color if their presence in a particular school or job is through minority-focused initiatives (e.g. grants, scholarships, affirmative action). Microinsults are often committed unconsciously; therefore, appearing more subtle (Harrison and Tanner, 2018; Sue, 2010). During my time in graduate school, there were multiple instances where I experienced microinsults as a daily right-of-passage. I recall two specific incidents of microinsults that I experienced that can be considered examples of microsinsults.

Microinsult example 1. After completing a presentation for a one-day workshop, an attendee approached me afterward and said to me, "I don't know how to really say this, but you speak so well; very professional." She went on to tell me that she works with an inner-city afterschool program consisting primarily of African American adolescent females. She stated, "I wish they could see and hear you present. You are such a great example." I thanked the attendee for the compliment and felt this relief because a few weeks prior I had conducted an oral presentation in class. A rubric was used to grade the presentation and I lost points due to my accent, my hand gestures, and a couple of features of African American English. The comments recommended that I be careful of these behaviors because it takes away from my professionalism. In this example, the individuals shared these comments to compliment me and to prepare me to be successful during oral presentations. However, commenting on how articulate I am, sends the message that it is uncommon for African Americans to have a command of Standard American English and a level of professionalism. Telling me to watch my verbal and non-verbal behaviors sends the message that the way I communicate is abnormal and I must change aspects of my identity to meet their standards.

Microinsult Example 2. I was accepted into the ASHA Minority Student Leadership Program (MSLP) and my professor announced it to my cohort. I was in the workroom with one of my classmates and she congratulated me. My classmate then asked me about the program details and I explained the purpose and described the award package. My classmate says to me, "I find it interesting that ASHA has such programs, but there are no special programs that I can apply to. There are not any special programs like that for me because I am white." I took her words to mean that as a minority, I have access to more resources and programs within our discipline and she felt that was unfair. She then eluded to another minority student being accepted into a graduate program because of the program's need to meet a diversity quota. As described in the definition of microinsults, my classmate was not intentionally trying to be insulting, but her words communicated that minorities are given advantages to programs based on race and not their ability. Truthfully, there were times I did feel that I may have been accepted into the program due to my race. At the time I was the first and only minority in the newly established program. My classmate's comments confirmed what I thought my white peers may have been thinking about my presents in the program. I internalized what she communicated and began to question my capabilities and worthiness to be in the program.

Microinvalidations. Microinvalidations are defined as communications that exclude, negate, or nullify the thoughts, feelings, or experiential realities of certain groups. For example, the validity and accuracy of the experience are questioned. A person of color may be told that they misunderstood the communication, they are being overly sensitive, or their concern is just disregarded (Sue, 2010; Harrison & Tanner, 2018). I share an experience that serves as an example of microinvalidation.

Microinvalidation example. I witnessed a professor make a stereotypical joke to another professor about being late all the time. The comment was, "I don't know why you are always late; you are not from the population/community that is known for that." I interpreted the comment as making a generalizing about a group of people of color. I shared this with a white classmate and she responded by saying I was probably being too sensitive. I began to think that maybe my classmate was correct; however, I was still bothered by it. I shared the incident with an African American faculty member and I observed a look of disappointment on this faculty member's face. The faculty member said to me, "I will not comment on that. Just keep your head down and do not bite the hands that feed you. Do what you have to do to get out of this program." In this example, my feelings were not acknowledged. Denying the reality that faculty can make culturally insensitive comments sends the message that my concern is not viewed seriously. By the faculty member choosing to not comment on the situation, suggested that my program may not be supportive of similar discussion is presented and

that could potentially make my journey to graduation difficult.

Microassaults. Unlike microinsults and micro-invalidations, microassaults are biased attitudes, beliefs, or behaviors that are communicated to marginalized groups. Also, microassaults are described as conscious and deliberate. It is the microaggression that is easier to identify because it is mostly related to outright prejudice and discrimination (Sue, 2010). There were several times I experienced microassaults as well. I will share two experiences that can serve as examples.

Microassault Example 1. I remember being in class with my peers sharing research proposals as part of the class assignment. One peer shared her research and stated boldly that her study will only include White participants and not minorities because there is always research addressing minority participants' needs. Although my classmate had the right to conduct a study targeting a specific population. However, in research, a rationale supported by the research literature is needed. This classmate's rationale was not supported by research, but her perception that minorities receive too much attention in research and she verbalized that in class as she quickly glanced at me. This communication aligned with "outright discrimination" that is in the definition of microassaults.

Microassault Example 2. Another exchange with this peer involved discussing the various celebratory multicultural programs supported by the university for Black History Month. This discussion happened in a class in which she and I were the only students enrolled. This peer expressed, "I am so tired of this multicultural stuff and such initiatives are not needed and quite exhausting." Later in the class, and the instructor was present, she made the following comment, "Bill Cosby says there is no need for Black History Month." However, this classmate does not feel this way about Women's History Month. I interpreted her comments as intentional to disregard the existence of a racist society and the value of the contributions of minorities to this country. Her communication to highlight an African American celebrity was a way for her to justify her insensitive belief. It also communicated that African Americans are monolithic in that the community loves this celebrity and deems him as a spokesperson for the entire race. In line with the definition of microassault, her comments communicated a biased attitude specifically towards African Americans. The instructor did not respond to the comments. Therefore, the nonresponse communicated that the use of this language is allowed that can be offensive to an individual from a minority group.

The effects of microaggressions

While definitions and examples of the different types of microaggressions have been presented, microaggressions are a complex topic to understand; especially if you do not have personal experiences. According to Torres and Driscoll (2010), microaggressions results in some degree of psychological and emotional harm that can negatively impact learning, engagement, and belonging in an academic setting. Individuals that experience microaggressions may begin to internalize negative feelings about themselves resulting in depression and low self-esteem (Nadal, Wong, Griffen, Davidoff, & Sriken, 2014).

My experiences with microaggressions impacted me emotionally and psychologically. I began to internalize the belief that I was viewed as a weak student needing much support. I began to think that I was accepted into the program to diversify enrollment. I felt alone in my major department and found myself seeking support from faculty and peers in a different department. I was constantly focused on making sure that I did not confirm any negative stereotypes (e.g. 'Angry Black Woman"). I felt anxious all the time. I even began using different entranceways into the department building to avoid some faculty and classmates. When I began my first job in academia, I did experience severe imposter syndrome based on my experiences in my graduate program. I doubted if I was worthy to be a tenure-track junior faculty.

The importance of Community Support in Communication Sciences and Disorders

Increasing the diversity among faculty members in communication sciences and disorders (CSD) programs is critical for supporting the learning of all prospective speech-language pathologists and audiologists, especially in the United States. With the demographic changes in the United States population, having culturally and ethnically diverse faculty is imperative to the education of undergraduate and graduate CSD students. Diverse faculty's knowledge, clinical experience, and research teach cultural awareness and competence that are necessary skills needed to serve diverse clients (Goldsmith, Tran, & Tran, 2014; Hyter, and Salas-Province, 2019). Additionally, ethnically and culturally diverse faculty can attract under-representative individuals to the discipline (Green, 2018; Lugo et al., 2001).

Presently, the faculty educating CSD students are not representative of the clients served. According to the American Speech-Language-Hearing Association (2020) Ph.D. holders report, 4,809 individuals hold a research doctoral degree and 15.7% of minorities have a doctoral degree in speech-language pathology or audiology. Out of 2,263 Ph.D. holders working pri-

marily in colleges and universities, 84.9% are White, while 5.8% are African American, 7.6% are Asian, 0.1% are American Indian, and 0.0% Pacific Islander (ASHA, 2020).

The American Speech-Language-Hearing Association advises universities to promote diversity. For university programs to meet uphold program standards, there is a need for ethnically and culturally diverse faculty with doctoral degrees in the fields of CSD (Battle, 1999). There have been several initiatives to recruit and retain faculty of color. However, one factor impacting the growth of diverse faculty is the continued paucity of anticipated graduates among minority doctoral students in CSD. Overall, there is a small percentage of students pursuing doctoral degrees in speech-language pathology or audiology; an even smaller number of minorities. Therefore, attention is needed on increasing the number of doctoral candidates from culturally and linguistically diverse backgrounds to prepare them for faculty positions (Myotte, Hutchins, Cannizzaro, & Belin, 2011). Similar to the recruitment and retention of minority faculty, numerous organizations recognize the need to recruit and retain minority doctoral students. In efforts to recruit potential students, many universities have established fellowships, and grant programs specifically for increasing underrepresented populations. While these programs are well-intentioned, there are challenges that doctoral students encounter in their academic and clinical experiences that could potentially hinder their career plans or confidence in becoming a faculty member.

As stated earlier, microaggressions are complex and maybe an overlooked factor in initiatives to increase diversity in academic programs. The research (e.g., Caplan & Ford, 2014; Ginsberg, 2018; Pasque, Chesler, & Charbeneau, & Carlson, 2013; Solórzano, Ceja, & Yosso, 2000; Torres, Driscoll, & Burrow, 2010) supports that students are being impacted by microaggressions. Unwelcoming environments can lead to feelings of distress, which may impact academic performance and mental health. This could lead to students dropping out of programs or college altogether. Microaggressions may not be the sole cause of unwelcoming environments but being aware of the use of language and acknowledging what is said may have large impacts on students, faculty, and staff (Seidel, Reggi, Shinske, Burrus, & Tanner 2015).

So, what do we do?

Sue et al. (2019) offers a framework for disarming racial microaggressions by implementing microintervention strategies for targets, allies, and bystanders. Microintervention strategies are directed toward perpetrator microaggressions, institutional macro-

aggressions, and societal macroaggressions. For this paper, the focus is directed towards the perpetrator; the person that commits the microaggression. The strategic goals of microintervention are to (a) make the "invisible" visible, (b) disarm the microaggression, (c) educate the offender, and (d) seek support when needed. See the table on the next page.

Graduate programs can use this framework to develop microinterventions influenced by the experiences of enrolled students. Communication Sciences and Disorders programs must embed in their strategic plan cultural responsiveness strategies to support minority students. Goals should be set and measured to determine outcomes.

There should be consultation with student affairs and/or diversity officials to conduct ongoing, high-quality professional development for faculty, staff, and students regarding microaggressions, cross-cultural mentoring, and becoming an ally. It is also important for microaggressions to be integrated into the course curriculum. If these practices had been in place while I was in my graduate program, my instructors, peers, and I would strengthen our knowledge of cultural responsiveness. A supportive space would have been established for open discussions about microaggressions and establish strategies to manage them. I probably would have been more comfortable selecting a mentor within my departments because the faculty would know how to listen and not be dismissive of my experiences. Overall, I would feel that my program truly values diversity and has a commitment to meeting the needs of minority students.

Alone, microinterventions will not cure microaggressions; however, it is a start. There must be continuous self-reflection and honest dialogue to contribute to the mission of ASHA to provide quality educational preparation to produce culturally responsive clinicians (ASHA, 2016c), and to attract underrepresented groups to the discipline. The open dialogue and reflection would allow for discussion about race, gender, or related identity categories to understand individual emotions surrounding the topic, to dispel biases and stereotypes (Burke, 2017). This would allow students, faculty, and staff to recognize how influential language is in promoting inclusion, a sense of belonging, and student success. CSD programs must analyze practices impacting daily interaction, teaching, and supervision of students from culturally and linguistically diverse backgrounds. This analysis would allow a program to identify the types of microaggressions that exist and determine which microintervention strategies may be most effective. This could lead to the implementation of high-quality professional development which is ongoing training and

Microintervention strategies		
Directed Toward Perpetrator Microaggressions	**Directed Toward Institutional Macroaggressions**	**Directed Toward Societal Macroaggressions**
Make the "Invisible" Visible		
• Undermine the meta-communication • Make the meta-communication explicit • Challenge the stereotype • Broaden the ascribed trait to a universal human behavior • Ask for clarification	• Keep a log of inequitable practices as you see them • Run your observations by allies who can corroborate • Solicit feedback from fellow coworkers/students • Monitor trends around recruiting, hiring, retention, promotion	• Create partnerships with academic institutions to analyze data related to disparities in education, health care, employment • Disseminate research on disparity trends to general public and media • Organize peaceful demonstrations
Disarm the Microaggression/Macroaggression		
• Express disagreement • State values and set limits • Describe what is happening • Use an exclamation • Use non-verbal communication • Interrupt and redirect	• Boycott, strike, or protest the institution • Request meetings with intermediary or senior leadership to share perspectives • Exercise right to serve on boards to voice your concerns • Delineate financial repercussions of continued macroaggressions • Notify press or other media outlets	• Protest political leaders who reinforce inequity and division/ support those who do not • Revise and veto unjust community policies, practices, and laws • Lobby to your congressmen or senators • Attend televised town hall meetings to voice your concerns
Educate the Offender		
• Point out the commonality • Appeal to the offenders values and principles • Differentiate between intent and impact • Promote empath • Point to how they benefit	• Describe the benefits of workforce diversity • Institute long-term mandated training on cultural sensitivity for all levels • Infuse multicultural principles into organizational mission and values	• Raise children to understand concepts like prejudice, discrimination, and racism. • Challenge silence/lack of response to macroaggression • Identify shared mutual goals among people • Increase community's exposure to positive examples of diverse cultures to offset negative stereotypes and biases
Seek External Intervention		
• Alert Authorities • Report the act • Seek therapy/counseling • Seek support through spirituality/religion/community • Set up a buddy system • Attend support groups	• Report inequitable practices to your union • Create networking/mentoring opportunities for underrepresented employees/students • Maintain an open, supportive, and responsive environment • Call on consultants to conduct external assessments/cultural audits	• Foster cooperation over competition • Foster a sense of community belonging • Create caucuses for allies and targets • Participate in healing circles, vigils, memorials that remind us of the consequences of hate

Note. Reprinted from "Disarming Racial Microaggression: Microintervention strategies for targets, White allies, and bystanders, Sue et al., 2019, American Psychologist, 74, 128-142. This table is being used with written consent.

progress monitoring. It is my hope for this paper that the highlighted framework provides ideas to CSD programs to reduce microaggressions in academia and serve as a guide to improve the overall climate of a program thus supporting minority students' well-being and promote their academic success.

References

American Speech-Language-Hearing Association (2020). Profile of ASHA members and affiliates with PhDs, year-end 2019. Retrieved October 25, 2020, from https://www.asha.org/uploadedFiles/2019-Year-End-Counts-PhD-Tables.pdf

Battle, D. (1999). Retention of minority faculty in higher education. *Issues in Higher Education, 3*(2), 7-12. https://doi.org/10.1044/ihe3.2.7

Berk, R. A. (2017). Microaggressions trilogy: Part 3. Microaggressions in the classroom. *Journal of Faculty Development, 31*(2), 69–83.

Campbell, B. & Manning, J. (2014). Microaggressions and moral cultures. *Comparative Sociology, 13, 692-726*. http://dx.doi.org/10.1163/15691330-12341332

Caplan, P. J., & Ford, J. C. (2014). The voices of diversity: What students of diverse races/ethnicities and both sexes tell us about their college experiences and their perceptions about their institutions' progress toward diversity. *APORIA*, 6(3), 30–69.

Ginsberg, S. M. (2018). Stories of success: African American speech-language pathologists' academic resilience. *Teaching and Learning in Communication Sciences and Disorders, 2*(3), article 4, 1-16. DOI: doi.org/10.30707/TLCSD2.3Ginsberg

Harrison, C. & Tanner, K. D. (2018). Language matters: Considering microaggressions in science. C*BE Life Sciences Education, 17*(1), 1-8. doi:10.1187/cbe.18-01-0011

Lilienfeld, S. (2017). Microaggressions: Strong claims, inadequate evidence. *Psychological Science,12, 138-169.*

Minikel-Lacocque, J. (2013). Racism, college, and the power of words: Racial microaggressions reconsidered. *American Educational Research Journal, 50*(3): 432-465.

Myotte, T., Hutchins, T.L., Cannizzaro, M.S., & Belin, G. (2011). Understanding why speech language pathologists rarely pursue a PhD in communication sciences and disorders. *Communication Disorders Quarterly, 33*(1), 42-54. DOI: 10.1177/1525740109356799.

Nadal, K. L., Wong, Y., Griffin, K. E., Davidoff, K., & Sriken, J. (2014). The adverse impact of racial microaggressions on college students' self-esteem. *Journal of College Student Development, 55*(5), 461-474.

Pasque, P. A., Chesler, M. A., Charbeneau, J., & Carlson, C. (2013). Pedagogical approaches to student racial conflict in the classroom. *Journal of Diversity in Higher Education, 6, 1–16*

Pierce, C., Carew, J., Pierce-Gonzalez, D., & Willis, D. (1978). An experiment in racism: TV commercials. In C. Pierce (Ed.), Television and education (pp. 62-88). Beverly Hills, CA: SAGE.

Seidel, S. B., Reggi, A. L., Shinske, J. N., Burrus, L. W., & Tanner, K. D. (2015). Beyond the biology: A systematic investigation of noncontent instructor talk in an introductory biology course. *CBE-Life Sciences Education, 14*(4), ar43.

Sue, D.W. (in press). Microaggressions and student activism: Harmless impact and victimhood controversies. In G. C. Torino, D. P. Rivera, C. M. Capodilupo, K. L. Nadal & D. W. Sue (Eds.), *Microaggression theory: Influence and implications*. Hoboken, NJ: Wiley.

Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender and sexual orientation*. New York, NY: John Wiley.

Sue, D.W., Alsaidi, S., Awad, M. N., Glaeser, E., Calle, C. Z, & Mendez, N. (2019). Disarming racial microaggressions: Microintervention strategies for targets, white allies, and bystanders. *American Psychologist,74*(1), 128-142.

Thomas, K. R. (2008). Macrononsense in multiculturalism. *American Psychologist, 63, 274 275.*

Torres, L., Driscoll, M. W., & Burrow, A. L. (2010). Racial microaggressions and psychological functioning among highly achieving African Americans: A mixed-methods approach. *Journal of Social and Clinical Psychology, 29, 1074-1099.*

Contact Information:
Karen C. Davis, Ph.D. CCC-SLP
Email: Karen.Davis@mtsu.edu

DO SMALL ISLANDS COUNT?
A COMMENTARY ABOUT COMBATTING POPULATION BIAS IN CSD RESEARCH

Amber D. Franklin, Ph. D.
Department of Speech Pathology and Audiology, Miami University

Keisha T. Lindsay Nurse, Ph. D.
Caribbean Speech-Language-Hearing Association

Author Note

The colliding events of 2020 thus far, including coronavirus 2019 (COVID-19) and the public outcry surrounding the deaths of George Floyd, Breonna Taylor and many other Black men and women across the country, have forced the United States and other nations to reflect upon the impact of racism in our daily lives. The field of Communication Sciences and Disorders (CSD) has not been spared from this reflection. The present national response is not unlike the enduring protests of the 1950s and 1960s, events that fueled a call for change at the American Speech-Language-Hearing Association (ASHA) convention in 1968. At that convention, five Black men, criticized for inciting trouble, publicly echoed the concerns of many when they spoke up against the presence of institutional racism in ASHA, and the organization's "indifference to the social protests and constitutional changes that were sweeping the American scene" (Wiggins, 2014, p. 10). Both in 1968 and now in 2020, CSD is grappling with the stranglehold of racism.

As in 1968, the events of 2020 have spurred necessary conversations within training programs, clinical facilities, as well as local, state and national professional organizations about the impact that well-accepted practices and beliefs in our professions have on students and colleagues who identify as Black, Indigenous and/or People of Color (BIPOC). While these discussions have mainly focused on the clinical components of our field, we join colleagues in this special issue to discuss how racism in CSD also innervates the scholarship of our field. In this commentary, we question the notions within the national and international CSD research communities that dictate which languages are worthy to document. Using the languages spoken in the less populous islands of the English-speaking Caribbean region as our focus, we will briefly discuss the need for research that focus on languages spoken in these countries and recent feedback from a journal submission that exemplifies the current barriers that researchers who study these languages face when trying to disseminate our work. We will then conclude by offering solutions and recommendations that aim to remove these barriers so that clinicians, whether in the U.S. or in the Caribbean region, are able to access the knowledge they need to provide culturally and linguistically responsive clinical services to clients who speak these languages.

Race, Topics and Research

In a 2019 paper, Hoppe et al. investigated the National Institutes of Health (NIH) R01 funding gap between Black scientists and white scientists. Noting that white scientists are roughly 1.7 times more likely to be funded than Black scientists, Hoppe and colleagues examined six variables that may contribute to this gap: the applicant's frequency of grant submission, a study section's decision to discuss a grant, reviewers' impact scores, final funding decisions, applicant resubmission, and applicant topic choice. Through a multivariate analysis, the authors determined that applicant topic choice accounted for 20% of the funding gap. More specifically, Hoppe and colleagues noted that Black scientists tended to submit grants that focused on "research at the community and population level, as opposed to more fundamental and mechanistic investigations" (p. 1) and that community/population based research had lower award rates (Hoppe et al., 2019). We ask – if the topics and populations investigated by Black researchers are undervalued in grant reviews, might such topics be undervalued in peer reviewed journals, as well?

Knowledge about Languages in the English-speaking Caribbean in CSD

Current research in CSD that describe the languages spoken in the English-speaking Caribbean region mainly focus on Jamaica (e.g., Washington, Fritz, Crowe, Kelly & Karem, 2019) and Trinidad (e.g., Youssef, 2005), the two most populous English-speaking Caribbean nations. While there remains a general paucity of knowledge about the languages spoken in the region, there is an acute need for research that a) describe the languages spoken in smaller English-speaking Caribbean countries, including information on speech and language development in these contexts, and b) discuss the clinical impact of working with speakers of these languages. Such knowledge assists practitioners in the region to accurately identify language differences and disorders in both children and adults who live on these islands. This knowledge is also necessary for clinicians who live outside the region, such as clinicians who live in the U.S. who work with those who emigrate from these islands for various reasons (e.g., displacement due to hurricanes).

A small and growing group of researchers, many of whom can trace their lineages to these small island states, have started to create knowledge about the languages spoken in smaller English-speaking Caribbean islands. However, feedback from a recent submission sharing knowledge about Anguillan English, the variety of English spoken in Anguilla, led us to question whether studies about smaller English-speaking Caribbean islands have a place within the CSD scholarly community. Anguilla has a population of roughly 17, 422 people (Central Intelligence Agency, 2019). Using a sample of 20 teenage speakers of Anguillian English, the study demonstrated Anguillian-English speech variation through the administration of the Goldman Fristoe Test of Articulation, 3rd Edition (Goldman & Fristoe, 2015). This initial study is the precursor investigation to the establishment of benchmarks for adjusted scoring involving under-researched Caribbean languages, such as Anguillian English.

The sole reviewer's feedback included the following statements:

"A further point is that Anguilla has a population equal to the amount of people that live in a given square mile of some US cities. For example, the 20 speakers represent approximately 0.1% of the population of Anguilla. An equivalent sample of US speakers would have 320,000 speakers. As a result, the practical use of this specific data is somewhat limited, other than to make the general point about dialect-specific testing, which as I mentioned previously, seems like it should be accepted by most people....I don't want to give the impression that understanding a dialect is only valuable when it has many speakers. Above, I was only referring to the probability that it would affect a substantial group of people in practice."

As researchers, we know that revision and rejection are part of the peer-review process. However, we believe that the reviewer's focus on Anguilla's population reveals a bias that may be shared by other members of the CSD research community. Overall, the Caribbean comprises 0.56% of the total world population (Worldometer, 2020). Therefore, a bias against smaller populations could marginalize the knowledge created about the Caribbean in general, and smaller English-speaking Caribbean islands, in particular. In turn, scholars may avoid researching such communities because they are undervalued in both funding decisions (Hoppe et al., 2019) and the peer-reviewed process.

Solutions and Recommendations

To mitigate against bias that marginalizes research from countries around the world that have small populations, we propose the following three recommendations. First, manuscript reviews should involve more than one reviewer and, to the greatest extent possible, at least one reviewer should have some expertise in the language of the region in focus. Second, journals should live up to the spirit of their rubric. Journal rubrics often allude to variations in manuscript acceptance thresholds based on subject area and recent topic coverage in the journal. In relation to the English-speaking Caribbean region, we propose that CSD journals publish well-conceived studies on Caribbean populations, even when the participant pool or the island's population is relatively small. Finally, we propose that CSD journals publish special-topics issues related to understudied languages, dialect groups and populations. However, we caution that special-topics issues not be viewed as "one-and-done" repositories for research involving minority populations. Instead, special issues should be viewed as catalysts for future high-quality research that will continue to have scholarly homes within CSD journals. These proposed solutions are fundamental to meaningful change that will amplify research involving under-studied and small populations in the English-speaking Caribbean region and beyond.

References

Central Intelligence Agency. (2019). Anguilla. In *The world factbook*. Retrieved from https://www.cia.gov/library/publications/resources/the-world-factbook/geos/print_av.html

Goldman, R., & Fristoe, M. (2015). *GFTA-3: Goldman Fristoe 3 Test of Articulation*. Pearson: Bloomington, MN.

Hoppe, T. A., Litovitz, A., Willis, K. A., Meseroll, R. A., Perkins, M. J., Hutchins, B. I., Davis, A. F., Lauer, M. S., Valantine, H. A., Anderson, J. M., & Santangelo, G. M. (2019). Topic choice contributes to the lower rate of NIH awards to African-American/Black scientists. *Science Advances, 5*(10), eaaw7238. https://doi.org/10.1126/sciadv.aaw7238

Washington, K. N., Fritz, K., Crowe, K., Kelly, B., & Karem, R. W. (2019). Bilingual Preschoolers' Spontaneous Productions: Considering Jamaican Creole and English. Language, *Speech, and Hearing Services in Schools, 50*(2), 179–195.

Wiggins, M.E. (2014). *History of the National Black Association for Speech-Language and Hearing (NBASLH).* Poetica.

Worldometer. (2020). Caribbean Population. Retrieved from https://www.worldometers.info/world-population/caribbean-population/

Youssef, V. (2005). Varilingualism: A Discrete Subtype of Language Competence. *Journal of Multilingual Communication Disorders*, *3*(3), 216-226.

Contact Information:
Amber D. Franklin
Email: franklad@miamioh.edu

SHIFTING THE MINDSET OF RACISM THROUGH COGNITIVE LEARNING STYLES IN COMMUNICATION SCIENCES AND DISORDERS

Alaina S. Davis, Ph. D., CCC-SLP/L, CBIST
Department of Communication Sciences & Disorders, Cathy C. Hughes School
of Communications, Howard University, Washington, DC

Shameka Stanford, Ph. D., CCC-SLP/L
Department of Communication Sciences & Disorders, Cathy C. Hughes School
of Communications, Howard University, Washington, DC

The recent uprising of racism and systemic bias towards Black lives across the U.S. has been catapulted to the forefront of discussions on disproportionate representation and biased admission practices in communication sciences and disorders (CSD) programs. In particular, Black students in CSD programs nationwide have unified to demand equity in admissions, cultural awareness in courses, and statements of commitments from programs to become intentional in addressing antiracism practices.

Racism includes the mindset of groups of people believing that certain traits of intelligence are 'typical' of only specific people (Morgan, 2017). As such, it is important to discuss racism in CSD programs when considering how Black students are perceived by educators and how those perceptions lead to negative academic experiences. Over the years, the American Speech-Language-Hearing Association (ASHA) has published position statements on cultural competence and its importance; however, this position has come with minimal accountability efforts. It is not evident that ASHA's materials have been successful in shifting the mindset and practice of racism that exists within the field of CSD.

Cognitive learning styles, as a method to combating systemic racism and implicit bias in academic settings for students who have been marginalized, have been discussed sparingly in CSD while other professions have recognized its importance in contributing to student success (Mosley, 2014; Sobleva, 2014; Son et al., 2020). A search for literature on cognitive learning styles on ASHA's website yielded a result of over 2,300 articles. Of those, four were related to learning styles with only one (a non-empirical opinion piece) discussing cognitive learning styles and culture. Terrell and Hale's (1992) article addressed the importance of utilizing cognitive learning styles with multicultural populations to enhance learning.

The authors described how cultural language and language use influences learning style. For example, within the Black community, "charismatic" language (intuitive) is rewarded without significant value on the microstructure of language which is rewarded on standardized tests (systematic). Identifying and employing the cognitive learning styles of ourselves as educators and of the students can serve as a starting point in eliminating racism in CSD.

In this belief, there are many layers of racism that should be unpacked (Sandles, 2020). This article will begin the discussion of shifting the mindset of individuals who practice negative stereotypes about Black students which hinders the latter's ability to succeed academically and learn freely in an environment that does not question or limit their academic potential secondary to the color of their skin.

Cognitive Learning Styles

Racism encompasses the belief that certain traits of character or intelligence pertain to particular peoples and is demonstrated when a group of people deny or refuse the rights, needs, dignity, or value of persons of a particular race or ethnicity (Ogedegbe, 2020). Racism is often spread through actions of stereotypical behaviors and beliefs, and biased opinions related to specific characteristics commonly attributed to specific groups of people. Nonetheless, a position of racism begins with a mindset of negative stereotypes perpetuating an idea that one group is superior to another. More specifically, within the field of CSD, Black students have reported to be perceived as less intelligent and having poor communication and writing skills. This is a racist and biased stereotype that springs from the belief that Black students are incapable of rising to the expectations of rigor in a CSD program and mostly based on the assertion that Black students are incapable of learning and retain-

ing information similar to their peers of other races (Sandles, 2020).

The practice of shifting the mindset and behaviors of racism begins with recognizing that there is an active position to the way in which one perceives the world around them. As professors and clinical instructors in the field of CSD, we often provide instruction based on our own cognitive learning style. As a result, we assume that everyone learns and solves problems in the way we have become accustomed to, without consideration of individual learning styles. Consequently, when Black students are taught by educators from other races, their view and perception of the world is negatively challenged and sometimes penalized because it is not similar or accepted. This creates a communication breakdown between the educator and the student which breeds stereotypes. Previous findings have shown that cognitive style influences one's perceptions of another culture and impacts the effectiveness of communication between cultures (Obdalova et al., 2013; Soboleva & Obdalova, 2014).

Cognitive learning styles are the preferred methods of problem solving one utilizes that is based on the culture in which we are raised (Witkin et al., 1977). There are two primary types of cognitive styles: systematic and intuitive. A systematic learning style is analytical, less expressive, more dependent on self, and is intrinsically motivated. Systematic learners will solve problems in an orderly, step-by-step manner. In contrast, an intuitive learning style refers to the ability to perceive details only in the whole or holistic view. These individuals will operate more through social interaction rather than working alone (Hale-Benson, 1982). Both styles exist on a spectrum in which one may employ one primary style or shift between styles. In general, persons who identify as Black tend to prefer and perform better with an intuitive style (Hale-Benson, 1982; Shade, 1982). Consequently, Black students who utilize a more intuitive style may be perceived by educators as having difficulty in the classroom when the problem is that the curriculum is based on a systematic learning style. Issues of racism arise when the educator develops a mindset that Black students "just don't perform well" and treats them differently or grades them harsher than their White counterparts. For example, Payne & Johnson (2015) analyzed the performance gap and cultural bias against Black CSD graduate students and concluded that culturally based reasoning, or an intuitive cognitive style can lead to poor performance on tasks developed with only consideration of a systematic style. In essence, Black CSD students may provide responses through culturally based reasoning which would be considered as culturally appropriate, but incorrect assignments that employ a systematic style (Payne & Johnson, 2015).

Cognitive Style in CSD

Most often, challenges arise when cognitive styles differ leading to biases, negative connotations, and misunderstandings in the academic setting (Soboleva & Obdalova, 2014). Consequently, this is most often evident in the stereotypes projected onto Black students regarding their learning potential. In the face of discussing racism and biased academic practices, educators must recognize when their own cognitive rigidity directs their view of inferiority with Black students. The confined biases that educators may present can demonstrate an unwillingness to recognize the cultural differences of the Black student (Obdalova et al., 2013; Soboleva & Obdalova, 2014). However, embracing cognitive learning styles in CSD programs can lead to increased academic success, support, and a justifiable sense of worth for Black students. When two people can recognize cognitive style differences, cohesion occurs.

Therefore, when discussing combatting racism in CSD, educators should be intentional in becoming flexible in their cognitive learning style and develop skills in shifting from one style to another (Soboleva, 2014). While it is beneficial for students to increase their cognitive flexibility, educators should also become flexible in their cognitive styles during teaching and learning. As such, recognizing and supporting cognitive learning styles and their differences in the academic setting can serve as a starting point towards eliminating racial biases, stereotypes, and prejudice in CSD. To do this, CSD educators must take responsibility for their own cognitive rigidity in relation to cultural differences and become flexible in their understanding and teaching of different cognitive learning styles and thus, ensuring cultural acceptance, educational equity, and academic success for Black students in CSD programs.

CSD educators can begin the trajectory of shifting from cognitive rigidity to cognitive flexibility by first, examining their own bias and becoming aware of their own rigidity. Second, identify their own cognitive learning style. Third, identify the cognitive learning styles of their students. Fourth, review the characteristics of their cognitive learning style and compare to the styles of their students to identify if their teaching methods only support their specific style. Fifth, acknowledge the differences between styles and determine where bias and breakdowns occur between teaching and learning. Finally, adjust the curriculum and teaching styles to eliminate breakdowns between the educator and the Black student.

References

Hale-Benson, J. E. (1982). *Black children: Their roots, culture, and learning styles*. John Hopkins University Press.

Son, A. L., Darhim, & Fatimah, S. (2020). Student's mathematical problem-solving ability based on teaching models intervention and cognitive style. *Journal on Mathematics Education, 11*(2), 209-222. http://doi.org/10.22342/jme.11.2.10744.209-222.

Morgan, P. L., Farkas, G, Cook, M., Strassfeld, N. M., Hillemeier, M. M., Pun, W. H., & Schussler, D. L. (2017). Are Black children disproportionately overrepresented in special education? A best-evidence synthesis. *Exceptional Children, 83*(2), 181-198.

Mosley, C., Broyles, T., & Kaufman, E. (2014). Leader-member exchange, cognitive style, and student achievement. *Journal of Leadership Education, 13(*3), 50-69. DOI: 10.12806/V13/I3/R4.

Obdalova, O. A., Soboleva, A. V., & Nyman, E. A. (2013). Cognitive style and its role in individual cognitive sphere in teaching foreign language. Tomsk State University Journal, 366, 126-131.

Ogedegbe, (2020). Responsibility of medical journals in addressing racism. *JAMA Network Open, 3*(8). DOI:10.1001/jamanetworkopen.2020.16531.

Payne, K. T. & Johnson, S. (2015). African American students' performance on a PRAXIS simulation: Toward an understanding of the performance gap. *Journal of the National Black Association for Speech-Language and Hearing, 10*(2), 6-17.

Sandles, D. (2020). Using critical race theory to explore the Black men teacher shortage. *Journal of Negro Education, 89*(1), 67-81.

Shade, B.J. (1982). Afro-American cognitive style: A variable in school success? *Review of Educational Research*, *52*(2), 219-244.

Soboleva, A. V. & Obdalova, O. A. (2014). The methodology on intercultural competence development on the basis of a cognitive style-inclusive approach. [Special Issue]. *Procedia - Social and Behavior Sciences, 154,* 155-161. https://doi.org/10.1016/j.sbspro.2014.10.128.

Terrell, B. Y. & Hale, J. E. (1992). Serving a multicultural population: Different learning styles. *American Journal of Speech-Language Pathology, 1*(2), 5-8.

Witkin, H. A., Moore, C. A., Goodenough, D. R., & Cox, P. W. (1977). Field-dependent and field-independent cognitive styles and their educational implications. *Review of Educational Research, 47*(1), 1-64.

Contact Information:
Alaina S. Davis, Ph.D., CCC-SLP/L, CBIST
Email: alaina.davis@howard.edu

HOW EFFECTIVE CROSS-CULTURAL MENTORSHIP
SAVED MY DOCTORAL JOURNEY

Kimmerly Harrell, Ph. D.
Department of Otolaryngology Head/Neck Surgery and Communicative Disorders
University of Louisville
Louisville, Kentucky USA

Introduction

The journey of completing a doctoral degree is one that is comprised of many twists, turns, and redirecting. Nearly half of all doctoral students who begin their degree do not finish (Cassuto, 2013; Sowell, Allum, & Okahana, 2015). There are numerous challenges that prevent some from completing their degree. Some of those challenges include; lack of support, lack of funding, and systemic sexism and racism just to name a few (Castelló, Pardo, Sala-Bubaré, & Suñe-Soler, 2017; Protivnak & Foss, 2009; Patton, 2009). However, there is one area that can affect the success of doctoral students of color, and that is the barriers that are presented to them by the administration and faculty present in their respective universities. This group, which also includes individuals at the college and departmental level, can be just as influential in the success or failure of students. The purpose of this paper is to share my experience of how cross-cultural mentoring allowed me to complete my doctorate and to provide strategies for current and potential doctoral students, as well as faculty mentors.

I began my doctoral journey in the fall of 2013. The first two years of my PhD program consisted of classes, working as a graduate assistant, attending and presenting at conferences, and collaborating with my major advisor to create a summer reading program for high school students. My advisor and I had a good relationship and worked closely on various projects. My plan was to graduate in the summer of 2016.

During my first year as a doctoral student I was invited to be a part of a program that was designed to mentor doctoral students of color. The Holmes Scholar Program is a national program that has chapters at universities across the United States. At my institution, the program was housed in the College of Education so most of the participants were doctoral students in departments like counselor education,

special education, math education, higher education leadership, etc. It provided a great opportunity for collaboration. Our leader was a Black female who had a background in curriculum and instruction and had received her doctorate there at our institution. She had been with the university for many years and was admired and respected by all. She also had a long history of mentoring and supporting students of color. Since my area of interest was language and literacy, she was instrumental in making sure I got connected with the literacy experts in the College of Education. It was during my interactions with her that I first experienced cross-culture mentoring. Cross-culture mentoring can be defined as an ongoing, intentional, and mutual relationship with someone of a different race, ethnicity, gender, cultural background, and educational background/expertise (Crutcher, 2014). As a cross-culture mentor, you help guide your mentee's intellectual and personal development (Crutcher, 2014). Over the next few years, my mentor would do just that.

In the fall of 2015, I completed my dissertation proposal and began to collect data in the spring of 2016. By the early summer of 2016, I had collected data and was working on writing chapters four and five of my dissertation. I had a great statistician who invested quite a bit of time in helping me to analyze my data. However, my dissertation chair was not on the same page as the statistician and me. Nevertheless, my first dissertation defense date was scheduled for June 2016. It was a very stressful time. My dissertation chair kept saying that my stats were not correct, even though the statistician had approved of them. It was also during this time that I had several issues with my health to emerge. Due to the stress, and my coping mechanisms, these health issues had first appeared the year prior in 2015. However, by the summer of 2016, they had exacerbated.

My chair informed me that I was not going to be able to defend my dissertation in accordance to the

timeline we initially constructed. Additionally, her announcement solidified that I would not graduate, as anticipated, in August. Initially, I was very emotional and upset. However, after speaking with my family and mentor, I felt better about taking the extra time and doing what I needed to mentally and physically recover. I even found out that I would continue to receive my departmental assistantship and another fellowship for the semester. The aforementioned news was a big relief. My new proposal date would be pushed to October. To put things into perspective, the fall proposal date would allow me the opportunity to graduate in December of 2016.

I continued to meet with my statistician and worked on analyzing my data. About a month before my new defense date, and as a precaution, I met with my committee. Present during the phone discussion was my dissertation chair, statistician, and another committee member. During the call, my statistician explained some of my data results. However, my chair did not quite understand her explanation. At a point during the conversation, my chair recommended going back to make certain changes with the data. My statistician immediately stated that changes could not be made to the data. Her concerns were of an ethical nature. Little did I know, that was one of many red flags. Nevertheless, I continued to work, and my chair continued to question my results. One week before my scheduled October defense, my chair phoned me at 7:30 p.m. Her call was unusual. Moreover, I was in the doctoral student office working on my dissertation defense slides. Her call was heartbreaking. She stated, once again, that I was not going to defend the following week. I was also not going to graduate in December. As I recalled it, she took issues with my data. In particular, she felt that the numbers just "weren't right." Her rationale for cancelling my defense for the second time was I needed more time to fix my data. I hung up the phone, left campus and went home and just cried for about an hour. My department was not going to give me my assistantship for the spring of 2017. Thus, I was more than likely going to have to leave school to go back home and finish writing my dissertation.

At the beginning of December, just a week before I would have graduated, I met with my committee to come up with yet another game plan to graduate in May 2017. My chair was supportive and later sent me an email stating how impressed she was with my attitude regarding the situation. However, I would later regret leaving the university before graduating. There had been another minority doctoral student in our field that faced obstacles during her dissertation process. Her experience lead to feelings of self-doubt, loneliness, and self-blame. She watched her White classmates move through the process with ease, without the standard anxieties that come from the rigor of a doctoral program, and life challenges (e.g. sickness, loss of a job). This student had shared that she couldn't understand why she was tasked with developing an intervention approach when her peers were able to modify an already established strategy. After her dissertation defense, she spent two more semesters editing. She shared that she felt like a failure. She had reached out to the college dean to assure herself that she understood the dissertation process and if what she was experiencing was the norm. By doing this, it resulted in a respectful, but strained relationship between herself and that faculty member, who happened to be my dissertation chair. This student felt she was advocating for herself in trying to gain understanding, but the faculty member viewed it as betrayal to the program. Even though, I was aware of this student's experience, I remained confident that my journey would be different.

In January of 2017, my committee and I set another date for a proposal defense in March, which would allow me to graduate in May. I was in constant contact with my committee members, especially my statistician. I even came back in February for a few days to meet with her and we sat for hours in her office re-running my stats. I went back home extremely confident concerning my dissertation. I also felt ready to defend in March. Then, once again, my March date was cancelled, and an April date was set. At this point, I was not too stressed because I felt like I still had a good chance of graduating in May. Then my worst fears came true, my April defense date was cancelled. Despite my efforts to incorporate my chair and to leverage her advice, she remained unsatisfied with my statistics. She kept telling me "I wasn't explaining it well enough", even though my statistician, the expert, thought otherwise. Not defending in April meant not graduating in May and not being able to start the fall tenure track position, I had accepted earlier in the spring. What made matters complicated, my chair recommended me for the position. Furthermore, my committee knew I had accepted the position.

The biggest blow came on May 6, 2017, when I received an email from my chair. I figured she emailed me regarding next steps or to give feedback on the last edits I sent her. Instead, she was emailing me to say that she would longer serve as my chair. I went numb at that point. I immediately sent a text to my mentor and forwarded her the email. I did not respond because I needed to pray and gather myself. If I responded immediately, it was going to be an emotional response. After a couple of days passed, I emailed my chair and thanked her for informing me

of her decision and for her guidance up to that point. I started to contact my other committee members and my mentor to see what recommendations they had concerning next steps; this is where it really got interesting.

I went back to the university to meet with my former chair, committee members, and the department chair. At this meeting, my former chair sat across from me and she did not say one word. I was uncomfortable that she never looked at me or even acknowledged my presence. The department chair told me that not having a chair was pretty much my fault. He agreed with the decision of my dissertation chair and stated that I did not do what she asked me to do regarding the stats. I had one committee member who came to my defense. My statistician, who was in the meeting, told my department chair and everyone else in the room that my statistics were good and that I understood my stats and was able to explain them, apparently, that was not enough for my department chair. Once the meeting was over, I felt my eyes welling up and my heart pounding so fast I thought it would jump out my chest. When I walked out the door to the parking lot, a flood of tears ran down my face. I cried all the way to my car. I drove over to the building where my mentor's office was. As I sat in there waiting for her, one of my committee members who had been at the meeting walked in. She apologized and stated that she had never seen anything like that before. By the time my mentor arrived I had calmed down enough to tell her what happened. She had been talking with the dean of the college and they had a plan. The way our program was set up, my actual department was in the College of Health and Public Affairs, but our PhD program was in the College of Education. Therefore, the dean of the College of Education had the last say.

I went back home and started communicating via email with my department chair to see what my options were to graduate. He and my former chair stated that I could change programs and get another degree and still be able to work in our field. I thought about that option for only a few minutes and then replied, "absolutely not." No way would I start another PhD program after spending the last 3 ½ years completing one. I had a fully completed dissertation, chapters one thru five. Then they said I could graduate if I found another professor in the department to serve as my chair. My mentor and I immediately reached out to the one Black professor in our department. He knew what was going on with my situation. I sent him my dissertation and he said he would look over it and get back to me. A couple of days went by and he spoke with my mentor and said he could not do it because he did not have time. My mentor re-

minded him that the dissertation was complete and that the only thing needed was my defense. He then began to give her all the reasons as to why he couldn't do it and what he had going on. He also took that opportunity to complain to my mentor about how my previous chair did not know enough about research to run a PhD program and how she should not chair dissertations. After he declined to help me, I sought additional help. I reached out to my committee member who was a Latina professor in our department. She and I had a good relationship and worked very closely on different projects. We had spoken a week prior via Skype, she was encouraging me and giving me some direction on how to proceed. I asked her to be my chair and gave her a couple of days to think about my request. She emailed me later that week and declined to be my chair and recused herself from serving on my committee. At that point, I did not have a faculty member from my department to chair me. I also no longer had any committee members from my department willing to serve on my dissertation. My emotions moved from frantic desperation to furiousness. It was very obvious that the individuals in my department had gotten together and decided not to support me. No one was going to help me complete the program. What they ultimately decided to recommend was that I find someone to chair me that was in my field of study but who worked at a different institution. By this time, my mentor and the dean of the College of Education decided that enough was enough. The vice president for research for the university was contacted and was now involved in my dissertation dilemma, as well as the vice provost.

The vice president and vice provost took over at this point. The fall semester started. I also, had not graduated. Further, I was unable to start the tenure track job I had accepted. News arrived that the vice president would not allow another professor from a different institution to chair a dissertation. The rationale for the instruction was direct: our university had plenty of people who were qualified to do the work. The dean of the College of Education and my mentor recommended a professor in the College of Education whose area of research was aligned with mine. My department chair and my former dissertation chair were not pleased and tried to disqualify this professor, but the dean's decision was final. However, I did need another person from my field. My former chair then tried to recommend a person that completed the program before me. This particular person was one whom I had no relationship with, who I had previously reached out to for assistance for a class I was teaching and was no help whatsoever. She was my former chair's golden child. I knew she was being recommended so that my former chair could still have her hand in interjecting her opinion

about my dissertation. Plus, this person had never worked in academia and was not currently working in academia. Instead, I asked the only Black PhD student who had graduated from our program to be on my committee. She also had some difficult experiences with my former chair. Nevertheless, she and I had the same research area and interest. After that was settled, the vice president advised the people in my department to have no further contact with me. The College of Education was going to handle everything concerning my defense and graduation. I was still going to graduate with my PhD in communication sciences and disorders, something that my former department was trying to keep me from doing.

I met with my new dissertation chair and two committee members from the College of Education that had been with me all along. We also had a phone conference to include my new committee member in my field who was working at another university in Virginia. We set a defense date and I started making plans to graduate, albeit, again. However, the preparation process was different this time. I knew I was going to defend and graduate. I had confidence in my new chair and my committee. I defended in October 2017. I was told that my former department chair wanted to come to my defense. However, the dean of the College of Education empathically insisted that he not attend. As an alternative, he could be outside of the room and tell me congratulations, but he was not allowed inside. Sure enough, after I completed my defense and waited outside for my committee to decide, there he was. He had this big fake smile and unsuccessfully attempted to make small talk with my parents and me. Out of respect for him as a professional, I shook his hand and told him thanks, then proceeded to speak with my mentee who had come to support me. After all the trials and tribulations, I walked across the stage on December 15, 2017, and went on to the tenure track position that I had accepted the year prior.

Even when I started my new position had to seek help to erase the bitterness and anger that I held towards the individuals in my department. I had an unhealthy perception toward White males. Every time I experienced a microaggression, I saw the face of my former department chair. It took months of counseling to get me to a space where I had forgiven the people in my department and was confident in my knowledge and skills.

The Value of Cross-Cultural Mentoring

Cross-culture mentoring is a pathway for making excellence inclusive (Crutcher, 2014). If we, as a profession, are committed to inclusive excellence, then we should not only work to make our programs and professional body more diverse, but we need to pay attention to the social, emotional, and educational wellbeing of our students (Crutcher, 2014).

I credit my mentor and my other committee members in the College of Education for making sure I graduated. My new dissertation chair was Hispanic and my other committee members were White females. None of them were in my department and/or profession. But there was a sense of trust and understanding between us that was crucial to our relationship. I had known all of them for about the same amount of time that I knew the people in my CSD department. However, my new committee provided the sense of care, guidance, and support that I needed to complete my journey.

Within a month of arriving at my university in 2013 I was connected with my mentor and the Holmes Scholar Program. She helped me to navigate various relationships and issues within my CSD department. When I came into the PhD program my understanding was that the people in my program and department would be the ones to mentor and guide me through the process of completing my program. In the beginning I felt fortunate to have a mentor in my department, who was also my major advisor and chair, as well as another mentor in a different college on campus.

My mentor in the College of Education made sure that all the Holmes Scholars attended the annual conference (American Association of Colleges for Teacher Education, AACTE) and even assisted us with attending the annual conferences of our various professions. Even though I was in the College of Health and Public Affairs, she knew that my area of interest was language and literacy, so at AACTE she always made it a point to introduce me to the major leaders in literacy.

She understood what it was like to be a Black woman in academia. She always allowed me to cry and share my frustrations with the microaggressions and flat out racism. Two times a year, December and May she would have all of us come to her house for a gathering. Even though she was married to a White man, she nor he, never undervalued our experiences. During our monthly meetings she would invite other professors from the College of Education and other colleges across the campus to come and talk about what they are doing, and how we would potentially collaborate with them. She showed us that everyone who doesn't look like us isn't against us. And even she wasn't just a mentor to students of color. She had numerous White and students whom she mentored. Her mission was to be a champion for all students while recognizing that students of color had a different plight.

Some Recommendations and Concluding Thoughts

Below are some recommendations for those persons contemplating pursuing a doctoral degree. These recommendations are based on my personal journey and offered with the hope that they provide some useful strategies for success in your journey.

First, for students who are thinking about or going through the doctoral journey, make sure you have a community. Whether it's other doctoral students in your program and/or university, family and/or friends, you need people who will hold you up and encourage you along the way. The Holmes Scholar program at my university is the reason why I and so many students of color have successfully completed doctoral programs. Don't be afraid to find mentors outside of your program/field AND outside of your race. I feel blessed to have great relationships with several Black professors/scholars in this field whom I look up to as mentors, but I've also had to learn that everyone who looks like me isn't always for me.

Next, make self-care a priority. This is hard when you start your program because you feel like you need to always "be on" and be available. While there is some truth to that, if you're not well mentally, physically, and spiritually, you can't function at your highest level. Don't be afraid to use your campus mental health resources as well as off-campus resources. Even if you can't participate in structured exercise programs/classes, make it a priority to do something every day for at least 30 minutes. It can be a walk, run, yoga, or whatever you need. Make it a point to get away for 30 minutes and let your mind be free of school and other cares that may be holding you down or are toxic to you. If you are spiritual and/or religious, make that your top priority. Start everyday with meditation, prayer, a grateful heart, and find a church home where you can get feed spiritually.

Lastly, although it sounds cliché, believe in yourself. You have been given a unique opportunity and you belong! Understand that you belong to be in that space just as much as anyone else does. You're not an imposter, you're not a bad writer, and you're not a weak student.

If I had to do it all over again, I wouldn't change a thing. I love our profession and the students whose lives I get to impact daily. I am thankful for the opportunity to have attended a great university where I had experiences that prepared me to be successful in academia as an instructor, researcher, and mentor.

References

Cassuto, L. (2013). Ph.D. attrition: How much is too much? *The Chronicle of Higher Education.* Retrieved from: https://www.chronicle.com/article/PhD-Attrition-How-Much-Is/140045

Castelló, M., Pardo, M., Sala-Bubaré, A., & Suñe-Soler, N. (2017). Why do students consider dropping out of doctoral degrees? Institutional and personal factors. *Higher Education*, *74*(6), 1053-1068.

Crutcher, B.N. (2014). Cross-cultural mentoring: A pathway to making excellence inclusive. Washington, DC: Association of American Colleges and Universities.

Patton, L. D. (2009). My sister's keeper: A qualitative examination of mentoring experiences among African American women in graduate and professional schools. *The Journal of Higher Education*, *80*(5), 510-537. doi: 10.1080/00221546.2009.11779030

Protivnak, J. J., & Foss, L. L. (2009). An exploration of themes that influence the counselor education doctoral student experience. *Counselor Education and Supervision, 48,* 239-256. doi: https://doi.org/10.1002/j.1556-6978.2009.tb00078.x

Sowell, R., Allum, J., & Okahana, H. (2015). Doctoral initiative on minority attrition and completion. *Washington, DC: Council of Graduate Schools.*

Contact Information:
Kimmerly Harrell, PhD, CCC-SLP
Email: kimmerlyslp@gmail.com

STILL SITTING ON THE BACK OF THE BUS: BLACK COMMUNICATION SCIENCES AND DISORDERS ACADEMICIANS SURVIVING IN A SYSTEM OF BIAS AND PREJUDICE

Shameka Stanford, Ph. D., CCC-SLP/L
Department of Communication Sciences & Disorders, Cathy C. Hughes School
of Communications, Howard University, Washington, DC

Alaina S. Davis, Ph. D., CCC-SLP/L, CBIST
Department of Communication Sciences & Disorders, Cathy C. Hughes School
of Communications, Howard University, Washington, DC

As a profession, racism has been "staring us in the face" for countless decades, yet we have chosen to address everything else around it. As such, solutions for ending racism in the field of communication sciences and disorders (CSD), consisting primarily of the professions of speech-language pathology and audiology, requires us to know where we came from, so that we have a better blueprint of where we can go. The fact remains we are still fighting in 2020 to have, (1) our governing professional certification board do more than release a statement about racism; and (2) a space where Black academicians can speak out about biased and prejudiced practices in the academy without repercussion. As such, before we can attempt to "end racism", we must first start by each inherently asking ourselves four questions:

I. Is this our Problem?

Racism is our problem because it has affected the development, success, and retention of Black faculty who can directly contribute to cultural awareness in the profession. Racial marginalization impacts the scholarly (research, teaching, publication) and administrative (promotion and tenure) success of Black academicians. Few faculty in the academy will admit to possessing racist beliefs, but many nonetheless are implicitly biased, prejudiced, and stereotypical toward their Black colleagues (Hamedani et al., 2020, Warren, 2020). More specifically, in CSD Black PhDs are not recruited, supported, or employed at the faculty level enough within institutions where the majority is predominantly White. Currently only approximately six percent of Black individuals with a PhD in CSD as compared to eighty-five percent of White PhDs work in United States higher education (ASHA, 2019). Because of this disproportionate representation, the discussion of cultural and linguistic diversity in CSD is most often presented from the perceived and biased perception of White PhDs who were taught about culture and linguistic differences from other White PhDs.

Moreover, when Black PhDs are recruited and employed in institutions of higher education, a derogative approach to practicing switch culture seems to prevail. Switch culture is a phenomenon of shifting from one cultural mindset to another because of recent exposure to a cultural "prime" (No, 2013). Switch culture occurs in academia due to a practice of thinking there is only one way to exist and succeed in the academy. When switch culture is practiced there are significantly diminished opportunities to increase the Black voice within the academy, produce research that supports and protects the lives of the Black population, and develop a curriculum that is organically designed with cultural awareness. For example, we see this problem in research studies produced by both Black and White scholars where the discussion of the Black population is often framed in a manner that consistently highlights the negative experiences of living in a racially charged world. Rarely do publications from this field highlight positivity or discuss the alternative to the challenges of being a Black person with a communication disorder in a society that is not designed to protect them.

II. What Happens to the Profession and Communities We Work with If We Don't Address This Problem?

It is projected that the demographics of the U.S. will change dramatically by the year 2050 with persons from racially/ethnically diverse backgrounds becoming the majority population (Vincent & Velfkoff,

2010). In particular, African Americans are expected to increase in number by 56% (Passal & Cohn 2008). With this changing demographic, it is likely that CSD graduate programs will diversify significantly and consist primarily of the persons who have historically been the subject of racism and marginalization. Overlooking or denying racism in CSD programs results in White scholars who will not be prepared for the change in demographics leading to a perpetuation of cultural incompetence when educating Black CSD students, and when interacting with Black scholars and thus, maintaining the cycle of educational inequity and unjust practices toward students.

In addition, not addressing racism in CSD means the research will continue to lack the representation of culture from Black academicians and the acceptance of publications that address Black persons from the viewpoint of Black scholars will continue to decrease. The Black community, who make seek and/or need clinical services, is significantly affected when Black academicians are not considered or included in the research produced within our field, contributing to cultural incompetence and insensitivity of the profession.

III. Why Should We All Take Ownership in Solving this Problem?

Addressing racism in CSD requires we take ownership and responsibility for the history of practices that marginalize Black academicians and discourages Black PhDs from publishing in the field. To solve this problem, we must challenge the existing beliefs about Black academic potential and ability. We must also challenge the dominant paradigm or mindset that prevents anyone from challenging the traditional way of thinking and doing in the academy. The solution will require both predominantly White institutions and historically Black colleges and universities, to rise to a level of respecting cultural differences equally and giving space for Black voices to coexist. When we take ownership and look at the problem from the top-down (university/college to community), we can address racism by changing the academies' intrinsic strong automatic preference for European American [academicians] compared to [Black] academicians (Gibson et al., 2017).

IV. How Would Our Voices and Knowledge Contribute to Accomplishing the Goal of Ending Racism in CSD?

When we say, "our voices", we are not only speaking about the collective voice, but specifically about creating space for the amplification of the Black voice. To end racism, we must rewrite the narrative that one cultural set is the precedent and bar that

other cultures must rise to. Solutions to changing the narrative include:

CSD programs reviewing and revising their practice of actively supporting Black academicians through the collaboration and support of major publications, external grants, and promotion and tenure.

The American Speech-Language-Hearing Association (ASHA) revisiting its implicit process of marginalizing support to Black academicians when they operationally define "minority" to the benefit of whom and what they want to fund and elevate. For example, in a review conducted by the current author(s) of the number of previously funded research projects on Multicultural activities, six out of ninety-six ASHA-grant-unded projects were specifically related to African American populations (ASHA, 2020). Further, less than four percent of the funded projects were submitted by Black primary investigators. Black academicians should not have to create "racially safe" project proposals in the hopes that their research is funded and supported.

White scholars must retire the practice of believing that speaking on the awareness of their privilege as a White, upper class, heterosexual male/female is all that needs to be done to erase racism, implicit bias, and prejudice. Deeper conversations reflecting on privilege and how it has oppressed and harmed the success and progress of Black scholars is required.

Predominantly White institutions must recognize that the creation of "anti-racist" syllabi is not enough. Nor is it enough to continue to claim "cultural diversity" is interwoven into every class. Every CSD curriculum must develop a dedicated course addressing the confluence between communication disorders, **culture, and social justice**.

Overall, CSD academia must uncover hidden biases and embrace fear of the unknown over comfortability. For decades racism has remained the dividing factor in the profession because we have chosen to do what makes us comfortable rather than facing our unwarranted fears of change and accountability.

References

American Speech-Language-Hearing Association. (2019, July). A demographic snapshot of SLPs. *ASHA Leader*. Retrieved on October 23, 2020 from https://doi.org/10.1044/leader.AAG.24072019.32.

American Speech-Language-Hearing Association. (2020). *Previously Funded Grant Projects on Multicultural Activities*. Retrieved on November 1, 2020 from https://www.asha.org/practice/multicultural/funding/grants/.

Gibson, B. L., Rochat, P., Tone, E. B., & Baron, A. S. (2017). Sources of implicit and explicit intergroup race bias among African American children and young adults. *PloS one, 12*(9), e0183015. https://doi.org/10.1371/journal.pone.0183015.

Hamedani, M., Markus, H. R., Moya, P. (2020, May). Pushing back against racism and xenophobia on campuses. *Inside Higher Ed.* Retrieved on October 31, 2020 from https://www.insidehighered.com/views/2020/05/14/five-ways-college-educators-can-have-more-effective-conversations-about-race.

No, S. (2013). *Cultural Frame Switching.* In the encyclopedia of cross-cultural psychology. John Wiley & Sons. https://doi.org/10.1002/9781118339893.wbeccp127

Ogedegbe, (2020). Responsibility of medical journals in addressing racism. *JAMA Network Open, 3*(8). DOI:10.1001/jamanetworkopen.2020.16531.

Passal & Cohn (2008). U.S. Population Projections: 2005-2050. *Pew Research Center.* Retrieved on November 1, 2020 from https://www.pewresearch.org/hispanic/2008/02/11/us-population-projections-2005-2050/#:~:text=The%20black%20population%2C%2038%20million,2050%2C%20nearly%20tripling%20in%20size.

Vincent, G. K., & Velkoff, V. A. (2010). The next four decades, the older population in the United States: 2010 to 2050. *Current Population Reports*, 25-1138. Washington, DC: U.S. Census Bureau.

Warren, C. (2020, June). Colleges must take a new approach to systemic racism. *Inside Higher Ed.* Retrieved on October 31, 2020 from https://www.insidehighered.com/views/2020/06/09/defeat-systemic-racism-institutions-must-fully-integrate-truly-diverse-subject.

Contact Information:
Shameka Stanford, Ph.D., CCC-SLP/L
Email: shameka.n.johnson@howard.edu

LANGUAGE SAMPLING AND SEMANTICS IN DYNAMIC ASSESSMENT: VALUE, BIASES, SOLUTIONS

Nelson Moses, Ph. D.
Long Island University, Brooklyn Campus

Christina Reuterskiöld, Ph. D.
New York University

Harriet B. Klein, Ph. D.
New York University

Introduction

Dynamic approaches to assessment of child language have provided direction for reducing cultural, linguistic, and racial biases in the practice of speech-language pathology. As Guttierez-McLellan and Peña (2001) wrote:

> "A child's limited test performance may reflect different learning experiences or a lack of educational opportunity, and not necessarily language deficits. Children from culturally and linguistically diverse (CLD) backgrounds may exhibit depressed test performance, yet their performance may not reflect their true abilities or learning potential. On the other hand, CLD children with language impairment may be at risk for under-referral if language difficulties are believed to be language differences. For these children, clinicians must be able to use appropriate methods to differentiate children with a language difference from those with a language disorder (p. 212)."

Dynamic assessments consider the potential influence of cultural and linguistic history on children's responses to tasks; for example, whether dialect differences contributed to an African-American child's response "He run" to a 'third-person singular /s/ item on a standardized test (non-obligatory in African-American English). Dynamic assessments also engage the learning process as another control for potentially biased judgements about performance on standardized tests. The purpose of this paper is to highlight the role that spontaneous language sampling, children's own ideas and intentionality can play in assuring unbiased assessments of language competence.

Spontaneous Language Sampling

Spontaneous language sampling in contexts that support the child's free expression of intentionality, ideation, and affect, the core functions of language is relevant to dynamic assessment (Bloom, 1995). The utility of this principle is best captured by Duckworth (2006), who explained that "the having of wonderful ideas" (p.1) is, universally, the primary motivating factor for learning. This should be kept in mind when creating contexts in which language competence is observed, and learning potential is evaluated. For example, fast-mapping of vocabulary items would best be facilitated in contexts in which targeted vocabulary corresponds to the child's concomitant content of mind.

Contexts designed to support the child's optimal language performance and learning should be designed with sensitivity to the child's interests, as well as the child's cultural, linguistic, and developmental characteristics (i.e., their 'zone of proximal development'). Standardized tests do not typically access children's intentionality or probe responses. Thus, after evaluating performance of dual language learners on the CELF-4, Spanish (Wiig, Semel, & Secord, 2006). Barragan, Castilla-Earls, Martinez-Nieto, Restrepo, & Grey (2018) concluded that spontaneous language sampling remains the gold standard for language assessment.

Analyze Developmental Components of Ideation

No better contexts exist to observe developmental processes than those giving children opportunities to express their perspectives and intentionality based on their interests and experiences. Developmental processes include features of reasoning, which contribute to the child's awareness of specific events and their influence on one another. Consider the explana-

tions for a cat jumping into a bowl of mashed potatoes on a table. One child notices a bee, and comments on its action, "a bee flew by," while her older sister thinks about the cat's feeling state and comments that "she's frightened by a scary bee" (Kupersmitt, 2016).

Developmental processes also include the kinds of semantic relationships that children make among mental representations of objects, actions, and states that they reference linguistically (Bloom, 1995). Examples include "existence" relations between a specific object and the category of objects it belongs to (e.g., "Keegan [specific object] is a cat [category of animals to which ‹Keegan' belongs]"), "action" relations between an actor and object (e.g., "Keegan chased the mouse"), causal relations between events (e.g., "Keegan chased the mouse because he was hungry"), epistemic relations between a cognitive act (e.g., knowing, thinking) and the content of that act ("I know that Keegan loves me"; See Bloom & Lahey's [1978], content categories; Brown's [1973] semantic functions; and causal motivations of actions in narratives, Kupersmitt [2016]).

Once children can make such relationships, they can express or comprehend an endless number of utterances that code such relationships, given experience with (or imagination of) the specific objects, actions, states, events being spoken about. As such, relational content represents a barometer of the developmental status of language. Categories of relational content are believed to be shared by children universally and develop in the same sequence in children, regardless of language spoken (Brown, 1973). In other words, children express the same kinds of ideas, but with words and grammatical constructions specific to their own languages. Information about developmental aspects of the linguistic expression of content of mind, however, comes primarily from English, European, and to lesser extent Asian speaking sources. Consequently, studies of development in children who speak African languages, Caribbean dialects, Central or South American forms of Spanish, or in children who are bilingual do not exist and this is a problem.

Different languages and dialects vary in terms of how semantic relationship-making is encoded morphologically and syntactically. Consider the English approach to talking about Keegan chasing the mouse with Filipino: "Hinabol ni Keegan ang mouse" ("Chased by Keegan the mouse" [actor/subject-action-object becomes action-actor/subject signaled by "ni"-object]). Such aspects of language form influence the expression of relational content in daily discourse,

and perhaps even the developmental sequence in which relational content might appear across languages (see Kupersmitt, 2016, for examples).

Let's Get to Work

As a profession, we need cross-cultural, cross-linguistic research yielding data about semantic relations that children express, and the linguistic, cognitive, and experiential factors that influence their expression. We require this information to make informed and non-biased decisions about children's language competence; institutional research, however, takes time. The children who need our services cannot wait. We have a responsibility to take steps to avoid biases in our assessments of children who may not share our cultural and linguistic heritage. We must invest time and effort to learn about the phonology, morphology, and syntax of languages spoken by the diversity of clients that we treat. More importantly, one should keep in mind that language form functions primarily to express ideation and intent. As such, to evaluate linguistic competence accurately and without bias, one must consider characteristics of a child's ideation and productive reasoning strategies within contexts in which that child is observed.

Some in the profession might interpret the paucity of cross-cultural, cross language research on semantics as evidence of bias, and as a consequence, reject all Eurocentric research in an endeavor to create a more global, unbiased assessment framework. We suggest that despite its narrow centricity (and age), historic developmental research (e.g., Leopold, 1949/1970; Bloom & Lahey, 1978; Brown, 1973) has value for our current efforts to address bias. Much of this research incorporates methodology borrowed from cultural anthropology in an effort to minimize adult-centric bias in analyses of child language (e.g. Meade, 1930). This research is also explicitly designed to avoid cultural bias in behavioral analysis. These techniques include observations of spontaneous behavior in naturalistic contexts, and 'etic to emic' procedures for identifying rules of behavior intrinsic to research participants. This methodology provides guidance for creating clinical contexts in which the developmental and cultural characteristics of a child's ideation and linguistic expression may be identified, free from observer bias. Until institutional research is designed to address these assessment issues, clinicians will be left without clear guidance. Consequently, they will be required to address these issues via clinical research involving our own clients to ensure that cultural and linguistic fairness and equity is achieved.

References

Barragan, B., Castilla-Earls, A., Martinez-Nieto, L., Restrepo, S., & Gray, S. (2018). Performance of low-income dual language learners attending English-only schools on the clinical evaluation of language fundamentals–fourth edition, Spanish. *Language, Speech, & Hearing Services in Schools, 49, 292-305.*

Bloom, L. (1995). *The transition from infancy to language: Acquiring the power of language.*
Bloom, L., & Lahey, M. (1978). Language development and language disorders. New York: Wiley.

Brown, R. (1973). *A first language.* Cambridge, MA: Harvard University Press.

Duckworth, E. (2006). *The having of wonderful ideas and other essays on teaching and learning* (3rd ed.). NY: Teachers College Press.

Feuerstein, R., (1980). *Instrumental enrichment: An intervention program for cognitive modifiability.* Baltimore, MD: University Park Press.

Guttierez-McClellan, V.F., & Peña, E. (2001). Dynamic assessment of diverse children: A tutorial. *Language, Speech, and Hearing Services in Schools, 32, 212–224.*

Kupersmitt, J. R. (2016). When causation meets motion: Motion events at the interface between   coherence and cohesion in narrative development. In J. Perera, M. Aparici, E. Rosado, & N. Salas (Eds.), *Written and spoken language development across the lifespan: Essays in Honor of Liliana Tolchinsky*, (pp. 227-250). Switzerland: Springer.

Leopold, W.F. (1949/1970). Speech development of a bilingual child. Diary from age two. *Northwestern Humanities Series*, 19.

Mead, M. (1930). *Social Organization of Manu'a.* Honolulu: Bernice P. Bishop Museum.

Piaget, J. (1985). *The development of thought: The equilibration of cognitive structures.* Chicago: Chicago University Press.

Wiig,E. H., Semel, E., & Secord, W.A. (2006). *Clinical evaluation of language fundamentals: Fourth Edition, Spanish.* NY: Pearson.

Contact Information:
Dr. Nelson Moses, PhD
Email: nelson.moses@liu.edu

RACISM: COMBATING WAYS TO ERADICATE

Dawn M. Stanley, ClinScD, CCC-SLP/L
Southern University A & M College
Baton Rouge, LA

Does racism really exist within our field of Speech-Language Pathology and Audiology? Are people of color underrepresented in Speech-Language Pathology and Audiology? Are students in Speech-Language Pathology and Audiology programs experiencing racism? Racism is rampant across America. Breonna Taylor, Ahmaud Arbery, Micheal Brown, Trayvon Martin, Sandra Bland, and George Floyd are African Americans whose lives were unjustly taken. Racism is a concept that is taught and frames individuals mindset to exclusive rights to freedom, enjoyment of certain privileges, and the ability to gain advantages from these rights. Racism within institutions and events seem inexorable from acts of individuals and systems across America and it must be challenged (Vaught & Castagno, 2008). The African Americans who unjustly lost their lives have served as tragic reminders of the ongoing need for us to stand against racism and equality. As members of the American Speech Language Hearing Association (ASHA), it is our responsibility to create awareness of cultural diversity, underrepresentation of people of color within our field, and take a stance on bridging the disproportionate gaps. These are steps that should be taken as measures to combat racism.

Underrepresentation

There is a shortage of diversified professionals within the field of Speech Language Pathology and Audiology. There are relatively 5% of Speech Language Pathologists and 4% of Audiologists that are people of color, which suggests a large disproportionate gap (ASHA, 2015). The limited number of people of color in Speech Language Pathology and Audiology also suggests limited ability to best serve people of diverse cultures (Wright-Harp, Mayo, Martinez, et.al., 2012). To close this disproportionate gap, there are four tasks that Speech Language Pathologists and Audiologists can engage in; such as creating awareness, getting involved, participating in diversity committees and university programs recruitment and retention.

First, create awareness by spreading knowledge about the field of speech language pathology and audiology. Professionals within the field should educate middle and high school students on career day and highlight our field to principals and guidance counselors. ASHA has pamphlets of great detail to illustrate our scope of practice. Our scope of practice is broad. There are surely areas that would catch the attention of these pre-professional students.

Second, get involved! ASHA's Office of Multicultural Affairs (OMA) has made efforts to increase diversity by implementing diversity and multicultural programs, but has been unsuccessful by not seeing an increase in diversity within the field in over 20 years (Stewart & Gonzales, 2002). Programs such as, Student to Empowered Professionals Program, Special Interest Group 14 (Cultural and Linguistic Diversity), and The ABC's of Empowerment through Volunteering in ASHA are designed to enlighten individuals and their experiences about cultural and linguistic diversity and provide opportunities for individuals to become advocates.

Next, universities that offer Communication Science Disorders Programs should have a Diversity Committee which engages professors with ongoing training with commitment towards diversity. According to Vaught and Castagno (2008) Critical Race Theory (CRT) was adapted as training for teachers to examine their understanding, experiences, and racial structures that formed their thinking. McAllister and Irvine (2000) discussed the Center for Urban Learning/Teaching and Urban Research in Education and Schools (CULTURES) Program. This program is a series of professional development seminars that follows best practices of multicultural professional development. The seminars consist of cultural responses, cultural awareness, and adaptation to culturally diverse students.

Lastly, professors at universities with Communication Science and Disorders Programs should focus on recruitment, retention, and graduating students of diverse backgrounds. Research has indicated that people of color fail to complete undergraduate coursework disproportionally more often than Caucasians (ASHA, 2015), resulting in a lowered representation of people of color in the profession. According to the Communication Science and Disorders Education Survey

National Aggregate Data Report (2014) there were only 14% of people of color who enrolled in Communication Sciences and Disorders Program and universities have expressed the challenges in addressing the low enrollment. Nnedu (2009) discussed several factors that may impede enrollment. These factors may include, but not limited to inadequate preparation in mathematics and science courses, deficits in reading and communication skills, decrease knowledge of admission requirements, lack of finances and resources, and lack of academic support. During early high school years, conversations are warranted at home between a child and their parent(s). These topics are worthy of discussion because what one does in high school can dictate their future of becoming a Speech Language Pathologist or an Audiologist. Also, students would need to incorporate researching Communication Science and Disorders Programs at various universities as part of their study strategy.

According to Rodriguez (2018), 7% of its' members identify themselves as persons of color resulting in an underrepresentation. This marginal percent maybe due to people of color are less likely to display career knowledge, positive attitudes, and meaningful study strategies (Arora, Schneider, Thal, & Meltzer, 2011). Many individuals ignore the underrepresentation; however, if no changes are pursued, there will always be racial disparities within the field of Speech Language Pathology and Audiology. With less than ten percent of minorities representing ASHA, we have failed to meet the diversity of our profession and persons with communication disorders. As professionals, we should work diligently together towards improving diversity of Speech Language Pathologist and Audiologists within the ASHA community.

Take a Stand

Some universities have publicized their stance on racism. For example, the University of Mississippi in Oxford, Mississippi has plans to relocate the Confederate monument from its campus (Pettus, 2020). At Princeton University's School of Public Policy, Woodrow Wilson's name will be removed from the Public Policy School and Wilson College (Pietsch, 2020). Robert E. Lee High School in Baton Rouge, Louisiana has renamed the school to Liberty High School (Kennedy, 2020). These are small changes and acknowledgements, but there is still work to do! Other universities have developed and publicized a statement against racism and discrimination. For example, the predominantly white University of Puget Sound in Washington has released "University of Puget Sound affirms unequivocally that Black lives matter. We stand against racism and discrimination, and with all who strive to make our campus community and the broader world more just, humane, inclusive, and welcoming" (Pugetsound, 2020). Louisiana State University (LSU) located in Louisiana has released:

LSU is intensifying our ongoing work to foster a campus community that is not only inclusive but antiracist. We will start by listening to and validating the experiences and perspectives of people of color and continue with self-education, fervent action, and transparent humility until equitable responses to these issues are inherent in each of us (Diversity & Inclusion Update, (n.d.).

Some universities have ignored, disregarded, and excused racism with silence, while other universities have taken a stand to address the complex problem. The removal of monuments, publicized statements, and building name changes after people of color who have made contributions to society give students a sense of belongingness (Davis, 2020).

Racism has been amongst us for many years. A child's upbringing and education can play a major part on their beliefs towards other cultural groups. As our profession moves forward, the diversity gap is likely to grow wider and more critical with the anticipated growth of non-White residents of this country (U.S. Census Bureau, 2015). It is up to us as ASHA members to create awareness of our field, be leaders, be mentors, be advocates, and increase our knowledge by participating in diversity programs. In the words of the Honorable John Lewis, "If you see something that is not right, not fair, not just, you have a moral obligation to do something about it."

References

American Speech-Language-Hearing Association. (2015). Minority student recruitment, Retention and career transition practices: A Review of the literature. Retrieved from http://www.asha.org/practice/multicultural/recruit/litreview/

Arora, V., Schneider, B., Thal, R., & Meltzer, D. (2011). Design of an intervention to promote entry of minority youth into clinical research careers by aligning ambition. *Journal of Social Issues*, 67(3), 580-598.

Council of Academic Programs in Communication Sciences and Disorders & American Speech-Language Hearing Association. (2014). Communication sciences and disorders education survey national aggregate data report. Retrieved from http://www.asha.org/uploadedFiles/2013-2014-CSD-Education-SurveyNational-Aggregate-Data-Report.pdf#page=32.

David, L. (2020, September, 24). Colleges Can Help Resolve Our Racial Crisis. Retrieved December 14, 2020, from https://www.insidehighered.com/

views/2020/09/24/colleges-must-work-establish-cultures-are-just-world-they-profess-value-opinion, Diversity & Inclusion Update. (n.d.). Retrieved on October, 28, 2020, from https://www.lsu.edu/together/index.php.

Kennedy, M. (2020, July 27).Give us Liberty: Baton Rouge high school gets a new name. Retrieved October 24, 2020, from https://www.asumag.com/facilities-management/article/211376061/give-us-liberty-baton-rouge-high-school-gets-a-new-name.

McAllister, G., & Irvine, J. J. (2002). The Role of Empathy in Teaching Culturally Diverse Students. *Journal of Teacher Education*, 53(5), 433-443. doi: 10.1177/002248702237397.

Nnedu, C. (2009). Recruiting and retaining minorities in nursing education. *Journal of the Association of Black Nursing Faculty*, 20(4), 93-96.

Pettus, E. (2020, July 14). Ole Miss moves Confederate statue from prominent campus spot. Retrieved October 2, 2020, from https://abcnews.go.com/US/wireStory/confederate-statue-moved-university-mississippi-71775062.

Pietsch, B. (2020, June 27). Princeton Will Remove Woodrow Wilson's Name From School. Retrieved October 2, 2020, from nytimes.com/2020/06/27/nyregion/Princeton-university-woodrew-wilson.html.

Rodriguez, J. (2018). Our Clients are Diverse: Why Aren't We? Retrieved October 25, 2020, from https://leader.pubs.asha.org/doi/full/10.1044/leader.SSAY.21052016.40.

Statement Against Racism and Discrimination. (n.d.). Retrieved October 28, 2020, from https://pugetsound.edu/about/diversity-at-puget-sound/statement-against-racism-discrimination.

Stewart, S. R., & Gonzalez, L. S., (2002). Serving a diverse population: The role of speech language pathology professional preparation programs. Journal of Allied Health, 31(4), 204-216.

U.S. Census Bureau. (2015). Projections of the Size and Composition of the U.S. Population: 2014 to 2060. Retrieved from https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25- 1143.pdf.

Vaught, S. E., & Castagno, A. E. (2018). "I don't think I'm a racist": Critical Race Theory, teacher attitudes, and structural racism. *Critical Race Theory in Education*, 11(1), 95-113.

Wright-Harp, W., Mayo, R., Martinez, S., Payne, J., & Lemmon, R. (2012, November). Addressing health disparities in minority populations with communication disorders, Miniseminar. Paper presentation at the annual convention of the American Speech-Language-Hearing Association, Atlanta, GA.

Contact Information:
Dr. Dawn M. Stanley, CCC-SLP/L
Email: dawn_stanley@subr.edu