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Exploration of Speech -Language Pathology from a Social Justice and Critical Race Theory Perspective

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Abstract

Speech-language pathologists (SLP) provide services for communication, cognition, and swallowing disorders to individuals from racially diverse backgrounds in educational, health care, and private practice settings; however, there is a great discrepancy in client-clinician demographics with minimal representation of clinicians from diverse backgrounds to serve diverse population of clients (ASHA, 2020). The current SLP culture continues to show a strong preference for White individuals as reflected through the professional demographics, researched populations and biased standardized assessments (ASHA, 2019) (Kohert, 2009). As a result, BIPOC clients may be met with inequitable services that can have long-term effects. By adopting a critical race theory and social justice perspective, SLPs may better understand how their beliefs, behaviors, and attitudes may be oppressive towards racial/ethnic minoritized groups. Therefore, this project aims to present three self-paced education modules that discuss different forms of racism: institutional, systemic, and interpersonal, and how these may be detrimental to clients, SLP students, and colleagues across educational and health care settings.

Keywords: Institutional racism, systemic racism, implicit bias, microaggressions, school-to-prison pipeline

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Chapter One: Introduction and Literature Review

Racism has been present throughout the U.S. establishment and history. People of color, particularly Black and Indigenous, did not have access to freedom, opportunity, and prosperity and continue to face oppression. In the field of Speech-Language Pathology (SLP), there is little literature on how policies, procedures, and current practices may affect racial/ethnic underrepresented clients. Therefore, the purpose of this paper is to explore the policies and practices in the field of Speech Language Pathology (SLP) that disproportionately affect people of color.

In U.S. society, SLPs service racial and ethnically diverse clients, but this diversity does not match current SLP racial/ethnic demographics (ASHA, 2019). Health care professionals tend to think of themselves as free of biases when treating people from similar or different backgrounds (Marcelin et al., 2019). As a result, minoritized patients are vulnerable to experiencing implicit bias.

In today's era, individuals pride themselves on belonging to a country where equality is valued. Unfortunately, the reality for underrepresented populations may vastly differ. Racism has left indelible harm and long-lasting effects. Nowadays, a subtle form of racism has made its way in society with a known presence reflected through racial/ethnic disparities and disproportionality. As a result, unintentional harm is often perpetuated onto the recipients. Racist thoughts and behaviors such as implicit bias and microaggressions, are often unconsciously generated and have the potential to leave unforgettable impressions on racial/ethnic underrepresented clients. However, proper training programs and education can help alleviate the problem, so more emphasis should be placed on this in the SLP curriculum.

Exploring current research to understand the implications of institutional racism on SLP practice will provide context for the racism and discrimination based on ethnicity in the populations SLPs serve. By examining the history of SLP from a racial lens, we can better understand how the oppression of the BIPOC past continues to persist. It also illustrates the racial/ethnic gap in SLP, the cultural-linguistically diverse (CLD) disparity in SLP literature, and racial and ethnic discrimination in the two most common work settings. We will begin to provide the pathway for remediating the problem through education and awareness.

The History of SLP

Learning about the history of SLP from a racial lens offers valuable insight into the origins of the profession and practice. The currently available information discussing the history of the profession disregards race and racism almost entirely. Despite SLP being founded by only white members during an era where racism was the social norm characterized by racial segregation and oppression including during the segregation era (1900-1939), the repercussions and continuous harm have not been addressed in the literature. Furthermore, the profession has maintained the silence of what used to be, proceeding as if racism is a distant memory and failing to address the long-term effects and ongoing subtle forms of racism.

Institutional racism includes policies and practices that reinforce white supremacy within an organization or profession and excludes certain populations (Nazroo et al., 2019). European scientists influenced Early U.S. SLP pioneers. Historically, racist laws such as segregation allowed and encouraged racial/ethnic discrimination across all settings including the two most common workplace settings for SLP, the medical and educational settings. Research in other fields such as social work has suggested that a course on institutional racism can benefit students from all racial backgrounds. Hence, it can help learners as well as future professionals better

understand the origins of policies and procedures to develop social change strategies to counteract institutional racism (Carter, 1978).

Speech-language pathology (SLP) is a developing field with constant changes made as it progresses through the years of Eurocentric ideologies and practices that continue to linger. Hallie Quinn Brown was the first Black SLP in history. She began her early career working with Black children who could not access education because they were Black and enslaved. She was classified as an elocutionist. Although she made a significant impact in the Black community, her early contributions have received minimal recognition within the field. In 1872, Alexander Melville Bell and his son Graham Bell were pioneers of speech treatment. In 1900, strictly religious individuals claimed to have had the ability to treat speech disorders to sell services overlooking the client's interest and well-being. In 1918, the National Society for the Study and Correction of Speech Disorders was established by a public-school group and can be considered the start of public-school clinicians (Duchan, 2002) and their purpose was to treat speech disorders in students.

The American Academy of Speech Correction (AASC), which later became the American Speech-Language-Hearing Association, was founded in 1925. It started with 25 white members, 15 women, and 10 men. ASHA's founding members were White physicians, scholars, and public-school administrators who belonged to the National Association of Teachers of Speech as they all shared a common interest in speech correction. In 1952, the start of developing national standards for audiologists and speech-language pathologists began to establish the National Certification Standards 1952.

The Code of Ethics (CoE) is a framework composed of four principles that encompass a range of rules to secure clinicians' and clients' wellbeing. Moreover, it holds SLPs accountable

for upholding the highest standards of integrity and guides them in making ethical decisions when faced with dilemmas. CoE was established in 1952, two years before the start of the civil rights movement in 1954. An era where Black Indigenous, People of color (BIPOC), particularly Black individuals, were heavily discriminated against and segregated. Therefore, one may assume that these underrepresented racial groups were not considered when ASHA's code of ethics (CoE) was created. In 1979, a little over a decade post-civil rights movement the CoE was revised. However, the CoE lacked the prohibition of discrimination of other oppressed social identities as it and these formal statements of prohibition were labeled as an "ethical proscription" (Green, 1988):

"Individuals must not discriminate in the delivery of professional services on a basis that is unjustifiable or irrelevant to the need for and potential benefit from such services, such as race, sex or religion." (ASHA, 1979).

This ethical proscription excluded other oppressed identities such as ethnicity, gender identity/gender expression, sexual orientation, age, national origin, disability, culture, language, or dialect. All of these excluded identities were unmentioned throughout the revised 1979 CoE. Essentially, SLPs were not held accountable for discrimination on any of these identities.

Fortunately, ASHA has aimed to promote inclusion amongst SLP practice by continuously updating CoE reflected through the current CoE Principle 1 part C "Individuals shall not discriminate in the delivery of professional services on the conduct of research and scholarly activities based on race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, other dialects." (ASHA, 2016).

A year post-civil rights movement, the office of multicultural affairs was established in 1969, which paved the way for the development of ASHA's Racial/ethnic caucus. These caucuses aimed to provide space for clinicians of color to work with their own racial/ethnic group to address any barriers imposed because of their minoritized status related to their service delivery. The National Black Association for Speech-Language and Hearing (NBASLH) was the first caucus group founded in 1978 at Howard University by a small group of Black SLPs and AuDs. Caucus groups for Native American, Hispanic Caucus, Asian Indian Caucus, Asian Pacific Islander Caucus proceeded, respectively. The groups helped amplify the voices of SLPs of color to meet the needs of racially underrepresented populations they served. The ability and potential of creating more changes within the field are possible as past actions confirm this. The type of change that will have a long-lasting impact in the profession and amongst clients.

The history of SLP and ASHA highlights what has changed and what continues to persist. The SLP profession continues to reflect white culture as seen through the fact that 91.6% of certified SLPs are White (ASHA,2020). Also, there are limited culturally and linguistically diverse (CLD) populations represented in the published research literature and a lack of a racial/ethnic framework in the profession. Although the profession has made progress, there is much more work to be done.

SLP Demographics

The history of SLP has shaped current SLP culture. A disproportionately low representation of BIPOC SLPs is one of many unresolved, persistent issues in the SLP field. White people founded SLP. In 2020, nearly 92% of SLPs identified as White, roughly 8% as Black, Indigenous, and Asian, and (ASHA, 2020). As previously stated, the SLP profession is continuously changing, and the growth of BIPOC clinicians continues, but at a slow rate

reflected through current demographics (ASHA, 2020). Therefore, the racial/ethnic gap continues to persist among clinicians and clients. The importance of representation should receive more attention in the profession because it can positively impact client-clinician interactions and client outcomes. Moreover, an increase in racial/ethnic representation amongst SLP can help foster a greater understanding of clients from similar racial/ethnic backgrounds.

The lack of people of color is reflected throughout history among the membership of ASHA's Board of Directors (BOD). These BOD members are responsible for managing the organization by creating and updating current policies and practices. Since 1925, the lack of racial/ethnic representation amongst BOD and clinicians, characterized by the early pioneers who founded ASHA, has been evident (Heath, 2019). In 2020, out of 17 members, 15 were white and only two Black members (ASHA, 2020). In 2021, out of 17, five are Black, one Latina, and the remaining are white members (ASHA, 2021). From 2020 to 2021, there has been a large improvement, the BOD has been more inclusive of Black members and Latina members, but it continues to lack inclusion of individuals from other underrepresented racial and ethnic groups. Therefore, more work needs to be done to reflect the population. As in Ebert's (2013) study, White SLP students may justify a strong presence of white SLPs in academic and work-setting because they live in predominantly White areas, and therefore, any racial disparities may only reflect local demographics (Ebert, 2013).

Racial Double Standard in SLP

Racial double standards are rules or principles that inconsiderably apply differently across different racial/ethnic groups and are discriminative. Language and race may be inter-connect in the formation of identity. In SLP, this may look like requiring BIPOC bilingual/multilingual, whose language of instruction was not in English, to take a standardized

assessment that is based on White English (e.g. North America, Britain, Australia, New Zealand) (ASHA,2019). Ultimately, this may place BIPOC individuals from countries where English is widely spoken (e.g. India, Bangladesh) at a disadvantage. ASHA has no current bilingual service provider certification (Cornish, 2011), placing less importance on mandating language proficiency in the minoritized language Graduate students from CAA- accredited programs, English proficiency is expected to be assessed by CFY mentors and Academic program directors in a non-discriminatory way.

Consequently, ASHA does not have a similar system in place that determines bilingual proficiency; self-proclaimed bilingual White SLPs are not required to take a bilingual proficiency exam to serve CLD populations (Cornish, 2011). Previous research has suggested that SLPs feel incompetent when servicing CLD populations (ASHA,2016) (Kritikos, 2003). Despite these findings, White monolingual SLPs are not held accountable or viewed as "unprofessional" for providing unethical treatment to CLD populations. Contrastingly, students with inferiorly perceived dialects (e.g. AAE/SpIE) may be expected to code-switch to present themselves as "professional". This is a prime example of a racial double standard in SLP. Moreover, SLPs may promote assimilation through current practices such as accent modification and pathologizing code-switching and language differences. Despite the mountains of research that support the grammatical structures of dialects individuals of color are still expected to assimilate into the white culture by using Standard American English in higher academic settings and within the profession (Grote et al., 2014). Any other dialect or language difference is viewed inferiorly or unprofessional. Although students with stigmatized accents and dialects possess the required knowledge of normal and disordered communication and can effectively provide speech and language services, they may be encouraged to undergo accent modification by faculty to

graduate. ASHA has stated students may choose to receive accent reduction; therefore, it is an option (Franca et al., 2016).

Standardized Assessments

Many SLPs heavily rely on standardized assessments. However, it is also important to understand the racist history of standardized testing. Early standardized testing was rooted in racist beliefs that value white superiority during the mass migration of Europeans to the U.S. The darker a person was, the less intelligent they were perceived. At one-point, African Americans were viewed as the least intelligent (Knoester & Au, 2015). Standardized assessments made their way into the school setting and continuously perpetuated anti-Blackness. Because standardized testing such as IQ was normed on white, middle-class, English monolingual individuals, BIPOC students' particularly Black students, were segregated. Black students were being placed at a disadvantage and often misdiagnosed with intellectual disabilities resulting in the overrepresentation of Black students in special education programs (Gonzalez, 2007). In 1971, the families of five African Americans displaced in Special Education, took a stance against this subtle form of segregation, sparking Larry vs Riles where the prohibition of IQ testing in African American students was ruled illegal in California (Gonzalez, 2007).

In recent years, standardized assessments continue to be problematic and research disparities in CLD populations may be contributing to the problem (e.g. over/under-identification of speech and language disorders). There is a big discrepancy between white and CLD populations in published research. There are approximately 150 research articles published annually on the topic of speech and language disorders, but only 46 have included bilingual children with speech and language impairments in the past 30 years (Kohnert & Medina, 2009). Within these research articles, 12 focused on speech sound sounds, only 2 focused on ASD, and

none on TBI and stuttering (Kohnert, 2009). In contrast, every year, 150 published research studies include monolingual English children (Kohnert, 2009). These findings can illustrate the system in place that highly values white individuals over any other racial/ethnic group. This research disparity has the potential to impact evidence-based services as it limits accessing appropriate resources.

The lack of representation of minoritized SLPs also limits research in SLP Literature and likely contributes to the limited available resources for CLD populations. Consequently, clinicians lack the training and knowledge to properly assess CLD individuals. A 2000 Omnibus survey indicated that BIPOC clients made 35% of an SLP's caseload (ASHA, 2000). Racially/ethnic diverse clients make-up a good fraction of the populations in an SLPs caseload. Despite this percentage, the racial/ethnic disproportionality in SLP research is an ongoing issue.

Present SLP culture

As the SLP profession continues to develop, normalizing race-related discussions with colleagues and clients is critical to prevent silencing different forms of racism and their effects on marginalized groups. To meet this demand, self-paced SLP modules were developed. The SLP curriculum offers a critical race and social justice perspective that can help facilitate the discussion of these concepts. It allows clinicians to consider external factors (e.g. zero-tolerance policy, lack of healthcare insurance access) and internal factors (e.g. implicit bias, microaggressions) that can potentially influence their practice by increasing equitable services.

Research has suggested that the integration of race-related and anti-racist concepts can result in effective education outcomes. Singh (2019) investigated the experiences and outcomes of anti-racist social work education and concluded that the majority of the students expressed that race awareness and anti-racist perspectives in social work practice was critical to their

learning and were able to identify racism and the multicultural skills and issues for effective practice (Singh, 2019). Case (2007) incorporated topics of race and gender, including white privilege in a required diversity course with predominantly White women students and found it to be effective.

Continuous senseless acts of killings towards innocent Black lives have reached a threshold in society, one that should have been reached long ago. Recent events led many SLPs to express themselves and shared their perspectives on social media. Some SLPs expressed rage towards the emphasis placed on race consistently showcasing a "color-blind" perspective. Conversely, other white SLPs expressed concerns and solidarity, while some expressed white guilt, uncertain of what they could do to help alleviate racial tensions in the field. White-centering the Black Lives Matter (BLM) movement was problematic within itself.

White privilege has been more evident than ever within the SLP profession. The Communication disorders (COMD) profession has been compliant from the beginning, and the silence proves this compliance. There has been no real disruption until recent events that captivated society's attention. Racism has always been present but was concealed through policies, practices, compliance and overall systems.

White Privilege

White privilege (WP) is reflected in many areas such as professional demographics, grad school requirements, assessments, treatments, and client outcomes. However, WP is not only based on racial identity but also skin color. Norwood (2015) discusses white privilege in the form of discrimination against dark skin color and provided the reader with a glimpse of how different cultures perpetuate colorism and what toll it has on the recipient. Colorism- is

discrimination against darker skin colors and displaying a preference for lighter skin. She begins from a historical standpoint stating that WP originates from colonization.

WP is one of two race-related topics most researched in the field of SLP and refers to the unearned advantages and opportunities that White individuals benefit from. WP is also structurally embedded across different settings, such as higher education, and is reflected through expectations, policies, and procedures. For example, SLP graduate programs often require the graduate requirement examination (GRE), a highly-costly exam, with a cut-off score to apply, although only 5.2% of minoritized students particularly Black, Latino, and Indigenous test-takers, have a GRE score of 700 or above whereas Asians and White individuals account for 82% (Miller & Stassun, 2014). Moreover, the GRE can be a better indicator of skin color and race/ethnicity rather than succeeding in higher academia (Kohnert, 2013).

Preis's (2013) examined race-related topics including white privilege in a CLD undergraduate SLP course. Findings indicated most individuals reported increased awareness of WP and racial discrimination. While some individuals are receptive to learning and understanding WP, others may deny the concept.

Ebert (2013) researched white privilege in SLP and audiology (AuD) students. The author developed a three-part survey that was implemented electronically. The first part was composed of questions to gather demographic information (e.g. race, ethnicity, type/setting of the program), and the majority stated that they attend a predominately white academic program in both students and faculty. The second part collected information on the student's race, which outlined the racial disparity amongst them. The last part was composed of open-ended questions regarding white privilege from a personal and professional standpoint with the main intention to grasp information on students' reactions towards WP. The surveys were distributed to graduate

students in SLP and audiology from 11 different programs across 10 states: California, Colorado, Illinois, Indiana, Minnesota, Oregon, Texas, Utah, Wisconsin, and Wyoming. The findings concluded that White participants expressed belief in racial equality in services (all clients received equal services regardless of their race). Also, these participants believed that BIPOC students and faculty experience similar barriers and hardships disregarding race/ethnicity. The racial equality perspective is interchangeable with the color-blind perspective, which can be harmful to BIPOC clients as it dismisses BIPOC experiences. Therefore, White SLP clinicians may be susceptible to displaying a color-blind perspective. Addressing SLP issues with WP starts with increasing awareness, and experiences complement the process by increasing understanding.

Research has also suggested that integrating information about WP into courses can be effective. Case (2007) developed a diversity course in psychology that integrated critical race studies and white studies. This course aimed to raise awareness of white privilege and racism in 147 undergraduate students. Most of the participants identified as White (89%). The 15-week course administered two surveys: a pre-course survey (week 1) and a post-course survey (week 15) consisting of the same information. These surveys used a Likert scale to gather information about perceptions of different racial groups. The findings suggested that students presented with an increased awareness of White privilege and stronger support in affirmative action, but racial prejudice remained consistent towards all racial groups except for Latinos, which increased. Students also expressed an increase in white guilt. There may be pros and cons when it comes to implementing race-related concepts, but the pros far outweigh the cons because it helps to field progress rather than regress. Further development of content and courses can result in more favorable outcomes, there needs to be a starting point for this material.

Past research of WP in the SLP literature has been conducted primarily from the oppressors' perspective, while the oppressed perspective has remained undiscussed. The SLP field claims to embrace CLD diversity, but this celebration of diversity tends to be disregarded by scholars and educators who may instead perceive it as an issue. As a result, CLD individuals may be forced to assimilate into the mainstream culture by standardizing their language. For example, SLP can encourage assimilation in BIPOC clients, students, and colleagues through current practices such as accent modification and requiring students to adjust code-switching to Standard American English (SAE). SAE is usually based on the dominant culture's values consisting of White and middle/upper-class individuals.

Although clients may seek accent modification because of accent bias and discrimination across different settings (e.g. work, school). Accent discrimination can produce unequal power (Ovalle & Chakraborty, 2013). Hence, SLPs should do better in probing into the psychosocial attributes that could be a potential influence to seeking services. SLP should emphasize counseling.

Despite the mountains of research that support the grammatical structures of dialects, individuals of color, are still expected to assimilate into the white culture by using Standard American English in higher academic settings and within the profession (Grote et al., 2014).

There continues to be a strong preference towards SAE in SLP and overall society reflected in textbooks, assessments, and materials. SLPs should improve practice in educating colleagues and the general public about language diversity to combat stigmatization and discrimination in speakers. Dunstan and Jaeger (2015) research discovered that dialects directly influenced students' academic performance and experiences. Many participants who spoke inferiorly perceived dialects reported feeling uncomfortable about speaking up and less likely to

participate in class because they did not want to be perceived as less intelligent. Whereas those with more standardized dialects did not express similar concerns (Dunstan & Jaeger, 2015).

Although WP in SLP has been discussed in the research, it has failed to include a vital piece of information, first-hand experiences, which can offer an insight into race and white privilege. Kohnert (2013), a white woman, aimed to provoke reflection and conversation of race and white privilege in SLP. She shared examples of her WP in higher academia and as a faculty member to illustrate the reality and role of WP in SLP. Kohnert highlighted how she was often met with a willingness to be understood while her black colleagues were met with resistance when discussing similar race-related topics. Examples of a white person's experiences of embodying WP are accessible within the SLP literature, but those impacted by it, people of color, are not.

Microaggressions

SLP literature has primarily focused on WP; however, in 2020, microaggression within the profession was researched. Microaggression is another race-related concept recently discussed in the SLP literature. Racial microaggressions are defined as subtle verbal and nonverbal insults that are typically automatic or (un)conscious and aimed at people of color (Sotto-Santiago, Mac, Duncan, & Smith, 2020). There are three different types of microaggressions: microassaults, microinsults, microinvalidation (Sue et al., 2007).

Microassaults are typically conscious where an individual produces an explicit racist verbal and nonverbal attack with the intentions of harming the recipient through name-calling, avoidant behavior, or purposeful discriminatory behavior and actions (Sue et al., 2007). For example, enforcing work policies that prohibit the use of hairstyles worn by black individuals (e.g. afro, box braids). Microinsults are the most common type of microaggression that typically

involve unconscious insults where the perpetrator communicates rudeness, insensitivity, and demeaning messages to a recipient's racial heritage or identity. For example, SLP students being asked: “How did you get into a master program?” sending a message that suggests racially underrepresented individuals are not qualified for the program or affirmative action or quota programs gave them this opportunity while dismissing one’s ability to attain it themselves. Another example of microinsult is pathologizing cultural values and communication styles such as expecting BIPOC individuals to code-switch to succeed in higher academia and professional examples.

Microinvalidation is characterized by communication that invalidates the psychological thoughts, feelings, or experiences of a person of color. For example, SLPs stating “all lives matter" in response to the Black Lives Matter movement and expressing a color-blind perspective “I don’t see color” towards people of color. These types of remarks essentially invalidate and dismiss the experiences of individuals as racial/cultural beings (Sue et al., 2007).

Ginsberg (2018) sought current SLP professionals to recall graduate school experiences revealing being recipients of microaggressions. Most participants reported feeling as if they were being treated as a stereotype rather than an individual by faculty and peers. Many expressed that mentoring can strengthen support to Black peers and colleagues (Ginsberg, 2018). This novel research suggests that SLPs are perpetuating microaggressions in different ways leading to harm.

As previously mentioned, microaggressions in SLP is an area of research that is limited and warrants more research. However, it has been widely researched in other similar professions such as nursing. Ackerman-Barger et al.'s (2020) research suggests that racial microaggressions can have detrimental effects on underrepresented students in higher academia. The researcher surveyed 37 medicine and nursing students all from underrepresented racial groups. The survey’s

questions focused on experienced racial microaggressions, illustrating the incidence, response to, and effects of these instances. Three major themes revealed that students felt devalued, adversely affected their learning experience and academic performance, and emotional wellness. To promote inclusion, students recommended higher admission of BIPOC students and reforming the curriculum by including a diverse perspective and ideas (Ackerman-Barger, 2020).

Academia

Clinicians are trained to acknowledge differences but may lack personal insight into how their thoughts, feelings, behaviors, and culture affect the treatment of clients from racially diverse backgrounds. Limitations of CLD exposure in SLP programs may be contributing to this lack of insight. Previous research in SLP has suggested that exposure to individuals from CLD backgrounds can increase awareness in undergraduate students (Franca et al., 2016). Franca et al. (2016) researched 20 undergraduate students majoring in SLP. The students were predominantly white women. The research asked participants to complete a questionnaire primarily composed of “how true statements". The findings revealed limited CLD exposure amongst the undergraduate students. Results indicated that 50% reported having minimal contact with people from racial/ethnic diverse backgrounds and 60% with diverse nationalities. The information gathered from this research provides a glimpse into the limited access to CLD material and content in SLP programs. The knowledge and exposure of bilingualism and ESL speakers were minimal to nonexistent for many. The majority reported not receiving bilingualism coursework (55%) and less than half reported no coursework that focused on language difference vs language disorder (30%). SLPs should be providing services in the client’s native language, which is not always English. Unfortunately, the incredible shortage of bilingual SLPs creates a language mismatch between client and clinicians resulting in monolingual SLPs providing these services.

The adverse effects impact the profession in all areas: assessment, diagnosing, and intervention. In higher education, it may be common for undergraduates and graduates to have minimal to no training in serving multicultural/multilingual populations (Hammer et al, 2004). Although some programs may offer it as an elective course, integrate it into the curriculum, or review it in an existing course, the course should be a requirement, and not optional or briefly reviewed (Randolph& Bradshaw,2018).

Individuals from underrepresented racial groups are disproportionately affected by current SLP practices because SLPs are providing unethical treatment characterized by limited resources, training, and knowledge (Caesar & Kohler, 2007) (Senaga & Inglebret, 2003) (Randolph & Bradshaw, 2018). Because the current racial/ethnic/linguistic demographics of SLPs do not reflect those of the general public, it may limit services provided to diverse populations. Until more diversity and inclusion occurs, clients may be met with inequitable services. In addition, some SLPs are reporting that they are not receiving appropriate training in working with CLD populations and a survey revealed that some do not feel culturally competent (ASHA, 2018) (Randolph & Bradshaw, 2018).A survey revealed that only 8% of school-based SLPs feel adequately qualified in addressing culture and linguistic factors in service delivery and outcome. (ASHA, 2016) This could lead to misdiagnosis in CLD individuals or inequitable services to clients from underrepresented racial/ethnic groups.

Maldonado et al. (2019) researched the experience of English monolingual American SLPs and clinical fellows servicing CLD populations. The findings revealed that there was an overall sense of unpreparedness in SLP. The sense of unpreparedness is common amongst SLP. According to an ASHAs school survey report, 8% of SLP identified themselves as “very qualified” in CLD service delivery (ASHA, 2016). Although several universities of bilingual

emphasis track programs, there should be an emphasis on bilingualism and working with CLD populations in all programs as there is an emphasis on working with monolingual and White Americans.

Due to the restricted training and knowledge on working with CLD populations, SLPs may assess bilingual children in English only due to their lack of understanding typical and atypical speech and language development in the minoritized language (Caesar & Kohler, 2007). Unfamiliarity with properly assessing bilingual clients and/or working with an interpreter may cause low-efficacy when SLPs assess bilingual children or work with parents who do not speak English (Santhanam et al, 2019). Therefore, SLPs may be reluctant to diagnose CLD and/or bilingual children due to their restricted knowledge in working with these populations (Kritikos,2003). CLD and bilingual populations are at a higher risk of a misdiagnosis. English Monolingual SLPs have reported lacking efficacy and limited knowledge in diagnosing CLD populations resulting in overdiagnosed or underdiagnosed (Kritikos, 2003). Bilingual and monolingual SLPs are less likely to feel competence in providing intervention to bilingual clients versus monolingual clients (Santhanam & Parveen, 2017).

What impacts CLD service delivery?

There are many factors that interfere with equitable CLD service delivery. While CLD exposure can impact service delivery, many other factors such as being aware of one's own culture are as important. Furthermore, exploring one's own cultural upbringing and values is necessary to help reduce stereotypical beliefs, which reinforce implicit bias, as it brings attention to a potential harmful perspective. Kadyamusuma (2016) researched SLPs' barriers to properly serving CLD populations. SLPs reported occasionally not being aware of their own culture and its effect on service delivery. The lack of self-awareness regarding their own culture made it

difficult for some to collaborate with family members and understand their beliefs. Also, lack of CLD knowledge and access to CLD material may impact CLD service delivery. These limitations created an extra set of barriers in assessing and treating bilingual clients (Kadyamusuma, 2016). Overall, these research findings captured SLPs' insight into cultural/linguistic diversity and the need for bilingual/bicultural SLPs.

In 2021, a linguistic mismatch between clinicians and clients has continued to persist as most U.S.-based SLPs are monolingual English speakers. Kritikos (2003) surveyed SLPs to obtain information about their knowledge and practice with CLD clients and found that 95% of SLPs serve at least one CLD client. Many clinicians reported low- efficacy, decreased ability to efficiently and effectively provide services, and limited required knowledge, resulting in under and overdiagnosis in CLD populations. These findings demonstrated the need for more bilingual/bicultural SLPs and how CLD populations are disproportionately affected by such shortage.

In addition to the overwhelming representation of White English monolingual SLPs, limited resources can hinder both monolingual and bilingual SLPs' efficacy in appropriately assessing bilingual clients. Santhanam & Parveen's (2017) conducted a nationwide survey to explore the differences in monolingual and bilingual SLP’s competency when assessing monolingual versus bilingual populations. Less than half bilingual (49.8%) and Monolingual (37.1%) SLPs reported feeling competent properly assessing bilingual individuals whereas all SLPs felt competent in assessing monolingual individuals.

It is fundamental for SLPs to present with high-efficacy in assessing CLD individuals to avoid misdiagnosis. However, many have reported low-efficacy when serving CLD populations.

undervalued in research and higher academia resulting in inadequate assessments, diagnoses, and treatment (Kohnert, 2009) (Hammer et al, 2004) (Caesar & Kohler, 2007) (Kritikos,2003).

Systemic Racism in Common Work-settings

The majority of SLPs seek employment in the school and health care setting. In 2020, 51% of SLPs were employed in a school-setting and 39.9% worked in a health-care facility where 12.3% work in a hospital (ASHA, 2020). It is important for SLPs to acknowledge and recognize different forms of racism (e.g. systemic, interpersonal) in the workplace to help eliminate any harm to clients. Systemic racism refers to the inequities that stem from the early practices of social and political institutions and persists in today's era. Statistical discrepancies across many institutions illustrate systemic racism.

Like many other systems, the public-school system has a racist history, so it is important to view the historical context of US public schools from a racial lens. Supreme Court in Plessy v. Ferguson (1896) supported racial segregation for public facilities across the nation "separate but equal". The first legal victory against segregation in America was in San Diego County in 1930. Mexican American parents in the Lemon Grove School District organized a boycott and successfully sued the schools for integration. However, this was only one school district. Another case, Mendez vs Westminster (1946) in Orange County, CA occurred when Sylvia Mendez was denied enrollment in a school because she was a dark-skinned Mexican-American. Although it never made its way to the supreme court, the federal court ruled it unconstitutional because it violated the 14th amendment which grants citizenship to all individuals "born or naturalized in the United States" and provides them with "equal protection of the laws" (United States Senate, n.d.) After the ruling became known, the National Association for the Advancement of Colored People (NAACP) got involved and pursued legal action nationwide resulting in the Brown V

Board of Education, which ruled racial segregation of children in public schools as unconstitutional (Gonzalez, 2007).

After the desegregation of public schools, the overrepresentation of African American students in special education became an issue. African American students were being permanently segregated and refused access to the general education curriculum. As a result, African American parents from Northern California challenged this overrepresentation resulting in the Larry vs P. Riles (1979) court case. Larry P. vs Riles is the foundation of prohibiting the administration of IQ testing on African American students. Considering the history of standardized testing, speech-language pathologists are expected to be cautious of the assessments they use and ensure they are not biased.

In a school setting, where the majority of SLPs practice, African and Latino students make up 40% of the total student U.S. population, and students with disabilities account for 12% of the U.S. school population (U.S. DOE, OCR, 2014). These underrepresented groups may be most affected by current school policies such as the zero-tolerance policy. Zero tolerance policies strictly enforce regulations against behaviors that are perceived to be a threat. These policies are enforced differently across many states in the U.S primarily and may most affect urban, under-resourced schools composed mostly of Black and Latinos.

Race/ethnicity and disability may be a strong predictor of who is most affected by the zero-tolerance policy. Suspension rates tend to be higher for Black males with language and learning difficulties in comparison to other races/ethnicity with a disability (Stanford,2020). More than 50% of students referred to law enforcement or detained on school property were Black and Latinx (Skiba, 2002) The intersection of race, ethnicity, and disability places an individual at risk of facing double or more the oppression, of which SLP may unknowingly be

partaking in it. Zero-tolerance policies are responsible for 45% of youth with COMD involvement with the justice system (Stanford, 2019). The intersection of oppressed identifies makes these youth with communication disorders vulnerable to following the trajectory of the school-to-prison pipeline at a disproportionate rate (Stanford, 2020).

The School-to-prison pipeline is placing students from public schools into the juvenile justice system through suspension and expulsion at a disproportionate rate. Black and Latino students with disabilities, especially African Americans are often placed in this trajectory (Mendoza et al., 2019) (U.S. DOE, OCR, 2014). African American children are 3x likely to get suspended compared to their white counterparts. They are likely to be suspended for less serious and more subjective acts perceived as defiance when in reality it may be cognitive-communication disorders.

Amongst children of color with disabilities, 25% are referred to the juvenile system and often subjected to school-related arrests. The statistical information displays how race, gender, and disability intersect. The intersectionality framework supports the notion that a Black female student with a disability may face triple the oppression because of all of the social identities she embodies. SLPs may unknowingly contribute to this on-going issue by not intervening sooner or before these youths enter the system. (Stanford, 2020).

Juvenile offenders with cognitive-communication disorders are a largely neglected population and setting in the SLP profession. Receptive language challenges are more common than expressive language and they can present themselves as rude and uncooperative (Snow et al., 2016). School-based SLPs need to be properly trained and held accountable. Individuals are being left undiagnosed and placed at a greater risk of interacting with the justice system.

SLPs tend to be the first responders in intervention and cannot yet appropriately identify and treat individuals who are susceptible to experiencing the school-to-prison pipeline (Mendoza et al., 2019). Individuals with Developmental Language Disorder (DLD) who are early-identified and treated are critical; therefore, SLPs need to respond appropriately and in a time-sensitive manner. A research study explored the need for best practice with youth offenders in the US (Snow, 2020). The author urged SLPs to become well-informed about the epidemiology of youth offenders and to become familiarized with language red-flags in youth offenders.

Just as every other human being, these individuals are entitled to access their basic human right to communication. SLPs may fail to help children attain this basic human right by not intervening sooner or lacking an equitable approach to meet their needs. Going undiagnosed can severely compromise an individual's life and success, but the long-term effects are under-discussed.

Under identification of disabilities with common co-occurrence of speech and language disorders is commonly experienced amongst BIPOC communities. SLPs and other collaborative professionals are under-serving BIPOC children with neurological differences such as Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) (Kendall & Hatton, 2002) (Yeargin-Allsopp et al., 2003). ADHD is a neurological difference that causes abnormal levels of hyperactive and impulsive behaviors, which may be characterized by difficulty with focusing and attending to a task for long periods of time and comprehension difficulties. ASD is another neurological difference where behaviors vary on a spectrum from needing maximum support to low support across different developmental areas (e.g. communication, motor, etc.) where 1 in 54 children have been identified with ASD (Center for Disease Control and Prevention, 2016). Both ADHD and ASD are common populations that

SLPs serve. However, SLP may be contributing to the problem of underdiagnosis by inaccurate clinical judgment, which may be influenced by racial implicit bias.

A research study found that on average African American children received a later diagnosis of ASD by a year or more (average of 1 ½ year) in comparison to White peers likely due to lack of accessing appropriate healthcare services. (Mandell et al., 2002). African American children require 3x more visits than White children to receive a proper diagnosis of ASD. ADHD is perceived differently across Black and White children because Black children are more likely to be diagnosed with a conduct disorder compared to their white counterparts. Early intervention for these populations is commonly skipped due to late diagnosis or misdiagnosis, which may lead to the lack of adequate support in communication.

Under/Over identification in speech and language disorders is commonly, but differently, experienced across BIPOC communities. On a national-level, Hispanic and Black children are less likely than White children to be identified with speech and language disabilities while attending elementary and middle schools in the U.S. (Morgan et al, 2015). Roughly 62% to 95% of students with emotional or behavioral impairments have undetected language disorders placing them at great risk of experiencing learning challenges. They are only provided with behavioral management while neglecting language difficulties (Benner, Nelson, & Epstein, 2002). However, CLD populations may be overidentified with speech and language impairments due to a clinician's restricted knowledge of first language influence on English, and how it is manifested (Farrugia-Bernard, 2017).

SLPs may under-diagnose speech and language disorders in Asian American and Pacific Islanders (AAPI) students. They are less likely to be identified with a speech and language disorder. Therefore, students from Asian Indians, Cambodians, Chinese, Filipino, and Pacific

Islander backgrounds are less likely to receive speech and language services (Cooc, 2019). The model minority, a shared reality in the US that stereotypes Asians as diligent and smart, may influence clinical judgment and perception and contribute to the under-identification of AAPI students.

Racially underrepresented populations are vulnerable to having diminished access to their basic human right to communicate. Many policies, practices, and procedures across institutions suggest otherwise for minoritized individuals especially Black and Brown communities with diagnosed and undiagnosed speech and language disorders. The inability to communicate effectively places these individuals, who face double or more oppression, at a systemic and societal disadvantage. Different forms of subtle racial discrimination such as microaggressions and implicit bias are manifested in common work settings such as schools and hospitals. In a school-setting, it begins in early education and contributes to a cycle that pushes students out of education and often into the criminal justice system. This continuous cycle is known to be the school-to-prison pipeline where the students most impacted by it are Black and brown with disabilities. In the medical-setting, there continues to be a disparity in care for patients from underrepresented racial groups especially Black and Brown patients.

In 2020, COVID-19, a new deadly respiratory disease, emerged globally. SLPs in the healthcare setting took on a vital role in treating speech, voice, and swallowing disorders in patients with COVID-19. Accordingly, SLPs must be aware of who is most affected by this pandemic to ensure they are providing equitable services. During the current global pandemic, white folks have maintained their privilege in the form of health advantages compared to BIPOC communities. Consequently, COVID-19 has taken a substantial toll on BIPOC communities particularly Blacks and Latinos. Alcendor's (2020) research explored the racial disparities

associated with COVID-19 mortality in BIPOC communities. His research findings concluded that BIPOC communities were disproportionately impacted by COVID-19 with higher mortality rates (Alcendor, 2020). Milner et al. (2020) sought to explore the prevalence and demographic of different racial ideologies that are contributing to healthcare disparities particularly those found in COVID-19. Participants were US citizens, 18 years and older. Their findings indicated that most White Americans possessed a more racist attitude rather than less racist. Most racist attitudes were aligned with symbolic racism which is a belief that Black people hold the onus for their disadvantaged position in society. The belief that black inferiority results in racial inequality, essentially placing the blame on black culture, is more prevalent in low SES than others. The color-blind racism, belief that racism and discrimination is no longer an issue and equality exist, was more prevalent (2x) in higher socioeconomic status (SES). Republicans (3 times likely) were most likely to uphold racist beliefs and attitudes compared to democrats. As a result, racist attitudes and beliefs can influence differences in treatment and outcomes (Milner et al., 2020). Black and Latino's communities are disproportionately affected by COVID-19 which may be attributed to the lack of resources including health insurance (Alcendor, 2020).

Learning about the history of SLP, current SLP culture, and the clinical implications that may arise is fundamental to allow SLP students to get an overview of how the events unfolded leading to current practice. BIPOC communities continue to be marginalized and affected by school and health policies, procedures, and practices. Ultimately, SLPs may unknowingly be contributing to the maintenance of white supremacist culture, so sparking awareness and highlighting ways it is manifested can be effective way to obtain racial justice for BIPOC particularly Black and Brown colleagues, students, clients, and patients particularly.

The most change may occur by dismissing current practices and replacing them with new practices that better suit and best benefit individuals from all racial backgrounds. By simply updating policies, the root of the problem is left unaddressed making it difficult to end white supremacy. The SLP field has the potential to demonstrate true progression in improving inequities, but this may not be feasible without the proper education and awareness. Therefore, the purpose of this project is to create three self-paced modules that provide students information that focus on Institutional Racism in SLP, Interpersonal Racism, and Systemic Racism in most common work settings, schools, and hospitals. These modules will allow students to move at their own pace with the intent to encourage reflection and critical thinking. Understanding how these factors can influence SLP practice is critical to ensure SLPs are providing equitable services to populations that have been historically and continue to be oppressed and discriminated against. The next chapter will discuss the process of creating the product and will review the final product composed of three modules.

Chapter 2: Process/Product

The Exploration of SLP from a Social Justice and Critical Race Perspective is a way to assist SLPs in better understanding how racist practices and beliefs are reinforced in the profession. Race-related concepts and how the system operates so that changes can be me for individuals of color to access equitable services. Three modules were created to support these objections. The three modules were developed to focus on three main areas: 1.) Institutional Racism in SLP, 2.) Interpersonal Racism in SLP, and 3.) Systemic Racism in the School and Healthcare setting. The current problem is outlined in each module and recommendations are provided to help combat racism. All three modules begin with the learning objectives followed by an introductory video providing real-life examples of some of the material discussed in each module. The intended audience are SLP students and professionals and therefore the audience must have a good understanding of: common SLP terminology, SLP work-settings, and populations served. There are (5) overall learning objectives that these modules aim to achieve:

1. Students will describe how racism impacts common clinical scenarios that SLPs may encounter in the clinical setting.
2. Students will apply concepts related to racism to understand why these clinical scenarios may occur in the SLP profession.
3. Students will reflect on the learned content to cultivate their understanding of how BIPOC clients and patients are affected by current policies and practices.
4. Students will gain access to material that will allow them to gain confidence in facilitating dialogues about race and racial issues to address racism in SLP.
5. Students will become aware of their own bias, prejudice, and discrimination towards racially diverse clients.

Module 1: Institutional racism in SLP

The topic of module one is Institutional racism. It is composed of 30 slides containing information that will meet each of the learning objectives. The learning objectives for module 1

include: Upon completion of the module, the main goal is to provoke awareness and reflection on institutional racism, modern practices, and white privilege.

The module begins with a video introduction of the author to the audience. The rationale behind this video was to provide viewers with a glimpse of my presentation and personal and professional encounters that have influenced the creation of this module. The primary intention was to demonstrate a sense of vulnerability to those who I am asking to be vulnerable as this content can be difficult, but necessary, to explore. The video discussion aims to send out a message, which is to value a cultural/racial identity that has been historically and continuously oppressed and underrepresented in the SLP field. The creation of these modules itself was difficult due to the sparse research availability that discusses these topics and content, but unfortunately lived experiences, such as mine, are not sparse but uncommonly heard about or ignored.

The history of the American Speech-Language-Hearing Association (ASHA) was outlined including the year in which ASHA was founded and by whom. This information was gathered to assist students in learning and reflecting on how institutional racism is outlined in the field of SLP. The number of the founding members and racial make-up was listed - predominately white women. An image of some of the early pioneers was also provided to provide a visual of what continues to be a consistent racial representation- white professionals. A timeline of the establishment of ASHAs actions to promote CLD diversity was displayed to allow the students to view the SLP trajectory that has led to current SLP culture.

To help students reflect on how white privilege is manifested and perceived in the SLP field, these types of discussions are vital because it illustrates how white SLPs are overrepresented within the SLP field, which may send out a societal message of what an ideal

candidate and potential SLP should look like. The current SLP demographics may make some people of color reluctant in pursuing the field, experiencing imposter syndrome and a sense of not belonging, and/or force them to develop strategies to meet the White demands to achieve success and upward mobility (Ogbu, 2004). Not everyone has to behave or speak like a White person to present as professional or a good fit in the profession, but it can be difficult when it is all you see in the SLP world (Ogbu, 2004). Despite the mountains of research that support the grammatical structures of dialects, individuals of color are still expected to assimilate into the white culture by using Standard American English in higher academic settings and across many professions. (Grote et al., 2014).

The lack of BIPOC clinicians in prominent positions and holding higher positions in society is a clear representation of this issue at a systemic level. In the SLP profession, nearly 92% of SLPs identified as White, roughly 8% identified as Black, Indigenous, Asian, Pacific Islander, and 6.2% as Hispanic (ASHA,2020). These statistics capture the racial gap within the field of SLP. Numerous researches have proven the disparity in services provided by White professionals, many of whom are unable to relate to individuals who have been racially oppressed and also benefit from the status quo.

A few examples of current SLP preferences and practices were provided to enhance the students understanding of institutional racism including white privilege. For example, admission preference towards White people over any other racial group is reflected in current SLP demographics (91% white). Despite SLPs having a large percentage of CLD clients on SLPs caseload, there is a racial/ethnic disproportionality in higher academia, SLP research, and profession.

Institutional racism including white privilege continues to be present in current SLP culture. Therefore, to encourage learning and provoke reflection, racial disproportionality across current SLP practice was highlighted. Racial disproportionality in SLP research is evident and, and has the potential to impact the profession in all areas: assessment, diagnosing, and intervention. The prioritization and emphasis in White populations is manifested through current policies and procedures. In academia, it is common for undergraduates and graduates to have minimal training in serving multicultural/multilingual populations (Hammer et al, 2004). SLPs may assess bilingual children in English only due to their lack of understanding typical and atypical speech and language development in the minoritized language (Caesar & Kohler, 2007). SLPs may lack the confidence when assessing bilingual children and working with parents who do not speak English. SLPs may be reluctant to diagnose CLD and/or bilingual children due to their lack of knowledge working with these populations (Kritikos,2003). CLD and bilingual populations are at a higher risk of a misdiagnosis - English Monolingual SLPs have reported lacking efficacy and limited knowledge in diagnosing CLD populations resulting in overdiagnosed or underdiagnosed (Kritikos, 2003). Bilingual and monolingual SLPs are less likely to feel competence in providing intervention to bilingual clients versus monolingual clients (Santhanam & Parveen, 2017).

As previously discussed in the literature review, white privilege is the most researched race-relation concept in SLP literature (Ebert, 2013) (Kohnert, 2013) (Preis, 2013). Nevertheless, when learning about WP, a study also revealed that the majority of the participants, primarily White COMD professionals, expressed limited awareness or denial of WP (Ebert, 2013). The recognition of white privilege amongst white clinicians is important to understand that their experiences and realities are not universal across underrepresented racial groups. If WP is

concealed, SLPs may be oblivious to the disadvantages that people of color are susceptible to experiencing. COMD professionals who benefit from WP may be in denial and express anger, hostility, and sarcasm (Ebert, 2013). Some may think it is non-applicable because of surrounding demographics claiming to live in a predominantly white area, but that is not the case and evident by the U.S. SLP demographics (Ebert, 2013).

Most of the module focused on outlining the problem, but the last few slides focused on providing a solution to the problem. Therefore, two potential solutions to help alleviate the race-inflicted harm that may be caused on students and colleagues of color. A link to a bill to support Allied Health Workforce Diversity Act (S. 2747) introduced on Oct. 30, 2019 was provided. This aims to diversify the field in the healthcare setting to meet the demands of the CLD shortage reflected in current SLP demographics. Another solution offered is mentorship as research has proved its effectiveness in promoting academic achievement in underrepresented racial/ethnic groups. The study concluded that race-match was an important factor in mentor-mentee relationships. Mentee felt more connected and supported in their academic, professional, and personal growth process (Blake-Beard et al, 2011). BIPOC students from different professions including SLP have shared their satisfaction with mentoring programs (Wright-Harp, 2008)

To support mentors, additional information was provided to potential mentors to help them create a system that works best for them. It is important to understand the different mentor models and select the one you feel comfortable following. Wright-Harp and Cole (2008) designed a five-tier mentorship program for mentors to follow to achieve optimal experiences and outcomes. The last slide displays a video of a former mentee, a first-generation Mexican American student and native Spanish speaker, who partook in Cal States San Marcos newly

developed mentorship program called Teaching, Advising, Leadership, and Counseling (TACL). She shared her experiences of navigating academia without mentorship and the hardships she encountered as a first-generation student. Also, she spoke about her experiences as a mentee and how beneficial it was, expressing gratitude for the mentorship program and mentor.

Module 2: Interpersonal Racism in SLP

The second module, Interpersonal Racism in SLP, consists of 27 slides including reference pages. The learning objectives for module 2 include: The proceeding information provides in-depth information to meet these learning outcomes. Once this module has been completed, the student is expected to reflect on the race-related concepts (e.g. microaggressions, implicit bias, intersectionality) reviewed throughout the modules and how it is pertinent to the SLP field. In addition, students will be encouraged to reflect on how to utilize strategies to address interpersonal racism.

Like module 1, a personal video discussing my experiences of these racist behavioral manifestations in SLP was included at the beginning. The intention behind this video was to connect real-life situations to the discussed material ultimately relating it to the field to provoke identification of these racist behavioral manifestations and the instances in which they are manifested. Speaking out about these experiences offers a fresh perspective that should be received with acceptance rather than resistance, this is how we may learn. Sometimes people may be reluctant to believe it until they see it for themselves or encounter someone who has. SLPs should be aware and cautious of how they may potentially and unknowingly inflict harm on BIPOC. It is vital to understand the psychosocial implications that may arise in CLD populations from interpersonal racism.

To help meet the learning objective of encouraging reflection of the information to increase ability to identify these particular scenarios, implicit bias in SLP was the first topic discussed in the module. It aims to shed light on how these “unconscious” thoughts may influence SLP's behavior and patient/client outcomes. Two examples of implicit bias concerning SLP were included to illustrate instances of how implicit bias may influence SLP practice. The first example:" During a diagnostic evaluation with a Black student who speaks African American English (AAE), the clinician may subconsciously interpret their communication behavior as “wrong” because it is different from Standard American English”. This example demonstrates how dialects continue to be viewed inferiorly, consciously, or unconsciously, even amongst SLP are expected to know better. The second example: “A clinician may spend more time with white clients than black clients essentially learning about their needs and concerns resulting in better outcomes”. The impact of implicit bias is also discussed in this slide to provide the viewer with a general understanding of how implicit bias is relevant to one's practice in all areas: evaluation, diagnosis, treatment, and recommendations.

Once viewers learned about implicit bias, ways to combat it proceeded. A table displaying strategies to combat their implicit bias was provided. The strategies were presented in order of the acronym implicit, beginning with “i” and ending with “t”. The information provided in this table aimed to provide SLP students with intentional strategies to help combat racial/ethnic implicit bias in hopes of encouraging SLPs to utilize these strategies to suppress their biases. The ideal outcome was to help build awareness, as unintentional harm can continue due to lack of awareness, and aimed to modify one’s approach when interacting with individuals from minoritized CLD and racial backgrounds by becoming more conscious and intentional

when serving these clients. By engaging in perspective-taking and conscious-raising may lead individuals to consider the adverse emotional/mental impact they can have on their clients.

To help promote deeper reflection of the information, three videos were displayed to the viewer regarding racial implicit bias. The first video captures a frequent scenario that leads to reporting “suspicious” behavior to the authorities. It is followed by a question that intends to provoke a connection to SLP. A response to the question is provided as the following: “Expecting CLD students to conform to white standards and pathologizing dialects and accents, encouraging code-switching or forcing accent modification to succeed in mainstream society”. Two videos that illustrate implicit bias in the school-setting were provided to allow students to see how implicit bias may affect SLP services.

Because self-evaluation is a crucial component of growth, students were prompted to undergo an Implicit Association Test (IAT) to examine their own implicit bias regarding race and ethnicity. A link to the test was provided, as well as for instructions on how to proceed. Recommended tests for this module were also included: Race IAT, Skin-tone IAT, Disability IAT, Asian IAT. A video about IAT and its effectiveness was also displayed to provide a visual and better understanding of its rationale. However, viewers were suggested to watch the video after taking the IAT to decrease the external influence on performance.

The following slide discussed racial attitudes and beliefs in SLP. Students are trained to acknowledge clients' differences that can potentially affect practice, but the little emphasis may be placed on the personal insight of how their thoughts, feelings, and behaviors affect the treatment of clients from racially diverse backgrounds. The lack of self-reflection, as well as exposure to BIPOC populations, may contribute to racist attitudes and beliefs among SLPs. Therefore, this slide discussed research regarding SLP undergraduate students and their

racial/ethnic exposure. Franca et al., (2016) revealed the lack of racial/ethnic exposure in mostly White SLP undergraduate students gathered from a questionnaire consisting of “how true statements". Additionally, Franca et al.'s (2016) research indicated that exposure to CLD backgrounds has the potential to increase awareness in students. The slide ends with a reflective question that references the statistical information provided.

Module 3: Systemic Racism in the Education and Health Care System

The Systemic Racism in the Education and Health Care System is the last module consisting of 43 slides including references. The module explores systemic racism in the two most common SLP work-settings: Education and Health Care. Module 3 had six learning objectives.

Learning about SLP and ASHA’s history was important to increase understanding of where the racial disproportionality amongst SLPs stemmed from; therefore, learning about the educational and health care system through critical racial lens was also important because these are the two most common SLP work-settings. Hence, this module intended to illustrate how BIPOC, particularly Black and Latinos, are disproportionately affected by school and health care policies, practices, and procedures.

The beginning of the modules begins with a video of the author discussing witnessed racist practices in a school-setting by speaking of her personal experiences as an intern. The video is followed by a cartoon video that displays what systemic looks like in a visual and simplified way. The video was selected after being viewed and gaining a stronger understanding of systemic racism to help others, especially those new to the concept, increase their understanding of this form of racism. The racial/ethnic gap and the effect on client-clinician

interaction and client outcomes are also discussed. Statistical information was provided to better illustrate the discrepancy between client-clinician race/ethnicity. To capture the effects this has, issues were listed such as misdiagnosis (overrepresentation/underrepresentation) and zero-tolerance policy in schools, specifically those from urban and low-income areas.

Systemic racism was included in the module to help reveal the many racial inequities clients and patients may encounter. It aims to help SLP students put the information into perspective, especially those who may be oblivious about the extra barriers that clients of color may be facing. Thus, it was discussed to provide the audience with foundational knowledge for why racial disparities, evident across many settings, may be occuring. Discussing the surface of the problem can be complicated to grasp without understanding the root of the problem. Therefore, the inclusion of this content aims to help students better understand what influences these racial disparities and disproportionality. The blame may often be placed on the individual when in reality they may be automatically disadvantaged by external factors that are oppressive in nature. It is important for SLPs to view current practices from a critical race theory and social justice perspective to better support clients of color across all work settings.

First and foremost, while clients would tremendously benefit from the inclusion of this content, SLPs would also benefit from it because they will learn how to improve their job performance by gaining more knowledge of ways they can help and better serve their clients of color. The client-clinician relationships may improve and clinicians may feel more confident in providing services, holding race-related conversations, and educating their workplace and colleagues on discriminative policies, practices, and behaviors manifested within the work setting. It may have the potential to help SLPs decrease their implicit bias, better advocate for

their clients of color, and provide equitable services. Ultimately, SLPs will be better equipped with the knowledge required to ensure that no harm is done to clients. The current SLP curriculum may be placing BIPOC at a huge disadvantage with lost-lasting effects.

SLP are currently providing unethical treatment to CLD populations and this is mostly impacting the clients because they are not receiving the services they deserve due to the SLP's lack of resources and education in working with these populations. Senaga & Inglebret (2003) research revealed that many SLPs, including bilingual slps, are administering invalid tests in the school-setting. This is problematic because SLPs are violating best practice, misdiagnosing students, contributing to the overrepresentation and underrepresentation, and contributing to the school-to-prison pipeline. This captures better treatment towards one group over the other.

Not only does the SLPs implicit bias place them in a vulnerable position of providing unethical services, but so does the lack of resources including standardized assessments that may also be contributing to misdiagnosis of BIPOC. Knoester & Au (2015) research article discussed early standardized testing to support the science rationale behind white superiority. Early IQ findings were determined by skin-color and race. SLPs need to know about the whereabouts of standardized tests to promote their understanding of how it stems from white supremacy, has a dark history, and continues to be biased towards underrepresented groups, so that they can be more considerate of the potential harm they can cause on students and patients if they wish to neglect current best practice. The field needs to continue to promote dynamic assessments and strength-based approaches to better serve CLD populations who may be placed at-risk in following the school-to-prison pipeline and/or not reaching their full potential because the system we have in place failed them.

The history of laws in the public-school setting was a crucial addition to this content because SLPs can see how relevant race has always been, and cannot be easily dismissed with a color-blind perspective. This addition intended to promote awareness of the on-going racism presented in a subtle way in current times, and to see the impact these laws have on the current education system. It may be difficult to grasp a good understanding of today's society without learning about the past that has left an indelible mark on the lives of many BIPOC.

In order to educate the audience on how schools are continuously displacing students from schools to prison, the school-to-prison pipeline and policies that contribute to this was discussed. Zero tolerance policies the role of the SLP may be significant and may be contributing to this trajectory. It is important for SLPs to comprehend how their clinical judgment and decisions can result in negative long-lasting effects on their students of color. According to Mendoza et al. (2019), Black and Latino students with disabilities, particularly Black students, are most susceptible to be recipients of the school-to-prison pipeline. SLPs have the potential to make a big impact in a child's life outside of the therapy room, in real life and across life span. Therefore, this content was important to discuss because school-based SLPs are increasing the student's involvement with the pipeline as they may not be intervening at sooner characterized by an overrepresentation of juvenile offenders with cognitive-communicative difficulties in the juvenile justice and criminal system (Stanford, 2020).

Hospital-based SLPs should become aware of the racial disparities occurring in commonly served populations (e.g. TBI, post-stroke, dysphagia). The information provided in this module has the potential to make an impact on service delivery and overall patient outcome. Currently, patients of color including multi/bilinguals are reporting poor treatment and outcomes. Although interpreting services are offered, patients may still feel reluctant in utilizing such

services because it can feel unnaturalistic and ineffective for them. The author shares a video discussing her grandfather's, a Spanish-speaker, experiences with services including speech-language therapy post-TBI. These experiences may be more common than one may think, but the research is nearly nonexistent within the SLP field.

Therefore, these types of situations need to be heard and valued as it has a lot to offer to improve services. The field needs to promote patients' input because it matters. SLPs benefit from learning about how common it is for healthcare professionals to embody implicit preference towards white individuals (Haider et al., 2011) and how this can result in certain patients being treated unfavorably. Clients recognize this unfavorable treatment. SLPs may unknowingly be contributing to the racial disparities and poor outcomes. Therefore, this content aims to provoke reflection amongst SLPs on how they can better serve their CLD patients including a suggestion on consistent follow-ups to ensure they have received the care they are entitled to.

The modules contained information about many under-discussed topics in the SLP field. By overlooking these harsh realities, the profession is contributing to the maintenance of white supremacy (WS) and racist practice. The SLP field has the potential to destroy practices rooted in WS and create new practices. The field continues to change, but the change is slow and cannot meet the current demands. SLP field requires a better understanding of the rooted problem that may be inhibiting true change- WS. We are building on a foundation that was established by white supremacist capitalist patriarchal, it needs to be dismantled.

Chapter 3: Implementation/Results

Three modules were created to explore the field of SLP from a Social Justice and Critical Race Perspective to help educate SLP students and professionals. After the initial creation of the modules, feedback was sought from current SLP students so that improvements could be incorporated before final production. This chapter will explore the feedback that was given and reflect on the changes that should be made to the educational modules. Seven SLP students, five graduate students, and two post-bac students, from Cal State San Marcos (CSUSM), reviewed the modules to provide feedback. However, only five graduate students completed all three modules. The participants were recruited via email, text message, and on the social medial (e.g. Facebook and Instagram). The modules were all shared via google slides to all students who responded indicating interest in reviewing the educational modules. Of the seven students, only five students, two Mexican-American (Participant MA1 and MA2) and three White women (Participant W1, W2, and W3), took all three modules and no response was obtained from the other two students. Nevertheless, the five students provided valuable feedback regarding the content. The feedback was provided by the reviewers using the editing feature in google slides. The students commented directly on the slides, which made it easy to collect feedback and make appropriate modifications to the modules. Feedback was collected by copying and pasting the visible comments onto a google doc. The feedback was organized by person, their name was bolded and underlined and all their feedback was placed under. The feedback was perceived to be all positive characterized by consistent expression of interest towards the material, enhanced awareness, acquisition of new information, and reflection of the content.

In the Institutional Racism in SLP module, two participants (W1 &W3) provided feedback on the personal introduction video where they pointed out that there was a part in the video where I

repeated myself at around 45 seconds but both mentioned that it did not detract from the intent of the video. Participant W3 suggested that I maintain continuity by adding or erasing periods at the end of the bullet points.

Themes

The following are common themes that derived from the data:

Theme	Description
Appreciation	The participants displayed a sense of appreciation of the content especially when the content was new to them. Nonetheless, participants also showed appreciation by commenting on the need for the content. "... I really like all the videos and resources you included"
Curiosity	Throughout the modules, some participants expressed curiosity characterized by a question or statements regarding the content. "Does research say how much later?"

Reflection	In all three modules, most of the participants expressed their reflection on the content. MA2 often commented that the content provoked deep thinking. "Yes! This statement got me thinking about assessments in Spanish. Were they normed on bilingual students or just monolingual Spanish speakers? Two different populations. Also, are they just translating from English to Spanish? They need to take into consideration culture before creating assessments for CLD individuals."
In Agreement	Most of the participants agreed with the content and some expressed a rationale to why they agreed.
Grammar Police	To maintain consistency and increase understanding of the content, some of the participants commented on grammar and formatting.

New Learning Experience	Most of the participants expressed not knowing about a particular concept until completing the modules. "I only knew the term microaggression prior to watching this video. I was unfamiliar about the different types that exist. She explained it very well."
Shock/Disbelief	Most of the participants mentioned "I did not know about this, this is so terrible"
Suggestions	All the participants made suggestions to improve the presentation of the modules and promote increased understanding and reflection amongst students. "Maybe add thought question about what we can do as SLPs to combat this and provide support to parents?"

The students' feedback provided the author with different perspectives to help make any necessary changes to achieve three easy-to-follow informative modules. Based on the students' feedback, modifications to the modules were made to guarantee a good learning experience for future students before the larger-scale implementation. For example, one student commented that multicultural education in SLP was not always a requirement, and consequently, older professionals who obtained their license prior to 1994 may lack the knowledge. Also, this may have been a contributing factor to the lack of CLD knowledge and cultural competency in professors that may be passed down to students. Therefore, I added an additional slide that provides a brief timeline of multicultural education in SLP and the importance placed on it and briefly captures how enforcing it has progressed. Another modification was influenced by a student's suggestion to change Sue et al. (2007) themes of microaggression because she felt it

did not fit well with the information discussed within the slide, but the author explained these were themes created by Sue et al. (2007) . Accordingly, the author modified the slide by explicitly stating that the themes were all created by Sue et al. (2007) to help the audience grasp the information easily.

To accomplish a cohesive and educative presentation of the content, most of the feedback was considered. Grammatical and spelling changes were made to help participants better interpret the content. In addition, changes in formatting were made to maintain consistency with the font type and size across all slides to make the presentation more appealing. Statistical information was included to support the statements made and provide the audience with an accurate picture of racial disparities and disproportionality across common work settings, populations, and within the field. Additional information was provided to strengthen the statements regarding the content.

The implementation of the small-scale provided evidence of students being unaware of important race-related and social justice concepts. During undergraduate school, the author took a few race/ethnicity courses including Pan-African studies, Ethnicity and Emotions in U.S. Film, Gender studies, and Chicano studies. Thus, she had been exposed to content that discussed the influences of stereotyping and racism portrayed through mass media and film, white supremacy culture, and the oppression of BIPOC particularly Black and Brown communities. The author learned that not all students have similar prior knowledge which evoked deep reflection. This reflection was characterized by considering how the content needs to be explicitly stated and not assume that everyone may be familiarized with certain terminology or concepts and some may require learning more of the introductory content they can build on as they explore the modules and seek outside resources to reinforce their learning experience. Fortunately, the legislature has

now mandated all students in the California State University system to complete an ethnic studies course to obtain their degrees. Nonetheless, this is not a requirement in every state and SLP students should still learn how these concepts are also relevant within the SLP field, so more emphasis should be placed on this content. The lack of general education on race/ethnicity and other oppressed identities is one of many reasons why a broad distribution is required.

Based on the feedback, it confirmed that information contained in these modules should be incorporated into the SLP curriculum and a requirement for graduation. SLPs need to be held accountable in confronting their implicit bias, racist behavior, and ensuring that we are not creating extra barriers for CLD populations to obtain the necessary and appropriate services. Therefore, creating a space where this information is welcomed and not viewed inferiorly would be progress made and ultimately beneficial to SLPs and the populations they serve.

After the small-scale implementation, students' perspectives were captured through their feedback.

Overall, the participants' input was valuable because it introduces different thought processes and how the content can be perceived. It helped expand on novel concepts by further explaining research studies, and providing more explicit information on the content. It is important to consider that different students will possess different background knowledge ranging from none to basic knowledge.

Chapter 4: Conclusions/Next Step

The modules sought to educate SLP students about different types of racism particularly institutional racism, interpersonal racism, and systemic racism by inviting them to view current practices from a racial/ethnic and social justice standpoint. The modules are intended to be distributed to a larger scale for SLP students across the U.S to acquire a broader and diverse perspective of how this information may be interpreted, valued, and impactful. The small-scale distribution evaluated the perspectives of three White English monolingual students and two Spanish-English bilingual Mexican-American students, and the effect these modules can cause. The results further supported the notion that there is a need for a large-scale distribution. It is also important to consider that not all States place a great emphasis on understanding race/ethnicity issues that derive from racist policies, practices, and beliefs, and therefore students from across the country would benefit from these modules.

Based on the literature review in chapter one, there is mounting evidence that suggests the SLP field may uphold white supremacist values characterized by current demographics, racial disparities, and racial disproportionalities in unfavorable settings (e.g.juvenile justice center, prison).

Listen to Marginalized Voices

Before these modules, the author was aware of the racial and ethnic disproportionality in the SLP field and the effects on clinician-client interactions from first-hand experience. Therefore, she did not need the research to tell her or confirm the realities of marginalized populations with communication disorders. The research mostly introduced and discussed the oppressors' perspective rather than the oppressed perspective, which is problematic, and an indicator that BIPOC perspectives are sparse in research. Hence, SLP literature may be centering

it to a White perspective, and therefore, de-centering BIPOC perspective. Therefore, feedback from the two Mexican-American (MA) participants felt highly valuable, particularly MA2, because she related and shared her experiences navigating white supremacy culture as a person of color with an accent in the SLP field. BIPOC perspectives must be obtained to help guide the field in developing appropriate support systems for BIPOC students and clients, assessment tools, and improve overall services.

Explore Diverse Perspectives

A large-scale distribution will aim to obtain diverse perspectives. The modules will be available to any U.S. SLP student in hopes of allowing the information to reach a diverse audience and accessing diverse perspectives. The small-scale distribution findings confirmed the lack of prior knowledge of the content, which most of the students expressed. Nevertheless, these findings were not a surprise and confirmed the need for this content in the SLP curriculum, and a larger distribution of the modules will gather more information from diverse student populations.

Next steps:

- The SLP curriculum should incorporate a course that introduces a social justice perspective and critical race theory framework. The course would focus on different forms of discriminations towards marginalized groups, which may influence clinical judgment, client-clinician interactions, and SLP practices: institutional racism, interpersonal racism, systemic racism, transgender-ism, sexism, heterosexism, ableism, discrimination towards marginalized languages and dialects, which must be taught by a race/ethnic/gender studies BIPOC professor.

- Adopt the intersectionality framework into SLP practice to consider the fact that students and clients may embody oppressed social identities and may experience double or more the oppression.

- SLP should consider the psychosocial attributes of the client who is seeking accent modification services by developing a scale or questionnaire that gather sufficient information of why they are seeking services from a lens that considers accent bias/discrimination and linguisticism. Counseling should be prioritized first and foremost before initiation of any services and during services.

- The field would benefit from developing or adopting Torres-Harding et al. (2012) racial microaggression scale in academia and across the profession to ensure their program and workplace are doing their best to ensure students and employees are not met with socioemotional barriers due to their race/ethnic background, and to make necessary adjustments to the environment.

- Future content should aim to expand on more race-related concepts and include information that is relevant to the student's area of residency.

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APPENDICES

Appendix A: Module 1- "Institutional Racism in Speech-Language Pathology" Feedback

Participant MA2

" I cited the same author on my thesis! The research I cited was about accent discrimination within the nursing field. Very upsetting!'

"After I read this, I remembered reading that multicultural education wasn't part of ASHA's certification standard until 2005!!!!!!!!! They should really tell us this in grad school so we know that SLPs that graduated before 2005 may lack this education."

In reference to 46 published research articles that include bilingual children

"I think this is very important to know because if we need EBP for bilingual students, our resources are limited. And if we end up using EBP normed on monolingual students, SLPs should always aim to make adequate modifications."

In reference to SLP pioneers in 1930s

" I wish they would teach us this in school. Personally, I didn't realize how white the SLP field was until I started grad school. My undergrad cohort was pretty diverse, so when I started grad school, I was shocked! Great info!"

In reference to initially establishing CoE and Office of multicultural affairs

"wow! It really took about 27 years to even address this!!?????"

Racial/Ethnic/Linguistic Diversity Gap in SLP

"Personally, I find it very disturbing that ASHA does not provide a sort of bilingual certificate. This whole "self-identified" as bilingual seems problematic to me. How do they know if the SLP is truly bilingual? Who is making sure such SLPs are truly as capable as they claim to be?"

ASHA Position of Statement: Response to Racism

PW3"I like that you included this and I think it's really important. I was so angry at ASHA's initial vague response. It shouldn't have taken outrage in the community of SLPs for them to make a strong statement condemning racism."

In reference to personal videos

PW3:" Love this first hand experience recount as well! Both videos are very impactful"

Appendix B: Module 2- "Interpersonal Racism in Speech-Language Pathology" Feedback

- **In reference to strategies to combat our implicit bias visual chart:**
  - **MA2-** "I think this is something bilingual/multicultural classes should include in the curriculum. We definitely didn't learn about this."

- **In reference to Implicit bias in the school-setting videos:**
  - **MA2**- "Makes me wonder, if we were to recreate this study with SLPs, would we see similar results?"
    - PW1- "I would be really interested to see that".

- **In reference to "Evaluate Your Implicit Bias":**
  - **PW3**- "I did this in college for a psych class and found it very impactful. I also think that those who had Darin for SLP 602 did this as part of the course, I wish our cohort had as well."
  - **MA2-** "I took the Race IAT. It's a great resource that should be included"

- Inference to Microaggression Content

- **MA2**-"I only knew the term microagression prior to watching this video. I was unfamiliar about the different types that exist. She explained it very well."

-PW1-"I agree. I dint know about all these either."

Appendix C: Module 3- "Systemic Racism in Speech-Language Pathology" Feedback

In reference to: The influence of the disparity of BIPOC in SLP literature on assessments

MA2- "Yes! This statement got me thinking about assessments in Spanish. Were they normed on bilingual students or just monolingual Spanish speakers? Two different populations. Also, are they just translating from English to Spanish? They need to take into consideration culture before creating assessments for CLD individuals."

Overall Feedback

MA1- "Your modules were amazing. There is so much information there, I hope that we are able to get a copy so we can reference it in the future. I loved it and I haven't seen anything like that before. Beautifully done"

PW1- "Your modules were really great. I really appreciate how much information you included, especially having so much data presented. I'm sure it took a lot of time to compile all the research and resources. I really loved the videos you included of your personal experiences. It made the modules feel more personal overall and gave a sense of connection to the experience. There were a lot of really great videos you included to break up some of the reading as well. You covered a wide range of topics to paint a really good picture of historical context and patterns along with the current situation. I really liked when you would ask thought provoking questions within the slides. To me it felt engaging and reminded me it wasn't just about learning the information but reflecting and applying it to myself as well. The other part that I really appreciated was when you shared actionable advice and resources we could use, like the handout in the 2nd module. For me personally, I know there are times when I know I want to improve or

do something but I'm not always sure where to start, so including that information and steps to take felt helpful."