



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

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— 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 ap-

proach 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 Criminalization 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.

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