

THROUGH A DIS/ABILITY STUDIES AND CRITICAL RACE THEORY LENS: BLACK
FAMILIES' PERSPECTIVES OF SPEECH LANGUAGE PATHOLOGY

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I dedicate this work to ALL Black families, including my own. Our families extend beyond parents (Kenneth and Cherita), spouses (Keneisha) and children (KentCyn) and into the community of friends (Raschell), churches (AWC), neighbors and more. Without your support, Black little girls could never believe that we are entitled to enter spaces where we are not represented and contain the power to fight for justice. THANK-YOU!

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The purpose of this study was to investigate the historical and current impact of racism and ableism in speech language pathology using the counterstories of African-American families. Utilizing a qualitative, critical narrative research approach I investigated the experiences expressed and lived by Black families through interviews, current research and my experience as a Black speech specialist. The data collected was analyzed using a DisCrit lens which allowed me to uncover the multi-layers of identity, social constructs, power, privilege and ability within the participants' stories. Once analyzed, the seven Tenets of DisCrit were used as themes to organize the data.

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Table of Contents

Chapter 1: Background	1
Statement of the Problem	1
Key Terms	2
Race in Speech Pathology	3
Racial Statistics of Speech Pathology	3
Experiences of Black SLPs	4
Racial Demographics of School Based Speech Pathology.....	5
Research in Communicative Speech Disorders.....	6
Undergraduate/Graduate CSD Students and Race	7
Race and Ability in America.....	10
Race and Ability in Special Education	10
Race and Speech Language Impairment	13
Language Assessments	15
Language Disorder	16
Relevant Terminology.....	16
Chapter 2: Disabilities Studies and Critical Race Tenets	19
Tenet One	19
Tenet Two	20
Tenet Three	20
Tenet Four	20
Tenet Five.....	21
Tenet Six	22

Tenet Seven	22
Creating a Foundation for DisCrit Research on Speech Pathology	23
Research Context.....	23
Sociocultural Theory	24
Critical Race Theory.....	24
Dis/ability Studies	27
DisCrit	28
DisCrit in Speech Pathology	29
Chapter 3: Methodology	32
Statement of Purpose and Research Questions	32
Research Questions	33
Qualitative Research Approach Proposed for This Study.....	33
Role of the Researcher	34
Study Participants.....	35
Context of the Study.....	36
Data Collection Procedures.....	37
Data Analysis Procedures.....	38
Strategies for Validating Findings.....	40
Potential Ethical Issues.....	41
Chapter 4: Findings – Interview with Participant One	44
Background Information on SLPs.....	44
Interviewing the Families.....	46
Interview with Mrs. Cindee, Junior’s Grandmother.....	47

Tenet 1	49
Tenet 2	51
Tenet 3	52
Tenet 4	53
Tenet 5	53
Tenet 6	54
Tenet 7	55
Chapter 5: Findings – Interview with Participant Two.....	57
Interview with Ms. Carter, Cardi’s Mother.....	57
Tenet 1	58
Tenet 2	59
Tenet 3	61
Tenet 4.....	63
Tenet 5	65
Tenet 6	65
Tenet 7	66
Chapter 6: Conclusion.....	67
Summary of the Study.....	67
Examining DisCrit Tenets Across Interviews.....	68
Discussion of DisCrit Tenet 1	68
Discussion of DisCrit Tenet 2	69
Discussion of DisCrit Tenet 3	69
Discussion of DisCrit Tenet 4	70

Discussion of DisCrit Tenet 5	70
Discussion of DisCrit Tenet 6	71
Discussion of DisCrit Tenet 7	71
Recommendations for Speech Language Specialist.....	72
Implications for Speech Language Pathology.....	72
Appendix A.....	99
Appendix B.....	102
Appendix C.....	103
Resume/Curriculum Vitae.....	

List of Tables

Table 1: Racial Demographics of US Speech Language Pathologists	4
Table 2: Participant Characteristics	43
Table 3: Themes in DisCrit Tenets Across Interviews	74

Chapter 1: Background

“Communication sciences and disorders (CSD), also known as speech pathology, is a predominantly White field led by White investigators, White administrators and White practitioners who develop and utilize knowledge developed for White clients” (Ellis et al., 2021, p. 2034). Thompson (2013), reports that speech pathology is the fourth Whitest profession in the United States. In 1991, the American-Speech-Hearing- Association (ASHA) set a goal to increase minority professional membership to 10% by 2000 (American Speech-Language Hearing Association [ASHA], 1991; Mohapatra & Mohan, 2021). Sadly, over two decades later, this goal has not been achieved since only 8.5% of speech language pathologists (SLPs) identify as a race other than White; with only 3.7% of SLPs identifying as African-American (ASHA, 2021). Current data reveals that most SLPs are employed in the school setting (ASHA, 2021); and over 50% of U.S. students identify as a race other than White (National Center for Education Statistics, 2022). With the racial demographics of CSD in mind, it is not surprising that only 8% of school-based SLPs report feeling very qualified to address the cultural and linguistic influences during service delivery (ASHA, 2016a). Moreover, 75% of states reported African-American students are disproportionately represented in the category of Speech/Language Impairment (S/LI; Robinson & Norton, 2019). With these staggering statistics, how do races and ability impact those services in speech pathology?

Statement of the Problem

Racism and ableism within speech pathology is evident from racial demographics of speech-language pathologists, experiences of Black speech-language pathologists, research conducted in the field, education of speech-language pathologists, and to the assessment and treatment of African-American children and families. When working with families of children

suspected or diagnosed with a communication disorder, speech language-pathologists must expand their knowledge of language and culture beyond linguistic variation and into much broader issues of how racial discrimination affects the SLP as well as the client (Preis, 2008). Thus, there is an urgent need to explore the historical and current impact of racism and ableism in speech pathology using the counterstories of African-American families.

Key Terms

Before continuing, I must define four key terms frequently used throughout this paper: race, racism, ableism and speech language specialist. I define race as a “consequential social practice” because race is not inside of our bodies (biological) but “what we think and do with our bodies” (Croom, 2020, p. 268). However, the information collected by other researchers cited in this paper often define race using the ‘common sense view’ that race is biological, natural, and is defined by capabilities (Croom, 2020). With this deficit view in mind, I will define racism. Racism is the inferior status and treatment of people of color (POC) based on unfounded beliefs (Braveman et al., 2022). Racism and systemic racism are not always conscious or intentional. It is often systemic and deeply embedded throughout systems, laws and policies that establish, produce and condone the unfair treatment of POC due to the unfounded belief that we are inferior (Braveman et al., 2022). Next, ableism is defined as a system of oppression that impacts those with disabilities (Phuong et al., 2021; Rauscher & McClintock, 1996). Just as Connor et al. (2016) writes in their book *DisCrit: Disability Studies and Critical Race Theory in Education*, I too will write the word dis/ability with a slash to convey the social construction of ability and dis/ability. I will only use disability when referring to organizations classification structures or when reporting information cited by other researchers (Connor et al., 2016).

Lastly, I will use the term speech language specialist instead of speech language pathologist to counter the deficit mindset associated with the word *pathology*. My colleague Courtney Overton first introduced me to this terminology and I believe it best emulates how I view myself as a professional in the field of communication sciences. To *pathologize* is to “make an assumption about a larger group based on an idea or preconceived notion that [you] already have” (Loggins, 2022). Pathologists seek to find what is ‘wrong’ with a person which leads to defining someone by their perceived dis/ability. Therefore when I reference myself in this paper, I change my professional title from speech language pathologist to speech language specialist because I specialize in speech and language NOT determining what is ‘wrong’ with an individual.

Race in Speech Pathology

Racial Statistics of Speech Pathology

Speech-language pathologists are professionals who support individuals with communication disorders through prevention, assessment, diagnosis and treatment of social communication, cognitive communication and swallowing disorders (ASHA, 2016b). According to ASHA’s *2022 Member and Affiliation Profile*, the racial demographics of SLPs are outlined in Table 1.

Table 1*Racial Demographics of US Speech Language Pathologists*

Race	Percentage
American Indian or Alaskan Native	0.3%
Asian	3.0%
Black or African American	3.7%
Native Hawaiian or Other Pacific Islander	0.2%
White	91.2%
Multiracial	1.5%

I take pride in being one of the 3.7% of Black speech language specialists supporting individuals' communication. With nine years of experience working in outpatient, private practice and school settings, I have been blessed with the opportunity to work alongside a variety of families and abilities. As a Black speech language specialist, I have been privileged to connect with other Black families on a deeper level than I expected. For these reasons and more, I truly love my profession and could not imagine having another occupation.

Experiences of Black SLPs

Sadly, I have experienced the negative effects of race and ability within the field of CSD as a speech language specialist and a caregiver to someone who received speech therapy. Since speech pathology is comprised of 96.4% women (ASHA, 2021), it appears that the identity that impacts Black female SLPs experiences' in the profession the most is our identity of being a person of color. For instance, families have refused to attend their first session once they hear my first name, 'Cynquetta.' I believe these experiences are the result of CSD being a majority White field that harvests the stereotype that SLPs are only supposed to be White.

My altercations are not isolated, but experienced by other Black speech language specialists. In her essay entitled “What Lies Beneath: What It Means to be a Black SLP,” Desormes (2020) expresses the common and very familiar blatant racism, micro aggressive comments and actions she receives while working with White professionals and families who undermine and dismiss her status as an expert. Desormes (2020) nonchalantly recounts that she was “unsurprised” when she was called the N-word as “unsurprising” while at work. Many Black SLPs express having to be ‘tougher’ in order for their expertise to be considered valuable. She also explains how living in America, our workplace is the only place many of us (Black SLPs) feel valued, even with the multiple contentious and oppressive experiences we encounter.

As a caregiver to a Black adult male with a dis/ability that requires multiple therapies including speech therapy, I have also experienced how race and ability alter families’ services especially in speech therapy. Many therapists have assumed that my wife and I are uneducated and lack the skills and ability to adequately support my brother-in-law. It is not until we state our credentials that might be thought of as resources to support him. I take these experiences as a woman of color, and use them to guide my decisions as a speech language specialist as I support other Black families. With this revelation and reflecting on my experience as a Black speech language specialist, I began to wonder and worry about the untold stories of African-American families who are navigating the same spaces I am without my privilege and positionality as an expert in the field. For these reasons, exposing racism and ableism within the field of speech pathology is important to me.

Racial Demographics of School Based Speech Pathology

Over half of SLPs are employed in the educational settings (ASHA, 2021). Almost 1 in 12 children between the ages of 3-17 have had a communication disorder with 55% of the

children receiving intervention within the past year (Black et al., 2015). African-American children were more likely to be diagnosed with a communication disorder than White children (Black et al., 2015). However White children were more likely to receive intervention (60.1%) compared to African-American (45.8%) and Hispanic children (47.3%; Black et al., 2015). Delays in receiving services negatively impacts African-American children's communication development during early critical language learning years (Mindel, 2020).

Research in Communicative Speech Disorders

The racial demographics of SLPs do not solely contribute to the racism and ableism practices embedded within the field. To investigate racism and ableism in CSD, I must first begin with uncovering the systemic racism that drives clinical practice: CSD research. Historically, medical research in America is plagued with racist and ableism events such as scientists attempting to justify segregation by proving African descendants possessed limited intelligence and in turn were not fully human (Du Bois, 1920, as cited in Connor et al., 2016). Research in CSD follows a 'medical model' which emphasizes the identification of disorder using a systematic process that includes observation, description and using differentiated evaluations and descriptions (Ellis et al., 2021). Research questions in CSD reflect the investigation's priorities and agendas (Ellis et al., 2021; Nielsen et al., 2018). The research findings drive CSD through the development of evidence-based-practices which guide the field and impact the world (Ellis et al., 2021). CSD research is supposed to improve the lives of those who have been diagnosed with communication and swallowing disorders by informing the diagnostic and treatment protocols used to understanding 'normal' criterion of human communication (Ellis et al., 2021).

An important part of reconceptualization of research revolves around the questions being asked and the populated studies. The researchers in CSD are predominantly White, highly educated by Western standards and are employed in highly ranked universities. While the individuals diagnosed with communication and swallowing disorders are typically Black, Indigenous, and People of Color (BIPOC) diagnosed with comorbid conditions, from lower socioeconomic backgrounds and less likely to have ‘usual’ access to care (Ellis et al., 2018; Ellis et al., 2021; Hardy et al., 2019). Therefore the demographics of CSD researchers are very different from the individuals they serve which places power and privilege over those they are attempting to help (Ellis et al., 2021). The policies that are developed as a result of the research translate into negative outcomes for BIPOC populations (Ellis et al., 2021).

Undergraduate/Graduate CSD Students and Race

The research conducted in CSD informs current SLPs’ practices as well as the information presented to future SLPs. This information is disseminated in CSD programs and courses that shape the future of speech pathology. About 30% of undergraduate students in CSD programs identify as being a racial or ethnic minority (Alicea & Johnson, 2021). Those numbers dramatically decreased into the 10.5%-20% range for students in undergraduate and master’s programs, which is the minimal required degree for licensure (Alicea & Johnson, 2021). More specifically, in 2018-2019, 78.2% of speech language pathology graduate students identified as White (Yu et al., 2022). Minority students report experiencing many challenges in CSD departments such as stereotyping, micro aggression from CSD educators and classmates, lack of institutional and peer support, and frequent subjugation to bias (Alicea & Johnson, 2021). Not only does the population of students within CSD lack diversity but so do the courses taught at the undergraduate and graduate levels.

Roseberry-McKibbin et al. (2005) conducted a study that revealed that over 1,400 SLPs from the Midwestern and southern regions of the U.S. reported that they did not receive any formal coursework related to minority populations (as cited in Alicea & Johnson, 2021). Lack of diversity can lead to biases in student's perception of race and ability. A study conducted by Ebert (2013) confirms this statement by surveying 83 speech pathology graduate students. In the study eighty-eight percent of the students identified themselves as only White (Ebert, 2013). Results from her survey concluded that most of the CSD students felt that racial privilege is minimal and irrelevant to the profession. Four themes were discovered: (1) anger and hostility towards the concept of White privilege, (2) the belief that socio-economic status is more important than race, (3) the belief that White individuals are more at a disadvantage than minorities and (4) the denial of White privilege due to living in a predominantly White area of the country (Ebert, 2013). Seventy percent believed CSD students of color have the same challenges as White students and over 50% believed that families of color receive the same quality of services of White families (Ebert, 2013). The most prevalent answer was: "race does not affect service delivery" (Ebert, 2013 p. 64). One student stated:

I live in a very White area of the country, so the fact that 100% of my faculty and 95% of my cohort is White doesn't represent racism in our precession, but a representative sample of my area, I don't think white privilege has affected my life except that I feel I fit in with people around me because there are a lot of White people in my area. (Ebert, 2013, p. 66).

Another student stated "I am White, but I don't feel privileged by it. I feel that those of minority status have many more opportunities than I do" (Ebert, 2013, p. 66). These astonishing quotes were taken by the future professionals of communication sciences and disorder who are probably

practicing SLPs now. With more than one-third of respondents denying the existence of White privilege, and many expressing anger and hostility toward the topic, the statistics regarding the misrepresentation of African-American students in the category of speech/language impairment is not surprising (Ebert, 2013).

Cultural and diversity courses in CSD programs can help remediate some of the negative impacts the racial demographics of SLPs and degree seeking students have on the populations they serve. Preis (2013) investigated the racial attitudes of White undergraduate CSD students enrolled in a cultural diversity course: SP 312: Cultural Diversity in Communication. This course focused on the role and impact communication has on society, the systems and characteristics of culture, the role of bias, and perception on intercultural communication. At the beginning of the course, many White students had little to no awareness of their own privilege and did not include race as a part of their culture (Preis, 2013). Self-reflection was a starting point to identifying White privilege. This awareness, although it renders positive effects, can also increase guilt on the student (Preis, 2013). Through the semester-long course, I investigated the changes of perspectives in the areas of White Privilege, awareness of institutional racism and awareness of general pervasive racism. The results of the study indicate that a semester-long course that includes topics addressing race and discrimination can significantly change a student's perspective about White privilege and pervasive racism (Preis, 2013). Being mindful of cultural diversity within undergraduate and graduate student curriculum, and increasing the representation of POC among students and faculty can be part of the catalyst of change needed to increase cultural competency at the undergraduate and graduate student level (Kohnert, 2013).

Race and Ability in America

Some of the highly publicized victims of police brutality: Eric Garner, Freddy Gray, Sandra Bland, just to name a few, were only identified through their race while their disabilities were overshadowed (de Silva, 2020). A study conducted in 2016 by the Ruderman Family Foundation revealed that people with disabilities make up one-third to one-half of those killed by law enforcement officers and experience twice the amount of violence (de Silva, 2020). According to a 2016 American Journal of Public Health study, African-Americans are three times more likely than White-Americans to be shot and killed by police officers (Law, 2017). These current events highlight America's history of racism and ableism, while the educational system continues to be a host that unknowingly reproduces these inequalities. Investigating organizational racism through a systemic and critical lens uncovers the powerful discriminatory racial dynamics within the profession that would have been viewed as unproblematic (Yu et al., 2022).

Race and Ability in Special Education

Special education was developed to provide educational support (not available in the general education) for students with dis/abilities. It was not a place or location but a service delivery structure (Blanchett, 2006; The Civil Rights Project, 2001). Special education identification was established to allocate necessary services and additional resources to students with disabilities. Although special education continues to strive for more equitable treatment for students with disabilities and advocate for inclusive general education placement, African-American students are more likely to be educated in segregated, self-contained settings with little to no exposure to nondisabled peers and the general education curriculum (Blanchett, 2006; Fierros & Conroy, 2002). Even though the Civil Rights Movement and *Brown vs. Board of*

Education (1954) were designed to protect students from segregation based on their race (Blanchett, 2006), it is apparent that special education has become a tool to exercising ableism and racism in education (Blanchett, 2006). Developed at the individual and building level, decisions regarding who qualifies for special education services shift between schools, districts, and states (Shepard et al., 1983; Skiba et al., 2016; Sullivan, 2011, as cited in Kozleski et al., 2020). Therefore racism and ableism is not only the residue of conquest, colonialism, slavery, segregation, and the extermination of Native Americans, but the creation and re-creation of policies after these events (Lipsitz, 2018).

By 1975, the Individual with Disabilities Education Act (IDEA) was developed to make free and appropriate education available to eligible children with disabilities (U.S. Department of Education, n.d.). According to the U.S. Department of Education, African-American students labeled with a dis/ability have less achievement gains and exit special education at lower rates than White students with disabilities (Blanchett, 2006). As cited by Kozleski et al. (2020) students who identify as Black, Latinx, and/or English learners are more likely to be referred for special education under a high incidence dis/ability category that requires subjective judgment such as: speech/language impairment, intellectual dis/ability, emotional disturbance, and learning dis/ability (Artiles & Kozleski, 2016; DeMatthews, 2019; Skiba et al., 2016). In these categories, students of color are more likely to be diagnosed with a disability through subjective judgment and receive special education services outside of the general education classroom when compared to White students diagnosed with the same disability (DeMatthews, 2019).

One of the impacts of race and ability in CSD is the representation of African-American students. The Department of Education's Office for Civil Rights first began monitoring the disproportionate representation of African-American students in special education in 1968

(Robinson & Norton, 2019). In 2022, the disproportionate representation of African-American students in special education (including speech/language impairments) continues to be a concern as African-American students are still being misidentified in special education and speech/language impairments. The misidentification of African-American children can result in a lower educational track or remedial programs and eclipse students' academic and professional aspirations (Latimer-Hearn, 2020). For African-American students it can lead to stigmatization, segregation, and low expectations.

While my paper does not go into great detail regarding over-representation of African-American students in special education and more specifically speech pathology, there is evidence of misrepresentation of African-American (Robinson & Norton, 2019). However researchers such as Paul Morgan and George Farkas counter this claim. Morgan et al. (2015) investigated the representation of student subgroups in the field of special education. They used a "hazard modeling of multiyear longitudinal data and extensive covariate adjustment of potential child-family-, state-level confounds" (p. 278). Their research concluded that children from minority backgrounds were less likely than White, English speaking children to be labeled as having a disability and receiving special education services (Morgan et al., 2018). Thus there is not a need for legislation and policies to focus on reducing minority overrepresentation in special education (Morgan et al., 2018). Not surprisingly, their research was contested by many researchers and scholars who revealed multiple methodological flaws, manipulation of data, etc. when reviewing their work (Connor et al., 2019). For example, Welner (2015) revealed that the data in Morgan et al.'s (2018) study was derived from a longitudinal sample of 20,000 students from 1998 in which teacher reports may not have been accurate, causing different estimates than the nationally established data (Connor et al., 2019). Also, Morgan et al.'s (2018) research only investigated

five out of the thirteen federally established categories of disability (Conner et al., 2019; Ford & Toldson, 2015). With these and many more examples, Morgan et al.'s (2018) claims have been deemed inaccurate according to experienced scholars and researchers in the field of special education.

Race and Speech Language Impairment

SLPs' professional opinions determine whether an impairment is present and its severity. According to Latimer-Hearn (2020), 24% of SLP working in the school setting reported receiving consistent training to distinguish between dialect and disorder, while a surprisingly 76% reported receiving minimal training on this topic. Even with decades of research, there is limited data to support the availability of equitable assessment, treatment, and culturally safe practices for children of nonstandard dialects (Easton & Verdon, 2021). Consequently, the disproportionality of African-American children in CSD may unwittingly be the result of bias assessment processes and procedures (Farrugia-Bernard, 2017). The American-Speech-Hearing Association (n.d.-c) defines a language disorder as an impairment in "comprehension and/or use of spoken, written and/or other symbol systems. This disorder may involve (1) the form of language (phonology, morphology, syntax), (2) the content of language (semantics), and/or (3) the function of language in communication (pragmatics) in any combination." On the other hand, a language dialect or nonstandard dialects are "mutually intelligible varieties of a language" (Easton & Verdon, 2021, p. 1974). Examples of dialects are Southern English, African-American English, Appalachian dialect, etc. There is a deficit view attached to the term *dialect* that carries negative social and political weight (Easton & Verdon, 2021). Students who communicate using nonstandard dialects do not fit mainstream expectations which causes many to be placed in special education classes, with reduced expectations, diagnosed with cognitive and language

disorders due to prejudices about their 'home language' (Easton & Verdon, 2021; Verdon et al., 2015)

Why is it important for children to receive accurate classifications (if any)? Students identified as having a dis/ability (including communication) are two times more likely to have out of school suspensions when compared to their non-labeled peers (Losen, 2018; U.S. Department of Education, 2014) with African-American students at four times the rate as White students (Fisher et al., 2020). These students make achievement gains and exit special education at significantly lower rates than White students with disabilities (Blanchett, 2006; U.S. Department of Education, 2004). Special education was supposed to serve the most vulnerable and marginalized students however White privilege and racism is ingrained in the American educational system and society (Blanchett, 2006; Shealy et al., 2005).

Robinson and Norton (2019) conducted a study examining the representation of African-American students in the category of S/LI from 2004-2014. Speech language impairment enrollment data was analyzed from the office of Special Education Programs and National Center for Education Statistics comparing the enrollment of African American students in S/LI in each state. The results of their study revealed that 75% of states disproportionately represented African-American students in the category of speech language impairment; 62% underrepresented and 14% overrepresented them (Robinson & Norton, 2019). It is important to note that students may be given a primary category (such as autism) and speech language impairment (S/LI) as a secondary category. Thus their diagnosis of S/LI may not be documented and places them in a more stigmatizing label such as Intellectually Disabled (Robinson & Norton, 2019). Children who are overrepresented may develop a negative identity and

“misunderstanding of their own role in the world” (Harris & Van Horne, 2021, p. 1264; Tschida et al., 2014).

Language Assessments

Mainstream assessment practices within CSD have led to the under-and-over identification of language difficulties/disorders in speakers of nonstandard dialects (Ball & Bernhardt, 2008; Easton & Verdon, 2021; Pearce & Williams, 2013) The assessment biases can include linguistic bias, content bias and disproportionate representation in the sampling of standardized evaluations (Arias & Friberg, 2017; Caesar & Kohler, 2007; Farrugia-Bernard, 2017; Laing & Kamhi, 2003). For example, during assessments, SLPs gather information about a student’s communication skills and language using a language sample. Language samples can be a bias tool if the evaluating SLP does not have the knowledge about the student’s culture (DeLamo White & Jen, 2011; Farrugia-Bernard, 2017). A study conducted by Dagenais and Stallworth (2014) revealed that SLPs demonstrate bias toward speakers of their dialect, thus being significantly more likely to assign poorer ratings in articulation and language to speakers from different linguistic backgrounds (as cited in Easton & Verdon, 2021). If SLPs use materials that are familiar to the student as well as conduct ethnographic interviews to gather information about the student and their family, biases can be reduced and the results analyzed through an appropriate cultural lens (Farrugia-Bernard, 2017; Paradis, 2005).

Studies have reported that at all levels of education, listeners favor speakers who sound like them and can be biased to those who do not (Charity Hudley et al., 2018; Lippi-Green, 2011). Linguistic bias toward language variations contributes to marginalized minority populations (De Costa, 2020; Easton & Verdon, 2021). Educators may develop negative assumptions about a student’s abilities based on how they communicate which can result in

stereotyping, lowered expectations and discrimination (Charity Hudley et al., 2018). Decreased dialectal awareness of SLPs can lead to the misdiagnosis or exaggeration of severity of impairment (Charity Hudley et al., 2018). As a result, the misinterpretation about a student's linguistic difference when using African-American English (AAE) can contribute to the student's disproportionate placement in remedial classes/special education and speech therapy (Charity Hudley et al., 2018; Dandy, 1991).

Language Disorder

African-American students diagnosed with language and learning disorders are more vulnerable to failing within the general education setting because educators may not be culturally competent nor prepared to address the needs of the students (Stanford & Muhammad, 2018). African-American culture can differ from that of the typical White SLPs through different communication styles, family dynamics, perceptions of dis/ability, cultures and beliefs (Hart & More, 2013; Pearson et al., 2018; Person, 2015). Educators use narrow socially constructed norms to marginalize African-American families and justify the devaluing of their contributions while dismissing their needs (Campbell, 2008; Love et al., 2021). African-American families are viewed as deficit when they are compared to the norms of White families (Love et al., 2021). By exploring these differences and acknowledging their assumptions, SLPs can begin to provide culturally relevant services to African-American families that will address their preferred needs (Pearson et al., 2018).

Relevant Terminology

- Ableism- “system that places value on people’s bodies and minds based on societally constructed ideas of normality, intelligence, excellence, desirability, and productivity...

deeply rooted in anti-Blackness, eugenics, misogyny, colonialism, imperialism and capitalism” (Lewis, 2021).

- African-American English (AAE)- English varieties communicated in locations where African-Americans lived (Charity Hudley et al., 2018).
- ASHA- American-Speech-Hearing-Association- “is the national professional, scientific, and credentialing association for 223,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students” (ASHA, n.d-c.).
- Color-blind racism- Although I do not use this term in my own research, due to his negative connotation toward individuals who are blind, previous research does use this term. Color-blind racism exists when a system denies or even acknowledges racial inequities by those who benefit and maintain its discourse (Yu et al., 2022). Bonilla-Silva (2003) also defines color-blind racism as “one does not see race” (as cited in Yu et al., 2022, p. 580).
- Cultural Competence- (within the field of speech pathology)-involves the understanding and responding to the combination of cultural variables and the range of diversity that the SLP and client/family bring to interactions (Hudnall, 2022).
- Disproportionality- “a group’s representation in a particular category that exceeds expectations for that group, or differs substantially from the representation of others in that category” (Khamis-Dakwar, R., & DiLollo, A.,2018).
- Implicit Bias- stereotypes and/or attitudes that unconsciously impact our understanding, decisions and actions. The bias may not align with what we believe or declare (Arora, 2017).

- Positionality- “the stance or positioning of the researcher in relation to the social and political context of the study-community, the organization or the participant group” (Coghlan & Brydon-Miller, 2014; Ellis et al., 2021, p. 2033).
- Power- to have the authority and direct influence (Ellis et al., 2021).
- Privilege- the benefits, opportunities and rights awarded to an individual(s) that create advantages when compared to other people (Brown & White, 2020; Ellis et al., 2021).
- Racism- the structural, individual, political, economic and social forces that discriminate against POC based on their race in order to maintain White dominance and power (Bell, 1992; Blanchett, 2006).
- Systemic Racism- systemic racism refers to the processes and outcomes of racial inequality and inequity in life opportunities and treatment. Systemic racism permeates a society’s (a) institutional structures (practices, policies, climate), (b) social structures (state/federal programs, laws, culture), (c) individual mental structures (e.g., learning, memory, attitudes, beliefs, values), and (d) everyday interaction patterns (norms, scripts, habits; Banaji et al., 2021).
- White privilege- the unearned benefits White people have and gain that are beyond what POC experience who are within the same social, political, educational or economic arenas (Kohnert, 2013; McIntosh, 1995; Rothenberg, 2008; Wise, 2008, 2011).

Chapter 2: Disabilities Studies and Critical Race Tenets

Children of color with a dis/ability tend to have different experiences than their White peers with the same label (Blackorby & Wagner, 1996; Connor et al., 2016). Using the lens of Disabilities Studies and Critical Race Theory (DisCrit) I will explore and unmask how communication disorders and race influence the structure of power within speech pathology. In turn, I will be able to “understand ways that macrolevel issues of racism and ableism, among other structural discriminatory processes, are enacted in the day-to-day lives of students of color with dis/abilities” (Annamma et al., 2013, p. 8). Racism and ableism are both normalizing processes that are unspoken while validating and reinforcing each other (Annamma et al., 2018). They are interdependent, as race can be viewed as a dis/ability and given a stigma still to those with disabilities in society (Annamma et al., 2013; Robinson & Norton, 2019). Below are the 7 tenets that inform DisCrit.

Tenet One

“DisCrit focuses on ways that the forces of racism and ableism circulate interdependently, often in neutralized and invisible ways, to uphold notions of normalcy” (Annamma et al., 2018, p. 55). For example, labeling a student as ‘at risk’ due to being a person of color in a context in which Whiteness is the unmarked norm (Connor et al., 2016). Therefore DisCrit recognizes that normative culture standards lead to viewing differences as deficits (Connor et al., 2016). Racism and ableism is maintained and neutralized in invisible ways throughout speech pathology. For example, classifying an African-American student’s African-American English as a disorder instead of a or dialect associated with American English.

Tenet Two

“DisCrit values multidimensional identities and troubles singular notions of identity such as race or dis/ability or class or gender or sexuality, and so on” (Annamma et al., 2018, p. 56). This interdependent circulation of racism has been established within state policies, school practices, professional/personal discourses and beliefs (Annamma et al., 2018). In speech pathology, more specifically the school setting, students with disabilities are usually identified and categorized by only their dis/ability (what they are unable to do according to ‘normative standards’).

Tenet Three

“DisCrit emphasizes the social constructions of race and ability and yet recognizes the material and psychological impacts of being labeled as raced or dis/abled, which sets one outside of the western cultural norms” (Annamma et al., 2018, p. 57). Segregation of African-American students with disabilities would be illegal if due to their race however it is allowed due to their dis/ability (Beratan, 2008; Connor et al., 2016; Kim et al., 2010). We can not simply fix misrepresentation of students of color, in speech pathology, by only focusing on a student’s race while continuing to allow segregation based on their dis/ability to occur. A study conducted by Labov (1972) revealed that judgements about individuals’ educational level, trustworthiness, friendliness and other characteristics are based upon their speech variety (Easton & Verdon, 2021). These attitudes about language are defined and reflected by the values of society (Easton & Verdon, 2021).

Tenet Four

“DisCrit privileges voices of marginalized populations, traditionally not acknowledged within research” (Annamma et al., 2018, p. 58). It must be stated that DisCrit does not ‘give

voice' to marginalized populations; that would insinuate ownership. However, DisCrit prompts readers to listen to the counternarratives used as a form of activism (Connor et al., 2016). Researchers and SLPs in CSD are predominantly White and highly educated by Western standards, while the individuals diagnosed with communication and swallowing disorders are typically BIPOC diagnosed with comorbid conditions, from lower socioeconomic backgrounds (Ellis et al., 2018; Ellis et al., 2021; Hardy et al., 2019). Therefore the narratives are controlled by the White researchers and SLPs due to their positionality while the voices of BIPOC are ignored. In 2021 I typed "African-American" in the research database on American-Speech-Hearing-Association's (the national professional accrediting association for speech pathology) website, 1,426 results populated. Out of the 1,426 journals, reports, essays, etc., only six articles highlighted the voice and perspectives of African-American students or their families. Most resource topics focused on SLPs' perceptions of 'African-American communication,' AAVE or other deficit views of African-American's in CSD. This imbalance of power and positionality is also reflected in SLP and parent relationships. Families of color voices are often not valued and even silenced during the decision making process of eligibility and service delivery (Hernández, 2018).

Tenet Five

"DisCrit considers legal and historical aspects of dis/ability and race and how both have been used separately and together to deny the rights of some citizens" (Annamma et al., 2018, p. 58). The various notions of dis/ability are developed by the objective clinical assessments or responses to evidence based intervention that reinforce race and ability hierarchies (Connor et al., 2016). DisCrit challenges the beliefs about intellectual and cultural inferiority of POC, that are upheld by traditional and contemporary practices (Connor et al., 2016). Current mainstream

assessment practices have resulted in the under- and -over representation of language disorders in students who speak dialects of American English that are not respected and dialects of American English (Ball & Bernhardt, 2008; Easton & Verdon, 2021; Pearce & Williams, 2013).

Tenet Six

“DisCrit recognizes Whiteness and ability as property and that gains for people labeled with dis/abilities have largely been made as the result of interest convergence of White, middle-class citizens” (Annamma et al., 2018, p. 60). Coined by Derrick Bell (1980), interest convergence occurs when the interest of a minority population (e.g., by race, ability, etc.) is accommodated only when it converges with the interest of the power holding population (as cited in Connor et al., 2016). DisCrit also acknowledges how the same labels can provide different opportunities and experiences to students of different races and abilities (Connor et al., 2016). In special education, a White student labeled as having a learning disability may receive more support in the general education setting and more time on tests which will allow for better access to college (Connor et al., 2016). However a student of color with the same disability can receive increased segregation, less exposure to the general education curriculum leading to limited access to college (Connor et al., 2016).

Tenet Seven

“DisCrit requires activism and supports all forms of resistance” (Annamma et al., 2018, p. 61). This requires the activism of the community to achieve equality-based goals. DisCrit encourages diverse expressions of activism and resistance that are connected to and informed by the community (Connor et al., 2016). Although “race does not exist outside of ability and ability does not exist outside of race” (Annamma et al., 2013, p. 6), DisCrit does not assume that all types of oppression result in the same experiences (Connor et al., 2016; Spelman, 1990). There is

diversity within the experiences of those who have to navigate through the same categories and labels (Connor et al., 2016). It has to be strongly noted that DisCrit does not account for the experiences of all POC or those with dis/abilities, but encourages the understanding of how society limits access through the embodiment of differences (Connor et al., 2016).

Unlike race, children with dis/abilities often do not share the same social status as their immediate family members (Babik & Gardner, 2021) Society views dis/ability through an individualistic cultural frame and places the expectation that individuals with dis/abilities should be independent from their families. However, there needs to be a shift toward a collective cultural approach that emphasizes and promotes more reliance on family.

Creating a Foundation for DisCrit Research on Speech Pathology

Research Context

It would be impossible to acknowledge every racialized and ableism event or the numerous scholars and their works that contributed to the genesis of DisCrit (Annamma et al., 2018). Additionally, due to limited research conducted on race and ability in speech pathology, my literature review will report information about race and ability in education, special education and CSD. I chose education and special education settings due to their similarities when compared to the field of speech pathology. For instance, over half of SLPs who are employed, work in the school/educational setting, 53% (ASHA, 2021). Secondly, the gender and racial demographics of special/educational context is similar to that of the field of speech pathology: 79% of teachers identify as female (National Center for Education Statistics, 2021) and 96% of SLPs identify as female (ASHA, 2021). Lastly, 79% of teachers identify as White (National Center for Education Statistics, 2021) and 92% of SLPs identify as White (ASHA, 2021). School-based SLPs are a critical part of the special education team as they provide

communication support to students with a variety of diagnoses. With these similarities between the fields, using information from the educational and special educational contexts is appropriate for investigating race and ableism in speech pathology.

Sociocultural Theory

The road to enlightenment and the foundation of DisCrit (for this paper) begins with Lev Vygotsky's sociocultural theory (ST). ST was originated by Vygotsky (1897-1936) and defined as the "human learning process of interaction between an individual, society and social context" (Umer & Gul, 2019, p. 132). In the field of speech pathology, understanding communication as a social construct is imperative when working with students diagnosed with language differences and disorders. Sociocultural theory highlights the importance of social interactions, through family involvement and community interaction. Without complete family and community involvement, SLPs are unable to accurately evaluate, diagnose, and treat children with communication disorders. This genuine collaboration and respect can not be achieved unless SLPs acknowledge and address the aspects of identity, race, ableism, and power within the discourse of speech pathology and themselves.

Critical Race Theory

Previous scholars such as W.E.B. Dubois and Carter G Woodson are key pioneers in investigating race and educational opportunities (Howard & Navarro, 2016). In 1980 a group of legal scholars: Kimberle Crenshaw, Charles Lawrence, Richard Delgado, Lani Guinier, Derrick Bell, and others investigated the role of law as it maintains and further constructs racially based social and economic oppression (Lynn & Adams, 2002; Taylor, as cited in Burrell-Craft, 2020). Kimberle Crenshaw's book "*Critical Race Theory: The Key Writings That Formed the Movement*" and Delgado & Stefancic's (2017), *Critical Race Theory (CRT): An Introduction* are

some of the frequently referenced sources for understanding race within the American legal system, society, and culture. Critical race theory is a fairly new framework within the field of education that has developed into an evolving methodological, conceptual and theoretical construct that seeks to interpret race and racism in educational theory and practice (Howard & Navarro, 2016; Solorzano, 1998). As a framework, critical race theory allows for the exploration of racism, confrontation of the beliefs and practices that enable racism to persist, challenges practices, and seeks liberation from systemic racism (Howard & Navarro, 2016). As a researcher in CSD, critical race theory provides the space and opportunity to explore the experience of African-Americans within the educational/speech pathology context (Burrell-Craft, 2020).

Whiteness (a byproduct of CRT) fits perfectly into this research as we dive into the experiences of Black families. In 1962, Giberter Freyre, when discussing 'White racial identity,' used the word 'Whiteness' for the first time (Carreira, 2018). "Whiteness is a hegemonic system that perpetuates certain dominant ideologies about who receives power and privilege" (Carter et al., 2007, p. 152). Whiteness studies aims to not only acknowledge that races and white privilege exist in traditional and modern forms but to reveal it (DiAngelo, 2011). Whiteness normalizes European conceptualization of the world, ignores others' positionalities and is rarely discussed within the medical care and educational environments which are key assets to communities (Alexis et al., 2019). In education, White productions are maintained through teacher belief, funding inequities, tracking, school discipline and misrepresentation in special education, including speech pathology (Lewis & Manno, 2011, as cited in Matias et al., 2014). In educational and CSD research, pertaining to race usually focuses on the lack of ability and resources possessed by POC. For instance, the very popular 'achievement gap' reflects the

deficit on the children, rather than an educational debt owed to students of color (Annamma et al., 2018).

Although SLPs who identify with western culture may be ‘against’ racism, they benefit from the system that maintains privileges to their culture (Alexis et al., 2019). In speech pathology, White privilege reflects larger structures of institutional inequality than individual levels of racism and bigotry (Kohnert, 2013). The thoughts and actions of some White SLPs can demonstrate acts of racism; and the profession and education of speech pathologists lack the space and opportunities to engage in true dialogue about race, privilege, discrimination. The American-Speech-Hearing-Association does provide resources focused on dialect variations (to support SLPs’ understanding of difference versus disorder), as it relates to cultural and linguistic diversity, however there is a significant gap between policy document and actual practices (Easton & Verdon, 2021; Pascoe et al., 2018).

This lack of awareness makes it difficult for teachers (and SLPs) to comprehend and identify how race and racism moves across space, time and generations (Howard & Navarro, 2016; Milner, 2007). For example, a study published in 2012 by professors Michael Norton and Samuel Sommers reported that the majority of White individuals believe they endure more discrimination being White than Blacks do (Lipsitz, 2018). Additionally, the lack of awareness of privilege by White SLPs, in particular, may lead them to unconsciously participate in racial obliviousness. Thus believing “all people are equal” and un/consciously ignoring the existence of racial discrimination (Preis, 2013). This lack of exposure, paired with limited instruction and conversation may perpetuate the racial obliviousness (Preis, 2013).

Dis/ability Studies

According to the Nations Convention on the Rights of Persons with Disabilities (CRDP) disability is: “an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others” (Callus, 2020).

Dis/ability is not an objective medical condition, but instead a political identity that is socially constructed in conjunction with race and class (Annamma et al., 2018). In turn, the label has been used as a way to identify and sort students based on perceived weaknesses. Liasidou (2012) states that dis/ability is often viewed as a fixed transcendental human attribute in which society unproblematically views as being deficient or abnormal. Kozleski et al. (2020) states that the traditional view frames dis/ability as abilities differences that are problems that need “assessment, diagnosis and repair” (p. 490). These notions lead to the justification to treat those with disabilities unequally, as well as other groups who are assigned dis/ability attributes (Loutzenheiser & Erevelles, 2019).

Disability Studies (DS) renounces this traditional view and instead acknowledges dis/ability as natural human variation (Ben-Moshe & Magaña, 2014). Ben-Moshe and Magaña (2014) defines Disability Studies as “a critical study that takes the constructed nature of dis/ability as its point of entry” (p. 106). DS focuses on the context, interactions, and circumstances that developed the identity instead of the abilities of the individual (Ben-Moshe & Magaña, 2014). Individuals with Disabilities Education Act (IDEA), requires schools to provide “free and appropriate education” (FAPE) in the “least restrictive environment” (LRE) (Koseki, 2017, p. 795) Special education services are not always and completely pointless, harmful or destructive. There are meaningful and powerful interactions that positively impact and change

the lives of many students and their families. Disabilities Studies aims to destroy the idea that dis/ability is a personal tragedy or deficit, and through dis/ability culture and activists, view dis/ability as biodiversity and pride (Ben-Moshe & Magaña, 2014).

As a species, humans are complex animals with multiple labels and identities. Thus intersectionality is the intersection of multiple identities, their experiences of exclusion and the socially constructed ways oppression impacts an individual's life (Howard & Navarro, 2016). Intersectional identities have at least two or more constituent categories such as: gender, race, biological sex, dis/ability status, sexual orientation, socioeconomic class, etc. (Bernstein, 2020). These identities are inseparable and should be framed using terminology that reflects explanatory unity (Bernstein, 2020). As explained by Garry (2011), intersectionality captures the complex ways dimensions of oppression are mixed, not added together (Bernstein, 2020). It would not be appropriate for me to use only disabilities studies or critical race theory for this investigation because both have neglected to address intersectionality and preliminary focus on a single-axis of structural inequity (Annamma et al., 2018). Analyzing the intersectionality between race and ability using causal theory allows for the investigation of the intersecting systems of power (Whiteness) impact on individuals (Black families with children diagnosed with communication disorders for the purposes of this paper) that would not have occurred if the dimensions of identity did not intersect (Annamma et al., 2018).

DisCrit

To address the diagnosis of speech/language impairments and race within the profession of speech pathology, I will investigate the intersection between Critical Race Theory and Disabilities Studies (DS). Since critical race theory scholars often conceive dis/ability as biological and pathological abnormal, while disability studies ignored race, DisCrit was

developed to address the silences and assumptions that shape education reform, research and practice (Annamma et al., 2018). Major contributors to DisCrit, Annamma et al. (2013) reveal that DisCrit fully accounts for how racism and ableism are interconnected through collusive normalizing processes. DisCrit explores how macro-level issues of racism and ableism impact the day-to-day lives of students of color with dis/abilities (Connor et al., 2016). The majority of research conducted using DisCrit framework focuses on problem students of color being disproportionately placed in special education categories such as learning, intellectual and emotional disabilities (Annamma et al., 2018). DisCrit informs contexts beyond education and into health care, policy and law (Annamma et al., 2018). It recognizes the shift in boundaries between normal and abnormal, ability and dis/ability while questioning how race contributes throughout the boundaries.

DisCrit in Speech Pathology

With the ethnic, cultural, and linguistic population of America consistently increasing; SLPs must be prepared to provide services that are responsive to the diversity of families, ensure the effectiveness of speech/language therapy and address the systematic racial inequalities within speech pathology. Failure to confront and address racism and ableism within the medical and therapeutic profession has negative consequences for the patients that are being serviced and professionals (Romano, 2018). Expanding SLPs' knowledge of culture beyond linguistic variation and into much broader issues of how racial discrimination affects the SLPs as well as the client, could support a change in attitudes and beliefs (Preis, 2008). A study conducted by Dagenais and Stallworth (2014) revealed that SLPs demonstrate bias toward speakers of their dialect, thus being significantly more likely to assign poorer ratings in articulation and language to speakers from different linguistic backgrounds (Easton & Verdon, 2021). Furthermore, Evans

et al. (2018) reported that there is a correlation between the presumed race of a child and the perceived accuracy of the child's communication (as cited in Easton & Verdon, 2021). We must remain critical of the process to ensure that individuals who are mostly impacted (those with disproportionate dis/ability identification between the races) are receiving the services they need to succeed. To upset the social construct of dis/ability we must acknowledge the historical, social, cultural, economic, political and roots as well as the outmoded ideas of biology and cognition that perpetuate dis/ability (Connor et al., 2019; Kozleski et al., 2020).

Investigating organizational racism through a systemic and critical lens uncovers the powerful discriminatory racial dynamics within the profession that would have been viewed as unproblematic (Yu et al., 2022). Systemic racism is maintained through race-neutral practices that negatively impact racially minoritized groups (Yu et al., 2022). White privilege can be seen in a larger view that encompasses institutional inequality instead of only occasions of racism on the individual level (Kohnert, 2013). From my personal experience, it appears that many SLPs are not accessing and incorporating the vast amount of resources and opportunities available within homes, incorporating that knowledge into evaluations/therapy or understanding/recognizing the intersectionality between dis/ability and culture when supporting children who are diagnosed with a communication disorder. The misidentification of African-American children can result in a lower educational track or remedial programs and eclipse students' academic and professional aspirations (Latimer-Hearn, 2020). Inaccurate diagnoses due to unintentional bias may lead to inappropriate intervention approaches (Daugherty, 2021). Additionally, if the child truly has a communication disorder then they are at risk for receiving inappropriate treatment by unqualified SLPs.

This lack of awareness makes it difficult for teachers (and SLPs) to comprehend and identify how race and racism moves across space, time and generations (Howard & Navarro, 2016; Milner, 2007). System change cannot occur using add-ons to existing structures, but through shifts in fundamental aspects such as how resources are allocated, or changing membership criteria (Ray, 2019; Yu et al., 2022). Yu et al. (2022) conducted a critical discourse analytic study identifying if the Standard for Certification document and Essential Functions rubric contributes to the ideal SLP and whether the experiences of POC are evident in the documents (Yu et al., 2022). There were five themes discovered throughout the two documents: “(1) an absence of the acknowledgement of racism, (2) the use of ambiguous language to describe desired outcome, (3) shifting responsibility to local programs, (4) unwarranted assumption of program and instructor expertise, and (5) the homogenization of student experiences” (Yu et al., 2022, p. 548). Discursive patterns such as the themes listed above minimize racism and conceal the ways systemic racism operates within the policies and practices of CSD (Yu et al., 2022).

There is a growing need to address the mismatch between the homogeneity of speech pathology and the diversity of the population that SLPs serve; with a focus on addressing the cultural, racial and linguistic bias of SLPs and its impact on families of color (ASHA, 2020; Easton & Verdon, 2021; Royal College of Speech and Language Therapist, 2020; Speech Pathology Australia, 2019). Due to the racial demographics of the field, truly addressing race, ableism and privilege requires a critical lens (ASHA, 2021).

Chapter 3: Methodology

Statement of Purpose and Research Questions

“An average of 75% of states disproportionately represented African-American students in the speech/language impairment (S/LI) category each year” (Robinson & Norton, 2019, p. 275). Furthermore, research indicates a higher incidence of language impairments in African American, Native American, and Hispanic American children when compared to White American children (Gillon & Macfarlane, 2017; Shriberg et al., 1999). This could be because only 8% of SLPs feel highly qualified to address cultural and linguistic influences during service delivery (ASHA, n.d-b.). Expanding SLPs’ knowledge of culture beyond linguistic variation and into much broader issues of how racial discrimination affects the SLPs as well as the client, could possibly support a change in attitudes and beliefs (Preis, 2008). Failure to confront and address racism within the medical and therapeutic profession has negative consequences for the patients that are being serviced and professionals (Romano, 2018).

With the lack of culturally appropriate assessments and practices to determine the need for language support, SLPs are challenged with a way to blend information from predominantly Western sciences, with knowledge from other communities. In turn, SLPs must be prepared to provide services that are responsive to the diversity of families, ensure the effectiveness of speech/language therapy and address the systematic racial inequalities within speech pathology. The purpose of this research was to expose the racist and ablest practices impeding equitable and culturally responsive approaches to speech pathology by understanding African-American families' experiences and perspectives in speech therapy.

Research Questions

To what extent do African-American Families' experiences within the profession of speech pathology expose the racist and ablest practices within the field?

1. *To what extent do African-American families understand their identity in speech pathology?*
2. *How do African-American families interpret race and ability practices through speech/language assessments and therapy?*

Qualitative Research Approach Proposed for This Study

The qualitative research approach used in this study was narrative research, specifically critical narrative research. Qualitative research is a “situated activity” that interprets or makes sense of phenomena through the meaning individuals bring to them (Denzin & Lincoln, 2011, p. 3; Hernández, 2018). A critical narrative inquiry approach employs a methodology that merges critical race theory’s counter-storytelling with narrative inquiry and provides the ability to critically explore the narratives of participants (Eastman, 2017). Thus I investigated the experiences as expressed, lived, and told by Black families through interviews (Creswell & Poth, 2018). Incorporating both critical race theory and narrative inquiry allows for the exploration of potential structural racism and ableism in speech pathology through the perspectives of Black families.

Critical narrative approach not only focuses on collecting data through storytelling/interviews but extracts themes revealed across participants and their experiences. Storytelling builds community, “consensus,” and a “common culture of shared understandings and deeper, more vital ethics” (Delgado, 1989, p. 2414). Counter-stories create “possibilities for life other than the ones we live” and builds solidarity among the storytellers—the historically

marginalized and oppressed” (Delgado, 1989, p. 2414). The stories themselves become the ‘raw data’ informing this research (Butina, 2015). The interviews converted to data and shed light on the identities of the Black families and how they perceive themselves and others within the field of speech pathology. lack families and how they perceive themselves and others within the field of speech pathology. As the Black families were telling their stories, I kept in mind that their perspectives and experiences are not isolated and independent in their context, but irreducibly connected in their social, cultural, and institutional settings (Moen, 2006; Wertsch, 1991).

Role of the Researcher

I understand that my positionality as a speech language specialist and my relationship with the participants initially places me in a place of power. Not only am I a researcher, but I was their previous speech language specialist. As a Black speech language specialist and a Black caregiver to an individual who received speech therapy, my role as a researcher does not separate me from the participants but connects us through identity and similar shared experiences. However, as a researcher, my role during this investigation was to be a learner. Due to my familiarity with the participants, our identified Black identity, and my passion for this topic, I did not want to have a structured relationship of researcher and interviewee, but friend, advocate, learner, and supporter. Therefore I actively and intentionally repositioned myself consciously and consistently throughout the investigation. Even though I believe I have some knowledge in both the areas of speech pathology and Black families, I am not knowledgeable about my participants' experiences. My racial background and positionality within the Black community allows me to be an insider to my participant population, but I am also viewed as an outsider.

My racial “self-identification and alignment with Black communities reflects a commitment to self-definition, determination, and liberation” (Drame & Irby, 2016, p.1). In the

book *Black Participatory Research* edited by Elizabeth Drame and Decoteua Irby (2016), the authors challenge individuals who are involved in research to reflect on the multiple identities, power, privilege, and status they bring to the investigation. Drame and Irby (2016) opened my eyes to Black researchers and provided the ‘realness,’ conflicts, concerns, and positionalities conducting research within the Black community, as a Black researcher can produce. The knowledge that I have is not to be discarded or ignored but recognized as it shapes how I conduct research and interpret data. Through self-reflexivity, I am cognizant of how being a speech language specialist and the other entities of my background alter my experiences. For these reasons, the critical narrative approach places me in the role of the learner while my participants became the experts of their lived experiences.

Study Participants

Due to the despairing racial demographics within the field of speech pathology, the critical lens of DisCrit, from the minority perspective, was used to expose systemic inequities within the profession. The racial demographics of the participants was essential to this research to ensure the DisCrit framework was thoroughly investigated. The participants of the study consisted of two families who identify as Black or African-American. Within each family, at least one child has been diagnosed with a communication disorder and participated in speech therapy. Both participant families were my previous clients who also participated in speech therapy with a White SLP (two different White SLPs). The focus participants (the individuals who will be interviewed) were a grandmother and a mother of the child diagnosed with a communication disorder. With experience being treated by a Black and a White speech language specialist, these participants possess knowledge as it relates to race and ability in speech pathology. Please see Table 2 for more information regarding the participants’ characteristics.

Prior to participating in the interviews, each participant was provided an informed consent document that explained the purpose of the research project, their expectations, possible risk/benefits, rights and steps to ensure confidentiality. Participants were not provided any incentives for their participation and were allowed to terminate their participation in the study at any time. More background information about each participant's family will be discussed in greater detail in Chapter 4 and Chapter 5 of this document. Please see Appendix A for a copy of the informed consent document.

Context of the Study

Ideally, this research would be conducted in person (face-to-face) at a location most comfortable for the participants; due to the Coronavirus disease (COVID-19) pandemic research setting was altered. “Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus” (World Health Organization, n.d.). According to the World Health Organization (WHO), the best way to prevent and slow the transmission of COVID-19 is to stay at least 3 feet apart from others, wear a properly fitted mask, and hand hygiene. COVID-19 can spread from an infected person’s mouth or nose when they cough, sneeze, speak, sing or breathe (World Health Organization, n.d.). To ensure the safety of the families participating in the study and myself, all interviews were conducted using the video conference application Zoom. Zoom provided both participants and myself the opportunity to communicate without wearing masks (depending on their environment), since we were in separate locations. Without the restriction of a mask, I was able to hear and understand the participants more clearly, view their facial expressions, analyze body language, while establishing a higher level of comfortability and safety. Lastly, Zoom allowed for the flexibility to conduct the interviews at a location and time that is most convenient for the participants.

Data Collection Procedures

In narrative research “the researcher needs to collect extensive information about the participant and needs to have a clear understanding of the context of the individual’s life” (Creswell & Poth, 2018, p. 73). Therefore I ensured the data collected through interviews captured the participants’ lived experiences through their stories. These stories became the ‘raw data’ of the research and allowed me to learn about the culture, identity, experiences, and lifestyles of my participants (Butina, 2015). For my investigation, I collected participants’ lived experiences as it related to speech pathology. To gather the rich experiences of my participants, I collected data using multiple sources. These sources included interviews, artifacts (i.e. speech evaluations, speech discharge notes, and speech therapy materials.), and my reflections as a Black speech language specialist. Semi-structured interviews were used through the use of standardized open-ended questions and informal conversation. Standardized open-ended interviews entailed developing questions prior to the interview that were asked to each participant in a certain sequence (Butina, 2015). Please see Appendix 3 for examples. This approach ensured that adequate data was collected from each participant and promoted consistency. Informal conversation interviews consisted of asking spontaneous questions similar to the natural flow of conversation (Butina, 2015). These questions gathered more in-depth information from the responses given by the participants.

Each participant was interviewed on 2-3 separate sessions which lasted anywhere from 25-60 minutes. The zoom interviews were recorded so that I may review the data later. The first interview focused on the structured questions and the second and/or third interviews provided opportunities to explore participants' responses, ask for clarification, and reflect upon the first interview (Butina, 2015). Throughout this investigation and more importantly during the

interviews, I kept in mind to be an ‘active listener, attentive observer, and empathic person with integrity (Kim, 2022, p. 5). This was achieved through counterstorying. Counterstorytelling supported me with developing cultural humility so the participants became full partners in the research process, thus eliminating my role as an expert (Crowley et al., 2015; Falicov, 2016; Hernández, 2018; Tervalon & Murray-Garcia, 1998).

Throughout the entire process maintaining participant safety and confidentiality was at the top of my priority list. To establish and maintain participant confidentiality, all participants’ names and any other identifying information were omitted or changed. Additionally, I developed a password to enter each zoom interview session, sharing the password with only the participant, and locking the meeting once we begin. Participants were encouraged to secure an environment that was conducive to the level of privacy they are comfortable with (i.e. closing any windows, doors, etc.). Once the data was collected it was stored securely on Indiana University's Google server which is password protected, to guarantee the confidentiality of my participants’ identities. Additionally, my laptop is encrypted and all names of the participants and their family members were changed.

Data Analysis Procedures

The process of collecting data, data analysis, and writing the report are not separate steps but interrelated and often simultaneous throughout the investigation (Creswell & Poth, 2018). As suggested by Bazeley (2013), I developed a file naming system on a spreadsheet to ensure materials could be located easily (as cited in Creswell & Poth, 2018). For example: Participant 1 zoom recording, transcribed interviews, notes, etc. My data analysis began with the first interview in which I attempted to make sense out of the data (Butina, 2015).

During the first interview, and the subsequent interviews that followed, I began identifying emerging insights through the transcription of the interviews. The interviews were initially transcribed using the transcription tool in Zoom. Then they were reviewed and compared to the zoom recording to confirm accuracy. I journaled immediately after each interview (noting emotions, thoughts, etc) and reviewed the transcribed interview no more than 5 days after each interview. Memoing of major themes were completed during the review as well as follow up questions. During this transcription process, immediate codes and patterns were noted through memoing. While transcribing I emphasized the interaction between the participants and myself (noting any shifts or meanings that may emerge). At the completion of the data collection, I conducted a more intensive analysis. Using narrative thematic analysis, I developed themes from the participants' narratives using Whiteness and DisCrit lens. The first stage in the narrative thematic analysis process consisted of organizing and preparing the data (Butina, 2015).

Next, I immersed myself in the transcripts by reading them several times in their entirety to get a better sense of the interviews as a whole and by their parts (Agar, 1980; Creswell & Poth, 2018). I identified recurring words, ideas (Butina, 2015) and developed codes. Initially, I expected to uncover codes and place them into categories and then themes. However, as I began to code I realized that the data directly reflected DisCrit tenets. Therefore, I used DisCrit to describe, classify and interpret the data. The final stage in narrative thematic analysis is interpretation or meaning-making of the data. Although I am listing this stage last, it is not a separate stage from the coding stage as it occurred simultaneously (Butina, 2015). During this stage, I studied the narratives, codes, and determined the overarching themes and analyzed them using DisCrit.

Strategies for Validating Findings

There are many perspectives and opinions regarding validation in qualitative research. Crewell (2014) describes qualitative validity and reliability as the process a researcher takes to ensure the accuracy of their findings by implementing particular procedures (Butina, 2015). Lincoln and Guba (2000) suggest using terms such as *credibility, authenticity and transferability* to establish “trustworthiness” (as cited in Creswell & Poth, 2018). They also propose using the technique, triangulation, to establish credibility (Creswell & Poth, 2018). Engaging in triangulation will ensure that the findings are transferable between the participants (Creswell & Poth, 2018). Therefore I completed the following tasks to validate my findings. First, I developed and followed data collection procedures. These procedures included how the participants were sampled/chosen, interview protocols, and how the data was collected, stored, and analyzed. Secondly, I solidified internal validity through member-checking. Member checking was particularly important because it provided a way to ensure I accurately portrayed the participants' voices and provide opportunities for participants to confirm or deny the interpretation of data (Candela, 2019). This added credibility and validity to my research (Candela, 2019). Therefore, I shared the interview transcripts, analytical thoughts, and draft of their chapter with the families (Butina, 2015). Each participant was given a link to their chapter of this paper, via google docs. They were able to read their chapter as I wrote it. They saw all of my mistakes, typos and revisions. I know that Ms. Cindee reviewed her chapter as I was writing it because she made comments during the 2 months it took me to complete her chapter. One of her comments was “I don’t want people to think I had White people.” Therefore I was able to change my wording to reflect her thoughts. Third, I reiterate the bias I bring to the research as a Black speech language specialist. I remain open and honest about how my identities, background, and stereotypes shape

my interpretation of the research (Butina, 2015). Lastly, I triangulated the data using the interviews, current research, and my professional and personal reflection to establish credibility of the findings.

To assess the quality of my narrative research I answered the following questions proposed in Creswell and Poth (2018) Figure 10.3:” Does my research focus on one, two, or three individuals? Does my research focus on stories told by the participants? Through storytelling, am I reporting what is being said (themes)? Am I being reflective about what I bring to the story?” Although assessing the quality of research varies from researcher to research, these questions guided my research and to ensure validity and increase trustworthiness.

There are several different methods for establishing trustworthiness in narrative research. I conducted the research with integrity, honesty, transparency, collaboration, and guarantee the participants have access to the project (Mertova & Webster, 2020). The participants were incorporated in all steps of the research process, which confirmed that their stories are valued and participation appreciated. Before and after each interview, I asked the participants for suggestions regarding the research and ways to improve their experience and conducted member checking.

Potential Ethical Issues

Potential ethical issues can arise in all stages of the research. As summarized by Hatch (2002) “we need to be sensitive to vulnerable populations, imbalance power relationships and placing participants at risk” (as cited in Creswell & Poth, 2018). I believe my participants (although very strong and courageous) are a vulnerable population due to the systematic racism and ableism they encounter. Even though I am a Black caregiver to someone who received speech therapy, there is an imbalance of power due to my profession and relationship to this

research. Lastly, there is a potential for placing my participants at risk by unearthing traumatic experiences. Therefore I completed the following process to protect the participants.

Prior to beginning the study, I received approval from the institutional review board (IRB) to conduct the study. Gaining approval from the IRB confirms that I am aware of relevant ethical issues for the study and my plans for addressing the issues. Please see Appendix B for documentation of IRB approval (Creswell & Poth, 2018). I also examined the American Speech-Hearing Association standards for research to make sure I am aligned and following proper protocols and procedures. Next, I disclosed the purpose of the study, refrained from pressuring the participants to partake in the study, and respected the needs and norms of my participants and their backgrounds. This was completed by providing written and verbal explanation of the study, ensuring that the participants know their participation is voluntary, and asking them if there is anything I can do to provide respect to our differences. When collecting data I established a study site that had limited disruptions by using my home office to conduct the zoom interviews. At the beginning of the interviews, I acknowledged the imbalance of power between myself and the participants and reassured them that I would store data securely. Lastly, when analyzing the data, I respected the privacy of the families and disclosed the true findings by representing multiple perspectives (Creswell & Poth, 2018).

Table 2*Participant Characteristics*

Participants Backgrounds		
Participants	Participant A Pseudonym (Ms. Carter)	Participant B Pseudonym (Mrs. Cindee)
Main Participant	Mother Age 36	Grandmother Age 57
Family Composite	Mother, 2 children, grandmother	Grandmother, Grandfather, Father, mother 3 children
Diagnosis/ Diagnoses of Child	Dyslexia, Articulation and Expressive/Receptive Language Delay	Apraxia, Fine Motor Delay, Articulation and Expressive/Receptive Language Delay
Years in Speech Therapy	5 Years	6 years
Length of Relationship	4 Years	4.5 Years

Chapter 4: Findings – Interview with Participant One

Background Information on SLPs

According to ASHA, “Speech-language pathologists work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults” (n.d-c.). SLPs can work in a variety of settings to include research, education (public schools, private schools, etc.) and medical (outpatient clinics, skilled nursing facilities; ASHA, n.d-c.). SLPs are not limited to only evaluating and treating individuals with swallowing and communication disorders. We can also prepare future professionals at the colleague level, own/run private practices, work for national, state or local agencies, conduct research, provide counseling and consultation services and train support personnel (ASHA, n.d-c.). Broken down, speech language specialists help people eat and communicate safely and more effectively.

As mentioned in this paper, I am a speech language specialist who has worked in a variety of settings: private practice, outpatient pediatric and school-based. Although the setting and environment changed over the years, the career expectations as a speech language specialist remained the same. SLPs are qualified to work with both adults and children, and my passion is working with children. Within this population, my roles and responsibilities consisted of conducting assessments to determine the presence of a communication ‘disorder’, identifying children’s communication needs, providing treatment to improve communication, collaborating with families and other professionals and advocating for families. Typically, I support children with articulation, language and fluency disorders. However I do have experience in the areas of literacy and voice disorders. The youngest child I have provided speech therapy services to was

16 months and the oldest was 18 years-old. I take pride in supporting families from the beginning to the end of their speech therapy experience.

The process for providing speech therapy services to children begins with a referral. Either a parent, teacher or medical professional refers the child for a speech language evaluation. In the referral the adult explains the area or area(s) of concern that should be evaluated. The SLP conducts the evaluation based on those area(s) of concern. Other areas of communication may be screened during the evaluation to ensure all areas of need are identified. The first piece of information the SLP must gather is case history information. This information may include but is not limited to family history, medical history, developmental milestones, educational data, previous therapy notes, and other information provided by the caregiver (ASHA, 2004). For most children, parents/guardians are the best source to gather this information, because they are the experts of the child's history and communication. Therefore, this portion of the assessment is a great opportunity to initiate partnership, and build a relationship with the families.

With this information, the SLP is able to determine potential assessments that may be appropriate for the child and environmental or other contributing factors that impact the child's communication. When conducting the assessments, SLPs must be cognizant and incorporate the child's cultural and linguistic background into testing. SLPs use a multimodal approach to assessment that includes standardized and non-standardized assessments. Once the assessment information has been analyzed by the SLP, diagnosis of a communication disorder may be determined and speech therapy could be recommended.

If speech therapy is warranted, the SLP will suggest the frequency, rate and goals that will be addressed based on the assessment. During therapy, SLPs are expected to gather appropriate materials and conduct evidence-based practices to improve the child's

communication skills. Personally, this is my favorite part of being a speech language specialist because I am able to be creative, have fun with the children and partner with families and other professionals. In my opinion, therapy is supposed to be fun and reflect the child's naturalistic environment to increase carryover of the desired skill(s). I strive to make all of the families I serve feel respected, honored, listened to and loved.

Interviewing the Families

I felt such an honor interviewing the participants of this study. They granted me access to their history, family, thoughts, opinions and stories. They privileged me to information that only they can provide and I do not take their generosity lightly. I chose to ask each interviewee to participate in this study since I knew they would be completely honest and due to their love for wanting to make other's experiences in communication sciences better. Throughout the interviews I had many surprising moments. Although I collected a tremendous amount of data, I am more aware of all the information that is still unknown.

The interviews began with a story about my experiences as a Black speech language specialist. Through storying I revealed to the participants my experiences being discriminated against by White families and professionals. One instance in particular, a White family heard my name 'Cynquetta' and refused to schedule their first appointment with me. Consequently, I became curious about how Black families were treated in the communication sciences since I am supposed to be viewed as an 'expert,' yet experienced discrimination. I believe my storying provided even more comfortability and relatability with the participants. I did not want to be seen as a researcher but a friend who was truly interested and invested in their feelings, opinions, perception and experiences. I wanted the participants to feel comfortable revealing their stories without thoughts of negative consequences or judgment. I expected to organize the information

collected chronologically, by the dates of the interviews and sequence of questions, however after weeks of staring at blank pages on my computer I knew I needed to find a better method. Therefore, I placed the separated participant quotes on a large 6-foot by 3-foot cork board and grouped all the quotes that were related, together. As I began to uncover relationships between the participant quotes, I discovered they were grouped by the DisCrit tenets. Using a bottom-up approach, I pieced together the data to uncover the larger system at work (Shakil, 2019). This allowed me to truly understand how race and ability has impacted this family through a DisCrit lens.

Interview with Mrs. Cindee, Junior's Grandmother

The first participant, who chose to be called Mrs. Cindee, is a 60ish-year-old grandmother who works as a special education instructional assistant for a local public school. In the evenings four days a week she works at the local parks and recreation center and on the weekends she caters events in the community. With her busy schedule I am thankful Mrs. Cindee was able to allocate time to this project. Mrs. Cindee's family identifies as African-American and includes grandparents, parents (who are separated), Junior (the child diagnosed with a communication disorder), and his younger twin brothers. I first became acquainted with this family in June 2018 while working at a pediatric physical occupational and speech therapy outpatient clinic.

Junior was 4 years old when I began working with his family and at the time he was diagnosed with an articulation disorder and mixed receptive/expressive language disorder. An articulation disorder is "the inability to produce, or the distorted production of, speech sounds (Dodd et al., 2018; Kent & Read, 2001; Morgan & Gunther, 2017). A mixed receptive expressive language disorder is a delay in oral language production and comprehension (Wilcox et al., n.d.).

Prior to beginning therapy with me in 2018, Junior received speech therapy at the same clinic by a White SLP, in 2016, when he was 2 years old. In 2016, therapy occurred once a week for approximately 3 months before his services were terminated. According to his discharge report services were terminated, by the speech pathologist, due to lack of attendance and behavior concerns. In 2018, Junior received speech therapy by myself, twice a week for about 3 years; until I stopped working at the clinic due to health concerns with my pregnancy.

Mrs. Cindee (grandmother) brought Junior to 90% of the speech therapy sessions therefore she was the perfect family member to participate in this research. Across 3 years, Mrs. Cindee participated in 95% of the sessions. The few times she did not participate in therapy were due to watching Junior's twin baby brothers, who had to accompany them to therapy that day. As time continued we began to form a personal relationship. We discussed family, my educational pursuits, vacations, childhoods, events in our lives and more. Due to my perceived comfortability with her (and I hoped her with me) I felt that she would be open to honestly speaking about her experiences within the field of communication sciences even if her ideas may not align with mine.

The interviews were completed in three zoom sessions. The first interview occurred on September 21, 2022, and lasted 25 minutes. Mrs. Cindee was working at her second job (recreation center) and it was difficult to hear her responses. Therefore the interview was cut short. For the second and third interviews she agreed to participate at home after work. These interviews occurred on October 19, 2022 and November 21, 2022 for 60 minutes and 30 minutes respectively. After reviewing the first and second interview transcripts, I discovered there were a few areas in which I needed more insight and clarification to make sure I was interpreting her responses correctly; thus the third and final interview was required.

Tenet 1

Tenet 1 states: “DisCrit focuses on ways that the forces of racism and ableism circulate interdependently, often in neutralized and invisible ways, to uphold notions of normalcy” (Annamma et al., 2018, p. 55). While in the waiting room of the outpatient speech therapy clinic, Mrs. Cindee witnessed the White speech therapist interact differently with White families compared to Black families, including hers. For example, Mrs. Cindee reported that when White children demonstrated behaviors (tantrums, yelling, hitting, throwing items, etc.), the White speech pathologist tried to de-escalate the situation by speaking calmly, coddling the child and supporting the parent. However, when Junior demonstrated the same behaviors the speech pathologist repeatedly warned Mrs. Cindee that he would be dismissed from therapy because his behaviors were unsafe and impeded progress. Thus she believes that the White therapist had ‘no patience’ with Junior because he was Black. This example demonstrates how the White child’s behavior was perceived as ‘normal and/or acceptable’ and Junior’s as ‘abnormal’.

Additionally, Mrs. Cindee recalled not feeling welcomed to sit in or watch the therapy session through a two-way mirror. She believes if she would have ‘pressed the issue’ the speech pathologist would have complied; however she did not feel comfortable communicating her wants. To her knowledge the only difference between the individuals who were inadvertently welcomed into the therapy session, was race. Mrs. Cindee reports that being Black with a disability not only negatively impacts one’s experiences in the community but also in spaces that were developed to support families. The differences in treatment are considered normal while the injustices are ignored and invisible to those in power. Conversely, Mrs. Cindee described our relationship as loving. She stated that I discovered what was causing Junior’s communication differences because I took my time to get to know him and their family. I did not allow his

behaviors to impede therapy, but supported his communication through my knowledge as a speech specialist and collaborating with her family.

When elaborating on her experience, Mrs. Cindee reported that there was limited interaction and communication with the White speech pathologist and her family. The therapist did not show any interest in her family, thus she believes that the therapist did not see her family as important. Her statement led me to ask “what could the speech pathologist have done to show that she was interested or invested in your family?” Mrs. Cindee responded, “Just talk to me. Ask me questions about Junior, our family. Junior may not be able to tell you what he likes, but I can. She didn't even let us help with therapy like you did.” Mrs. Cindee believes that I view her family as competent, strong, loving and knowledgeable. I ensured that the family and I worked together as a team in and outside of therapy. Although the experiences and perceptions expressed saddened and angered Mrs. Cindee, she believed they were ‘normal,’ ‘expected,’ ‘difficult to explain’ and the only person to witness or have these encounters.

Next Mrs. Cindee discussed her experiences during the assessment process. I am knowledgeable about how assessments are conducted from a speech specialist point of view, but I was very interested in understanding the family’s perspective. Especially since assessment determines diagnosis of a communication disorder, and qualifications of speech therapy. One of Mrs. Cindee’s first observations about the assessment process was the impression that the evaluations were not developed for Black children. Mrs. Cindee provided examples on why she believes assessments are biased against Black children and why she believes they are designed to only assess White children’s vocabulary. For example, she remembered thinking several times throughout the assessment “Junior has never seen that before” and “We don’t use those” in reference to seeing a picture of a hair dryer. She stated that she could not remember if Junior was

expected to identify the hair dryer or if it was just an opinion in a multiple choice question. However no one in their family uses hair dryers because their hair are in locs. Mrs. Cindee's impression correlates with the research that reveal children who communicate using African-American English may inappropriately qualify/ or not qualify for speech therapy services due to the mistakes speech pathologists make when analyzing language in assessments (Hendricks & Diehm, 2020). If the speech pathologist would have presented a picture of durags and/or bonnets (commonly found in Black households) then he would have correctly answered the question. Thus the data collected does not reflect his strengths accurately. Her experience demonstrates that some assessment tools may demonstrate how the dominant systems of ableism and racism produce 'normal' standards in society.

Tenet 2

Tenet 2 states: "DisCrit values multidimensional identities and troubles singular notions of identity such as race or dis/ability or class or gender or sexuality, and so on" (Annamma et al., 2018, p. 56). Mrs. Cindee believes speech pathologists who are not Black, do not care about Junior and Black children in general. She did acknowledge that not all speech pathologists are not the same and her opinions are based on what she has experienced. Interestingly, Mrs. Cindee's experiences are not isolated to just speech pathology as she expressed receiving similar treatment when participating in occupational therapy. Over the years, Mrs. Cindee has not worked with any other Black professionals (speech or occupational therapists) and she believes this has negatively impacted Junior's ability to communicate. "They pushed him under the rug and wrote him off. It's like they are afraid to work with a Black boy. But he is more than just a Black boy" Mrs. Cindee states as she described working with White speech and occupational therapists. Since her experiences are not isolated to just speech therapy, Mrs. Cindee believes

that her family has been discriminated against, not only because of their race, but also Junior's dis/ability, gender and possibly socioeconomic status.

Tenet 3

Tenet 3 emphasizes the social constructions of race and ability and yet recognizes the material and psychological impacts of being labeled as raced or dis/abled, which sets one outside of the western cultural norms" (Annamma et al., 2018, p. 57). When asked "tell me about your family," Ms. Cindee described the qualities of her family as very loving, family oriented, tight knit (even through divorces) and invested in exposing the younger generation to 'different parts of society.' The description appeared to correlate with the stories and events she described throughout the interviews as well as my interactions with the family. Junior's previous speech pathologist stated in her notes that she dismissed Junior due to his inappropriate behaviors and lack of attendance. This was very interesting because Junior attended over 95% of his scheduled sessions with myself. The family experienced a lot of changes over the years (Junior's parents separating, both parents joining the military and attending basic training for 6 months out of state, Mrs. Cindee's husband having a massive stroke, Mrs. Cindee working three jobs and more) but his attendance was stellar.

Junior's family was very involved in therapy and the undesired behaviors mentioned by the previous therapist only occurred during the first few sessions and very sparingly throughout the 3 years. When Junior displayed unwanted behaviors (throwing items, screaming, kicking, hitting, etc), his family actively collaborated with me to provide Junior with the sensory he needed. The previous speech pathologist's notes correlated with the idea that professionals often view Black families as unconcerned and uninvolved about their child's education (Brown & Brown, 2012; Cooper, 2009; Puchner & Markowitz, 2015) even though they display actions of

commitment and support (Love et al., 2021). Ms. Cindee recalled reading his previous dismissal report, and feeling like a failure, angry and misrepresented based on the speech pathologist's perception of Junior and their family. Hence negatively stigmatizing his family.

Tenet 4

Tenet 4 states: "DisCrit privileges voices of marginalized populations, traditionally not acknowledged within research" (Annamma et al., 2018, p. 58). One change Mrs. Cindee would like to occur during the assessment process is an increase in Black children/family representation during the evaluations. She wishes for there to not only be more Black families in pictures, but a variety of shades of brown with different hairstyles that represent the spectrum that is seen in the Black community. Mrs. Cindee hopes that if Black families are recognized and represented positively in communication sciences, then maybe they will not face as much discrimination. She also expressed the importance for the language used and assessed in evaluations, to be sensitive to the various linguistic diversity seen in English. She was not surprised that Junior's language was compared to Standard American English but she was disappointed he was penalized for not knowing some of the vocabulary not typically seen in his community. She believes changes such as research conducted on how to appropriately assess Black children, could change the way people (especially speech pathologists) view Black children with and without dis/abilities.

Tenet 5

Tenet 5 states: "DisCrit considers legal and historical aspects of dis/ability and race and how both have been used separately and together to deny the rights of some citizens" (Annamma et al., 2018, p. 58). Mrs. Cindee discussed her experience during Junior's first round of speech therapy. She recalled the aggressive behaviors (hitting, kicking, throwing items) Junior displayed

due to his inability to communicate effectively with those around him. She believes that the behaviors occurred more with the White speech pathologist because she did not build a relationship with their family. Instead, she dismissed him from therapy stating “Oh, he's going to be fine. He doesn't need therapy. You need to work on his behavior at home.” Encountering discrimination made her push even harder to make sure her grandson received the support he needed. She believes that Junior’s rights, especially freedom of speech, were violated. Once Junior's speech therapy was reinstated, I became his speech specialist. Mrs. Cindee and I reminisce about our sessions together. She recalled how emotional she became when Junior stated his first words (at the age of 4) in therapy. Mrs. Cindee believed that once Junior began to communicate verbally, he was granted access to rights and privileges previously denied to him. Examples include having his wants and needs met, and positively interacting with those in the community.

Tenet 6

Tenet 6 states: “DisCrit recognizes Whiteness and ability as property and that gains for people labeled with dis/abilities have largely been made as the result of interest convergence of White, middle-class citizens” (Annamma et al., 2018, p. 60). I asked Mrs. Cindee, “How does it feel raising a Black child with the label of dis/ability in America?” She reported experiencing many of the same trials and tribulations, now with Junior, as she did as a child. She stated “I feel as though they unintentionally allow Junior and other Black kids to slip through the cracks.” Additionally, she expressed that people are trying to hide the racism and discrimination, but it is noticeable to those being mistreated. Mrs. Cindee recalled that race and disability were never discussed with the White therapist; as it was in our session. Thus how did the speech therapist factor Junior’s ‘race’ into her diagnosis. She also expressed concerns Junior’s behaviors were

deemed unacceptable and inappropriate; however White children's behaviors were excused because of their disability. Basically accepting White children with dis/abilities and punishing Black children with a dis/ability. Although gains in acceptance, accessibility and resources related to the concept of dis/ability have been made, those privileges have not been translated to Black families.

Tenet 7

Tenet 7 states: “DisCrit requires activism and supports all forms of resistance” (Annamma et al., 2018, p. 61). I asked Mrs. Cindee how she problem solves situations in communication sciences when she feels disrespected, discriminated, unheard, and/or undervalued. Mrs. Cindee stated that she feels helpless. She feels as though there is nothing she can do except to keep repeating her wants/needs and praying that Junior receives the appropriate support. Mrs. Cindee recalled knowing that Junior was not developing according to the medical and educational standards. She has experience understanding children’s development due to raising two boys and working over 20 years in special education. She consistently advocates for Junior’s needs however she believes her opinions and thoughts are ignored and unwanted.

Lastly, when asked “what advice would you give a Black family who had a child suspected of having a communication disorder” she responded:

I would tell them not to give up what they tell you. What they might tell you. Keep pushing and let them know that your child counts in this world and that you want the best services that you could get for them. Because they deserve that, no matter what they may tell you. Try to push you away. You keep pushing and going forward, and you get all the services that you need for your child so that your child could have a better life in this world.” When asked “What would you like to change about communication disorders?

She stated she wants more programs for children and their families. When Junior was an aggressive child, she wishes there were programs for him to participate in, where they would not be judged. He didn't get invited to playdates or birthday parties and their family felt judged by friends, family and society.

Mrs. Cindee recalled a situation at the grocery store. Junior was about 3 or 4 years old and was screaming because he was afraid of the automatic doors. He had not gone to a lot of places with automatic doors and they frightened him. As Mrs. Cindee attempted to calm him down and explain to him what was happening, the store security guard began to harass them by speaking rudely and loudly. She tried to explain to him that her grandson has a disability, and they are trying to teach him about the world around him. However the security guard would not listen to her. The situation continued to escalate while more people looked and stared. Mrs. Cindee left the store humiliated, angry and embarrassed.

Lastly, when asked, “what do you wish therapists knew about your family?” Miss Cindee responded, “I wish that they knew that we are a family. We love Junior and would do anything for him. We try our best. Second, we need support like more education. More support programs for families like ours.”

Chapter 5: Findings – Interview with Participant Two

Interview with Ms. Carter, Cardi's Mother

Ms. Carter (the second interviewee) participated in two interviews that lasted approximately 45-60 minutes each, on 11/15/2022 and 11/21/2022. I believe I was able to gather the information needed in just two interviews because of the experience and confidence I gained as an interviewer, thanks to Mrs. Cindee's interviews. I chose to interview Ms. Carter out of the hundreds of Black families I have served because of her honesty, and straightforward ability to express her thoughts and opinions. Similar to Mrs. Cindee, I began the interviews by recalling a personal story of my experience within communication sciences. Ms. Carter stated that she was not surprised that I experienced discrimination while working as a speech specialist because "our Blackness follows us everywhere, even on our jobs."

Ms. Carter is in her late 30's and identifies as a Black independent mother (the term I use instead of the negative stigmatizing 'single mother.'). The Carters consist of Ms. Carter (mother), her two daughters and her mother. Her youngest daughter 'Cardi' (whom I had the pleasure of working with) was born three weeks early and with very low oxygen. Other than the complications during delivery, Cardi is a happy and healthy child. Cardi was six years old when I began working with her family and services continued for one-year and a half (2018-2020). She was already seeing another SLP (who was White) 6 months prior; and required additional therapy. The previous SLP stated that Cardi had an articulation, language and literacy disorder and she did not want to decrease her literacy therapy sessions to address the 'articulation and language deficits.' Thus the other SLP and myself, provided speech therapy once a week for 30 minutes each.

Tenet 1

Tenet 1 states: DisCrit focuses on ways that the forces of racism and ableism circulate interdependently, often in neutralized and invisible ways, to uphold notions of normalcy” (Annamma et al., 2018, p. 55). Ms. Carter recalled her experiences during the speech assessment process. Cardi was initially referred for speech, language and literacy testing by her school’s special education eligibility team. Ms. Carter took the recommendations from the school and presented them to Cardi’s pediatrician. Her pediatrician (who is also Black) did not have any concerns about Cardi’s speech and language but did express similar concerns related to Cardi’s literacy skills. Thus the pediatrician took the recommendations from the school and referred Cardi for an outpatient articulation, language and literacy assessment. Ms. Carter reported that Cardi was assessed by a White SLP, at her school and at the outpatient speech therapy clinic. The speech pathologist at the outpatient clinic conducted ‘general assessments’ geared toward White children that were not designed for Black children, Ms. Carter recalls. She also believes that the pictures and language used in the assessment mostly reflected norms developed and established by White professionals. According to Ms. Carter, the outpatient speech pathologist based her findings on the report completed by the White school-based speech pathologist, instead of collaborating with her family. The outpatient speech pathologist diagnosed Cardi with an articulation and literacy disorder and recommended speech therapy to address both areas of her concern.

From our first speech therapy session, Mrs. Carter expressed her disagreement with the speech pathologist’s suggestion that Cardi required articulation therapy. However she felt as though she would be viewed as a ‘bad mother’ if she did not adhere to the recommendations of the professionals. Ms. Carter did not deny that Cardi’s speech did not completely reflect

Standard-American English (SAE), but in her opinion her daughter did not have an articulation disorder. She stated “the speech therapist thought she had an issue with saying some of her words. Maybe a few words were not quite proper, but no one has ever told me that they could not understand her. I never had an issue either. Cardi talks like us.” As I began to work with Cardi, I too realized she did not have an articulation disorder but communicated using one of the many dialects in American English.

Cardi’s articulation patterns appeared to reflect African-American English spoken in the southeastern region of Virginia and in her community. An example of this pattern is Cardi may produce ‘teeth’ as ‘teef’. Cardi is able to produce ‘th’ sound in other positions of words however ‘th’ is often substituted for the /f/ sound in the final position of words for those who communicate using African-American English. She imitates the speech spoken in her community. Consequently many SLPs continue to compare children from racially, linguistically and culturally diverse backgrounds to Standard American English standards. Thus perpetuating the notion that Standard American English is the norm and superior while other dialects are incorrect and/or subordinate. This invisible racism and ableism contributes to the misrepresentation of Black students in communication sciences. Therefore Cardi and her family were being measured and scrutinized based on stereotypes and standardized norms that continue to make racism and ableism invisible.

Tenet 2

Tenet 2 states: “DisCrit values multidimensional identities and troubles singular notions of identity such as race or dis/ability or class or gender or sexuality, and so on” (Annamma et al., 2018, p. 56). I asked Ms. Carter, “how do you think the White speech language pathologist viewed Cardi and your family?” She responded, “ I can tell by the way she interacted with us,

versus other families, that she didn't think highly of us.” Ms. Carter elaborated that the White SLP was cordial but she did not do anything to build a relationship with them. While waiting in the waiting room for their session to begin, she often witnessed the White speech pathologist laughing and enjoying conversations with White families. That interaction was never experienced by Ms. Carter. According to Ms. Carter, the White speech pathologist never said anything ‘mean’ but she also did not initiate any relationship or attempts to get to know them. Therefore Ms. Carter believes that the SLP viewed them as just another Black family, which had negative stereotypical connotations and consequences.

Thankfully, Ms. Carter’s positive view of her family denounces the negative stereotype often placed on Black families, especially those with independent parents. Ms. Carter reveals that she is a proud Black graduate level educated woman who chose to start her family without a partner. Many people believe that ‘some man left her’ however she began her journey into motherhood through adoption (with her first daughter) and later in vitro fertilization (with Cardi). She is also a homeowner, entrepreneur and senior manager for one of the largest businesses in the state of Virginia. Although Ms. Carter’s accolades are extensive; she is even more proud of Cardi’s accomplishments. Ms. Carter revealed that Cardi’s strengths are in math, science and dance. She describes Cardi as: creative, smart, loving, kind, an artist and comedian. Cardi has won hundreds of competitions and championships for her dancing. Cardi is also a gifted singer and has the ability to memorize songs after only hearing them a few times. These multidimensional aspects of her identity were never revealed during the two years she attended speech therapy with the White speech pathologist. However I was able to use her talents (especially her ability to memorize songs) to support her development of literacy skills.

When asked “what do you see as your daughter’s future?” Ms. Carter reported that she sees success and happiness. She understands that many people will see Cardi as just another Black girl/woman but both of her daughters will be a great force that will change the world for the better. She explains that her daughters will not allow the world to limit them based on people’s ignorance. “My girls are and can be anything they want to be. I teach them that being Black is not a limitation but a superpower.” Ms. Carter believes the White SLP may have viewed her family using a one dimensional view, therefore she actively highlights her daughters’ multidimensional identities.

Tenet 3

Tenet 3 states: “DisCrit emphasizes the social constructions of race and ability and yet recognizes the material and psychological impacts of being labeled as raced or dis/abled, which sets one outside of the western cultural norms” (Annamma et al., 2018, p. 57). During the interview, I recalled a memory in which Cardi stated she was ‘stupid’ because she could not remember a letter sound during one of our sessions. Cardi had become more aware of her abilities when compared to other children her age. Our sessions had always been positive and upbeat and condemned any deficit mindset, however from the beginning of that particular session, things were different. Cardi revealed that she overheard her classroom teacher tell another teacher that Cardi was in the “lowest reading level in the class” Cardi asked me “I know I don’t read good. Am I in last place like my teacher said?” The extremely happy, joyful and outspoken little girl became sad, self-conscious and timid. Ms. Carter remembered that session as well and reported that Cardi continues to struggle with comparing her literacy skills to that of her classmates. She states that Cardi does not have the same passion for reading because she continuously feels judged, especially by adults. Thankfully, Cardi's self-perception at this

moment appears to be more positive than negative. Ms. Carter focuses on the attributes that Cardi enjoys and feels successful in and contributes her positivity to the extracurricular activities she engages in.

Ms. Carter also revealed being caught off guard by the stigmatization she feels when she informs people that her daughter receives special education services. Not only was Cardi receiving support through the outpatient speech therapy clinic but she also qualified for special education services in the school setting. Ms. Carter was shocked that a large number of her family members disagreed with her putting a 'label' on Cardi. Their family members were worried that the label of 'special ed' would jeopardize Cardi's future. Ms. Carter knows how damaging labels can be from personal experience. Being labeled as a 'single Black mother,' many people believe that Cardi's articulation, language and literacy differences are due to bad/lack of parenting, limited parental interest, drugs and more. Though she does not want Cardi to experience the negative psychological effects society imposes on Black girls and those with dis/abilities, she wants Cardi to improve her literacy skills based on the standards developed by society. She believes that the acquisition of these skills will support Cardi being an independent and successful adult. Ms. Carter stated, "They can call her special ed all they want, as long as my baby can read, that's all that matters. Because if she is Black woman AND she cannot read, the world will try to destroy her."

Ms. Carter recalled several occasions where she believed the White SLP blamed Cardi's inconsistent progress on Cardi's lack of practice at home, motivation to improve and focus. Ms. Carter reported that the White therapist approached her several times and accused her of not working with Cardi at home because of the regression of learned skills. Ms. Carter stated that she is knowledgeable about the characteristics of dyslexia, and regression of particular skills is not

uncommon. Ms. Carter also stated that Cardi was diagnosed with a memory disorder, but did not go into details other than a doctor stating it may have been due Cardi's decreased oxygen levels at birth. Ms. Carter believes that the SLP assumed the Carters were at fault because of the label of being Black. Instead Ms. Carter wished the SLP would have examined HER own therapy techniques and determined what needed to be adjusted to support her daughter. This deficit view of Black families has resulted in the misconceptions of families' capacity to support their children, as well as the roles and responsibilities of families and schools (Latunde & Clark-Louque, 2016).

Tenet 4

Tenet 4 states: "DisCrit privileges voices of marginalized populations, traditionally not acknowledged within research" (Annamma et al., 2018, p. 58). Ms. Carter watched most of the speech therapy sessions through the two-way mirror when Cardi was with the White SLP. Ms. Carter initially agreed with the White SLP's suggestion that Cardi would be distracted with her mother in the room. Therefore Ms. Carter watched through the mirror to support Cardi's concentration, to 'keep an eye on the therapist' and to incorporate the activities performed in therapy, at home. However, when Cardi attended speech therapy with myself, Ms. Carter was in the therapy room at my request. On the rare occasions when Cardi became distracted by mother, she was easily redirected through our collaboration. Having Ms. Carter in the room allowed for immediate feedback, collaboration and carry-over of skills at home.

From her observations of the White SLP's therapy, Ms. Carter reported "none of the White therapist 'techniques were geared toward Cardi." When asked to elaborate on her statement, Ms Carter concluded that the White SLP is only knowledgeable on how to provide services to White children. She does not believe that the speech pathology's master's degree

program taught her how to adapt lessons to accommodate various cultural backgrounds. For example, many of the pictures were mostly White children and families. On the rare occasions, when she saw Black characters, they were usually the same shade of brown with hair in an afro for boys and afro puffs for girls. Ms. Carter and I discussed the importance of Black hair in our community. We discuss the varieties of Black hair (natural hair, braids, relaxed and locs) and how Black hair is essential to our history and self-expression. However, the materials used in therapy only depicted Black children as one dimensional which was difficult for Cardi to relate too. When reviewing the transcript, I began to think about the lack of representation of various abilities in pictures presented to children during assessments and treatment. Regretfully, we did not have an opportunity to discuss this topic.

Ms. Carter also acknowledged that typically White names of characters such as Anna or Brittany, were only used in the reading material presented to Cardi. Names such as Mohammad and Jose' eliminated identities of children who have names that reflect more of their cultural or religious background. Ms. Carter stated that she does not want people to stereotype long names as only names of Black people, but she agreed that the presence of a variety of names supports a more inclusive environment. Ms. Carter admitted that she never noticed the lack of diverse names until attending speech therapy with me. When I worked with Cardi, I provided her opportunities to name the characters prior to reading the stories. Cardi enjoyed being creative and developed truly unique and beautiful names. I made these changes due to my experiences of having a name that is never represented in literature. I felt ignored, invisible and unworthy of being a character. Ms. Carter believes that the White SLP was a great speech pathologist, however she only conducted therapy based on her White educated standards. If diversifying skills were taught in speech pathology courses, then she believes the White speech pathologist

would have incorporated more cultural representation in therapy. Research in communication sciences mostly investigates evidenced-based practices on how to adapt therapy to support various abilities, while often neglecting the various cultural identities.

Tenet 5

Tenet 5 states: “DisCrit considers legal and historical aspects of dis/ability and race and how both have been used separately and together to deny the rights of some citizens” (Annamma et al., 2018, p. 58). Ms. Carter stated that she tries not to pressure Cardi to practice reading but acknowledges the consequences she will face by not only being Black, but a woman who has difficulty reading. Without the ability to traditionally read, Ms. Carter believes that Cardi will not have access to many rights that are given to White abled or dis/abled individuals. She explained that Black people have to earn the rights that are granted to White individuals at birth. Therefore she is willing to do whatever it takes to ensure her daughter has access to all rights and opportunities.

Tenet 6

Tenet 6 states: DisCrit recognizes Whiteness and ability as property and that gains for people labeled with dis/abilities have largely been made as the result of interest convergence of White, middle-class citizens” (Annamma et al., 2018, p. 60). Toward the end of the last interview, Ms. Carter stated, “ I don't want people who read your paper to think that I think being Black is bad. I love being Black. It empowers me and I would not want to be any other race. Yes, being Black puts you at a disadvantage in life but it lets you be a part of a community full of love, creativity, power and history.” Therefore I asked her, “what do you believe impacts, or will impact Cardi the most, her race or ability level measured by White people.” Ms. Carter reported that she believes Cardi’s race impacts her interaction with the world more than her abilities. She

provided the example that when people talked about ‘our president’ the first thing mentioned is his race. (I want to note that President Barack Obama is referred to by the Black community as ‘our president’ even though he is not the current president.) However, all other presidents are referred to by their scandals or accomplishments. For example, Nixon and Watergate, Clinton and Lusinstky, etc. Ms. Carter’s point is that while White presidents’ race is ignored, President Barracks' race will always be at the forefront of his legacy. Therefore, Cardi’s race will always be what people see first. With all the advancements in reading and teaching strategies, Cardi’s reading ability may change but her race will not.

Tenet 7

Tenet 7 states: “DisCrit requires activism and supports all forms of resistance” (Annamma et al., 2018, p. 61). When asked, “what changes would you like to see in Communication Sciences?” Ms. Carter stated, “I would like to see more Black professionals in your field. I think that if there were more Black people then you all would have a bigger voice that people would have to listen to.” Ms. Carter believes that Black speech specialists could inform the field of communication disorder on what ‘we’ need as people since we share many of the same experiences as Black families. Plus, she believes that if more therapists are Black then more children could be treated using appropriate assessment criteria and therapy activities. Thus decreasing the racism and ableism practices experienced by Black families.

Chapter 6: Conclusion

Before summarizing the findings, I want to reiterate that my research is not intended to negatively criticize the wonderful profession of speech pathology, nor make this audience feel as though all White speech pathologists are not qualified to serve African-American families. My research goal was to provide African-American families the space to express their experiences and perspectives. From my 10 years of experience partnering with African-American families, the perspectives of the two participants in this study are not isolated but consistent with numerous families I have interacted with across the United States.

Due to my experiences as a Black speech specialist, I began this research wondering what (if any) racist and ablest practices in speech language pathology impact African-American families' experiences in speech pathology. The framework DisCrit allowed me to address the structural power of ableism concurrently with racism while acknowledge the historical, social, political, and economic interests of limiting access to educational equality to children of color with dis/ability on both macro and micro levels (Connor, 2008). Through the storying of my participants' experiences paired with my accounts, I was able to unveil common themes resonating with all of our experiences in speech language pathology.

Summary of the Study

The purpose of this study was to investigate the historical and current impact of racism and ableism in speech language pathology using the countrestories of African-American families. Utilizing a qualitative, critical narrative research approach I investigated the experiences expressed and lived by Black families through interviews, current research and my experience as a Black speech specialist. The data collected was analyzed using a DisCrit lens which allowed me to uncover the multi-layers of identity, social constructs, power, privilege and

ability within the participants' stories. Once analyzed, the seven Tenets of DisCrit were used as themes to organize the data.

In this chapter, I will compare and contrast some of the participants' responses by reviewing key findings within each tenant (see Table 3). Where applicable, I will contribute additional information regarding my experiences and/or data from previously conducted research. Table 3 will serve as a condensed visual representation of these key findings. Lastly I will discuss implications for future research, recommendations for families and speech specialists, as well as closing thoughts.

Examining DisCrit Tenets Across Interviews

Discussion of DisCrit Tenet 1

Many families' first encounter with speech language pathology occurs during the assessment process. This unfamiliar and uninviting process can be discouraging and frightening especially to families not represented in the field. Both Mrs. Cindee and Ms. Carter recalled not being a part of the evaluation process but even more importantly, not seeing appropriate assessment tools to determine the support or needs of the children. This lack of collaboration has not only been experienced by African-American families but Hispanic families as well. Elliott et al. (2022) reported that parents of Black and Hispanic parents disclose there is lack of cultural sensitivity, limited time/interaction with professionals, and poor sense of collaboration as it relates to their child's care. Both participants believed the testing bias misrepresented their grand/child communication skills. Their experience is not uncommon since approximately 75% of states reported that African-American students are disproportionately represented in the category of Speech/Language Impairment (Robinson & Norton, 2019). Consequently, the disproportionality of African-American children in CSD may unwittingly be the result of bias

assessment processes and procedures (Farrugia-Bernard, 2017). Without acknowledging and respecting the cultural and linguistic diversity of African-American children, SLPs circulate racism and ableism the invisible notions of White normalcy.

Discussion of DisCrit Tenet 2

DisCrit reveals how interdependent race and ability circulate, however in speech language pathology these identities are often expressed as single notions assigned to the multidimensional African-American families. Both Mrs. Cindee and Ms. Carter believed their ‘race’ impacted their experiences within speech pathology since it appeared that it was the only identity recognized by the speech pathologist. Both families have identities that extend beyond race and ability. Mrs. Cindee stated “It’s like they are afraid to work with a Black boy. But he is more than just a Black boy.” Additionally, Ms. Carter revealed that her daughter Cardi is a championship dancer among other accolades that make up her identity, however they were never recognized in therapy. From my personal experiences within speech pathology, I can attest to being seen as ‘just another Black person’ by other speech pathologists and families. My identification as a Black woman overshadows my other identities which are often ignored and/or discredited.

Discussion of DisCrit Tenet 3

The psychological impact of being labeled as a Black child with a disability could be the result of the negative consequences and stereotypes placed on them by society. Mrs. Cindee recalled reading the discharge report completed by a White SLP. The report insinuated that Junior’s family was not only a cause of his behaviors but that they were not invested in the treatment plan due to her perceived lack of attendance. This labeling made Mrs. Cindee felt a mix of emotions such as anger and failure. Professionals often view Black families as

unconcerned and uninvolved with their child's education (Brown & Brown, 2012; Cooper, 2009; Puchner & Markowitz, 2015) even though they display actions of commitment and support (Love et al., 2021). This impact can even be felt by the child as Ms. Carter recalled watching her daughter go from a child who was passionate about reading to a timid and anxious student once she heard her teacher label her as a low level reader.

Discussion of DisCrit Tenet 4

Both Mrs. Cindee and Ms. Carter acknowledged the lack of Black representation in the materials used to assess and treat their children. They reported that not only were Black children rarely represented in pictures, stories, etc. but the attributes that are attached to Black culture (hair, names, various shades of skin complexion) were completely ignored. Thus lack of visual representation demonstrates the absence of Black families within the profession of speech language pathology beginning with the research that drives the content of materials used during assessment and treatment. Reviewing the materials in my own therapy office, I was unpleasantly surprised about the lack and variety of African-American representation I have currently working in a predominantly Black school. Black children and families represented less than 10% of my most commonly used therapy materials

Discussion of DisCrit Tenet 5

Being denied access to rights and opportunities was a concern expressed by Mrs. Cindee and Ms. Carter. Ms. Cindee stated that White individuals are privileged to basic rights from birth while Black individuals have to earn them. This is especially true for those who are labeled with a dis/ability because denial of right limits access to opportunities. Ms. Carter believes these rights and privileges are necessary to be successful as an adult. This imbalance of power and positionality is also reflected in SLP and parent relationships. Families of color voices are often

not valued and even silenced during the decision making process of eligibility and service delivery (Hernández, 2018)

Discussion of DisCrit Tenet 6

Not surprisingly both Mrs. Cindee and Ms. Carter acknowledged that there have been many gains in the field of special education and speech pathology, however those advantages do not translate to POC. For example, Mrs. Cindee recalled the acceptance of behaviors (tantrums, yelling, kicking) that were deemed inappropriate when she began her career as a special education instructional assistant. Thankfully now, people understand that those behaviors are a form of expression. Sadly, due to her experiences, this understanding is only afforded to those who society identifies as White. Research shows that students of color are more likely to be diagnosed with a disability through subjective judgment and receive special education services outside of the general education classroom when compared to White students diagnosed with the same disability (DeMatthews, 2019).

Discussion of DisCrit Tenet 7

Activism is an area of need expressed by both participants. According to Ms. Carter, this can be accomplished through the increase of Black representation across the entire profession of speech pathology. This includes the increase of Black speech pathologists to the increase of visual and verbal representation of various cultures in assessments and therapy. Her suggestion is that with an increase in Black speech specialists, resistance against racism and ableism can truly make an impact on speech pathology. Hendricks and Diehm (2020) revealed that speech pathologist knowledge of culturally relevant intervention practices (e.g. materials with similar skins tones as those they are servicing, culturally relevant themes, and knowledge prior) is

limited. Therefore, there is a need for those in the field to advocate for change to increase culturally relevant intervention practices.

Recommendations for Speech Language Specialist

What can speech language specialists do right now to improve the experiences of African-American families in speech pathology? First, we need to acknowledge that our history, backgrounds and privileges within our profession unintentionally develop biases and prejudices difficult to discover. Secondly, we need to actively develop and use materials that reflect POC and those with various abilities. Third we need to STOP and LISTEN to the families. We are passionate experts in the area of communication and swallowing, however we provide a disservice to families when they are not true partners in assessments and treatments. Fourth, we must be willing to have uncomfortable conversations about race and ability with families and other professionals. Lastly, we MUST be advocates and crusaders seeking justice side by side with families.

Implications for Speech Language Pathology

There needs to be an immediate and radical change in the profession of speech pathology in order to address the racial and ableism practices negatively impacting African-American families. To my future and fellow speech specialist, we need to critique and examine our practices through the lens of those we are servicing. This will require repositioning ourselves out of the role of experts, and into the roles of listener and team member. Collaborating with families does not entail instructing families how to perform communication tasks at home, but building respectful and trusting relationships, gathering feedback, sharing decision-making, and incorporating family needs and preferences. This type of partnership can improve the quality and impact of speech services by ensuring the family receives the care they need (Law et al., 2012;

Singer et al., 2022). Utilizing our families as the powerful and impactful resources they are, can improve the accuracy and appropriateness of assessments, materials and techniques used in therapy. Additionally, partnership is not isolated to families but all stakeholders in a child's life (educators, medical professionals, other services providers, etc.). When multiple service providers from education, healthcare and community provide collaborative services, the highest quality of care is provided (Mills, 2021).

To my fellow researchers, I truly believe our passion for communication motives us to continue to seek more information and data to support families. Researchers are foundational and essential to the progression of the profession. Although there have been major improvements in our field, more research is needed to understand families' (especially families of color) perspective of services to validate research and findings. Without family input, the interpretation of data lacks reliability, validity and trustworthiness. With families' involvement in the research, appropriate assessments, treatment and materials can be developed to address the diverse linguistic and cultural population of speech pathology.

Lastly, to the beautiful families that trust the profession of speech pathology with their child's communication, I encourage you to continue to be advocates for your families. I hope this research empowers you to band together and disrupt the power at large. I hope you understand how essential and necessary your stories are. Use your knowledge and experiences to support those around you and do not rest until you feel you have been respected and valued. Your family deserves the very best. Without complete family and community involvement, SLPs are unable to accurately evaluate, diagnose, and treat children with communication disorders. This genuine collaboration and respect cannot be achieved unless SLPs acknowledge and address the aspects of identity, race, ableism, and power within the discourse of speech pathology and themselves.

Table 3*Themes in DisCrit Tenets Across Interviews*

To what extent do African-American Families' experiences within the profession of speech pathology expose the racist and ableist practices within the field?				
Tenet	Themes	Participant #1 Mrs. Cindee	Participant #2 Ms. Carter	Additional Data
#1	Lack of Collaboration	Mrs. Cindee reported that there was limited interaction and communication with the White speech pathologist and her family. The therapist did not show any interest in her family, thus she believes that the therapist did not see her family as important.	According to Ms. Carter, the outpatient speech pathologist based her findings on the report completed by White the school-based speech pathologist, instead of collaborating with her family.	Parents of Black and Hispanic children report lack of cultural sensitivity, decreased time with professionals, lack of information and 'poor sense of partnership in their child's care' (Elliott et al., 2022).
#1	Assessment Bias	Mrs. Cindee's first observations about the assessment process was the impression that the evaluations were not developed for Black children.	The speech pathologist at the outpatient clinic conducted 'general assessments' geared toward White children that were not designed for Black children, Ms. Carter recalls.	Consequently, the disproportionality of African-American children in CSD may unwittingly be the result of bias assessment processes and procedures (Farrugia-Bernard, 2017).
#2	One dimensional view of the family	Mrs. Cindee stated "It's like they are afraid to work with a Black boy. But he is more than just a Black boy."	Ms. Carter revealed that her daughter Cardi is a championship dancer among other accolades that make up her identity, however	My identification as a Black woman overshadows my other identities which are often ignored and/or discredited.

			they were never recognized in therapy.	
#3	Stereotyping through Labels and its Impact	The report insinuated that Junior's family was not only a cause of his behaviors but that they were not invested in the treatment plan due to her perceived lack of attendance.	Ms. Carter recalled watching her daughter go from a child who was passionate about reading to a timid and anxious student once she heard her teacher label her as a low level reader.	Professionals often view Black families as unconcerned and uninvolved with their child's education (Brown & Brown 2012; Cooper, 2009; Puchner & Markowitz, 2015) even though they display actions of commitment and support (Love et al., 2021).
#4	Lack of Representation of African-Americans	She wishes for there to not only be more Black families in pictures, but a variety of shades of brown with different hairstyles that represent the spectrum that is seen in the Black community. Mrs. Cindee hopes that if Black families are recognized and represented positively in communication sciences, then maybe they will not face as much discrimination.	On the rare occasions, when she saw Black characters, they were usually the same shade of brown with hair in an afro for boys and afro puffs for girls.	Reviewing the materials in my own therapy office, I was unpleasantly surprised about the lack and variety of African-American representation I have currently working in a predominantly Black school. Black children and families represented less than 10% of my most commonly used therapy materials.

#5	Denied Rights and Opportunities	Ms. Cindee stated that White individuals are privileged to basic rights from birth while Black individuals have to earn them. This is especially true for those who are labeled with a dis/ability because denial of right limits access to opportunities.	She explained that Black people have to earn the rights that are granted to White individuals at birth.	This imbalance of power and positionality is also reflected in SLP and parent relationships. Families of color voices are often not valued and even silenced during the decision making process of eligibility and service delivery (Hernández, 2018)
#6	Double Standards	Ms. Carter acknowledged that there have been many gains in the field of special education and speech pathology, however those advantages do not translate to POC.	With all the advancements in reading and teaching strategies, Cardi's reading ability may change but her race will not.	In these categories, students of color are more likely to be diagnosed with a disability through subjective judgment and receive special education services outside of the general education classroom when compared to White students diagnosed with the same disability (DeMatthews, 2019).
#7	Activism through change	She feels as though there is nothing she can do except to keep repeating her wants/needs and praying that Junior receives the appropriate support.	Ms. Carter stated, "I would like to see more Black professionals in your field. I think that if there were more Black people then you all would have a bigger	From my experience those in the speech pathology need to advocate for change that will increase culturally

			voice that people would have to listen to.”	relevant intervention practices.
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Appendix A

Consent Form for African American Families' Experiences in Communication Sciences

Invitation to be Part of a Research Study

You are invited to participate in a research study. This form has information to help you decide whether or not you wish to participate. Research studies include only people who choose to take part—your participation is completely voluntary and you can stop at any time.

Please ask the project staff any questions you have about the study or about this form before deciding to participate.

Who is conducting this study?

This study is being conducted by *Cynquetta Harris-Johnson, Literacy, Culture, Language Education Department at Indiana University*. The Faculty Advisor for this study is *Karen Wohlwend, Literacy, Culture, Language Education Department at Indiana University*

Why am I invited to participate in this study?

You are eligible to participate in this study if you are an African-American family who has a child who received speech therapy.

You should not participate if you are not an African-American family and do not have a child who received speech therapy.

What is the purpose of this study?

The purpose of this study is to explore the historical and current impact of racism and ableism in communication sciences by interviewing parents of children who have received speech and language services.

What will I be asked to do?

- If you agree to participate, you will be asked to participate in at least two interviews.
- The interviews will be conducted via Zoom which is a video conferencing website/application
- The interviews are expected to last about 40 minutes each.
- Interview questions will focus on your families' experiences in communication sciences (speech therapy).
- Open and closed ended questions will be used and time for storytelling will be allotted.

- The interview will be screen recorded in order to ensure the researcher documents all the information provided by the participants, correctly.

What are the possible risks or discomforts I may experience during the study

While participating in this study you may experience the following risks or discomforts: *(discomforts may include but are not limited): emotional discomfort from answering sensitive questions during the interview*

There may be risks or discomforts that are currently unforeseeable at this time. We will tell you about any significant new information we learn that may relate to your willingness to continue participating in this study.

What are the benefits of participation in the study?

It is hoped that the information gained in this study will benefit society by providing the field of Communication Sciences with knowledge how to adequately support African-American families.

What measures will be taken to ensure the confidentiality of the data or to protect my privacy?

Research records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available without your permission. However, it is possible that other people and offices responsible for making sure research is done safely and responsibly will see your information. This includes auditing departments of Indiana University, and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy study records for quality assurance and data analysis. These records may contain private information.

To protect confidentiality of the study records and data, the following measures will be taken:

- Developing a password to enter each zoom interview session, only sharing the password with only the participant, and locking the meeting once we begin.
- Participants will be encouraged to make sure their environments are conducive to the level of privacy they are comfortable with (i.e. closing any windows, doors, etc.).
- Data will be stored on a password protected thumb drive and laptop. I am the only person who knows the password to both items.
- Participant names will be changed to conceal identity.

To protect your confidentiality when results of the study are reported, the following measures will be taken and identities will be kept confidential when results of the study are disseminated.

In addition, the researchers may share information if necessary to prevent serious harm to you or someone else; for example, if the researchers learn of ongoing child abuse or neglect, or the imminent threat of harm to you or others, they may share this information with the appropriate authorities.

Will the information I provide be used for anything other than the current study?

Information about you, collected for this study may be shared with other researchers. It may also be used for other research studies. These studies may be similar to this study or completely different. We will make sure that your identity cannot be linked to the information we share. We will not ask you for additional permission before sharing the information.

What are my rights as a research participant?

Participating in this study is completely voluntary. You may choose not to take part in the study or to stop participating at any time, for any reason, without penalty or negative consequences. Additionally, you can skip any questions that you do not wish to answer.

If you have any questions *about the rights of research subjects or research-related injury*, please contact the IRB Administrator, irb@iu.edu or via phone at (317) 274-8289.

Please tell the researchers if you believe you have any injuries caused by your participation in the study.

Whom can I call if I have questions about the study?

You are encouraged to ask questions at any time during this study. For further information *about the study*, contact Cynquetta Harris-Johnson at 757-214-8801; supervising investigator: Karen Wohlwend (812) 856-8275 or kwohlwen@indiana.edu

Appendix B

IRB Protocol

PROTOCOLS		INDIANA UNIVERSITY		Harris, Cynquetta
← Back Manage Protocols → IRB: #16002 African-American Families' Experiences in Communication Sciences				
	Protocol	Reportable Events	<u>Activity Log</u>	Permissions
	^	Notification Sent (Approved)	Mills, Adam	Aug 30, 2022 @ 10:09 AM EDT
NOTIFICATION TYPE				
Approved				
RECIPIENTS				
✓ kwohlwen@indiana.edu				
✓ cynqharr@iu.edu				
✓ cynqharr@iu.edu				
SUBJECT				
IRB Protocol 16002 Approved				
BODY				
<p><i>If you are not responsible for the IU Kuali Protocols submission for this protocol, this is for informational purposes only and no action is required.</i></p> <p>The below protocol submission was approved on Tuesday, August 30th 2022 by The Indiana University HRPP:</p> <p>Protocol #: 16002</p> <p>Protocol Title: African-American Families' Experiences in Communication Sciences</p> <p>PI: Wohlwend, Karen</p> <p>Type of Submission: Initial</p>				

Appendix C

Interview Questions

Examples of Interview Questions	
1.	Please describe your family to me.
2.	Does your child currently receive speech therapy? If so, please describe the setting and the therapist.
3.	How is your relationship with your child's current and/or previous speech therapist? (e.g. communication, collaboration, etc.)
3.	How do you believe previous and/or current speech pathologists viewed your family?
4.	Tell me about your child's diagnosis.
5.	Describe the speech assessment process.
5.	What did you like about the speech assessment process?
6.	What would you change about the speech assessment process?
7.	Describe a typical therapy session.
8.	What do you like about speech therapy?
9.	What would you change about speech therapy?
10.	Do you believe therapy sessions acknowledge your race? (diverse materials, vocabulary, etc.)
11.	How do you believe your child's abilities impact therapy?
12.	How do you believe your child's race impacted therapy?
13.	How do you believe the race of the speech therapist impacts how your child was/is serviced?
14.	How would you describe the relationship between you and the previous therapist?
15.	How do you think the speech language pathologist viewed your family?
16.	What advice would you give a Black family who has a child suspected of having a communication disorder?

Resume/Curriculum Vitae

Professional Profile

- Accomplished career demonstrating extensive expertise working with children, adults and their families with communication disorders.
- Trained, licensed and experienced performing evaluations and treatment of disorders related to swallowing and communicating.
- Consultation and counseling, referrals; training and supporting family members with communication disorders.
- Clinical Supervisor and Clinical Fellowship Supervisor experience.

Licenses

- Certified Speech Language Pathologist with Certificate of Clinical Competence (CCC). Area of interest with language development and cultural competence.
- Licensed through the Virginia Board of Audiology and Speech-Language Pathology.

Education

- Ed.D.– Language, Cultural, Literacy Education, Indiana University (2017-2023)
- M.A.-Communication Sciences and Disorders (2010-2013)
- B.S.- Speech/Language Pathology/Audiology (2005-2009)

Related Experience

- Portsmouth Public Schools: Preferred Healthcare Staffing Contract (2021-Present)
- Chesapeake Public Schools (2020-2021)
- Children’s Hospital of Kings Daughters (2018-2020)
- FairFax Public School (2015-2018)
- CLEAR SPEECH NOW (2013-2015)

Supported the interrelationships across the language processes of listening, speaking, reading, and writing. Conducted assessments in collaboration with professionals and families that support to identify students with communication disorders and inform instruction/intervention.

Support alternate methods of communication (pictures, symbols, gestures, sign language, communication devices, etc.)

Enhances individual’s verbal and written expressions, auditory processing skills, auditory/reading comprehension, attention spans, memories, problem solving and organizational skills.

Collaborates with families and professionals to develop and interdisciplinary team that support and enhances the patient’s communication skills.

Languages and Technology

- Sign Language-Conversationally Fluent
- Spanish- Basic comprehension, speaking, reading and writing
- Augmentative Alternative Communication Devices- Fluent in the application and programming of over 30+ devices.

PROFESSIONAL DEVELOPMENT

- Applied Behavior Analysis: Behavior modification program
- Augmentative and Alternative Communication (AAC) Systems: Boardmaker, Language Acquisition through Motor Planning (LAMP), and Picture Exchange Communication System (PECS)
- Mandt: Behavior management program
- Social Thinking: Social skills curriculum
- Story Grammar Marker: Narrative development program
- Wilson Reading System: FUNdations, K-3 literacy intervention

Presentations

- Presenter at Indiana University Literacy, Culture Language Education Conference (2020)
- Presenter for Fairfax Public School: How teachers can support students who stutter. (2018)
- Presenter for Fairfax Public School: Role of SLPs with the classroom (2017)
- Presenter for CLEAR SPEECH NOW: How to use iPads as a communication device (2015)
- Presenter for CLEAR SPEECH NOW: Programming Sounding Board and Visual Schedule to support adults with Intellectual Disabilities. (2014).

Awards & Accomplishments

- Received 'high effective' on semi-annual and annual evaluations by supervisors (2014-present).
- Consistently growing population of patients who request myself as their family's speech pathologist. (2013-present).
- "Appreciation Award" for educating and collaborating with support staff to develop most effective mode of communication (2018).

MEMBERSHIP

Diversity, Equity and Inclusion Committee Spring 2022- Present
For Speech, Hearing Association of Virginia

- Professional association addressing the diversity, equity and inclusion needs of communication sciences in the state of Virginia.

National Black Association February 2018-Present
for Speech-Language and Hearing

- Professional and scientific association addressing the communication interests and concerns of Black communication science and disorders professionals, students, and consumers

Fairfax Speech-Language Pathologists Association August 2016-June 2018

- Professional association promoting speech-language services, upholding high standards of competence, and supporting the continued professional development and welfare of all speech-language pathologists in Fairfax County Public Schools

American Speech-Language Hearing Association May 2013-Present

- The national professional, scientific, and credentialing association for members who are audiologists, speech- language pathologists, speech-language-hearing scientists, and

students

Delta Sigma Theta Sorority, Incorporated May 2009-Present

- Invitation-only international service organization, established by Black college-educated women, dedicated to improving the quality of life for citizens worldwide