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eHearsay



OSLHA
UNLOCKING COMMUNICATION

Ohio Speech-Language-Hearing Association

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Ohio Speech-Language-Hearing Association (OSLHA)

MISSION:

Facilitate a community of dedicated professionals through advocacy and excellence.

VISION:

We are a thriving community of professionals empowering those in the field to practice at the highest levels of excellence.

HISTORY:

Founded in 1945, the Ohio Speech-Language-Hearing Association (OSLHA) is a professional association representing speech-language pathologists and audiologists throughout Ohio. OSLHA is recognized by the national American Speech-Language-Hearing Association (ASHA) as the official professional organization for Ohio. OSLHA members provide services for the evaluation and rehabilitation of communicative disorders. Members work in a variety of settings including clinics, health care facilities, hospitals, private practice, schools, and universities. Members must abide by the OSLHA Code of Ethics.



eHearsay: Statement of Purpose

eHearsay, the electronic journal of the Ohio Speech- Language- Hearing Association, is designed to address the professional development needs of the state association.

Issues are developed around specific themes and can include invited papers, research articles, review, tutorial, research forum, letter to the editor, clinical focus/forum, or viewpoints.

eHearsay is published as a web journal annually. Continuing education credits will be available for each issue.

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In This Issue:

Diversity, Equity & Inclusion

This issue of eHearsay contains various articles related to diversity, equity, and inclusion (DEI). These words should not be used interchangeably as they each have a different meaning. Diversity refers to the ways in which people should understand, accept, and value differences in one another. Equity refers to fair access, treatment, and advancement for all people (or creating a fair playing field). Inclusion is the extent to which people at all levels of an organization feel a sense of belonging and value within that organizational setting. This means not only respecting people's differences but considering the environment more broadly from the other person's point of view (e.g., balance of experience for underrepresented groups, barriers to entry (structural and societal) that might influence others and blind spots/assumptions that might be working against a more inclusive environment).

Wright-Kareem and Washington explore multilingual assessment of Jamaican speaking preschoolers. They provide necessary considerations for obtaining a holistic perspective of multilingual children's language use to characterize language difference and language disorder.

Klenk and Gordon-Pershey provide a general overview of the effects of childhood trauma (domestic violence, poverty, and war) as well as the compounding impact of COVID-19 on domestic violence and poverty. They propose intervention strategies to help children manage developmental and behavioral effects of these experiences.

Malakpa discusses unequal treatment of people of color that permeates academia and fosters inequality based on race and gender.

Audet and colleagues discuss an initiative developed by the Kent State University to encourage diverse students from an urban school district to enroll in post-secondary communication science disorders programs. Robso and McCarthy discuss the feelings of isolation and lack of support from the perspective of a black student working on an undergraduate degree in Speech-Language Pathology. They also discuss complacency from the point of view from a person of privilege.

To bring about change, you must not be afraid to take the first step. We will fail when we fail to try.

Rosa Parks

Bowdrie and Roup review the current literature on racial/ethnic and socioeconomic disparities both generally in healthcare and also in audiology specifically and its limitations as well as providing approaches that audiologists can take to promote health equity in the field.

I hope our commitment to being extraordinary people in all we do remains unquestioning and unwavering.

Laurie M. Sheehy
eHearsay Journal Editor

Comprehensive Assessment for Multilingual Preschoolers: A Focus on the Jamaican Context

Rachel Wright Karem & Karla N. Washington

Abstract

The population of multilingual children is growing steadily in educational settings. To distinguish between patterns of language difference and language disorder in multilingual children's language use, speech-language pathologists and educators need a rich understanding of multilingual language development and the contextual factors that shape productions. This article provides information regarding comprehensive assessment practices framed in the International Classification of Functioning, Disability and Health-Children and Youth version (ICF-CY; World Health Organization [WHO], 2007). The application of the ICF-CY in comprehensive assessment is modeled using two case studies of children who speak an understudied language pairing, Jamaican Creole (JC) and English. To this end, the article describes necessary considerations for obtaining a holistic perspective of multilingual children's language use to characterize language difference and language disorder.

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Learning Objectives

- 1) Describe the International Classification of Functioning, Disability and Health-Children and Youth version (ICF-CY) to provide a theoretical foundation guiding comprehensive assessment for multilingual children.
 - 2) Identify feasible and applicable comprehensive assessment practices for the school-based setting across a continuum of functioning.
 - 3) (Explain important considerations for the multilingual context and describe children's language production using comprehensive assessment practices for an understudied language pairing.
-

More than half of the world's population is multilingual, with the majority of children in the world speaking more than one language (Grosjean & Li, 2013). In the United States, the proportion of children who speak a language other than English is growing steadily in educational settings (Guiberson & Ferris, 2019). Despite this growth in linguistic diversity, challenges remain in the application of culturally appropriate and comprehensive assessment practices to measure the multilingual language abilities of children in school-based settings (Dubasik & Valdiva, 2020; Guiberson & Ferris, 2019). Young children's language functioning is inextricably linked to future academic achievement and participation in society (International Expert Panel of Multilingual Children's Speech [IEPMCS], 2012). The early and accurate determination of children's language abilities is critical to their educational programming (Bedore & Peña, 2008; McLeod et al., 2017) and a mandated requisite of the Individuals with Disabilities Education Act (IDEA, 2006, Part B) that requires assessment to be informed by a student's language or culture in order to provide the most accurate information regarding a child's developmental, academic, and functional capabilities.

In educational settings, speech-language pathologists (SLPs), provide critical contributions for determining if a child's language performance is indicative of a *language difference* or a *language disorder* (American Speech-Language and Hearing Association [ASHA], n.d.; Paradis et al., 2011). *Language difference* occurs if there are rule-governed differences typical of multilingual language development. *Language disorder* occurs if there are significant discrepancies in language skills across all a child's languages compared to what is expected at his/her age, experience, or developmental level (Paradis et al., 2011). Distinguishing between patterns of language difference and language disorder is of critical relevance to school based SLPs, important in addressing the disproportionate representation of culturally and linguistically diverse students in special education resulting from misdiagnosis (Dragoo, 2017). Inappropriate identification can result from under- and over-diagnosis of language disorders (Paradis et al., 2011) and often occurs because *language difference* in multilingual speakers may overlap with indicators for *language disorder* in monolingual English-speakers (Castilla-Earls et al., 2016; Paradis et al., 2011). Further, patterns of language difference and disorder can co-occur, thus the SLPs' analysis has critical implications for accurate diagnosis and making appropriate treatment decisions (Finestack & Satterlund, 2018; Paradis et al., 2011; Selin et al., 2019).

A recent call to action for the development of innovative and comprehensive assessment practices for multilingual children highlights the SLP's critical role in reducing inaccurate identification and addressing a long-standing and unmet need to improve SLPs' cultural responsivity and competence (Guiberson, 2020). The need for comprehensive assessment practices that holistically consider multilingual children's language capabilities within a social, cultural, and historical context is clear (Kohnert, 2013; Westby & Washington, 2017; Wright Karem et al., 2019). This article models a comprehensive assessment approach of Jamaican Creole (JC)-English-speaking preschoolers in the context of an understudied and underserved populace at-risk for misdiagnosis in English-dominant communities.

The International Classification of Functioning, Disability and Health- Child and Youth version (ICF-CY) and Comprehensive Assessment

Multiple agencies in health and education emphasize the need of comprehensive assessment practices to document functional impacts in educational settings so that misdiagnosis can be avoided (ASHA, n.d.; Dragoo, 2017; IDEA, 2006; Wright Karem et al., 2019). As a biopsychosocial model, the International Classification of Functioning, Disability and Health – Child and Youth version (ICF-CY; World Health Organization [WHO], 2007) provides a holistic framework in line with the scope of practice in speech-language pathology for researchers and clinicians to examine multilingual children's language use (ASHA, n.d.). The ICF-CY considers children's functioning as a dynamic interaction between health conditions and contextual factors (Threats, 2013; Westby & Washington, 2017). As such, the model consists of two primary parts. The first part, 'Functioning and Disability', contains the components 'Body Functions and Structures' (i.e., the anatomical parts of the body and their physiological functions) and 'Activities and Participation' (i.e., the execution of tasks by an individual and their involvement in a life situation) (WHO, 2007). The second part, 'Contextual Factors', contains the components of 'Environmental Factors' (i.e., the physical, social, and attitudinal environment) and 'Personal Factors' (i.e., the background of an individual that are not part of the health condition such as gender, age) (WHO, 2007). The ICF-CY is well-suited to guide comprehensive and holistic assessment for multilingual children as it explicitly considers unique complexities shaping language development and use (McLeod & Threats, 2008; Wright Karem et al., 2019). For example, the ICF-CY considers the relationship between contextual factors, such as length of exposure and perceived prestige of languages in the surrounding community, and the child's use of the home and community language (WHO, 2007; Westby & Washington, 2017).

The utility of the ICF to guide assessment procedures and its relevance to speech-language pathology is well-documented in research since its initiation in 2007 (Cunningham et al., 2017; McLeod & McCormack, 2007; McLeod & Threats, 2008; Washington, 2007; Westby & Washington, 2017; Wright Karem et al., 2019). McLeod and McCormack (2007) modeled the application of the ICF in both assessment and intervention contexts using a case study. McLeod & Threats (2008) documented fundamental ICF items to consider in assessment and treatment of children with communication impairment. Washington (2007) identified relevant ICF codes to consider in the assessment of language impairment. Specific to educational settings, Westby & Washington (2017) presented a tutorial modeling the integration of the ICF-CY with the Individuals with Disabilities Education Act (IDEA, 2006) to document monolingual and multilingual

children's performance and determine appropriate service provision. Using a scoping review, Cunningham et al. (2017) documented that most outcome measurement tools in speech-language pathology assessed children's Activities component of the ICF-CY.

More recently, Wright Karem et al. (2019) expanded on Cunningham et al.'s (2017)'s work to identify how researchers were evaluating the language abilities of multilingual children using the lens of the ICF-CY. Results of this scoping review demonstrated that for multilingual children, assessment measures focused on the Activities component with few studies measuring children's Participation. The use of tools documenting children's participation remains an understudied, but pertinent need for educational settings that require documentation of educationally relevant and functional impacts of disorder (Dragoo, 2017; IDEA, 2006; Westby & Washington, 2017).

Despite limitations in research identified by Wright Karem et al. (2019), important practices were also identified across studies, including: (a) the consideration of children's development in the context of their language experience (e.g., timing of language exposure); (b) the use of dual language assessment procedures; and (c) the use of multiple measures to assess multilingual children's language abilities. By way of this scoping review, critical gaps in the literature were identified regarding understudied comprehensive assessment practices recommended by best practice experts, such as the use of conceptual scoring and adult models (IEPMCS, 2012; McLeod et al., 2017). In the following sections, we expand upon available comprehensive assessment practices identified in the literature to measure a continuum of children's language functioning within the lens of the ICF-CY.

Body Functions/Structures

The 'Body Functions and Structures' component (i.e., the anatomical parts of the body and their physiological functions) is often measured using norm-referenced, standardized assessments (WHO, 2007; Wright Karem et al., 2019). Such standardized assessments are considered a critical element of the SLPs' assessment battery and are heavily relied upon in clinical practice (De Lamo White & Jin, 2011; Bedore & Peña, 2008); however, concerns exist regarding inherent cultural and linguistic bias present in these assessments that impacts the accurate interpretation of multilingual children's language use (Barragan et al., 2018; Gross et al., 2014; Oetting et al., 2019). Standardized English assessments use patterns of performance relating to monolingual benchmarks, such as grammatical morpheme use (e.g., progressive -ing), to identify typically developing or disordered language that often overlap with patterns of language difference. The potential for misdiagnosis of multilingual children through use of standardized assessments has been clearly documented (Barragan et al., 2018; Pearce & Williams, 2013; Gross et al., 2014). Regarding the JC context, Wright Karem & Washington (2020) documented over-diagnosis of language disorder using the Clinical Evaluation of Language Fundamentals-Preschool 2 (CELF-P2; Wiig et al., 2006) up to rates of 37.5%. These results highlight the need for alternative approaches in assessment to improve the utility of standardized assessments for this multilingual population.

Activities

The 'Activities' component (i.e., the execution of tasks by an individual) is often measured by way of gold-standard approaches in speech-language pathology for measuring children's language use including: (a) language sample analysis; (b) dynamic assessment; and (c) narrative assessment. Such measures address challenges associated with traditional standardized assessment procedures by considering children's performance in a naturalistic context (Ebert & Scott, 2014). Additional description to contextualize these assessment procedures focusing on children's activities is provided below.

Language sample analysis provides a contextually driven approach to provide detailed information about children's language capabilities. However, concerns exist regarding the application of language sample analysis procedures designed for monolingual contexts to bilingual contexts (De Lamo White & Jin, 2011). Long-standing language sample analysis measures, such as Mean Length of Utterance-word (MLU-w; Brown 1973; Eisenberg et al., 2001) and Number of Different Words-root (NDW-root; Leadholm & Miller, 1992; Stockman et al., 2016), are reliable and appropriate in bilingual contexts (Ooi & Wong, 2012; Rojas & Iglesias, 2009; Yow et al., 2018). The Index of Productive Syntax (IPSyn; Scarborough, 1990) is another available language analysis tool that measures the linguistic complexity of children's

language productions with documented utility in multilingual (Ooi & Wong, 2012; Washington et al., 2019) and bidialectal contexts (Oetting et al., 2010). The IPSyn can characterize JC-English preschoolers' dual language use without penalizing children for cross-linguistic interactions or code-mixing (cf. Washington et al., 2019). In this fashion, the IPSyn considers bidirectional interactions of multilingual children's language use as a natural phenomenon rather than considering differences in bilingual language use as deficient compared to monolingual benchmarks (Kohnert, 2013; Washington et al., 2019; Wright Karem, 2020).

Dynamic assessment provides SLPs with another avenue to measure multilingual children's language activities. In this article, dynamic assessment is described using two approaches: (a) traditional *test-teach-test* (Petersen et al., 2017) and (b) conceptual re-scoring (Gross et al., 2014; Wright Karem & Washington, 2021). Importantly, dynamic assessment considers children's responses in the contextualized context of their learning experiences, thus avoiding sources of bias associated with traditional standardized, norm-referenced assessments (cf. Petersen et al., 2017). Firstly, a *test-teach-test* approach uses three phases to examine children's language learning capabilities: (a) *test*- examination of the child's independent functioning; (b) *teach*- brief period of instruction incorporating the current level of performance, targeted language skill, and child learning (e.g., cue responsiveness); and (c) *test*- examination of performance following instruction and in comparison to baseline testing. One benefit of this dynamic assessment approach is that it can be administered in the community language due to its examination of learning ability. Secondly, dynamic assessment may also be considered in the adaptation of the assessment approach, such as conceptual re-scoring, to consider multilingual children's home languages in the assessment context (Gorman et al., 2016; Gross et al., 2014; McLeod et al., 2017; Westby & Washington, 2017). For example, children may be provided with another opportunity to respond in the non-target language for incorrect responses (cf. Gross et al., 2014), adaptations to assessment items can be used to incorporate specific linguistic features of the home language (cf. Gorman et al., 2016), or test items may be re-scored considering linguistic influences from the child's home language (cf. Oetting et al., 2019). To address concerns about potential under-diagnosis with the aforementioned approaches (Oetting et al., 2019), Wright Karem & Washington (2021) applied expert best practice recommendations (McLeod et al., 2017) and incorporated adult models to guide adapted scoring procedures, providing a linguistic anchor to better inform re-scoring procedures.

Narrative assessment is another promising approach to measure multilingual children's language use in context (Petersen et al., 2017; Washington et al., 2021; Wright Karem et al., 2019). Narrative skills, or the ability to tell stories, require the integration of a variety of language skills from vocabulary and morphosyntactic structure use to story cohesion and comprehensibility (Petersen et al., 2017; Méndez et al., 2018; Westby, 2012). Washington et al. (2021) expanded on literature suggesting the utility of narrative assessment measures in other bilingual contexts (e.g., Gagarina, 2016) and documented the use of measures of narrative language to examine JC-English speaking preschoolers' language capabilities. In that study, the School-Aged Language Assessment Measures (SLAM; Crowley & Biagorri, 2014), the Marion Blank Question Hierarchy (Blank et al., 1978), and the Monitoring Indicators of Scholarly Language (MISL; Gillam et al., 2012) were used. Additional available measures in multilingual contexts include: (a) Edmonton Narrative Norms Instrument (ENNI; Schneider et al., 2005); (b) Index of Narrative Competence (INC; Petersen et al., 2008); and (c) the Multilingual Assessment Instrument for Narratives (MAIN; Gagarina et al., 2012).

Participation

The 'Participation' component (i.e., an individual's involvement in their life situation) has historically been minimally measured using established tools in the literature (Cunningham et al., 2017; WHO, 2007; Wright Karem et al., 2019). Despite this understudied component of language functioning, there are evidence-based tools available to SLPs that document young children's language participation including: (a) the Focus on Outcomes of Communication Under Six (FOCUS; Thomas-Stonell et al., 2010; Washington et al., 2013); (b) the Intelligibility in Context Scale (ICS; McLeod et al., 2012a); and (c) the Speech Participation and Activity Assessment of Children (SPAA-C; McLeod, 2004).

Firstly, the FOCUS is a proxy-based measure that integrates perceptions of children's language participation from educators/clinicians and parents and provides information about differences in performance across communicative contexts (Thomas-Stonell et al., 2010; Washington et al., 2013). A recent scoping review described the FOCUS as a

worldwide tool for research and clinical practice to inform understanding of children's communicative participation (Cunningham et al., 2020). Secondly, the ICS is another readily available, validated clinical tool for assessing speech intelligibility translated into more than 60 languages. Specific to the JC-English-speaking context (cf. Washington et al., 2017), the ICS in English (McLeod et al., 2012a) and ICS in JC (McLeod et al., 2012b) can provide accurate diagnostic information with high sensitivity and specificity (León et al., 2021). Lastly, the SPAA-C (McLeod, 2004) uses a visual Likert scale to provide insight about children's perceptions of their talking experiences. This tool, in compilation with children's drawings of their talking (cf. Alvarez, 2018; McCormack et al., 2019; McLeod et al., 2015), can provide SLPs with an ecologically-valid approach to understand communicative experiences of children (Deutenberg et al., 2018; Washington et al., 2020). This emerging and innovative approach in research addresses a call from the United Nations Conventions on the Rights of the Child (UNCRC, Article 12; United Nations, 2009) and educational law (Dragoo, 2017; IDEA, 2006) to include children's voices in matters that involve them.

Contextual Factors

Critical to the analysis of children's language performance is to situate assessment results in context by considering contextual factors (e.g., socio-economic status, age, temperament, gender, language exposure) that shape multilingual language use (Kohnert, 2013; WHO, 2007). Wright Karem et al. (2019) identified that the majority of researchers (88%) investigating multilingual children's language abilities are using a variety of strategies to obtain information about contextual factors surrounding children's language performance. Exemplar strategies include: (a) use of home language surveys/questionnaires detailing language use and exposure (Boudreau, 2005; Pratt et al., 2020); (b) ethnographic interviewing strategies (Westby, 1990); (c) contextualized observations (Reyes et al., 2016); and (d) educator report (Yow et al., 2018). Table 1 provides a summary of available assessment measures to detail multilingual children's language capabilities across a continuum of functioning within the lens of the ICF-CY.

A Case Application in the Jamaican Context

Jamaicans are a growing population across the globe, representing 20% of Caribbean-born immigrants in the United States alone (U.S. Census Bureau, 2017). This growth in linguistic diversity increases the likelihood that SLPs will encounter JC-English speaking children on their caseloads. Due to the dearth of available resources informing these children's linguistic profile, Jamaican children are considered at-risk for misdiagnosis in English-dominant communities (Washington, 2012; Washington et al., 2019), requiring actionable approaches to improve culturally responsive assessment practices. This article focuses on JC-English speaking preschoolers to model the use of evidence-based comprehensive assessment practices applicable to understudied language pairings where a paucity of clinical tools is available.

Case Studies

The following case studies apply comprehensive assessment practices within the lens of the ICF-CY in a school-based setting. Applicable, feasible, and ecologically valid assessment practices are modeled concerning preschool-aged children who speak an understudied language pairing, JC and English. Various assessment practices are described to obtain a holistic perspective of the children's language functioning to distinguish between typical patterns of language difference and indicators of language disorder. Through this comprehensive assessment approach, critical information is obtained to inform decision-making regarding developmental language status. Each case, one for a child whose parents did not report concerns about development and the other a child whose parents reported concerns, and applied assessment practices will be expanded upon below.

Table 1
Comprehensive assessment strategies framed in the ICF-CY.

ICF-CY Component	Type of Assessment <i>Tool/Analysis Examples</i>	Information Provided
Contextual Factors	Ethnographic interviewing	Provides detailed information regarding family language use, culture, beliefs, concerns.
	Home language surveys and questionnaires	Details patterns of language exposure, current levels of input, language preferences, communication partners. Informs about developmental (e.g., development compared to siblings), and medical history (e.g., birth complications, ear infections).
	Contextualized observations	Language interactions with familiar and unfamiliar conversation partners; language preferences.
	Educator report	Academic trajectory; response to intervention; educator concerns.
Body Structures and Function	Standardized, norm-referenced assessment	Comparison of child's skills to typically developing peers. Provides detailed information (e.g., language structure, vocabulary) often situated in monolingual developmental expectations.
Activities	<u>Language sample analysis:</u> <i>Mean Length of Utterance-word (MLU-w)</i>	Child's language skills in a naturalistic context.
	<i>Number of Different Words-root (NDW-root)</i>	Provides details about morphological structure and complexity in young children.
	<i>Index of Productive Syntax (IPSyn)</i>	Provides an index of lexical diversity.
	<u>Dynamic assessment:</u> <i>Test-teach-test</i>	Measures children's linguistic complexity – does not penalize for natural, cross-linguistic interactions Measures child's ability to learn. Differentiates between capability and performance.
	<i>Conceptual re-scoring and adult models</i>	Considers bidirectional cross-linguistic interactions. Does not penalize for patterns of language difference in multilingual children.
	<u>Narrative assessment</u> <i>School-Aged Language Assessment Measures (SLAM)</i>	Measures integrated language skills in context. Elicits children's narrative language using stimulus pictures of varying ethnicities and everyday situations.
	<i>Marion Blank Question Hierarchy</i>	Qualitatively analyzes children's narrative comprehension.
	<i>Monitoring Indicators of Scholarly Language (MISL)</i>	Analyses children's narrative skills and narrative complexity examining macro- and micro-structures.
Participation	<i>Multilingual Assessment Instrument for Narratives (MAIN)</i>	Assesses children's narrative skills and minimizes cultural and linguistic bias.
	The Focus on Outcomes of Communication Under Six (FOCUS)	Children's participation in home and school environments provided by caregivers and/or educators.
	Intelligibility in Context Scale (ICS)	Proxy measure to inform children's abilities to be understood by familiar and unfamiliar partners.
	Speech Participation and Activity Assessment of Children (SPAA-C)	Provides children's interpretation of their talking using a visual Likert scale.
	Analysis of children's drawings	Provides children with an additional modality to express their perspective about their talking. Analyzed by way of qualitative analysis (e.g., portrayal of self talking/listening; talking to family/friends; portrayal of self as "happy").

Case Study 1: Peta-Gaye (No Parent-reported Concerns)

Peta-Gaye is a 4 year, 11-month-old multilingual (JC-English) female in preschool. Her case is described within the lens of the ICF-CY. Refer to Table 2 for a summary of performance and decision-making regarding information obtained using comprehensive assessment practices.

Table 2**Decision-making table Case 1: Peta-Gaye (No parent-reported concerns)**

ICF-CY Component	Type of Assessment	Evidence Provided	TD	DLD
Contextual Factors	Ethnographic interviewing	No parent concerns reported.	X	
		Uses both languages at home, English more often.	X	
	Home language surveys and questionnaires	Matches typical developmental milestones.	X	
		No medical history that could impact language development.	X	
		Uses English in educational settings.	X	
		No familial history of language impairment.	X	
		No parent concerns reported.	X	
		Rich literacy environment and literacy exposure.	X	
		Communicator Rating Scale of Effective Sender and Receiver of Communication.	X	
	Educator report	No teacher concerns reported.	X	
		Rating “more competent than others” in social/emotional development, approaches to learning, and fine motor skills.	X	
		Rating “as competent as others” in gross motor skills and expressive and receptive language.	X	
		Stable academic instruction.	X	
Body Structures & Function	<u>Standardized assessment</u>			
	<i>CELF-P2 Word Structure</i>	Raw Score: 8, Standard Score: 5, Descriptor: Language disordered		X
	<i>CELF-P2 Expressive Vocabulary</i>	Raw Score: 5, Standard Score: 3, Descriptor: Language disordered		X
Activities	<u>Adapted standardized dynamic assessment</u>			
	<i>CELF-P2 Word Structure</i>	Raw Score: 21, Standard Score: 13, Descriptor: High average	X	
	<i>CELF-P2 Expressive Vocabulary</i>	Raw Score: 15, Standard Score: 8, Descriptor: Average	X	
	<u>Language sampling</u>			
	<i>MLU-w English</i>	4.35	X	
	<i>MLU-w JC</i>	4.59	X	
	<i>NDW English</i>	89	X	
	<i>NDW JC</i>	103	X	
	<i>IPSyn English</i>	84	X	
	<i>IPSyn JC</i>	83	X	
	<u>Narrative Assessment</u>			
	<i>MISL Macrostructure-English</i>	15	X	
	<i>MISL Microstructure-English</i>	6	X	
	<i>MSL Macrostructure- JC</i>	10	X	
	<i>MISL Microstructure- JC</i>	5	X	

Participation	<i>FOCUS</i>		
	<i>Parent</i>	Total Score: 251	X
	<i>ICS</i>		
	<i>ICS English</i>	Total: 35; Mean: 5.0	X
	<i>ICS-JC</i>	Total: 35; Mean: 5.0	X
	SPAA-C	“Happy” responses: about how she feels about her talking, when she talks to her best friends, parents, schoolteachers, talking in front of the whole class, and playing with other children.	X
		“In the middle” response: When others don’t understand her.	X
		“Sad response”: When playing alone.	X
	Analysis of Drawings	<i>Themes</i>	
		Theme-1: Expressed talking/listening (present)	X
		Theme-2: Drew herself talking to friends/family (present)	X
		Theme-3: Portrayed herself as happy talking to friends/family (present)	X

Note: TD = typically-developing; DLD = developmental language disorder; MLU-w = Mean Length of Utterance-word; NDW-root = Number of Different Words-root; IPSyn = Index of Productive Syntax; SLAM = School-Aged Language Assessment Measures; MISL = Monitoring Indicators of Scholarly Language; FOCUS = The Focus on Outcomes of Communication Under Six; ICS = Intelligibility in Context Scale; SPAA-C = Speech Participation and Activity Assessment of Children.

Contextual Factors: Obtaining Background Information

Information providing relevant contextual details surrounding Peta-Gaye’s multilingual language use was obtained using home language surveys, parent questionnaires, interviewing, and educator report. Peta-Gaye was born in Jamaica and regularly attends preschool. She lives with her mother, father, and uncle. Her parents were also born and raised in Jamaica. Her mother’s highest education level was high school, and she was not employed at the time of the study. Peta-Gaye’s father also obtained a high school level education and was employed as a taxi service owner at the time of the study. Peta-Gaye’s parents reported that her mother speaks JC “somewhat well” and English “very well” and that her father speaks JC “very well” and English “somewhat well.” Her parents reported that Peta-Gaye speaks JC and English “very well” and that she hears JC and speaks English most often at home. Peta-Gaye received all academic instruction in English. No developmental, academic, or communication concerns were reported by her family. There are no notable reports concerning her birth or developmental history, as she reached all milestones within expected age ranges. Regarding home-based literacy activities, Peta-Gaye’s parents reported that: she is read to approximately five times each week, their home contains more than 30 books, and most books in their home are written in English. Peta-Gaye sometimes attempts to read to herself and tries to print words/letters. Peta-Gaye’s parents often point out words/letters in books. By way of a rating scale, Peta-Gaye’s parents described her as an Effective Sender and Receiver of Communication. Lastly, Peta-Gaye’s teacher reported no concerns regarding her development, indicating she is “more competent than others” in social development, learning approaches, and fine motor skills and is “as competent as others” in gross motor skills and expressive and receptive language.

Body Function and Structures: Standardized Assessment

The Clinical Evaluation of Language Fundamentals Preschool-2 (CELF-P2; Semel et al., 2004) was also administered to obtain information regarding Peta-Gaye’s expressive language skills in the English context. Word Structure and Expressive Vocabulary subtests were administered as these subtests are informative language domains to establish multilingual children’s developmental status (Paradis et al., 2011). The CELF-P2 was administered in its entirety so that two scores could be obtained: (a) the original score adhering to the CELF-P2 manual and (b) an adapted score obtained using a scoring approach that considered JC-influenced responses and a secondary ceiling (Wright Karem & Washington, 2021). Using the traditional approach comparing Peta-Gaye’s performance to the norm-referenced monolingual sample, she obtained a subscale score of ‘5’ on the Word Structure subtest and ‘3’ on the Expressive Vocabulary subtest, with diagnostic classification of ‘language disorder.’ In accordance with best practices as informed by the IEPMCS, this finding

will be discussed in the context of a comprehensive assessment process that include adapted dynamic assessment using adult models from the same linguistic community.

Activities: Dynamic Assessment, Language Sample Analysis, and Narrative Assessment

Dynamic Assessment. An adapted scoring approach was developed by analyzing adult CELF-P2 responses from the same linguistic community as Peta-Gaye (Wright Karem & Washington, 2021). For example, in the Word Structure subtest, JC-English speaking adults often responded, “king crown” for the target item “king’s crown.” This information provided understanding that the production “king crown” (also produced by Peta-Gaye) is appropriate for a JC-English speaker. Therefore, this item was re-scored to account for JC-influenced productions in the English context. Using this adapted scoring, Peta-Gaye obtained a standard score of ‘13’ on the Word Structure subtest, with the diagnostic classification of “high average.” On the Expressive Vocabulary subtest, she obtained a standard score of ‘8’, with the diagnostic classification of “average.” This change in diagnostic classification between traditional and adapted scoring will be further discussed in the Summary and Interpretation section.

Language Sample Analysis. Play-based language samples in JC and English were used to provide information about Peta-Gaye’s language use in a natural communicative context. Language specific elicitors and stimuli were used, and language samples were timed for 15-minutes (Paradis et al., 2011). Peta-Gaye produced 51 utterances in JC and 57 utterances in English. Her MLU-w was 4.6 in JC and 4.4 in English. Her NDW-root was 103 in JC and 89 in English. Using the IPSyn in both languages, Peta-Gaye obtained an IPSyn total score of 83 in JC and 84 in English. The above language sample analysis results suggest typically developing language (cf. Washington et al., 2019). Peta-Gaye exhibited a variety of age appropriate morphosyntactic and lexical forms (e.g., English: “They are going to go to the castle.”; JC: “Di biebi a guo tu di bachruum.”)

Narrative Assessment. A narrative language sample was also elicited from Peta-Gaye in JC and English using the SLAM picture-cards designed for JC- and English-speaking contexts that incorporate culturally relevant topics (see Washington et al., 2021). The MISL was used to assess Peta-Gaye’s narrative skills in JC and English. According to this measure, Peta-Gaye exhibited age-appropriate narrative skills in English and JC with strengths in both macrostructure (e.g., English: “Then the girl’s getting sad and the dog’s being happy.”) and microstructure (e.g., JC: “The likl bwai saw a tiicha in im bag.”) elements (Washington et al., 2021).

Participation: The FOCUS, ICS, SPAA-C, and Analysis of Drawings

Lastly, participation-based measures were used to provide additional information about the impact of Peta-Gaye’s language capabilities on her participation in daily life.

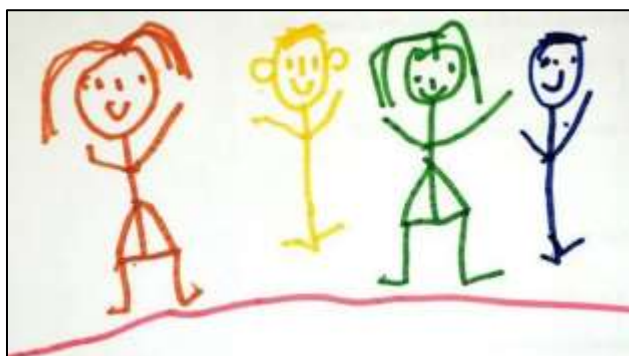
The FOCUS. The FOCUS-Parent version was completed by Peta-Gaye’s mother. Peta-Gaye’s total score of 251 was similar to other typically developing JC-speaking preschoolers (cf. Washington et al., 2014) and for monolingual speakers of English (Thomas-Stonell et al., 2013).

The ICS-English and ICS-JC. Peta-Gaye’s intelligibility with familiar and unfamiliar partners in her daily life was measured using the ICS-English and the ICS-JC. On both measures, she obtained a total score of 35 and a mean score of 5.0, indicating that in both languages she is “always” understood across a variety of communication partners and that her scores reflect typical speech sound productions in the Jamaican context (León et al., 2021).

SPAA-C and Analysis of Drawing. Using the SPAA-C in English, Peta-Gaye provided responses about perceptions of her talking. She responded “happy” for the items: how she feels about talking, when she talks to best friends, parents, teachers, talking in front of the class, and playing with other children. She responded “in the middle” for: when others don’t understand her. She responded “sad” for: when playing alone. Additional information about her perception of her talking was obtained using a drawing elicitation that prompted her to draw herself talking to someone (Figure 1).

Her drawing was analyzed using established themes (Holliday et al., 2009) revealing that she: expressed talking/listening (Theme-1), drew herself talking to friends/family (Theme-2); and portrayed herself as happy talking to friends/family (Theme-3). In sum, Peta-Gaye's drawing evidenced features of talking (e.g., accentuated body features such as large ears; body positioning) consistent with other preschoolers (Holliday et al., 2009).

Figure 1
Case Study 1 – Peta-Gaye's Drawing



Case Study 2: Jeffroy (Parent-reported Concerns)

Jeffroy is a 4 year, 8-month-old multilingual (JC-English) male in preschool. His case is also described within the context of the ICF-CY below. Refer to Table 3 for a performance summary and decision-making regarding the information obtained.

Table 3
Decision-making table Case 2: Jeffroy (Parent-reported concerns).

ICF-CY Component	Type of Assessment	Evidence Provided	TD	DLD
Contextual Factors	Ethnographic interviewing	Some parent concerns reported.		X
		Uses both languages at home, hears and speaks English more often.	X	
	Home language surveys and questionnaires	Matches typical developmental milestones.	X	
		Report of waxy ears that could impact language development.		X
		Uses English in educational settings.	X	
		No familial history of language impairment.	X	
		Some parent concerns reported.		X
		Rich literacy environment and literacy exposure.	X	
		Communicator Rating Scale of Effective Sender and Receiver of Communication with familiar partners only.		X
	Educator report	Teacher concerns reported.		X
		Rating of "as competent as others" in social/emotional development and gross motor skills.	X	
		Rating of "less competent than others" in approach to learning, fine motor skills, and receptive language.		X
		Rating of "much less competent than others" in expressive language.	X	
		Stable academic instruction.		
Body Structures & Function	<u>Standardized assessment</u> CELF-P2 Word Structure	Raw Score: 3, Standard Score: 2, Descriptor: Language disordered		X
	CELF-P2 Expressive Vocabulary	Raw Score: 9, Standard Score: 5, Descriptor: Language disordered		X

Activities	<u>Adapted standardized dynamic assessment</u>		
	CELF-P2 Word Structure	Raw Score: 5, Standard Score: 3, Descriptor: Language disordered	X
	CELF-P2 Expressive Vocabulary	Raw Score: 9, Standard Score: 5, Descriptor: Language disordered	X
	<u>Language sampling</u>		
	MLU-w English	1.45	X
	MLU-w JC	3.64	X
	NDW English	89	X
	NDW JC	54	X
	IPSyn English	56	X
	IPSyn JC	47	X
	<u>Narrative Assessment</u>		
	MISL Macrostructure-English	1	X
	MISL Microstructure-English	1	X
	MISL Macrostructure-JC	7	X
	MISL Microstructure-JC	3	X
Participation	<u>FOCUS</u>		
	Parent	Total Score: 205	X
	<u>ICS</u>		
	ICS English	Total: 23; Mean: 3.3	X
	ICS-JC	Total: 23; Mean: 3.3	X
	SPAA-C	“Happy” responses: about way he talks, when talking to best friend and teachers	X
		“In the middle” response: talking to brother, talking to parents, talking in front of whole class, and playing by himself.	X
		“Sad response”: When playing alone and when others don’t understand him.	X
	Analysis of Drawings	<u>Themes</u>	
		Theme-1: Expressed talking/listening (absent)	X
		Theme-2: Drew himself talking to friends/family (absent)	X
		Theme-3: Portrayed himself as happy talking to friends/family (absent)	X

Note: TD = typically-developing; DLD = developmental language disorder; MLU-w = Mean Length of Utterance-word; NDW-root = Number of Different Words-root; IPSyn = Index of Productive Syntax; SLAM = School-Aged Language Assessment Measures; MISL = Monitoring Indicators of Scholarly Language; FOCUS = The Focus on Outcomes of Communication Under Six; ICS = Intelligibility in Context Scale; SPAA-C = Speech Participation and Activity Assessment of Children.

Contextual Factors: Obtaining Background Information

Relevant contextual details surrounding Jeffroy’s language use was obtained using home language surveys, parent questionnaires, interviewing, and educator report. Jeffroy was born in Jamaica and regularly attends preschool. He lives with his mother, father, and two elder siblings. His parents were also born and raised in Jamaica. His mother and father obtained a university education and were employed. Jeffroy’s father was employed in advertising production and his mother was employed as a registered nurse. His parents reported that they speak JC and English “very well.” His parents also reported that Jeffroy speaks JC and English “somewhat well.” Jeffroy’s parents reported that he hears and speaks English most often at home. Jeffroy received all academic instruction in English. There were no notable reports of his birth or developmental history. He reached all milestones within expected age ranges; however, his mother reported a history of waxy ears. Jeffroy’s parents reported concerns regarding his emotional well-being and communication. Jeffroy often cries for highly desired objects and his family reported that he is “less competent than others” in fine motor and expressive language skills. Regarding home-based literacy activities, Jeffroy’s parents reported: he is read to

approximately three times each week, their home contains more than 30 books, and most books are written in English. Jeffroy often attempts to read to himself and sometimes tries to print words/letters. His parents often point out words/letters in books and talk about story elements that pertain to his life. Overall, by way of a rating scale, Jeffroy's parents described him as an Effective Sender and Receiver of Communication with familiar partners only. Lastly, Jeffroy's teacher reported concerns regarding his communication. She indicated that he is "as competent as others" in social development and gross motor skills; however, he is "less competent than others" in learning, fine motor skills, and receptive language, and "much less competent than others" in expressive language skills.

Body Function and Structures: Standardized Assessment

The CELF-P2 was also administered to Jeffroy to obtain information regarding his expressive language skills in the English context. Word Structure and Expressive Vocabulary subtests were administered in the same fashion as described previously, with the aim of obtaining original and adapted standard subtest scores. Using the traditional approach, he obtained a subscale score of '2' on the Word Structure subtest and '5' on the Expressive Vocabulary subtest, with the diagnostic classification of 'language disorder.'

Activities: Dynamic Assessment, Language Sample Analysis, and Narrative Assessment

Dynamic Assessment. Using the aforementioned adapted scoring approach, Jeffroy obtained a standard score of '3' on the Word Structure subtest and a standard score of '5' on the Expressive Vocabulary subtest, maintaining the diagnostic classification of "language disordered." For two test items, Jeffroy's raw score increased using adapted scoring on the Word Structure subtest (e.g., "sleeping" for target item "sleeps"; "horse" for target item "horses"). All other items were confirmed as errored responses (e.g., "the bananas" for target item "fell"). The consistency in diagnostic classification of Jeffroy's language skills will be further discussed.

Language Sample Analysis. Play-based language samples in JC and English were used to provide information about Jeffroy's language use in a natural communicative context. In a 15-minute language sample, Jeffroy produced 53 utterances in JC and 51 utterances in English. His MLU-w was 3.6 in JC and 1.5 in English. His NDW-root was 81 in JC and 54 in English. Using the IPSyn in both language contexts, Jeffroy obtained an IPSyn total score of 47 in JC and 56 in English. Jeffroy's expressive language primarily consisted of limited verbal output (e.g., English: "stuck", "horse please"; JC: "An dis."; "It finish.") and errors (e.g., verb omission) consistent with patterns of language disorder (e.g., English: "Her dis."; JC: "Bikaaz rabbit and hapi.")

Narrative Assessment. A narrative language sample task was also elicited from Jeffroy in JC and English adhering to the procedures also used for Peta-Gaye. According to this measure, Jeffroy exhibited narrative skills in JC and English that were below expectations for typically developing 4-year-old JC-English bilingual children (Washington et al., 2021). Jeffroy exhibited relative strengths in some macrostructure elements (e.g., JC: "Im want eat the carrot"); however, limitations were evident in both macrostructure (e.g., English: "Dirty. There. White dog.") and microstructure (e.g., JC: "Mummy said di skuul.") elements (Washington et al., 2021).

Participation: The FOCUS, ICS, SPAA-C, and Analysis of Drawings

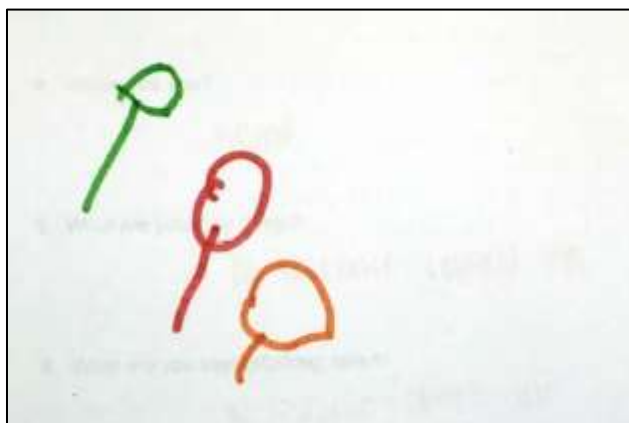
Participation-based measures were used to provide additional information regarding the impact of Jeffroy's language capabilities on his participation in daily life.

The FOCUS. The FOCUS-Parent version was completed by Jeffroy's father. Jeffroy's total score of 205 was similar to other typically-developing JC-speaking preschoolers (cf. Washington et al., 2014) and also for monolingual speakers of English (Thomas-Stonell et al., 2013).

The ICS-English and ICS-JC. Jeffroy's intelligibility with familiar and unfamiliar partners in his daily life was measured using the ICS-English and the ICS-JC. On both measures, he obtained a total score of 23 and a mean score of 3.3, indicating that in both languages, he is "sometimes" able to be understood across a variety of communication partners and that his scores do not reflect typical speech sound production in the Jamaican context (León et al., 2020).

SPAA-C and Analysis of Drawing. Using the SPAA-C in English, Jeffroy provided responses about additional information about his talking experiences in context. He responded “happy” for: how he feels about his talking and when he talks to friends and teachers. He responded “in the middle” for: when he talks to siblings and parents, when he talks in front of the class and when he plays by himself. He responded “sad” for: when playing alone and when others don’t understand him. Additional information about Jeffroy’s perception of his talking was obtained using the previously described drawing elicitation (Figure 2). Thematic analysis of Jeffroy’s drawing revealed he did not: express talking/listening (Theme-1 absent); draw talking to friends/family (Theme-2 absent); and portray himself as happy when talking (Theme-3 absent). In sum, Jeffroy’s drawing did not evidence features of talking consistent with preschool children such as drawing facial features, speech bubbles, or accentuated body features for talking/listening (cf. Holliday et al., 2009).

Figure 2
Case Study 2 – Jeffroy’s Drawing



Summary and Interpretation

The case studies in this article provide an overview of comprehensive assessment practices that can be used to inform SLPs’ decision-making about multilingual children’s developmental status in school-based settings. The information provided does not account for all procedures and information that could be obtained in a comprehensive assessment battery, but rather is designed to provide an illustration of performance using available clinical tools for children who speak under-studied languages and for those situations where the SLP does not share the same linguistic and cultural background as the client. Peta-Gaye and Jeffroy were strategically selected as their profiles are common in school-based settings. One case reflects patterns of language difference, while the other illustrates both patterns of language difference and language disorder. A summary of each case and critical points of consideration in decision-making are discussed.

Case 1: Peta-Gaye (No Parent-reported Concerns)

Comprehensive assessment practices provided substantial information about Peta-Gaye’s language capabilities. The collection of data overwhelmingly indicates patterns of performance that are consistent with typically developing language. Peta-Gaye’s mother provided information regarding her language exposure and history, indicating rich language exposure in JC and English. Results of formalized and naturalistic assessments align with expectations about her patterns of language use in that Peta-Gaye exhibited similar skills in JC and English contexts.

Consideration of natural interactions between Peta-Gaye’s languages (i.e., cross-linguistic interactions) was employed in IPSyn scoring and the CELF-P2 adapted scoring procedure to appropriately understand her language patterns. Using adapted scoring, Peta-Gaye’s cross-linguistic interactions in the English context could be considered as typical patterns instead of being incorrectly penalized. Peta-Gaye’s JC-linguistic feature use is not uncommon and exhibits strategic

language use, not disordered language (Paradis et al., 2011; Yow et al., 2018). The substantial change in Peta-Gaye's CELF-P2 subtest scores between traditional and adapted scoring procedures provide a strong indicator for typical language use. Using adult models also yielded insight towards Peta-Gaye's spontaneous productions. The production "We going to read dis?" in her English language sample indicates languages differences such as zero-marking of auxiliary be (i.e., consistent with JC linguistic structure) and phonological cross-linguistic influence (/d/ for "th") (Wright Karem, 2020). Narrative assessment conducted in both languages revealed strengths in her integration of language skills to tell a story, with comparable performance to typically developing peers. Peta-Gaye's perception of her talking as measured using drawing analysis and the SPAA-C aligned with assessment results, indicating positive perceptions of her talking, while also providing SLPs with a means of understanding the views and culture of a multilingual speaker. Ultimately, assessment results across a continuum of functioning revealed consensus across parent and educator sources (cf. Restrepo, 1998) and characterized Peta-Gaye's language use as typically developing.

Case 2: Jeffroy (Parent-reported Concerns)

Comprehensive assessment practices provided substantial information about Jeffroy's language capabilities with overall, patterns of performance consistent with disordered language. Jeffroy's father provided information regarding his language exposure, history, and concerns. Jeffroy experienced rich language exposure (with reported higher English exposure); however, despite this, there were concerns from multiple sources. Parents and educators indicated concerns about his ability to communicate effectively with a variety of communication partners.

Results of formalized and naturalistic assessment measures complement reports of Jeffroy's difficulty communicating across home and school contexts. The lack of change in CELF-P2 scores between original and adapted scoring provides confirmatory evidence of patterns of language disorder, in a culturally responsive manner. However, this does not indicate that Jeffroy's language use is without cross-linguistic interaction. In the English context, Jeffroy's production of "her dis" indicates both a pattern of language disorder (i.e., "her" in the subjective slot) and a pattern of typical cross-linguistic interaction (e.g., /d/ for "th"). Another important aspect of Jeffroy's language use is inconsistencies in performance across languages despite increased English exposure (e.g., higher NDW in English, reduced MLU-w in English). Narrative assessment in both languages also revealed consistent discrepancies in Jeffroy's integrated language skills compared to other typically developing JC-English preschoolers. Jeffroy's perception of his talking as measured using the SPAA-C and drawing analysis also supported formal assessment results. Jeffroy's report of positive feelings about his talking with some conversation partners and negative/sad feelings about talking with other communication partners, specifically at school, document negative impacts of his language difficulties in his daily life. Ultimately, assessment results across a continuum of functioning revealed consensus across parent and educator sources (cf. Restrepo, 1998) and characterized Jeffroy's language as being disordered.

Conclusion

SLPs are responsible for providing appropriate and accurate assessment of multilingual children's language capabilities to accurately diagnose language disorders (ASHA, n.d.; Guiberson, 2020). The growing proportion of multilingual children in educational settings in the United States necessitates the development and identification of comprehensive assessment practices that appropriately detail multilingual children's language abilities to inform clinical decisions (Dubasik & Valdiva, 2020; Guiberson, 2020; Guiberson & Ferris, 2019). For understudied language pairings, this need is amplified as limited resources are available (Washington, 2012; Washington et al., 2019). This article modeled the use of evidence-based approaches to distinguish patterns of language difference and language disorder in support of the SLP's cultural competence. This article also documented the importance of having information about concerns in both children's spoken languages using a myriad of practices. Though readily available tools are often limited in both languages, using a comprehensive assessment approach, SLPs can consider both languages and obtain a representative sample of multilingual children's language functioning. Assessment frameworks that acknowledge the unique complexities of multilingual language use, such as the ICF-CY, can effectively guide assessment planning and interpretation of assessment results to provide a holistic perspective of multilingual children's language capabilities. This holistic perspective can ensure that SLPs provide culturally responsive practices for multilingual children in school-based settings. ♦

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Toward Equal Treatment in Higher Education: A Focus on Faculty and Administrators of Color

Sakui W. G. Malakpa

Abstract

The history of the United States shows that pre-and-post independence were characterized by unequal treatment and even extermination of people of color. This trend continues in U. S. higher education where faculty and administrators of color face various challenges, including exclusion, marginalization, non-promotion, devaluation of scholarly productivity, negative teaching evaluations, limited or no mentoring, cultural taxation, microaggressions, racial battle fatigue, and disrespect by students and colleagues. This trend will continue until genuine policies and practices are adopted to counter the overt and covert racism that permeates higher education and fosters inequality on the basis of race and gender.

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Learning Objectives

- 1) Discuss, with accuracy, the enslavement, extermination, exclusion, and marginalization of native Americans, African Americans, Latinos/ae, and Asians in pre-and-post independence United States.
 - 2) Cite areas of exclusion and marginalization that fostered inequality for faculty of color in general and women of color in particular.
 - 3) Outline challenges for administrators of color in U. S. higher education.
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The United States Declaration of Independence maintained that all men [and women] were created equal and were endowed by their creator with certain inalienable rights among which were life, liberty, and the pursuit of happiness. However, this seemingly universal sense of equality did not apply to people of color in the United States. This is evidenced by the fact that, before and after the declaration, colonial America and later, the United States of America were characterized by divisiveness, discrimination, exclusion, enslavement, and even ethnic genocide. Hence, Wolfe & Dilworth (2015) point out that, “Since colonial times, educators have advocated for equal opportunity and democratic citizenship while simultaneously engaging in acts of racial segregation, cultural genocide, and discrimination against non-Whites (p. 667). In reechoing similar sentiments about non-whites, Shor (2020) focuses on two groups, namely, Native Americans and African Americans. She states, “From the war capitalism of the settler colonialist period in North America to the racial capitalism of that same time frame, extermination of Native Americans and enslavement of people of African descent became instruments of institutionalized white supremacist terror” (p. 5). Thus, this article will briefly show the manner and extent to which people of color were marginalized, excluded, and even exterminated in pre-and-post colonial America. Consequences of this maltreatment lingered in various sectors, including post-secondary institutions. Thus, the article will show further how this unenviable legacy continues in higher education especially regarding faculty and administrators of color.

Historical Background

Fixico (2019) relates that “From the time Europeans arrived on American shores, the frontier—the edge territory between white man’s civilization and the untamed natural world—became a shared space of vast, clashing differences that led the U.S. government to authorize over 1,500 wars, attacks and raids on Native Americans (also known as Indians), the most of any country in the world against its indigenous people” (p. 1). He further asserted that genocide of Native Americans was so extensive that, by the late 19th century, when the Indian wars ended, there remained less than 238,000 indigenous people. This was a sharp decline from the five to fifteen million Native Americans who lived in various parts of North America prior to the arrival of Columbus in 1492. Stannard (1992) maintains that Columbus himself killed more than five hundred thousand Native Americans.

Fixico (2019) provides several possible reasons for the extermination of Native Americans. He claims that, as most settlers were barred from inheriting property in Europe, they were hungry for the land of Native Americans with its abundant natural resources. The racial genocide was triggered further by the collusion of the Native Americans with the British in both the American Revolution and the War of 1812. More fundamentally, Fixico (2019) stresses that the indigenous people were exterminated because they were too different. They had dark skin, their languages were foreign, and the Whites did not comprehend their worldviews and spiritual beliefs. Thus, the Whites engaged in aggressive acts of genocide against them.

In addition to genocide, the settlers, and later, the U. S. government forcefully removed indigenous Native Americans from their native lands. To that end, in 1830, Congress passed the Indian Removal Bill which President Andrew Jackson pushed vigorously although some in Congress touted it as an immoral bill (Shor, 2020). Pursuant to that bill, from 1830-1840, the U.S. army removed 60,000 Native Americans which included Choctaw, Creek, and Cherokee. They were removed from the east in exchange for new territory west of the Mississippi. Thousands died along the way of what became known as the “Trail of Tears” (Fixico, 2019; Shor, 2020; Stannard, 1992). Thus, Lahte, (2017) argues that “United States was born, manufactured, and maintained through conquest and war” (p. 20).

In addition to Native Americans, other people of color were excluded, marginalized, and/or enslaved in pre-and-post colonial America. For example, in 1619, a Dutch ship dropped off twenty African slaves in Jamestown as indentured servants. This servitude was converted to slavery, although these were not the first slaves in North America (Guasco, 2014). However, as the number of African slaves in the Americas swelled, they served for centuries as property under the regime of chattel slavery (Glenn, 2015). They were treated less than humans under the iron feet of white supremacy. Even after Emancipation and the end of Reconstruction, “white supremacy was reinstated in the former slave states by measures that subjected nominally free blacks to legal, political, and economic conditions as close to slavery as possible. Blacks were systematically disfranchised, super-exploited, confined, and terrorized in multiple ways” (Glenn, 2015, p. 55). In addition, blacks were denied land ownership, and those who were free were ensnared in debt bondage under the sharecropping system. Blacks were (and continue to be) imprisoned arbitrarily. They were “put into forced labor under the convict labor system and kept in check by legal and vigilante terrorism” (Glenn, 2015, p. 52).

Likewise, Dovidio et al (2010) address centuries of bias, exclusion, and unequal practices by Whites and the U. S. government against Latinos who lived in North America centuries before the arrival of Europeans. Thus, while Dovidio et al (2010) concede that exclusionary measures by Anglos were similar to other groups of color, they nonetheless propose an examination of additional factors that may be particularly relevant for understanding attitudes, prejudices, and biases toward Latinos. For instance, they examined effects of particular social identity cues and “accentedness” as related to “perceptions of acceptance and belongingness of Latinos and members of other groups” (p. 62).

There are yet other pieces of evidence to show that, indeed, in pre-and-post-independent America, people of color were not equal members of society and therefore were not citizens. To exemplify, the Naturalization Act of 1790 granted naturalized citizenship rights to free whites of “good character” (Shor, 2020, p. 2). This excluded people of color, including African Americans, Native Americans, non-white Latinos/Latinas, and Asians. Specifically, in 1882, Congress

passed the Chinese Exclusion Act which, for ten years, suspended immigration of Chinese laborers and prohibited Chinese from becoming citizens through naturalization (Kunnan, 2009).

Denial of citizenship for African-Americans was cemented in an 1857 Supreme Court ruling in *Dred Scott v. Sandford*. In that case, the court held that whether free or slave, people of African descent could not be citizens of the United States (Del Valle, 2003). In 1865, the 13th Amendment of the constitution abolished slavery and in 1868, the 14th Amendment, which included the due process and equal protection clauses, recognized blacks as citizens thereby overturned the decision in the Dred Scott case (Del Valle, 2003). Two years later, in 1870, Congress passed the 15th Amendment which stipulated that the rights of citizens to vote could not be denied or abridged based on race, color or previous servitude (Shor, 2020).

Even with citizenship and voting rights, most African Americans could not vote. To illustrate, women of all races could not vote until 1920 when the 19th Amendment granted them that right. Despite that amendment, black women could not vote until the passage of the Voting Rights Act of 1965. On the other hand, the rights of black men to vote were impeded by various discriminatory laws and practices. For example, literacy test bills were ostensibly intended to ensure that the electorates were informed voters, but in reality, they were designed to disenfranchise black voters. Yet, in 1959, in *Lassiter v. Northampton County Board of Elections*, the U. S. Supreme Court held that literacy tests did not violate the Equal Protection clause of the 14th Amendment. It therefore took the Voting Rights Act of 1965 (and subsequent amendments) to guarantee rights of all citizens to vote.

In addition to citizenship and voting rights, people of color have endured setbacks, discrimination, and inequality in employment, the means of survival and livelihood. For example, Bell, Leopold, Berry, and Hall (2018) point out that, “Blacks were enslaved in America for nearly 250 years, building wealth for Whites, their descendants, and the country. When slavery was ended, legally mandated employment discrimination persisted for another century, continuing the exclusion of Blacks from many jobs” (p. 224). Blacks who were employed experienced lower wages as compared with Whites (Bell et al, 2018; Marable, 2015). Thanks to the Civil Rights Movement, Congress passed Title VII of the Civil Rights Act of 1964, which prohibited employment discrimination. Despite that law, however, the plight of Blacks continued in employment as a consequence of “entrenched anti-Black ideologies, overt racism, and centuries of disadvantage” (Bell et al, 2018, p. 225).

Inequality in the United States was exacerbated further by deculturalization, a strategy deliberately employed to enhance Protestant Anglo-American domination over non-Whites (Wolfe & Dilworth, 2015). Spring (2006) defines deculturalization as an educational process aimed at stripping a culture of its identity to be replaced with a new culture. Wolfe and Dilworth (2015) charge that the philosophical underpinning of this strategy is to ensure that, under the guise of schooling, dominated cultures accept subjugation without resistance. Similarly, Wilder (2013) accentuates the point that “The first five colleges in the British American colonies—Harvard (established 1636), William and Mary (1693), Yale (1701), Codrington in Barbados (1745), and College of New Jersey (1746), now known as Princeton University—were all weapons used in the ‘conquest of indigenous people’ and used alongside the rise of the African slave trade and slavery to sustain a network of college growth with the mission to expand White dominance” (p. 17; Wolfe & Dilworth, 2015). In like manner, Spring (2006) maintains that deculturalization has been recycled in varying forms in U. S., schools with a twofold purpose of eradicating other cultures and developing a long-term status of second-class citizenship.

Enhanced by deculturalization and the creation of a second-class citizen status, inequality in the United States was reinforced by the Supreme Court in the 1896 landmark case, *Plessy v. Ferguson*. Although he considered himself seven-eighths white, Homer Plessy was considered African-American under Louisiana State law. Thus, when he wrote in a railroad car specified for Whites, he was asked to move to one designated for colored people. He sued on grounds that his 13th and 14th Amendment rights were violated. The Supreme Court disagreed and ruled that segregation was permissible as long as both entities provided separate but equal services.

The ruling in the Plessy case was significant in that it allowed Whites to keep one entity. It also widened the separation gap between Whites and people of color (Wolfe & Dilworth, 2015). Furthermore, the Plessy decision restricted African Americans in making occupational choices in all areas of society (Holmes, 2004) but this was particularly pronounced in educational institutions. For instance, most White institutions refused to hire African American faculty or administrators. This refusal forced African Americans to attend or work at private and public institutions established for blacks (Bracey, 2017).

The Plessy decision stood unchallenged until 1954 when it was overturned in the landmark case, *Brown v. Board of Education of Topeka, Kansas* (Wolfe & Dilworth, 2015). The court ruled that the doctrine of separate but equal had no place in school or society.

In brief, for centuries, people of color have endured discrimination, exclusion, and even extermination. They were denied citizenship and voting rights, deculturized, and excluded from, or substantially limited in, the employment domain. These practices, which had cumulative effects, were based on calculated policies and laws of racial discrimination and exclusion. Through these policies, Whites accumulated, and continue to accumulate, racial advantages to the detriment of people of color (Brown & Wellman, 2005). In other words, while cumulative inequalities are due in part to competition between racial groups which struggle to acquire and control jobs and other resources, they are mainly produced and sustained by institutional practices and public policies (Brown & Wellman, 2005). Thus, while it is important to highlight treatments meted out against these racial groups, this work focuses specifically on treatment of faculty and administrators of color in higher education.

Faculty of Color (FOC)

The historical societal exclusion and marginalization of people of color continues in U. S. higher education. For example, few are hired in predominantly white institutions. To illustrate, decades after the enactment of equal employment opportunity legislation, African Americans and Hispanics make up only three and two percent respectively of the faculties of American higher education institutions (Crichlow, 2017). Evidently, although some progress has been made, people of color still are underrepresented in many academic fields (Crichlow, 2017) and the situation is worse for women of color. In 2012, for example, women of color accounted for only 10 percent of all assistant professors, 7 percent of associate professors, and 3 percent of full professors (Lisnic, Zajicek, & Morimoto, 2019). In 2013, Black women held 3.7% of tenure track positions and 2.2% of tenured positions within the U.S. academy (Gardiner, Storberg-Walker, Ngunjiri, & Hernandez, 2017). This dearth of women faculty of color persists although 57% of the student population of the United States consists of women (Baltodano, Carlson, Jackson, & Mitchell, 2012).

The persistent paucity of people of color in higher education continues although the U. S. population is increasingly diverse. This is evidenced by a 2014 report from the U. S. Census Bureau that currently, 37.8% of the U. S. population is comprised of people of color; these include Black/African American, Hispanic/Latino, Asian American, American Indian/Native Alaskan, and Native Hawaiian/Other Pacific Islander. This percentage is expected to increase to 57% by 2060 (Whitfield-Harris et al, 2017). Yet, the percentage of faculty and administrators of color in higher education has remained stagnant or, at best, increased minimally (Arnold et al, 2016; Cothran, 2016; Rosenbush et al, 2020).

In supporting the preceding, Reddick (2015) points out that from the perspectives of underrepresented scholars, the landscape of the academy is overwhelmingly White. As of fall 2011, 73.4% of faculty members in the United States were White. Stated differently, only a little more than one quarter of the faculty were people of color. Specifically, Black faculty comprise 6.7%. Although this was an uptick from the late 1990s, it was far from approaching equity especially considering the truism that the nation is 13% black (Reddick, 2015). Other communities of color, reporting similar paltry levels of representation, were as follows: American Indians, 0.5%, Asians, 6.2%, and Hispanics, 5.0% (Reddick, 2015).

Also addressing paucity of people of color in higher education as a consequence of institutionalized racism, Bracey (2017) recalls that for more than two centuries, African Americans had little or no choice but attend segregated colleges and universities such as Historically Black Colleges and Universities, HBCUs. In fact, were it not for federal legislation

(e.g., the Morrill Act of 1890, there would have been no institutions of higher education in some states and Blacks would have been further excluded. Federal Legislation, however, did not deter limited access of blacks to higher education. This is exemplified by the finding that the seemingly race-neutral G.I. Bill of 1944 “had the pernicious effect of reinforcing racial segregation” (Bracey, 2017, p. 670).

Boyd, Cintrón, & Alexander-Snow (2010) refer to research showing the persistence of segregation of people of color in higher education. They maintain that Black advancement through faculty ranks “is so slow that, at the current rate, it will take about a century and a half for the percentage of African-American faculty to reach parity with the percentage of blacks in the nation’s population” (p. 1).

As the paucity of people of color in higher education persists, in general, those who are hired (especially in predominantly white institutions, PWIs) face myriad and varied challenges because of unequal treatments. This work outlines a number of these challenges and treatments.

Exclusion and Marginalization: Often, only one or two faculty members of color are hired in departments of predominantly white universities (Constantine, Smith, Redington, & Owens, 2008; Crichlow, 2017). However, whether one, two, or more faculty members of color are in a department of a predominantly white institutions, they often are excluded and marginalized by white colleagues and administrators (Rosenbush et al, 2020).

Diggs, Garrison-Wade, Estrada, & Galindo (2009) refer to the literature, stating that social marginalization occurs when a dominant group uses physical or cultural characteristics as a basis for designating members of a subordinate group as different from desired or mainstream expectations. “This designation of difference can result in unequal treatment including discrimination, exclusion, invisibility, and silenced voices for the subordinated groups. When differences are not equally valued, individuals and groups are marginalized” Diggs et al, 2009, p. 317).

Marginalization of faculty of color has been documented in several studies. Among many others, Stanley (2006) studied twenty-seven faculty of color in different predominantly white institutions. The faculty members self-identified as African, African American, American Indian, Asian, Asian American, Black, Chamorro, Indian, Jamaican, Jewish, Latina/o, Mexican American, Muslim, Native Pacific Islander, Puerto Rican, and South African. Other self-identifiers were gay and lesbian. The predominate themes shared by the faculty members of color related to teaching, mentoring, collegiality, identity, service, and racism. Further, the faculty members reported that terms that described the campus climate and their experiences in predominantly white institutions included, marginality, alienation, isolation, and invisibility (Stanley, 2006). Zambrana et al (2017) whose study included five hundred and forty-three faculty of color offered similar descriptions. Alfred (2001) reports that in predominantly white academic institutions, the black experience is characterized by alienation, isolation, and social marginalization. Likewise, Crichlow (2017) cites research showing that, in predominately white institutions, Black students and scholars experience pervasive challenges. These range from outright discrimination to feelings of alienation and isolation, and these are exacerbated by unsupportive and noninclusive environments (Naylor et al., 2015).

There are various reasons why faculty of color are excluded, isolated, and/or marginalized by their white colleagues and administrators in higher education. For example, Arnold et al (2016) postulate that faculty of color are marginalized both overtly and inconspicuously when they are expected to conform to attitudes, structures, and institutional practices rooted in White privilege. In like manner, when Blacks and other faculty of color are regarded as being out of place or stepping beyond their expected position—and that could mean any number of things—they are likely to experience racial battle fatigue. This can lead to feelings of isolation and fear. Ultimately, they may feel unheard, outnumbered, and out-of-place (Pittman, 2012).

Arnold et al (2016) further refer to the literature in explaining that, in the academy, marginalization and oppression of people of color can exist at the intersections of race, class, gender, and sexual orientation. Hence, Nina, one of the female faculty of color Arnold et al (2016) included in their study averred that she and her colleagues in her department

were said to be a family. She said if that were true, based on the degree of her marginalization, she had to be a stepchild in the department (Arnold et al, 2016). From a male perspective, Smith, Yosso, & Solórzano, (2007) point out that, “As a result of societal racial stereotypes, Black men tend to be marginalized, hated, rendered invisible, or assigned into one or more socially unacceptable stereotypical categories (e.g., “lazy, unintelligent, violent, hypersexual, preference for welfare, uninterested in working for a living” (p. 559).

Alongside the foregoing, Constantine et al (2008) stress that in academia, social isolation is reported frequently as an experience among people of color. Specifically, black faculty often cite experiences such as “cold shoulder” treatment, loneliness, and feelings of betrayal within their institutions. Unsurprisingly, such experiences lead to distance and mistrust of white colleagues. Persistence of such experiences may force faculty of color to leave their university or college (Constantine et al, 2008).

Non-Promotion: In the professoriate, gaining tenure and promotion from assistant to associate, and associate to full professorship are based on a faculty member’s performance in three areas, teaching, research, and service. In a fictional work based on the literature and the experiences of professors of color, Malakpa (2020) describes the manner and extent to which professors of color face discrimination by white colleagues and administrators in these and other areas of evaluation. In this work, Malakpa (2020) vivifies the manner and extent to which Darrell and Vanessa Thomas, the protagonists, are repeatedly rated poorly and therefore face an uphill battle in gaining tenure and promotion as well as in ascending to administrative positions. Compared to their white colleagues, it is clear these denials are influenced extensively by their race.

The struggles of Darrell and Vanessa Thomas are included because they are reflected in real world experiences of professors of color in higher education. This is evidenced by the fact that a series of empirical studies find that faculty of color often struggle tenaciously to gain tenure and promotion because they are rated poorly in these areas. To cite a few, after surveying twenty-seven faculty of color from different predominantly white institutions, Stanley (2006) found that faculty of color faced discrimination in the three areas of evaluation in addition to general campus life. Arnold, Crawford, and Khalifa (2016) studied two faculty of color and reached the same conclusion. Participants in their study reported that, as opposed to objective evaluation, the tenure and promotion (T&P) process and engagement in academia depended on likability and congeniality. This thrust toward subjectivity, hidden agendas, and psychological heuristics puts faculty of color (FOC) at a severe disadvantage in the T&P process thereby exacerbating inequality.

Diggs et al, (2009) also studied three faculty of color pursuing T&P and a tenured faculty of color who mentored them. Participants in the study explored issues of diversity in a year’s qualitative self-study. Parenthetically, self-study is a research methodology which focuses on the teachers’ “sensitivity to learning about the surroundings they create for their students” (Clift & Clift, 2017, p. 607). With this methodology, the researching teacher aspires to transcend routinized inquiries or a search for answers that are externally derived. Instead, the researcher focuses on his/her own practice in such a way that methodology does not lead but follows (Clift & Clift, 2017). This does not negate the importance of clear guidelines that distinguish self-study from other forms of qualitative study. Hence, LaBoskey (2004) conceptualizes self-study as “a methodology for studying professional practice settings that has the following characteristics: it is self-initiated and focused; it is improvement-aimed; it is interactive; it includes multiple, mainly qualitative, methods; and it defines validity as a validation process based in trustworthiness” (p. 817).

In utilizing a self-study method in their consideration of the T&P process for faculty of color, Diggs et al (2009) found that barriers to recruitment and retention included marginalization, racism, and sexism. They presented four themes: (A) Academic identity: the importance of faculty of color locating themselves and developing their academic identity within and against existing institutional structure; (B) Confronting diversity: the difficulty of discussing issues of diversity with white faculty when diversity and equity topics tend to be intellectualized and “safe”; (C) Mentoring: the importance of having different mentors in and out of the university to enable faculty of color to benefit from different experiences, resources, and support systems; and (D) Safe spaces: the importance of belonging to a community of scholars of color for professional and social support.

Building on the above themes, Diggs et al (2009) identified problem areas and suggest ways faculty of color could lever barriers to T&P. For instance, it is pointed out that often, the academy fails to recognize the injustice and subtle acts of racism or micro-aggressions that are meted against people of color within the ivory tower, and these are particularly injurious to faculty of color seeking tenure and promotion at majority institutions of higher education (Diggs et al, 2009). Similarly, detrimental to the tenure and promotion process are issues of marginalization, racism, sexism, and barriers to developing personal and professional identity within the academy. Consequently, “Mentoring, opportunities for leadership, participation in program planning and the establishment of a supportive community have been proposed as important supports for faculty of color” (Diggs et al, 2009, p. 316).

In addition to the foregoing barriers, the intersectionality of race and gender has been cited as influencing T&P decisions. Lisnic, Zajicek, and Morimoto (2019) found that the intersectionality of race and gender influenced the clarity with which pre-tenured faculty members perceived tenure expectations. Lisnic et al (2019) found further that in comparison to white men, under-represented ‘minority’ women (URMW) were less satisfied with peer relationships. Similarly, URMW were convinced they were not evaluated fairly. Put differently, URMW felt tenure decisions were not fair and messages about tenure were not consistent. In that light, Lisnic et al (2019) referred to data from Harvard University’s Collaborative on Academic Careers in Higher Education (COACHE) to reiterate the point that in comparison to both white women and men of color, women of color are less likely to perceive the tenure process and criteria as clear. This is particularly true of African Americans and American Indians/ Native Alaskans because generally, they are “the least likely groups to know whether they will achieve tenure” (Lisnic et al, 2019, p. 249).

The intersectionality of race and/or gender and disability has also been found to influence T&P decision negatively and thereby foster inequality in higher education. For instance, Grigely (2017) regrets that in some instances, a faculty member with disability is required to make his/her request for accommodation to the department chair. This means disclosing confidential medical information to someone who not only has no idea as to how to interpret such information but more importantly, someone who will evaluate the faculty member for T&P. Already, myriad myths, misconceptions, and biases abound regarding people with disabilities and such disclosure is bound to compromise the integrity of the T&P evaluation process (Grigely, 2017). (See Parker, 2015 for intersectionality of race, gender, and disability in other instances.)

Disregard for research activities and publications by faculty of color is another factor that fosters inequality in higher education as it negatively impacts the T&P process. When faculty of color conduct research in communities of under-represented groups or on issues affecting such groups, the research is often frowned upon as mediocre, not scholarly, or self-serving (Malakpa, 2020; Stanley, 2006). To clarify, many faculty of color undertake research projects and activities that are not only scholarly but benefit communities of color. Such research projects may address, among others, Affirmative Action, diversity and student outcomes, institutional climate, and culture and ethnicity. Although such research foci also benefit institutions of higher education, they are not always rated highly in the T&P process as they are not considered “mainstream” (Stanley, 2006).

Similarly, the White powers that emphasize the need to publish in specific journals they consider prestigious; other professional journals are either rejected or frowned upon (Arnold et al, 2016; Zambrana et al, 2017). Hurtado (1992) cited in Constantine et al, (2008) refers to this discriminatory devaluation of scholarly contribution as a “chilly climate of academic colonialism where conceptions of academic quality are defined in ways that serve the dominant group’s interests” (p. 354). To avoid this chilly climate characterized by subjectivity, bias, and inconsistency, Boyer (1990 cited in Few, Piercy & Stremel, 2007) saw the professoriate’s view of scholarship as narrow and therefore a need to give the term a broader meaning, a meaning that brings legitimacy to the full scope of academic work. He therefore proposed separate but overlapping forms of scholarship: discovery (pure research), integration (informed connections across disciplines), application (service that bridges the worlds inside and outside academia), and teaching (Few et al, 2007, p. 52).

Within the “chilly climate of academia” with its narrow view of scholarship, white students’ negative perception and evaluation of faculty of color is another factor that adversely affects the T&P process and exacerbates inequality. Often, white students doubt, or outrightly challenge the credentials and authorities of faculty of color (Stanley, 2006; Zambrana et al, 2017). This problem is especially pronounced for female faculty of color (Kishimoto & Mwangi, 2009; Pittman, 2010). In many instances, complaints are filed with senior faculty and administrators about the teaching abilities or the lack thereof of faculty of color. Studies also show that negative teaching evaluations of faculty of color are prevalent where the faculty strives to make teaching inclusive (Vargas, 2002). Likewise, it has been shown that faculty of color who attempt to include multicultural perspectives in their teaching often face resistance from white students (Stanley, 2006; Vargas, 2002).

Superimposed upon the problem of negative student evaluation is limited or lack of mentoring for faculty of color. It has been found that senior faculty members’ mentoring of junior faculty is a valuable support for mentees (Diggs et al, 2009). Also reported is the finding that mentoring of faculty of color in predominantly white institutions increases the retention of such faculty. Faculty of color themselves have indicated that mentoring enhances their emotional, cultural, and social adjustment in institutions where they face alienation and isolation (Tillman, 2001). This truism notwithstanding, white senior faculty seldom mentor faculty of color thereby lessening the chances of FOC for promotion while conversely, increasing their attrition rate from predominantly white institutions.

In addition, tenure and promotion possibilities for faculty of color are affected negatively by extra service duties that are not recognized and therefore not rewarded in the T&P process. To clarify, faculty of color are presumed to be experts on issues of diversity. Consequently, all, or almost all, matters regarding diversity, recruitment of students of color, and admitted students of color encountering problems are referred to FOC (Vargas, 2002). Some scholars (e.g., Constantine et al, 2008; Crichlow, 2017; Zambrana, 2017) refer to this extra duty as a racial or cultural tax. This is because such faculty members regard this extra duty as a burden which impedes their pursuit of tenure and promotion as it leaves them little time to conduct research and publish. Stanley (2006) explains that often, faculty of color do not shrink from this duty—especially in mentoring students of color—because the faculty see this service as giving back to their communities. In addition, many faculty of color are convinced that, without their engagements with students of color and participation in diversity issues, the diversity voice most likely will get lost (Stanley, 2006).

The factors that affect the T&P process, the “chilly climate of academia,” and the uncomfortable working atmosphere of faculty of color in predominantly White institutions are precipitated and exacerbated by microaggressions FOC face daily. Racial microaggressions are brief, commonplace, and subtle indignities that communicate hostile, derogatory, or negative slights and insults to a targeted person or people of color. Intended or not, these messages could be verbal, behavioral, or environmental (Alexander & Hermann, 2016; Constantine et al, 2008). Smith, Yosso, and Solórzano (2006) add that these “can include 1) automatic or unconscious subtle verbal or nonverbal insults directed at people of color; 2) layered insults based on race, gender, class, sexuality, language, immigration status, phenotype, accent, or surname; and 3) cumulative insults that cause unnecessary stress to people of color while privileging whites” (p.315).

Factors which negatively affect the tenure and promotion process and racial microaggressions deepen the wounds of inequality and often lead to racial battle fatigue (RBF) on the part of faculty of color. This fatigue is caused by a person of color being the repeated target of racism and may manifest itself in various forms of social-psychological stress responses: frustration, anger, exhaustion, physical avoidance, psychological or emotional withdrawal, escapism, and acceptance of racist attributions. Other consequences of RBF include weakened immunity and increased sickness, tension headaches, trembling and jumpiness, chronic pain in healed injuries, elevated blood pressure, and a pounding heartbeat (Arnold et al, 2016). Needless to say, RBF negatively impacts the work of a faculty of color as it makes it difficult for the faculty member to interact freely with colleagues and perform well in the three areas of evaluation—teaching, research, and service (Crichlow, 2017; Stanley, 2006; Zambrana et al, 2017).

Administrators of Color in Higher Education

As in the case of faculty of color (FOC), there is a paucity of administrators of color (AOC) in U. S. higher education (Gardiner, Storberg-Walker, Ngunjiri, & Hernandez, 2017; Gasman, Abiola, & Travers, 2015). To exemplify, at four-year institutions of higher education in the United States, people of color constitute fourteen percent senior leadership and specifically, twelve percent of all presidents (Gasman et al, 2015). The picture is grimmer for FEMALE leaders of color especially in predominantly white institutions (Hernandez & Murray-Johnson, 2015) and this problem extends to graduate schools, including elite colleges and universities (Gasman et al, 2015).

Gasman et al (2015) attribute the paucity of administrators, especially senior level administrators of color in higher education to two factors. They charge that, as historical legacies, prejudice, and racism persist especially in predominantly white institutions (PWIs), few administrators of color are recruited in higher education. In addition, owing to access and equity issues within the academy, few people of color are admitted to and persist through graduate and doctoral degree programs. This situation significantly reduces the number of applicants of color to faculty positions, leading to a dearth of senior level administrators of color (Gasman et al, 2015).

In addition, Wolfe and Dilworth (2015) synthesized more than forty years of research and literature to discuss the intersectionality between race and privilege relative to the need for diverse leadership in higher education. After their synthesis, they reaffirmed the paucity of blacks and indeed, other people of color in higher education administration. They found further that research regarding African American administrators in higher education was focused on either practitioners in student affairs or those in administrative roles directly related to the diversity mission of the institution, including multicultural affairs.

Wolfe and Dilworth (2015) also offer reasons for the paucity of senior administrators of color in higher education. They too attribute the problem to stoppages in the educational pipeline, arguing that “trends in colleges and universities have often undermined access and opportunity for many African Americans in higher education” (p. 667). Marable (2015) contributes that this lack of opportunity accounts for the low percentage of African Americans and other people of color employed in managerial and administrative positions in higher education.

Adding to the foregoing, “Wolfe and Dilworth (2015) accentuate that, in the academe, racial discrimination appears to be nearly absolute. They further argue that “due to a historical pattern of exclusivity, the title of administrator is considered whiteness property in higher education. Therefore, the disparity between African American administrators and their White counterparts has become an organizational norm in higher education” (p. 668). This raises concern regarding the commitment of institutions to diversity.

The dearth of administrators of color in higher education is due in part to the high attrition rate of AOC hired. Davids (1994) reports that this attrition rate is due to the personal harassment and indignity AOC experience in performing their duties. As one exiting AOC stated, “... there are things they don’t teach you ... in a predominantly White institution, management, or leadership development schools (Davis, 1994, p. 61).

Wolfe and Dilworth (2015) refer to researchers who had studied the attrition rate of AOC to provide other reasons for the departure of people of color from administrative positions in higher education, especially predominantly white institutions. Reasons provided include “inhospitable campus environments, isolation, alienation, marginalization, unrealistic role expectations, limited advancement opportunities, feelings of powerlessness, tokenism, and the lack of mentoring and sponsorship” (p. 670). Other reasons cited were: (a) lack of professional identity, (b) lack of career path, (c) poor working conditions, (d) inadequate compensation, (e) competition from outside of the academy, and (f) competition from within the academy” (Barr, 1990, cited in Wolfe & Dilworth, 2015, p. 670).

Administrators of color (AOC) who stay in predominantly white institutions face numerous challenges and humiliating situations. These include prejudice and discrimination, behavioral biases, attitude of prejudgment, and a hostile working environment (Gardiner et al, 2017; Gasman et al, 2015; Wolfe & Dilworth, 2015). AOC also report challenges such as

exclusion, lack of respect, and barriers to promotion (Gardiner et al, 2017; Gomez, Ocasio, Lachuk, & Powell, 2015; Nixon, 2017). Furthermore, working with White students, peers, and supervisors force staff members of color to find means of answering overt and implied criticisms of their daily work (Gomez et al, 2015).

Given the preceding, it seems appropriate to refer to themes observed by Wolfe and Dilworth (2015) after synthesizing forty years of research regarding African American and other people of color in leadership positions in higher education. Referring to the literature, they observed several themes. First, Wolfe and Dilworth (2015) observed that, for years, African Americans have struggled to achieve equitable participation in education. They referred to the education sector as a “key arena where the impact of racism is felt most.” Secondly, they characterized colleges and universities as distinctive types of American organizations that appear to mirror the racial antipathy of the larger society” (Wolfe & Dilworth, 2015, p. 678). In other words, racism in higher education reflects and reinforces the manner in which it is historically institutionalized in the greater American society. Thirdly, while higher education research has focused extensively on the strategic dimensions of diversity policies, systems, and processes which regard to underrepresentation of African American administrators, little has been done relative to “normative dimensions, such as career experiences and sociocultural development” (Wolfe & Dilworth, 2015, p. 678).

In expounding on their findings, Wolfe and Dilworth (2015) posit that if institutions of higher education are to reduce or eliminate the disparity gap and poor representation of African American and other administrators of color, “the organizational culture at these higher education institutions and its marginalizing effect on minority administrators must be understood” (p. 678). Specifically, Wolfe and Dilworth (2015) contend that “there is a relationship between culture, history, and race which plays a role in framing institutional landscapes in a manner which continuously promotes the normalization of White privilege in the hiring and promotion of higher education administrators” (p. 678).

Inasmuch as one values the work and recommendations of Wolfe and Dilworth (2015), it is difficult to ignore the harsh reality posed by Burke, Smith, & Mayorga-Gallo (2017). After analyzing the results of semi structured interviews with 43 white Millennials, Burke et al (2017) maintain that, despite increased “appreciation for the presence of nonwhite bodies in various spaces, we are not likely to see real systemic change in the American racial hierarchy because of a reliance on diversity ideology” (p. 889). To clarify, Burke et al (2017) outline four tenants of diversity ideology—diversity as acceptance, commodity, intent, and liability—which, they argue, help whites maintain power in multiracial spaces. Allegedly, “whites employ these tenets to subvert policy efforts that aim to incorporate people of color into predominately white institutions” (Burke et al, 2017, p. 889).

In presenting the above tenants of ideology of diversity relative to students, staff, faculty, and administrators of color in predominantly white institutions, Malakpa (2020) explains that essentially, *diversity as acceptance* is an ideology wherein diversity is not only accepted but also characterized as a celebration of differences. In that celebration however, power asymmetries are ignored, and racial inequality denied. Therefore, as this ideology ignores inequitable power distribution and racial inequality, it is a medium for maintaining the existing racial hierarchy and a tool of oppression for the powerful. On the other hand, *diversity as commodity* allows whites to celebrate the presence of people of color and other “minorities” in their midst because nonwhites teach them something, help them become well rounded, and enrich their lives. In other words, people of color are viewed as “tools to enhance the lives of whites” but in that process, Whites do not have to be concerned about structural disadvantages and racial inequalities people of color face. Put differently, with diversity as commodity, nonwhites are not treated as people. They are treated as “objects that serve to benefit, entertain, or color the lives of whites” (Burke et al, 2017, p. 897).

In addition, *diversity as intent* is an ideology which requires whites to have intentions of being inclusive with little or no emphasis on results. With this ideology therefore, “firms, universities, organizations, and individuals—however well intentioned—use the language of diversity to signal a commitment to principles of justice and equality” without focusing on creating systemic change with equitable results. Stated differently, this ideology is another means of sustaining “a system of structural inequity because equitable results are not required” (Burke et al, 2017, p. 898). This is what’s seen

in strategic plans, corporate handbooks, and policy guidelines that accentuate a need to promote diversity with no effort to foster systemic and structural changes for justice, power sharing, and racial equality.

Finally, diversity *as liability* focuses on the shortcomings of diversity. For example, diversity is seen as “incompatible with other values, such as meritocracy.” Burke et al (2017) argue that, in emphasizing this ideology, “Whites use their political, economic, and social prowess to make whiteness the norm in multiracial spaces. In this way, liability is framed in contrast with racial comfort, not just meritocracy.” On one hand, the ideology emphasizes love of diversity while on the other, it stresses a “need to control diverse spaces and people of color for the sake of comfort, fairness, and high standards” (Burke et al, 2017, p. 903). This is therefore a form of social closure which has been characterized as “a process of subordination whereby one group monopolizes advantages by closing off opportunities to another group of outsiders beneath it which it determines as inferior and ineligible” (Murphy, 1988, p. 8).

Summary and Conclusion

To summarize, colonial America and eventually, the United States of America were historically characterized by marginalization, exclusion, and even extermination of people of color. This legacy continued into the education sector in general and particularly in higher education where faculty and administrators of color continue to face various challenges, including exclusion, marginalization, and non-promotion. Whether these are overt or covert, they heighten the attrition rates of faculty and administrators of color from U. S. higher education especially predominantly white institutions. Those who choose to stay develop various coping/survival strategies (Alfred, 2001; Constantine et al, 2008).

To conclude, although it has been observed that the number of people of color in White spaces, especially in higher education, is increasing gradually, the truth is, their number is far from reaching parity with their percentage in the general population. More than numbers, discrimination, exclusion, and non-promotion of this population in higher education continue thereby heightening inequality and conversely, lessening chances for equal participation and power sharing. Regrettably, despite numerous suggestions to address the problem (Arnold et al, 2016; Gasman et al, 2015; Rosenbusch et al, 2020; Turner, González, & Wood, 2008; Wolfe & Dilworth, 2015), this trend will persist unless genuine policies and practices are adopted to counter the racist atmosphere that pervades U. S. higher education, especially predominantly white institutions, PWIs. To that end, accepting the tenants of diversity with no consequential changes (diversity as acceptance) or merely intending to foster diversity with no substantive results (diversity as intent) will be counter-productive. They are not only ineffective but also deceptive, misleading, and deleterious to genuine efforts to fostering inclusion and equality in society in general and in higher education in particular. ♦

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A Pathway to Increase Diversity in Communication Sciences and Disorders

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Abstract

Increasing ethnic, cultural, and linguistic diversity in CSD professions is a critical need. This paper describes the first three years of pathways initiative grounded in informational, experiential, and mentored experiences to encourage diverse students from an urban school district to enroll in post-secondary CSD programs. In the process, examination of the climate within the program occurred leading to important dialogue, reflections, and actions. Reflections and next steps are discussed.

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Learning Objectives

- 1) Describe racial, ethnic, linguistic, and cultural diversity.
 - 2) Describe aspects of the current climate of CSD programs to examine as efforts to increase diversity in CSD profession are implemented.
 - 3) Describe the importance of sustained experiential and mentored experiences to support diversity in CSD undergraduate and graduate programs.
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The need to increase diversity in the field of Communication Sciences and Disorders (CSD) is quite clear and is one of the goals that the American-Speech-Language-Hearing Association (ASHA) has identified in their Envisioned Future: 2025 initiative (ASHA, n.d-a). This paper describes an initiative developed between Kent State University (KSU) and Cleveland Metropolitan School District (CMSD) in Ohio aimed at creating a pathway to provide students from an urban school district with information regarding, and opportunities within, the CSD profession. The initiative is considered a pathway because it involved several sequential steps of engagement in the field, facilitated through relationship building between students and mentors. The purpose of this pathway is to introduce diverse high-school students to the field of CSD with the goal of ultimately expanding ethnic, cultural, and linguistic diversity of CSD student groups, and to expand cultural competence of CSD faculty and students. This paper reports on the first 3 steps of this pathway.

Racial and Ethnic Diversity

Despite the outstanding efforts of ASHA's Office of Multicultural Affairs and Resources, the profession has not seen a significant rise in the racial diversity of CSD students to even 10% in almost 20 years of effort at increasing minority representation (Stewart & Gonzalez, 2002). Traditional recruitment plans are not always sufficient when seeking to recruit and to retain minority students (Lee, 1991; Thomason & Thurber, 1999). As a result, several institutions are reaching beyond the borders of traditional recruiting methods for increasing racial, ethnic, and linguistic diversity in the CSD programs by developing partnerships with community colleges and other predominantly minority serving institutions (Saenz, et al., 1998). Given the anticipated growth of non-White residents in the United States (U.S. Census Bureau, 2015a), it becomes increasingly important for the field to address the diversity gap that currently exists.

Review of current demographics and research supports the need to develop more effective recruitment strategies for diverse students. Currently, ASHA (n.d-a) reports that only 8.3% of its total constituents nationally identify as racially diverse and 5.8% as ethnically diverse. In Ohio specifically, only 3.8% of SLPs are from diversity groups. Data for Audiology professionals is similar (ASHA, n.d-c). When contrasted with the general population demographics from Ohio, where 22% of the population identifies as representing a diversity group (US Census Bureau, n.d.), glaring discrepancies become apparent.

Linguistic Diversity

Linguistic diversity in CSD professions is also crucially lacking. According to the ASHA, *Demographic profile of members providing bilingual services, year-end 2019*, only 1.78% of SLPs and Audiologists in Ohio are qualified bilingual providers (138 professionals; ASHA, n.d-e). Nationally, only 6.5% (or 13,211) of ASHA's 201,961 constituents indicated that they met the ASHA definition of bilingual service provider (ASHA, n.d-e). Of special note is the fact that 79.6% of those qualifying as bilingual services providers nationally identified as White. This would suggest that many bilingual CSD professionals are not native second language speakers but learned a second language outside of the home. Therefore, it is likely that the cultural understanding, beliefs, and experience of the few CSD professionals who speak a second language are very different from those they serve.

Bilingual individuals who are members of the cultural group aligned with the non-English language they speak, possess different perceptions of culture and intercultural experiences than those who learn a second language other than English as part of their schooling or privileged circumstance (international travel for example) (Kritiois, 2003; Thordardottir, 2006). From the client's perspective, research suggests fluent speakers of a non-English language prefer to receive specialized services in their native language (Goldstein & Iglesias, 2014; Meuter et al., 2015). According to US Census data (2015b), somewhat over 20% of American's ages 5 years and older report speaking languages other than English at home. The profession therefore needs to actively recruit bilingual individuals from racial and culturally diverse groups into the profession to best serve the broad range of needs of their linguistically diverse clients.

Cultural Competence

The climate of the profession must also change. Changes in attitudes, beliefs, and skills are required to accomplish the goal of increasing diversity and inclusion within the CSD profession; and equity within the diagnosis and treatment of those with communication impairments. Such changes require that CSD professionals examine their own biases, assumptions, and actions for cultural competence to evolve. Reflection in these areas can be uncomfortable and daunting for an accomplished group of professionals. For example, as one explores "college readiness", consideration of subtle, or overt, oppressive practices that likely influence perceptions of college readiness need to be realized.

Research has indicated that racially and culturally diverse students fail to complete undergraduate coursework disproportionately more often than their White peers (Institute of Educational Sciences, National Center for Educational Statistics (IES-NCES), 2019; Saenz, Wyatt & Reinard, 1998), resulting in a lowered representation of racial and culturally diverse individuals in the profession (Dwivedi, 2018). Placing the blame on the students for not being college ready eliminates responsibility for creating change within CSD programs. However, in order to decrease attrition of racially, ethnically, and linguistically diverse students, faculty and students must create an environment that is attentive to

discovering the unique challenges diverse students encounter in CSD programs. Productively examining those challenges to create a more supportive environment requires a great deal of humility as faculty begin to dismantle beliefs and practices that historically prevented diverse students from thriving in CSD programs and the profession. It would not be unusual for diverse students to arrive in the University setting without having knowledge of the field, ever seeing a CSD professional who looks like them, or understanding how their skills and dispositions may equate to those required to be a successful CSD professional. Perhaps the first step toward cultural competence is recognition on the part of CSD faculty that “college ready” or “CSD ready” may look different for diverse students.

Pathway Initiative Description and Goals

This three year, and continuing project, is the collaborative effort of CSD faculty and staff from the Division of Diversity Equity and Inclusion (DEI) at KSU, and professionals from CMSD, specifically the Director of Speech Language Pathology and Audiology services and the Student and Community Engagement Specialist. Although the KSU CSD faculty involved in the development of this initiative are White, DEI and CMSD professionals involved are all Black and Hispanic. The project targets high school students at the Cleveland School of Science and Medicine. This school educates 400 students, the majority of whom are racially and culturally and/or linguistically diverse.

The pathway involved a stepped approach whereby new steps were added each year. Each step, related activities, and goals are presented in Table 1. Subsequent steps were informed by student and professional dialogue. The first step involved awareness building through high school and college student dialogue. The goal of this step was to increase awareness of CSD as a field, and student to student engagement. A Black undergraduate student in CSD provided an information session for the high school students and key CMSD project personnel, along with KSU faculty and DEI representatives. The focus of the session was two-fold; first and most importantly to share the student’s lived experiences as a CSD student, and second to share specifics about the field and obtaining a degree. The experiences of the undergraduate student in discovering and pursuing the profession were shared with dialogue that built upon commonalities between the undergraduate and the high-school students. How the CSD profession integrates medicine, education, and social services was emphasized to align student personal and professional goals and the mission and focus of the CMSD School of Science and Medicine to the CSD profession. This awareness building session occurred for one hour, once yearly for 3-years. The first two events included small groups of 15-20 students who indicated interest in learning more about the field, whereas the event was conducted at an all-school assembly during the third year. Following these events, interested students met with high school administrators to learn more about the profession.

In the second year of the initiative, Step 2, a university-based component, the Day of Discovery was added. This involved a daylong visit for interested CMSD students to the CSD program at KSU. The goals of the Day of Discovery were to provide high school students with a context for understanding campus life and the CSD program. Undergraduate CSD students served as hosts for this daylong event each year. Activities included a panel discussion with current undergraduate students, presentations from CSD faculty, DEI and admission staff, a tour of the multicultural center, and attendance at an MLK lecture/luncheon.

A third goal of increasing CSD experiences was added during the third year of the program. During that year of the initiative, the campus visit included small group tours of CSD labs and graduate class participation. Within the labs, students had the opportunity to engage with diagnostic, treatment, and research equipment. As participants in the graduate class, high school students, were separated into small groups with graduate students and district SLP mentors. Groups explored augmentative communication tools, solved problems, and discussed group members experiences.

The third step, which was initiated in the third year of the project involved eliciting the support of district SLPs to serve as mentors to interested high school students. The purpose of this step was to provide connections for students and potential shadowing experiences. The mentors attended the campus event and engaged in all activities with small groups of students. They shared their personal experiences of deciding to pursue a career in CSD and discussed opportunities the field offers.

Table 1
Pathways Components

Step 1: Awareness Building Through High School and College Student Dialogue		
Year	Goal	Activity
2017 to 2020	Increase Awareness & Student Engagement	Information Session
Step 2: Day of Discovery Program: The University		
2018 to 2020	Understanding Campus Life & Supporting Engagement	Panel Discussion, Presentations, Tours, MLK Lecture
Step 3: Day of Discovery Program & District Mentoring		
2019	Increasing Student's Awareness, Experience & Engagement	Small Group Lab Tours Graduate Class Participation Connecting to District SLP Mentors at Day of Discovery and Throughout the Year
Step 4: Day of Discovery Program: Forming Engagement Communities Between CSD majors and District SLPs		
2020	Create Small Learning Communities to Support Ongoing Relationship Building and Mentoring	Structured Mentoring, Introducing CSD into HS Curriculum, Senior Summer Campus Residency, Peer Mentoring through NSSLHA

A fourth step was planned for Fall, 2020 but was postponed due to the pandemic. This step has four components. The first is to engage interested high school students in structured mentoring opportunities within their home district. The second is to engage district SLPs and university faculty in CSD related content and experiences within the high school curriculum. The third is to involve rising high-school seniors in a summer campus residency. The fourth is to pair interested high school students with a member of the KSU National Student Speech Language Hearing Association (NSSLHA) for ongoing partnerships. These actions are intended to create small learning communities (high school student, NSSLHA member, and district mentor). The ultimate goal of this step is to provide supported learning experiences to high school students as they engage in the college application process. The intent is to resume this pathway when face to face engagement can safely occur.

Many of the strategies used to recruit interest from KSU faculty, CMSD professionals and students were grounded in activist interests. That is, the KSU faculty who spearheaded the project is a white middle aged, first generation, college graduate, woman with a long-standing interest in diversity. Indeed, her doctorate included a minor in cultural foundations. She obtained position as Provost Faculty Associate in the Division of Diversity, Equity, and Inclusion at KSU with a goal of developing supportive undergraduate programs. Dialogue that occurred between her and others in DEI resulted in connections with professionals at CMSD with similar desires. The DEI professionals, who were also Black, provided an important bridge to facilitate dialogue between the KSU and CMSD professionals.

Once a connection was established, the KSU CSD faculty began to recruit college students with an interest in diversity. Mentoring one minority student cultivated both an opportunity for that student to tell her story, for that story to encourage high school students to become interested in CSD, and for faculty to recognize the impact of such events. Consequently, the KSU CSD faculty on this project focused on recruiting faculty from diverse backgrounds to support the

project and share their stories. One of the greatest awareness's was the fact that some faculty who became involved were themselves diverse. Some were first generation college students who, although White, had achieved more than had been possible for their families. Others were American educated but from other countries who had to manage the challenges of bilingualism within the academic context. Their stories and experiences were valuable to the process. The vastness of experiences challenged the preconception of "minority" within the college collective, as well as a possibility. Fundamentally, the focus was to engage as many individuals who had direct or indirect interest in diversity as possible and allow that interest to encourage others.

Outcomes

KSU Speech Pathology and Audiology Program hosted a Day of Discovery in collaboration with Cleveland Municipal School District (CMSD), Jon Hay High School which students learned about the profession and engaged in hands-on lab and class activities. Demographics of KSU and CMSD faculty is provided in Table 2. Specifically, in addition to the two White faculty developing the initiatives, four other CSD faculty participated in the Day of Discovery (two White, one of whom identified as hearing impaired; and two international and non-native English speakers). Seven professionals from the KSU DEI and admission departments participated (six were Black and one was Hispanic). One CSD faculty member and four DEI and admissions professionals were male. The ten (10) student hosts at the Day of Discovery were KSU undergraduate students and were White. Undergraduate student representation at the yearly Building Awareness sessions at CMSD were Black (N=3).

During University-based panel discussions, three of the ten undergraduate and graduate students were Black. Demographics of CMSD professionals has been as follows. The two administrators from CMSD district were Black, and the nine district SLPs mentors represented diverse backgrounds. One mentor was male; three were Black, one was Hispanic, one was Arabic, and four were White. The languages spoken by the mentors were English, Spanish, and Hindi.

Twenty-five and thirty students participated in Day of Discovery during the first and second years respectively. These students represented individuals who identified as Black or Hispanic. Of these individuals only one during the second year considered themselves as bilingual. At follow up, six students expressed interest in pursuing mentoring and pursuing CSD as an undergraduate degree in the third year.

Table 2
KSU & CMSD Participant Demographic

Race/ Ethnicity	HS Staff	DEI Staff	District SLP	SLP UGrad Students	SLP Grad Students	SLP Faculty
Black	2	6	3	3	2	
White			4	10		6
Hispanic		1	1			
Arab			1			

Reflections

The reflections of this initiative are quantitative. Reflections were obtained through post event consultations with the professionals from KSU and CMSD. Reflections represent the thoughts of KSU administrators, CSD faculty, undergraduate and graduate students, CMSD administrators, SLP mentors, and student participants. Outcomes data regarding high school student college major selection and progress is not yet available. Such data will be essential to obtain, and sustained student contact is intended as a long-term goal for this pathways project.

At the university level, awareness of CSD faculty intent to create diversity initiatives was met with enthusiasm by the Vice President of DEI, and related staff. While DEI professionals possessed depth of knowledge and skills regarding university diversity efforts and were themselves Black or Hispanic, the CSD faculty who is White demonstrated a commitment to creating change. DEI professionals would frequently comment that diversity work is hard, but that persistence is needed. That commitment to persistence and the work forged positive collaborative relationships. Indeed, it was those relationships and that enthusiasm that led to the initial connection with the Director of Speech Language Pathology and Audiology at CMSD, by staff in the KSU DEI office.

For the White CSD faculty exposure to concepts specific to diversity and racism led to self-reflection. Examining concepts of microaggressions resulted in reflection on the climate of the program where implicit bias could potentially sabotage diversity efforts, and related research projects evolved. Additionally, considering linguistic diversity as related to privilege was another critical concept. Although faculty were committed to increasing racial, cultural, and linguistic diversity in the profession, recognizing how privilege or social status can blind one from acknowledging the role they play in perpetuating oppressive practices, even when their intent is different became increasingly important. Addressing diversity and developing cultural competence was proving to be more than creating a list of action steps and activities. The processes related to understanding the complexities or the work of diversifying the profession became quite consequential to the development and success of this initiative.

CSD undergraduate students' awareness of the complexity of diversity related practices appeared to increase through engagement in this initiative. Indeed, this initiative paved the way for other student initiatives and endeavors. A group of four White undergraduate females volunteered to contact urban school administrators to recruit potential collaborators prior to the CMSD relationship being established. As previously reported, student engagement in the Day of Discovery was positive and Black undergraduate students readily volunteered to travel to CMSD for the informational sessions. A group of six undergraduate students, five of whom are now graduate students, delved into understanding microaggressions and participated in the design and implementation of research on the subject.

Interestingly, active dialogue with students regarding diversity needs appeared to provide a voice for students who identified as racially, culturally, or linguistically diverse. Heading the microaggression research were six undergraduate students, one of whom was a Spanish speaking White male, another who was a White Jewish female who spoke Hebrew, and three Black females. The NSSLHA organization also created a diversity officer board position with the intent of examining ways to create a more welcoming environment for diverse students. The first diversity officer was a Hispanic female whose native language was Spanish. For the last two years, NSSLHA board has included diverse representation, with Hispanic and Black females holding office.

NSSLHA has embraced diversity initiatives and hosted an educational forum on racism, implicit bias, and microaggressions. The college DEI officer conducted that zoom session in the Fall of 2020 which was attended by 64 undergraduate students. Students' comments included: I was blown away. It is so important for us to have these important and uncomfortable conversations; I had never thought of any of this before. One White female student's experience within that session caused her to become committed to becoming the next NSSLHA diversity officer, a post she assumed in Spring, 2021.

Reflections from CMSD professionals focused on the day-to-day provision of SLP services and the challenges they encounter with their diverse caseloads within the district. The director spoke of her desire to create a pathway that would lead students to employment in urban districts following degree completion. She and the Student and Community Engagement Specialist possessed unique understanding of the challenges facing students in the district as they prepare for, consider, and enter college. The depth of many of these variables: access to technology, transportation, finances, and creating a home environment conducive to learning can be acknowledged by White CSD professionals but dialogue is needed for the impact of them to be fully understood. For many of the students, family needs often override a student's desire to focus on their studies. Each aspect the CMSD professionals presented provided context that would inform future components to the pathway. They also emphasized the importance of

providing students with information regarding the personal/professional satisfaction available in the profession along with the medical, educational, social service aspects. They countered this approach with other bricks and mortar approaches to recruitment that emphasize GPA, pursuing graduate studies, the CF experience, and potential salaries which can appear overwhelming and disinteresting to students. Although such information is useful, engaging students about the rewarding components of the profession and allowing that interest to guide the process appeared more student focused and friendly.

The CMSD students' comments reflected a range of interest. Some discussed family members who had communication impairments. Others noted that they had been unaware of a profession that could help people with communication impairments. Some students voiced amazement at realizing what constituted a communication or swallowing disorder. During the small group work with augmentative communication, one young lady found an app and exclaimed: "this would be perfect for my little cousin who doesn't talk!" She was taught how to program the device, and her sense of competence and interest was evident. Another student talked about her interest in research, having been previously unaware of stuttering prior to attending the event. She expressed that she was even more surprised learning of research on exercise, self-regulation, and stuttering in children. Yet another student noted that her engagement in an auditory processing lab made her even more curious about the subject.

Specific challenges to this project were primarily logistical and fiscal. Orchestrating college-based events needed to consider the expectations of the high school curriculum. As such, merging two very different calendars required planning at least a year in advance, flexibility, and dialogue. Transportation from the high school to campus and back was another major logistical and fiscal challenge. Parent permission needed to be obtained. Assistance to students to get to their school earlier than normal in order to be transported to campus on the Day of Discovery was important to include. Campus events had to be planned so that students could return to their district and obtain appropriate transportation home. Considering all these challenges one had to remain flexible. Programming had to be adjusted when students arrived late due to traffic and when weather interfered with implementation of activities. Professionals coordinating the program were continually determining what was essential and returning to the purpose when solving unexpected problems. These challenges increased awareness among the KSU developers of the many, diverse, and important variables high school educators must consider when developing program. Forward planning and identifying clear priorities appeared to be essential to developing initiatives that consider and address the needs of high school students and school systems.

In sum, the results thus far illustrate the importance of engaging students in the process of creating diversity initiatives. Second, it appears that capturing student interest and passion through engagement aligned with a focus on the breadth and satisfaction available within the CSD field is essential. The reflections emphasize the value of relationships within and between universities and districts. Finally, the outcomes suggest that opening dialogue within a supportive environment encourages CSD faculty and students, who are predominantly White, to carefully consider their attitudes, beliefs, and practices. Those relationships and that growing awareness extend much deeper than mapping out a course of actions steps and activities, securing funding and transportation. Those relationships require listening, a willingness to be surprised, and to continue to learn in order to address and overcome obstacles.

Summary

The purpose of this Pathway project was to provide a pathway for diverse students from an urban school district to learn more about, and potentially apply to a University program that would prepare them to become CSD professionals. The ultimate goal of this initiative is to diversify the CSD student body and the profession. It is also hoped that it may serve as a model for others. An important, but not originally intended outcome, is that engaging in this type of initiative creates a context in which current faculty and students delve deeper into their preconceived notions. It is conceivable that this type of work will create an educational environment that is supportive, equitable, and inclusive when diverse students attend in greater numbers.

Few high school students are aware of CSD as a profession and in general, students from minority populations are often less likely to be aware of the field. Increasingly high schools are developing career centered specialized “pipelines” and programs to prepare students for careers, and science and medical fields are often a priority. However, few of these specialized high school programs consider CSD within the realm of science or medical based careers. In fact, many high school administrators and counsellors may be unfamiliar with CSD fields. Yet CSD is an engaging and rewarding profession that intersects science, educational, and medical professions. Limited awareness of this option among diverse high schoolers planning their college careers can restrict growth of diversity in CSD programs and professions. This initiative provides a pathway by which university programs can collaborate with high school professionals to design relevant, engaging preparatory programs emphasizing CSD.

This initiative met with much success in terms of introducing the field of CSD to 55 racially and ethnically diverse high-school students across three years and resulting in six who are committed to pursuing careers in science or medical fields. This initiative reveals that collaborations among University CSD and DEI faculty and students, and urban school faculty can be invaluable in identifying an energetic, unique, and valuable pool of talented and diverse individuals to recruit to CSD programs and ways for predominantly White University faculty and students to develop increased cultural competence.

Participation in this initiative challenged White CSD faculty to examine their privilege, their biases, and attitudes, and allowed opportunities to share experiences learned through interactions with our diverse collaborators and colleagues to extend opportunities for discussion and accomplishment of goals specific to diversity beyond this project. For example, since its inception, the KSU faculty has voted to eliminate the requirement of the GRE for graduate admissions to our program because of concerns about the disparities in performance seen in under-represented students, which can lead to reductions in applications and/or acceptances of diverse students. Additionally, as indicated previously, the KSU NSSLHA Chapter has added a Diversity Officer role to their leadership; a change initiated at least in part by students who participated in the Pathway initiative. The focus on diversity that started with the Pathway initiative has led to a greater focus on enhancing diversity program wide.

Sensitivity and cultural competence are needed by university faculty to begin to cultivate relationships with school administrators and counselors in diverse high-school settings. Development of these relationships further strengthen cultural competence. Becoming an ally for diversity can be a humbling process for White CSD professionals. It is humbling for White CSD professionals, committed to enhancing communication and giving others a voice, to recognize how their privilege influences their perspective and potentially works against an ideal they hold: that human communication is an innate right and that all voices need to be heard. At first such an awareness can be incredibly uncomfortable. An open, caring, listening stance is needed if one is to understand the depth of bias, often unconscious, and the need for additional knowledge and skills. It is a process of change for the White faculty, and it takes willingness, time, and support. Faculty engagement in university-based initiatives to support diversity, equity, and inclusion is essential. Authentic participation yields relationships which can bridge University and School District relationships. Those relationships and resources operate in a cyclical fashion to cultivate honest dialogue and innovative practices.

We were disappointed that we were unable to implement the fourth step of our Pathway this past year due to the pandemic but are committed to pursuing this once we are able. We have a group of committed collaborators who continue to brainstorm to identify ways to create an environment that is welcoming to our diverse students once they arrive to campus, and to provide the support that they need to have success in accomplishing their professional goals. We look forward to each of our next steps as we extend our Pathway, ultimately leading to increased diversity in our student body and field. ♦

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Racial-Ethnic and Socioeconomic Audiologic Healthcare Disparities in Older Adults

Kristina Bowdrie & Christina M. Roup

Abstract

Racial/ethnic and socioeconomic disparities continue to persist in the access and utilization of healthcare services. In audiology, professionals are responsible for providing services that, at minimum, contribute to the identification and treatment of hearing loss, balance disorders, and other related audiologic health issues. Considering the gap between the prevalence of hearing loss and hearing aid use, especially among older adults, identifying and addressing healthcare disparities in the older adult population can potentially help to reduce this gap. This paper reviews the current literature on racial/ethnic and socioeconomic disparities both generally in healthcare and also in audiology specifically and its limitations. Finally, this paper concludes with approaches that audiologists can take to promote health equity in the field.

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Learning Objectives

- 1) Summarize current findings on racial/ethnic disparities in audiology.
 - 2) Summarize current findings on socioeconomic disparities in audiology.
 - 3) Describe approaches that audiologists can use to minimize disparities in hearing healthcare.
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Racial/ethnic, and socioeconomic disparities continue to persist in the access and utilization of healthcare services in the United States and other countries (Blanco et al., 2020). Consequently, research and practical efforts in and out of public health have focused on approaches to achieving health equity—the reduction of preventable disparities in health and in the social determinants of health that can affect diverse populations—in order to allow fair opportunities for healthy living for all (Braveman et al., 2018; Marmot & Allen, 2014). An important means to achieving health equity includes reducing barriers to the access and utilization of healthcare services. Healthcare professionals across different fields have the ability to promote health equity by acknowledging the diversity that exists within their patient population and committing to processes aimed at inclusion, thereby allowing equal opportunity for accessing and utilizing healthcare. In audiology, professionals are responsible for providing services that, at minimum, contribute to the identification and treatment of hearing loss, balance disorders, and other related audiologic health issues. In accordance with promoting health equity, it is the role of the audiologist to provide quality hearing healthcare to all patients regardless of their demographics.

Generally, untreated hearing loss can negatively affect communication (Cunningham & Tucci, 2017), psychosocial factors (Shukla et al., 2020; Wells et al., 2020) and even cognitive outcomes (Lin et al., 2013; Sarant et al., 2020), especially for the older adult population (≥ 65 years) where the prevalence of hearing loss is high compared to younger age groups

(Cunningham & Tucci, 2017). Identifying and addressing healthcare disparities in the older adult population can potentially help decrease the gap between hearing loss prevalence and hearing aid adoption that is observed in this age group. Limited access and utilization of hearing healthcare stemming from unique barriers faced by historically disadvantaged racial, ethnic, and/or socioeconomic groups may put individuals from these populations at greater risks of the negative outcomes associated with untreated hearing loss. Race and/or ethnicity as well as socioeconomic status (SES) are factors that have been shown to lead to disparities in the general access and utilization of healthcare (Constante & Bastos, 2020), treatment of cancer (Tapan et al., 2021), and even access to healthcare for COVID-19 (Chunara et al., 2020). However, less research is available on the impact of race, ethnicity, and SES on the access and utilization of diagnostic and treatment services provided by audiologists (Nieman et al., 2016).

The purpose of this paper is to provide a review of racial/ethnic, and socioeconomic disparities that exist in hearing healthcare for older adults. This paper reviews literature on racial/ethnic and socioeconomic disparities within the healthcare system as a whole, then focuses specifically on the research that examines racial/ethnic and socioeconomic disparities in audiology. The growing need of identifying and addressing healthcare disparities in audiology is also discussed. Finally, the paper concludes with current limitations within the literature and describes different approaches that audiologists can take to promote health equity in the field.

The General Study of Healthcare Disparities

Healthcare disparities specifically refer to systematic differences in the access, utilization, and/or quality of services between different social groups, barring differences resulting from medical factors (Artiga et al., 2020; Penner et al., 2013). In addition, a health disparity reflects group differences in health outcomes assessed through metrics such as an increase in a disease's incidence and prevalence, disability, mortality, and/or burden of a disease (Artiga et al., 2020). Indeed, healthcare disparities can have an effect on health, and thus influence health disparities. That is, a lack of access, poorer quality, or low utilization of healthcare services can result in higher incidence and prevalence of a disease, greater disability, increased burden of a disease, and higher rates of mortality for certain populations.

Social determinants of health (SDoH) can contribute to healthcare (and health) disparities as they can impact utilization, quality, and access to the healthcare system. SDoH include factors that can impact an individual's health and quality of life, such as the availability of resources (housing, food, transportation), access to educational, economic, and employment opportunities, literacy, and more (U.S. Department of Health and Human Services [HHS], Office of Disease Prevention and Health Promotion [ODPHP], n.d.-b). SDoH are not independent and can interact with one another to contribute to healthcare disparities. Many providers in healthcare systems around the world have taken approaches to address different SDoH to promote health equity. However, addressing SDoH often results in undermining systemic processes that adversely affect outcomes in certain groups such as racially and ethnically diverse individuals as well as those from a low SES; these groups experience complex barriers to healthcare and other domains with deep-rooted influences ranging from the individual level to structural levels (Yearby, 2020; Maani & Galea, 2020).

The current paper focuses on racial/ethnic and socioeconomic healthcare disparities affecting older adults—another social group known to experience disparities in the healthcare setting (Fulmer et al., 2021). However, we recognize that healthcare disparities are encountered by individuals from other social groups as well, including sexual and gender minorities (Neill et al., 2021), individuals with disabilities (Meade et al., 2015), and that race, ethnicity, and SES can intersect with these other social identities. Nonetheless, the approaches we will discuss to address racial, ethnic, and socioeconomic healthcare disparities are applicable to situations with other social groups.

Racial and Ethnic Healthcare Disparities. Differences in the *access* to quality healthcare have been shown to lead to health disparities for diverse groups in the United States (Braveman, 2012). However, even when access is controlled for—as is the case with Veterans—disparities are still observed in racially and ethnically diverse groups because of the differences in the *quality* of healthcare received by these groups compared to Whites (Penner et al., 2014). According to the National Healthcare Quality and Disparities Report (2020), healthcare quality overall improved in the last decade when examining metrics such as person-centered care, patient safety, effective treatment, and care coordination (i.e.,

structure, process, and outcome measures; Donabedian, 1988). However, the report noted the continuation of racial and ethnic disparities in healthcare quality for adults: Blacks, American Indians and Alaska Natives experienced worse outcomes compared to Whites on nearly 40% of the quality measures assessed. Additionally, Hispanics, Asians, and Native Hawaiians/Pacific Islanders experienced worse outcomes compared to Whites on about a third of the quality measures (National Healthcare Quality and Disparities Report, 2020). Further, evidence supports that other populations in the United States have difficulty accessing and receiving quality healthcare services, including Syrian refugees who face discrimination and linguistic and religious barriers (Almontaser et al., 2017).

Socioeconomic Disparities. Socioeconomic status can encompass one's education level, occupation, and income (Adler & Newman, 2002; Shavers, 2007). In general, research examining healthcare disparities suggest that poorer quality and decreased access to healthcare can be observed for individuals from a low SES (Purnell et al., 2016; McMaughan et al., 2020). The National Healthcare Quality and Disparities Report (2020) stated that disparities in metrics related to the quality and access to healthcare either persisted or worsened for those who were poor and uninsured. Socioeconomic disparities in healthcare that are insurance-based (i.e., publicly funded programs such as Medicaid and traditional Medicare versus private insurance; Arnold et al., 2017; Willink et al., 2017) can hinder those from low and middle SES from accessing, utilizing, and receiving quality healthcare services.

The Study of Audiologic Healthcare Disparities

Untreated hearing loss is associated with many adverse outcomes. In addition to affecting communication, social activity, quality of life, and mental health (Cunningham & Tucci, 2017; Lin et al., 2013; Sarant et al., 2020; Shukla et al., 2020; Wells et al., 2020), hearing loss is also associated with an individual's ability to obtain and maintain employment and educational opportunities (Graydon et al., 2019) and increased risk of chronic diseases such as cardiovascular disease (Deal et al., 2019). Moreover, for the older adult population (i.e., ≥ 65 years), these outcomes in addition to poorer cognitive functioning, increased risks of cognitive decline and dementia, and greater fall risk have also been observed (Lin et al., 2013; Pronk et al., 2013; Sarant et al., 2020; Tiase et al., 2020). Further, conditions such as diabetes, exposure to environmental noise, and tobacco use are associated with the progression of hearing loss in older adults (Bae, 2020). Collectively, these outcomes all highlight the importance of hearing healthcare and ensuring equity in the access, quality, and utilization of audiologic services.

The World Health Organization (WHO, 2018) estimates that approximately one-third of individuals over the age of 65 experience a disabling hearing loss (defined as hearing thresholds greater than 40 dB HL in the better hearing ear). An aging population will likely increase the prevalence of hearing loss in the U.S. for older adults. Notably, in older adults aged 65 years and older with hearing loss, the high prevalence of hearing loss in this group does not coincide with high utilization of audiologic treatment (i.e., hearing aid uptake; Chien & Lin, 2012; Cunningham & Tucci, 2017; Marrone et al., 2017). Hearing aid technology is important to addressing untreated hearing loss—in addition to (re)habilitation, counseling, and education provided by audiologists. Hearing aid users report greater overall satisfaction, improved quality of life, lower risk of depression, and perceived better hearing across many listening environments (Picou, 2020). Hearing aid candidacy and subsequent fitting, however, is determined through screenings and comprehensive diagnostic assessments. Therefore, optimal hearing healthcare includes access to screening, diagnosis, and utilization of hearing aid technology and other services (i.e., auditory training) as recommended by audiologists.

Factors including motivation, personality, perceived hearing handicap, stigma, underestimation of hearing loss, denial, and support from family have been identified as factors contributing to the gap between the prevalence of hearing loss and barriers to the use of hearing aid technology (Jenstad & Moon, 2011; Meyer & Hickson, 2012; Nixon et al., 2021; Ng & Loke, 2015). However, it is equally as important to identify and address structural barriers that can contribute to audiologic healthcare disparities in the older adult population, such as those related to race, ethnicity, and socioeconomic factors. Identifying and addressing healthcare disparities in audiology can help reduce these differences as well as foster progression toward hearing aid adoption and accessibility for all (U.S. HHS, ODPHP, n.d.-a; Nieman et al., 2016).

The average audiologist can expect to encounter an increasing number of patients who are older and diverse in terms of racial, ethnic and SES characteristics. The 2030's are predicted to be a decade where the U.S. population undergoes major demographic changes (U.S. Census Bureau, 2018). The U.S. Department of Health and Human Services (HHS) predicts that racial/ethnic minority groups will comprise approximately 40% of the nation's population by 2030 (HHS, 2002). The U.S. will also experience an increase in older adults; the number of adults 65 years and older is expected to reach 77 million in the 2030's. Within this older adult population, the U.S. Census Bureau (2018) predicts a considerable increase in racial and ethnic diversity between 2010 and 2050. Additionally, SES for the older adult population can vary considerably depending on source of income (i.e., labor force, social security benefits, pensions, assets, etc.; American Psychological Association [APA], 2015; Adler & Newman, 2002; Shavers, 2007).

Racial and Ethnic Disparities in Audiologic Healthcare. Given the observation of racial and ethnic disparities across different areas of healthcare, some researchers have examined the effects of race and ethnicity in audiologic care. Nieman et al. (2016) utilized a sample of older adults (≥ 70 years) from the National Health and Nutritional Examination Surveys (NHANES) study cohort. When adjusting for age, hearing loss, and self-reported health rating, Black Americans reported receiving an audiologic evaluation more recently compared to White Americans. Despite these findings, Black Americans, in addition to Mexican Americans, were significantly less likely to report hearing aid use compared to White Americans when age and degree of hearing loss were controlled. It is important to note that this significance was eliminated once socioeconomic factors (i.e., education and income) were additionally controlled.

In contrast, in a separate study with a sample of older adults (≥ 70 years) also derived from the NHANES study cohort, a recent audiologic evaluation made it 2-3 times more likely that older adults would be a hearing aid user (Bainbridge & Ramachandran, 2014). The sample included participants who were majority White, Non-Hispanic Americans. The Nieman et al. (2016) study included a small sample size of the minority groups ($n = 227$ and 152 for Black Americans and Mexican Americans, respectively) compared to the majority group ($n = 1165$ for White Americans), though these sample sizes are comparable to the U.S. population (U.S. Census Bureau, 2019). These studies highlight a potential disconnect for racially and ethnically diverse groups in terms of the diagnostic evaluation and treatment services provided in hearing healthcare (Bainbridge & Ramachandran, 2014; Nieman et al., 2016).

Reed et al. (2021) examined hearing aid uptake using a nationally representative dataset at three time points (2011, 2015, and 2018). In their sample of older adults aged 70 years and over, Reed et al. (2021) found that while the proportion of older adult hearing aid users increased with age over the 8-year period, Black Americans showed a smaller increase in hearing aid uptake over the same time period with fewer of them being hearing aid users. This study is consistent with the previous studies (i.e., Bainbridge & Ramachandran, 2014; Nieman et al., 2016) in identifying current racial audiologic disparities (Reed et al., 2021).

Studies examining the effects of race and ethnicity on audiologic care while controlling for confounding variables (i.e., SES) are limited, but there is research that generally supports decreased hearing aid use in Black and Mexican Americans compared to their White counterparts (Bainbridge & Ramachandran, 2014; Marrone et al., 2017; Nieman et al., 2016; Reed et al., 2021). However, more research is needed to investigate racial and ethnic disparities in hearing healthcare beyond hearing aid use to examine if disparities exist in the access and quality of audiologic care. Further, these studies should continue to focus on other confounds (i.e., other social determinants of health) to account for when investigating disparities between populations pursuing hearing healthcare.

Socioeconomic Disparities in Audiologic Healthcare. Significant expenses are associated with audiologic rehabilitation (i.e., hearing aid technology, assistive technology), and individuals from a lower SES may experience a disadvantage in terms of accessing audiologic services and technology. Bainbridge and Ramachandran (2014) reported a 28-66% increase in prevalence of hearing aid use for higher income adults compared to lower income adults in a sample of older adults (≥ 70 years). Other studies have highlighted the impact of a low SES on access to treatment for hearing loss in older adults (Gopinath et al., 2011; Mamo et al., 2016), as socioeconomic factors can influence hearing aid adoption for reasons related to affordability and type of insurance (Bainbridge & Ramachandran, 2014). Reed et al. (2021) examined

differences in hearing aid use based on socioeconomic variables (aside from race and ethnicity). They found that older adults in poverty showed a decrease in hearing aid ownership from 2011-2018, compared to wealthier older adults who showed an increase in ownership.

Older adults aged 65 years and over do not receive coverage for hearing aids under traditional Medicare and those with advantage plans to supplement traditional Medicare still are faced with out-of-pocket expenses (Willink et al., 2017). This puts lower- and middle-income older adults (who are not Veterans) in a difficult position in terms of accessing audiologic services, especially hearing aids. Nonetheless, more research is needed in this area to determine how different socioeconomic factors can independently affect the ability for individuals to access or receive treatment services in hearing healthcare beyond affordability of hearing aids.

Confounds to Studying Race/Ethnicity and Socioeconomic Factors

Studies investigating the influence of race, ethnicity and/or socioeconomic factors are often complicated by intersectionality— the interaction of different aspects of our social identities. In fact, research conducted across different countries have found that those from minority populations tend to have lower SES than those considered the majority population(s) (Penner et al., 2014). This generally leads to studies confounding race/ethnicity and SES variables, and it becomes difficult to tease apart the effects of race from the effects of SES. Further, additional determinants not detailed in this paper can interact with one's racial, ethnic, and/or socioeconomic profile and further influence access, utilization, and quality of healthcare received. For example, older adults are likely to have limited health literacy and those with more severe hearing losses were shown to have the poorest health literacy (Wells et al., 2020). Considering that health literacy as a social determinant of health is associated with education level (a metric of SES) and race (Nutbeam & Lloyd, 2021), research examining disparities in hearing healthcare for older adults will need to consider other determinants that could be moderating or mediating these observed relationships.

Further, studying socioeconomic effects on healthcare access and utilization is a complex process. In fact, many researchers have argued that SES does not directly influence health outcomes but works indirectly as a proxy for other factors driving healthcare disparities such as an individual's environment and behaviors (Buajitti et al., 2020; Moss et al., 2021). Nonetheless, more research is needed to understand how measures of SES (income, occupation, education level, etc.) can independently affect observed healthcare disparities for policymakers to adequately address this as public health issue.

Reducing Healthcare Disparities

Current research reporting racial/ethnic and socioeconomic disparities in hearing healthcare are limited. Furthermore, the studies that exist do not completely capture the impact of these structural barriers or other determinants that may moderate or mediate access, utilization, and quality of care. However, these studies do suggest that race/ethnicity and socioeconomic factors can, to some extent, prevent individuals from receiving appropriate audiologic care, especially in terms of hearing aid adoption. Targeting social determinants, policies, and/or systemic issues perpetuating inequity can ultimately lead to better hearing health outcomes for all (Bachmann, 2021; Hostetter & Klein, 2018). Audiologists can play a role in decreasing any hearing healthcare disparities within their patient population through many different approaches:

Education. Educating communities on the prevention, assessment, and treatment of hearing loss can familiarize individuals with knowledge of how to access hearing healthcare services and when. Health education has been found to be effective in encouraging patients to become involved in different aspects of care, especially when education was delivered through interactive means (Chin et al., 2012). Marrone et al. (2017) reported on a community-outreach program to connect individuals from a predominately Hispanic population to the hearing healthcare system. Through this program, communication strategies were shared with community members, and participants reported benefits such as increased self-efficacy, a decrease in perceived stigma associated with hearing loss, and pursuance of care relating to hearing health (Marrone et al., 2017). Outreach initiatives also serve to address other social determinants such as barriers caused by lack of transportation, geographic location, and (health) literacy. Moreover, it can also be beneficial

to educate other professionals outside our field on audiology's scope of practice to bridge access for patients from other providers.

Advocacy. Audiologists must advocate on behalf of their patients to help make hearing healthcare more accessible for patients. This is especially important for individuals from low and middle SES. Cost continues to be identified as a factor impeding access to audiologic treatment related to hearing aid adoption. Individuals from a mid-range SES often are faced with out-of-pocket expenses. And with Medicaid not federally mandated, a little over half of the states in America provide some coverage for hearing aids while the rest offer no coverage for low SES individuals (Arnold et al., 2017). Even further, traditional Medicare does not offer beneficiaries with hearing aid coverage (Willink et al., 2020). Audiologists should be active in helping to shape policies and legislation regarding hearing healthcare, including advocating for legislation geared toward hearing aid coverage and over the counter hearing aids (Arnold et al., 2017).

Addressing Implicit Bias. Providers have been shown to be increasingly aware of social and economic conditions affecting healthcare disparities; however, some providers may not acknowledge racial discrimination and bias as root causes of observed disparities (Gollust et al., 2018). Gollust et al. (2018) suggests that these findings can impede progress toward addressing structural racism in health care as providers either fail to acknowledge these contributions or consider other reported social determinants of health as more prevalent factors. In the same study, some healthcare consumers attributed bias and stereotyping among other things as factors contributing to healthcare disparities, suggesting a discrepancy in the perceived causes of healthcare disparities among providers and patients (Gollust et al., 2018). These findings tie in the need for providers to be aware of implicit biases they hold that may interfere with their acceptance and adherence to policies geared toward tackling structural healthcare inequities. Implicit bias tests can help individuals identify unconscious biases that have the potential to affect interactions between patients and providers and affect providers' decision-making for certain patients (Penner et al., 2014). Audiologists can optimize interactions with all patients by being aware of any unconscious biases they hold, and continuing practicing patient-centered care so patients' needs are met appropriately on a case-by-case basis.

The aforementioned approaches reflect steps audiologists can take at the individual level to address audiologic healthcare disparities. At an organizational and/or systemic level, Chin et al. (2012) recommends five steps for reducing disparities in healthcare that is applicable to a range of settings, including recognition and commitment to reducing disparities, implementation of structures and processes to address disparities, goals for achieving equity, designing effective interventions to achieve those goals, evaluating, and adjusting intervention(s) as needed, and maintaining intervention(s). Committing to healthcare equity is a lifelong process and aligns with practices similar to cultural humility. Cultural humility is considered a continuing practice (as opposed to a finite goal), in which the individual engages in a lifelong journey of learning and self-reflection to effectively connect and interact with diverse populations (Foronda et al., 2016).

Conclusion

The current body of literature that is available on audiologic healthcare disparities suggests that racial, ethnic, and socioeconomic differences exist in the accessibility and utilization of hearing healthcare, notably in treatment (i.e., hearing aid adoption and use). If we are to address disparities of any kind in audiology and beyond, we must collectively commit to acknowledging inequities and pursuing initiatives and practices to resolve them. It will take ongoing efforts from professionals in healthcare and community leaders to begin transforming the inequitable conditions in healthcare that affect our patient population. ♦

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The Effects of Childhood Traumatic Life Events on Development and Learning

Morgan Klenk & Monica Gordon-Pershey

Abstract

Experiencing traumatic events can have a profound impact on children's development of cognition, language, and literacy, and on their psychological and behavioral development. This paper provides a general discussion of the effects of childhood trauma, followed by more specific discussion of the traumatic impact of three life experiences: domestic violence, poverty, and war. The compounding impact of COVID-19 on domestic violence and poverty is described. It is important for speech-language pathologists to understand how these experiences affect children's development and behaviors and to provide effective interventions. This paper reviews suggested intervention strategies based on the principles of trauma-informed care that can help children manage the developmental and behavioral effects of these traumatic experiences.

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Learning Objectives

- 1) Identify the effects of traumatic life events on children's cognition and learning, psychological and behavioral development, and language and literacy development.
 - 2) Identify how the COVID-19 pandemic is affecting children's educational experiences.
 - 3) Identify strategies that SLPs can use when working with children who have experienced traumatic life events.
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At some point in almost everyone's life, he or she will experience some sort of traumatic life events. Recent data reported that approximately one of every four children in the United States will experience a traumatic event before the age of 16 (The National Child Traumatic Stress Network [NCTSN], n.d-a.). Traumatic events can cause difficulties in almost every area of child development, and it is likely that speech-language pathologists (SLPs) will encounter children of trauma. It is important for SLPs to understand the developmental implications of traumatic life events so that appropriate diagnoses and interventions can be provided for children of trauma.

Current societal changes are having a profound impact on children in the United States and around the world. The purpose of this paper is to bring these current events into perspective regarding their relation to children's need for speech-language services. The first main purpose of this paper is to discuss the general nature of childhood trauma. This paper begins by defining trauma and complex trauma and describes the symptoms that children of trauma may develop. Next, the effects of traumatic life events are discussed, including the effects on physical and mental development, observable differences in brain functioning and structure, the onset of psychological symptoms, and children's attachment to caregivers. Then, information is provided on how traumatic events can affect learning, language, and

literacy. The evolving trauma of the COVID-19 pandemic is then discussed as having an impact on school children's learning.

The second main purpose is to describe the developmental and behavioral effects that accompany three "complex traumas" (Gabowitz et al., 2008): domestic violence, poverty, and war. The evolving impact of COVID-19 is also discussed in relation to its impact on general learning and as an intensifier of the complexities of domestic violence and poverty. This paper concludes with discussion of how speech-language pathologists can provide supports and interventions for children of trauma by employing the principles of trauma-informed care.

Definitions and Symptoms of Trauma

It is important to define the general meaning of *trauma* that arises from life experiences, and then to define the specifics of *complex trauma*, which would be exemplified by many types of events, including domestic violence, poverty, and war. Children who experience complex trauma may show certain signs and symptoms. Awareness of the effects of complex trauma provides SLPs and other professionals with foundational knowledge for providing interventions.

Defining Trauma

Deihl (2013) provided a practical definition of the circumstances that can qualify as traumatic experiences:

Trauma is defined as an experience that threatens the life or physical integrity of oneself or others and that overwhelms an individual's capacity to cope. Trauma occurs when children have been in situations where they have feared for their own lives or the lives of close loved ones, believed they could have been seriously injured, or tragically lost a loved one (p. 5).

Similarly, Izard's (2016) definition of trauma would be, "Trauma is the unimaginable experience of what happens to a person who has experienced or witnessed a threat to themselves or another person" (p. 5). This is a fitting definition because the effects of trauma are felt by persons who experience or witness a traumatic event. For example, Durand et al. (2011) found that traumatic effects occurred in children whose mothers experienced domestic violence. Severe violence against mothers was associated with behavioral problems in children.

Defining Complex Trauma

The focus of this review is on complex trauma, meaning, events of greater magnitude that can have more drastic effects on children's development. As Gabowitz et al., 2008 defined, "Complex trauma exposure is the experience in early childhood of chronic, developmentally adverse traumatic events, typically of an interpersonal nature, occurring within the child's caregiving system" (p. 163).

Another definition of complex trauma, from Terrasi and Crain de Galarce (2017), would be that complex trauma is the cumulative effect of traumatic experiences that are repeated or prolonged over time. Such trauma typically occurs within a child's social or familial network, and frequently involves caregivers or trusted adults. Sometimes complex trauma occurs during developmentally vulnerable periods, such as toddlerhood, when children are learning to regulate emotions, or during early adolescence, when interpersonal skills and problem-solving abilities mature.

Gabowitz et al., 2008 and Cook (2008) recounted the case study of Zachary, a 10-year-old boy who experienced severe neglect and loss in his early years, who had difficulty with emotions, low self-esteem, difficulty concentrating, dissociation, and trouble forming relationships. Zachary exemplified the symptoms of complex trauma described in the definitions.

The definitions of complex trauma are important in order to understand the three traumatic life occurrences that this paper discusses: domestic violence, poverty, and war. These three major life occurrences are types of complex trauma because these traumatic events can happen over a long period of time in a child's life and can be repetitive occurrences. Children of complex trauma tend to present in characteristic ways, which typify the problem areas that interventions would address.

Specific Signs of Complex Trauma in Children

Some key signs are common among children who have undergone complex trauma. These signs help reveal those children who have potentially experienced a traumatic event and will allow professionals to better understand how to help them. One characteristic would be behavioral issues. This behavior can range from internalizing behaviors, where children turn their stressors inward towards themselves and experience anxiety and depression, to externalizing behaviors, where children may act out and show hyperactivity and aggression (Blackburn, 2020). When children undergo problems that they are having trouble handling, they tend to act out, because that behavioral outburst is the one thing that they can control. Their behaviors tend to be erratic, as even small inconveniences have the ability to cause an intense reaction. They also have trouble with self-regulation (Blackburn, 2020). When something doesn't necessarily go their way, they may feel out of control of their lives, which causes this overreaction. Another sign that children have experienced trauma is that they are skeptical of anyone. They have a hard time forming relationships with people, regardless of whether with children or adults (Blackburn, 2020). This can be due to trust and attachment issues that are caused by trauma, where children lack the trust to form attachments to others. Another sign that children have experienced trauma is that they struggle with language comprehension (Blackburn, 2020). These children may be able to talk to others, but they may have trouble comprehending how to perform simple tasks that are asked of them. They may look like they are not following instructions when they actually just can't process what to do. Diagnoses would consider the origins of language comprehension deficits as resulting from psychological traumas. Interventions would afford opportunities to form relationships with other children and adults, perhaps by bonding over common interests and building camaraderie around shared experiences. Cooperative learning in pairs and small groups can help build peer attachments and trust.

The Effects of Traumatic Life Events

Among the effects of trauma on children are deficiencies in physical and mental development, observable differences in brain functioning and structure, the onset of psychological symptoms, and children's attachment to caregivers and trust in others.

Trauma's Impact on Physical and Mental Development

Traumatic life experiences can have an impact on children's development, including their physical development and the mental development that regulates emotional, cognitive, and social abilities (Perry, 1999). The physical and mental effects are far-reaching and interrelated. Traumatic events have shown to increase the risk of many personal and social issues, such as teen pregnancy, drug use, failing in school, and anti-social behavior (Perry, 1999). People who have experienced traumatic events are more likely to have post-traumatic stress disorder, conduct disorders, and dissociative disorders, along with some medical problems, such as asthma and heart disease (Perry, 1999). Deprivation is also important to this discussion. Deprivation is the absence of environmental aspects that help to facilitate development, which can happen due to living in poverty or experiencing neglect or abuse (Westby, 2018). People can experience both deprivation and traumatic events, which together will only further add to the effects on development.

Trauma's Effects on Brain Functioning and Structure

Traumatic life events and the ensuing psychological trauma can potentially affect the functioning and/or the structural components of the developing brain. Psychological stress can lead to changes in the structure and function of the brain especially if children are exposed to chronic levels of stress during the key stages of development where the brain is more susceptible to harm. McInerney and McKlindon (2014) reported that the American Academy of Pediatrics stated, "extended exposure to toxic stress can lead to functional changes in several regions of the brain involved in learning and behavior including the amygdala, hippocampus, and prefrontal cortex" (p. 4). Changes in brain functioning may impede a child's ability to grow and develop.

Most brain development occurs in early childhood when the brain has the most plasticity. A traumatic life event in the early childhood years can have a more drastic impact, resulting in cognitive, physical, emotional, and social delays, all of which can play a role in the ability to learn and develop language and literacy (Center on the Developing Child at Harvard

University, 2007, as reported by McInerney & McKlindon, 2014). The brain continues to develop until about the age of 25, but there are peak times when the most brain development occurs, such as in early childhood and in adolescence. If experienced during these specific periods of time, trauma has the ability to be more harmful (Pechtel & Pizzagalli, 2011, as noted by McInerney & McKlindon, 2014). For example, experiencing deprivation can affect synaptic pruning within the association cortex, which causes reduced brain volume, which affects higher-level functions, such as language and executive functions (Westby, 2018). Experiencing poverty and/or abuse along with other traumas could result in brain-based changes that underlie psychological, developmental, learning, language, and literacy difficulties.

Psychological Symptoms

Complex trauma (for example, domestic violence, poverty, and war) can cause children to endure chronic and traumatic stress, especially considering the length of time and how often these experiences can continue in children's lives. Streek-Fischer et al. (2001) stated that, "At the core of traumatic stress is an inability to modify the impact of the overwhelming events" (p. 909). Because of these experiences, children may become "frozen" and may experience a state of helplessness. These children may not know how to best respond to these immediately stressful situations, or possibly may not develop the skills to respond to stressful situations in the future. Their stress becomes inescapable. This chronicity can cause fear and dissociation. "Dissociation is basically a mental mechanism by which one withdraws attention from the outside world and focuses on the inner world" (Perry, 1999, p. 4). It can cause children to experience a detached feeling, or it can seem like these children are not paying attention to the people and events in their environments. They may seem uninvolved and uncomprehending in communicative contexts.

Traumatic stress can cause young people to become permanently affected and to experience even mildly stressful events in later life as a revisiting of their earlier traumas. Some of these unyielding reactions to stress from childhood traumas include, "...intense and ongoing emotional upset, depressive symptoms or anxiety, behavioral changes, difficulties with self-regulation, problems relating to others or forming attachments, regression or loss of previously acquired skills, attention and academic difficulties, nightmares, difficulty sleeping and eating, and physical symptoms, such as aches and pains" (The National Child Trauma Stress Network (NCTSN), n.d-b.). These reactions can have a profound impact on children and can stay with them through adulthood.

Attachment and Trust

Traumatic experiences can cause severe attachment and trust issues in children. These children may be living in unpredictable environments. If there is an insufficient primary caregiver (or co-caregivers) in these children's lives who has not given the children a reason to trust them, these children are not going to feel "seen" and may struggle with attachment and trust issues. Streek-Fischer and van der Kolk (2000) stated, "When caregivers are extraordinarily inconsistent, frustrating, violent, intrusive or neglectful, children are likely to become intolerably distressed, without a sense that the external environment will provide relief" (p. 907). Relationships that the children consistently lack will affect their overall well-being. Attachment and trust will be missing for these children and this loss may ultimately affect their lives. Domestic violence, poverty, and war can all result in attachment issues for the children experiencing them. This is because their parental figure(s) could either be directly abusing them, or might not be giving them enough attention, or are simply not present in their lives at all (Levine, 2020; Parekh et al., 2010). Children may feel that if they cannot trust their parents or caregivers, who can they trust? This can cause them to become misguided, as they cannot rely on the people around them and do not know in whom they can put their trust. It can cause them to not be able to form relationships with other people. Wilkinson (2016) found that children who have experienced some traumatic life events such as poverty, inconsistent housing, or jobs, domestic or family violence, and/or unavailable or absent parents, become individuals who have trouble connecting with others around them. Overall, attachment and trust issues are one of the many effects for children who live through traumatic experiences.

Trauma and its Effect on Learning, Language, and Literacy

Trauma can impact children's ability to learn. This section explains the effect of traumatic life experiences on children's learning, language, and literacy growth.

Effects of Trauma on Learning

Traumatic life experiences can affect children's ability to learn. Willis and Nagel (2014) stated that three main factors -- the environment that surrounds the children, the amount and quality of schooling they receive, and their relationships with others -- will ultimately be key factors in how they learn. Every aspect of children's lives is important to their ability to learn, communicate, and develop skills. The way children perceive a certain environment will ultimately affect their behaviors and feelings in that environment. If children think that their environment is dangerous, they can become abnormally alert or worried that everyone and everything could be a potential threat that can affect their safety (Terrasi & Crain de Galarce, 2017). If children are scared, they will not be able to learn in that specific environment.

Studies have found that traumatic life events potentially affect certain areas of the brain that are important for learning, such as the prefrontal cortex (PFC) and the hippocampus. "The PFC is an anterior frontal lobe structure that plays an essential role in shifting attention and forming stimuli-response associations, both of which are fundamental cognitive processes that contribute to learning" (Carrion & Wong, 2012, p. 24). These individuals could have difficulties in maintaining their concentration and become distracted very easily. They may not be able to repress their bad memories of trauma, which intrude on them as flashbacks and nightmares, and they may not be able to handle their fear responses (Carrion & Wong, 2012). The hippocampus can be affected by trauma, which can undermine learning and memory. Specifically,

during and after exposure to a traumatic experience, physiological hyperarousal may make memories difficult to regulate. The memories may be processed abnormally, leading to both overrepresentation, such as intrusive thoughts and nightmares, or suppression, inability to recall memories, or selective amnesia (Carrion & Wong, 2012, p. 24).

Additionally, children who experience traumatic experiences take their baggage of trauma with them to school. They cannot escape their trauma, therefore it makes school and learning even harder for them.

Effects of Trauma on Language and Literacy Development

Traumatic life events can affect language and literacy development. One reason for this disturbance would be that children may find it harder to pay attention and process new information, and they may have sensory processing difficulties which can affect their ability to read and write (Streek-Fischer & van der Kolk, 2000). Reading and writing require students to be able to focus their attention on task. Children of trauma may be behind their peers and need extra supports to acquire literacy skills. Jimenez et al. (2016) investigated educational outcomes for kindergarteners with adverse childhood experiences or trauma compared to those without and found out that those children who had experienced more childhood traumas were reported to have poor literacy skills, social issues, attention issues, and overall lower educational achievement scores. About a quarter of these children had low literacy skills and their academics continually declined as they experienced more traumatic events. Jimenez et al. (2016) stated that, "even 1 ACE [adverse childhood experience] was associated with poor teacher-reported language and literacy skills, science and social studies skills, and math skills, as well as not yet or beginning to understand and interpret a story or other text read to the child." Westby (2020) noticed that children who experienced traumatic life experiences can exhibit some delays in language, mainly in narrative language and in participation in discourse. Individuals, both children and adults, who have experienced trauma tell stories with fewer details, less organization, and may even seem to be incoherent. They may misinterpret present situations as being influenced by their memories, which may have to do with the trauma that they experienced (Westby, 2020). Ciolino et al. (2021) noticed that children of complex trauma, more specifically, maltreatment, showed the greatest deficits in narrative and expository language skills. Hyter's (2021) systematic review of the impact of maltreatment on pragmatic communication examined 38 studies and identified difficulties in communicative functions and narrative production and comprehension. The studies reviewed showed that children of

maltreatment have difficulties in theory of mind tasks, executive functions, self-regulation, and social skills. Taken together, these data would suggest that children of trauma may have difficulties in pragmatic language.

Adding to this evidence, Lum et al. (2018) explored the language and social skills of a sample of elementary school children who had experienced child maltreatment. The results of their study showed that when looking at this group as a whole, the sample of children who were maltreated had lower language and social skills compared to the children who did not experience any child maltreatment. But Lum et al. also noticed that there were some children in their sample who scored above the normal range in these skills, which showed that not all children who experience trauma will have lower language skills. This does not discount that there are many individuals who experience trauma who will have delays in language and other skills. Lum et al. (2018) found that children who lived with caregivers who had higher levels of education had higher language skills. This could show that parental figures with higher educational levels potentially could use better models of communication to speak to their children, could communicate with them more often and by using a greater quantity of words and utterances, could use higher-level vocabulary, and/or could ask more open-ended questions. Snow et al. (2020) looked at the language, literacy, and mental health of a small sample of adolescents in out-of-home care and found that these students were very at risk. These students tended to have inconsistent adult role models and/or parental figures, had the potential for disrupted education, and had the potential for experiencing even more traumatic events. Snow et al. found that 92% of the adolescents performed below average on language testing and were over-represented as being diagnosed with developmental disorders. Most of the adolescents in this sample had trouble with their oral language skills, notably, pragmatic language, and had difficulty with reading skills, such as decoding and comprehension (Snow et al., 2020). Overall, these studies evidenced that children who experience traumatic events could potentially fall behind in language and literacy skills.

This discussion of the impact of trauma on learning, language, and literacy leads to the consideration of the COVID-19 pandemic as having a traumatic impact on learning. This is because COVID-19's uniquely traumatic impact could only add to the effects on learning that children of trauma are already experiencing.

COVID-19's Impact on Learning

Overall, the coronavirus pandemic has had quite an impact on in-school learning. When the pandemic hit in March of 2020, schools were forced to shut down all across the country, due to the lockdown placed by state and local governments to help slow the spread of COVID-19. Schools switched from in-person classes to remote learning through Zoom and other teleconferencing platforms. Documentation of these effects is just beginning to emerge. With a large percentage of schools shutting down and going to remote learning platforms, the effects on student learning are being noted (Holmes et al., 2020; Thomas & Rogers, 2020; Walker, 2020). Dorn et al. (2020) proposed three epidemiological scenarios to predict how instruction would be affected if schooling returned to in-person classes versus if schools stayed in remote learning for the 2020-2021 school year. The first scenario would be that in-person schooling returned in fall 2020, the second scenario would be that in-person schooling would not return until January 2021, and in the third scenario the schools would operate remotely the entire 2020-2021 school year. In all three scenarios, students would be at risk for a significant loss in learning. Extrapolating for the scenario that was the "middle ground," for the January 2021 return to school scenario, the average amount of schooling loss that Dorn et al. predicted was about at least seven months. These projections showed how much of an impact remote learning can have on students' learning. Even with remote learning that is of "average quality," and is conducted fairly well, students would still lose months of in-school learning. During the time that has passed since the Dorn et al. report, schools across the nation have adopted each of the three scenarios as well as other configurations for learning; some schools had to adopt more than one model to cope with changing conditions as the school year progressed. The data are yet to be assembled to portray the comparisons and outcomes across the various configurations. The commonality, however, is that the irregularities and the unpredictability of schooling during the pandemic has, for some children and teens, been a source of complex trauma.

The COVID-19-related lack of continuity in schooling could cause a greater prevalence of students to drop out of high school. Dorn et al. (2020) found that the COVID-19 pandemic interrupted many of the supports that can help teens at risk of dropping out stay in school, such as having relationships with trusted adults, having support systems at home, and having opportunities for ongoing academic and extracurricular engagement and achievement. These are important aspects of school that can be beneficial to students, and the coronavirus pandemic reduced or eliminated these supports that certain students need. Some teens may have been called upon to leave school to find jobs that will earn money for families that are struggling financially.

Other complicating factors bring about additional sources of potential trauma and disruptions to learning. Students may have experienced increased social isolation due to not interacting with peers and may have anxiety over the possibility that their parents could lose their jobs or become ill (Dorn et al., 2020). There are some students who had to worry about these issues before the pandemic. However, the pandemic caused it to become quite common for many students to feel this way, and these added stressors could ultimately affect their learning. Overall, the coronavirus pandemic is likely going to be responsible for several harmful and traumatic circumstances that will prove to have a negative impact on students' learning.

Three notable traumatic life experiences will now be discussed: domestic violence, poverty, and war, which are all sources of complex trauma.

Domestic Violence

Domestic violence is one type of trauma that can have detrimental effects on a person during childhood. Four considerations are: (1) recent data on prevalence of domestic violence, which underlies the widespread nature of its impact; (2) the effects of domestic violence, in general, and how these effects impact development; (3) how witnessing or experiencing domestic violence can impact children's language and literacy skills; and (4) how the COVID-19 pandemic shut-down had the adverse effect of exacerbating domestic violence.

Incidence and Prevalence of Domestic Violence

Domestic violence is a societal concern with a high incidence and prevalence. In terms of incidence, in the United States, "Every day, there are almost 20 people a minute that are physically abused by someone close to them" (Domestic Violence Statistics, 2020). Streeck-Fischer and van der Kolk (2000) reported on prevalence figures: "Fifteen out of every 1000 children are substantiated as having been abused" (p. 904).

Women as a group may experience some type of domestic violence. Peterson et al. (2019) stated, "Women in the United States face high lifetime prevalence rates for intimate partner violence (IPV); recent estimates suggest that 32.9% experience physical violence, 10.7% stalking, 9.4% rape, and 48.4% psychological aggression" (p. 1). Women are more susceptible to violence when they are in their childbearing years, especially pregnant women. Children may witness violence against women and against other children in their homes and communities. As Huth-Bocks and colleagues (2001) stated, "approximately 3.3 million children live in homes with domestic violence, putting them at risk for witnessing violence against their mothers" (p. 270). There are likely many children who succumb to the psychologically traumatic effects of domestic violence.

Effects of Domestic Violence

There are life-altering effects that children may endure due to witnessing and/or experiencing domestic violence. Peterson et al. (2019) found that young children who witness and/or experience domestic violence have more behavior issues and social issues, more posttraumatic stress symptoms, a lesser capacity to show empathy, and a lower self-image than those that have not witnessed and/or experienced domestic violence. Many children may cope with stress and trauma by turning to unhealthy coping mechanisms. Terrasi and Crain de Galarce (2017) noted higher rates of smoking, obesity, mental illness, suicide, and substance abuse. Outcomes like substance abuse can greatly impair school learning and participation.

Effects of Domestic Violence on Language and Literacy

One study proposed that witnessing and/or experiencing domestic abuse could potentially change some aspects of the brain that are important for literacy and learning. Streek-Fischer and van der Kolk (2000) explained some of these changes:

Their difficulties with sensory processing interfere with their making sense of incoming input. Their speech problems interfere with understanding complex situations and the narration of complex stories. Many have limited capacity to comprehend complex visual-spatial patterns. This, in turn, leads to problems with reading and writing (p. 912).

Huth-Bocks et al. (2001) studied the direct and indirect effects of domestic violence on children's intellectual functioning. They looked at the differences between witnesses, victims, and non-witnesses. They found that children who had directly witnessed domestic violence had lesser communication abilities or lesser verbal language skills than those children who were non-witnesses. This is important because it shows that even just witnessing domestic violence had a direct impact on the language skills of these children. Sylvestre et al. (2015) conducted a meta-analysis that looked at how children who have experienced neglect and abuse have delays in their language development. They compared the receptive and expressive language and pragmatics of abused and/or neglected children to children who were not identified as abused and/or neglected. Younger children, when compared to older children, were more at risk and more susceptible to abuse and/or neglect (Sylvestre et al., 2015). There was no difference between the type of traumatic event (abuse or neglect) and the effects that children experienced.

COVID-19's Impact on Domestic Violence

The pandemic that was created due to the coronavirus (COVID-19) outbreak has exacerbated the effects that domestic violence can cause (Holmes et al., 2020; Levine, 2020; Walker, 2020). The prospect of viral contagion caused people to stay at home, reducing access to some of the beneficial social supports that help those who are experiencing domestic violence. For example, before the COVID-19 crisis, some victims of domestic violence had immediate access to support and help from loved ones, and some had legal help such as protective orders. But during a lockdown like the pandemic caused, these supports are not as easily accessible (Sharma & Borah, 2020). Some victims might call the Domestic Violence Hotline or a similar agency, but they may be afraid that an overheard phone call could cause an abuser to launch an escalation of abuse. Therefore, there could be fewer reports of abuse than should be reported (Sharma & Borah, 2020). Victims of domestic abuse may be constantly in a state of fear and might not know when the abuse will happen again. Therefore, this is an unending situation for these victims. Being in a lockdown or being more often at home, they have to be around their abusers all the time, which can cause more abuse and more trauma for these individuals.

Another condition that can exacerbate family violence is that as more people are losing their jobs due to the COVID-19 economic catastrophe, along with the changing nature of the jobs that are available in the workforce, families are living through the stressful financial situations that arose from the pandemic, and with that new domestic violence cases could arise. Households may become more crowded as people move in together to share expenses, causing the potential for more stress, and higher-stress situations tend to lead to more domestic violence (Sharma & Borah, 2020).

Poverty

Poverty is a stressful situation for individuals to endure. Four considerations include, first, the prevalence of poverty and the experiences that are typical of people undergoing poverty; second, the effects of poverty, in general, and how these can affect a child's development; third, the effects of poverty on children's language and literacy development; fourth, how the impact of the COVID-19 pandemic has affected poverty.

The Prevalence of Poverty and the Experiences of People Living in Poverty

Poverty can be considered a form of life trauma. “Data collected by the National Center for Education Statistics show that 51% of students across US public schools were from low-income families in 2013” (Hair et al., 2015, p. 823). Specifically, in Ohio, as published by the Ohio Department of Health, there are 829,257 Ohio school children (49.9% of all enrolled) that are economically disadvantaged, based on 2018-2019 school year data (Ohio Department of Education, 2020). There are 25,599 (1.5%) enrolled who are homeless (Ohio Department of Education, 2020). It is important to understand how poverty ultimately affects individuals so more can be done to help those that are struggling.

There are certain experiences that people in poverty go through that those in the middle and upper classes may not understand or experience (Parekh et al., 2010). Economic disparities that children of poverty reported include not having the same material items as other children; not having the ability to make as many friendships; lack of school resources and supports; people visibly being able to tell they are in poverty; and family issues (Ridge, 2009). Jones and Meyer (2004) explained some of the experiences of those that are living at or below the poverty line, which included having no or limited access to phone and/or other technologies, incarceration of family members, and unstable housing. People going through the stresses and unpredictability of poverty may behave differently than those who are not in poverty (Jones & Meyer, 2004). This is because they are doing what they can to survive and that is forefront in their minds. This can seem foreign to people who do not know how poverty affects the individuals experiencing it. Deprivation is also important to this discussion. Deprivation is the absence of environmental aspects that help to facilitate development, which can happen due to living in poverty or experiencing neglect and/or abuse (Westby, 2018).

Effects of Poverty

Poverty can have an impact many aspects of children’s lives and can be devastating to their development. Poverty impacts the lives of parents and everyone in the household and can cause individuals to act in ways that are due to that stress. Wilkinson (2016) found that some parents in poverty and other stressful circumstances could be overwhelmed by the nature of their situation and may not be aware of (or may end up in a situation where they ignore) their children’s need for attention and emotional bonding. This can lead to children having issues connecting with others and developing attachment and trust.

Effects of Poverty on Language and Literacy

Poverty is a continual stress to endure on an everyday basis, which is why it is possible that parents might not give their children all the attention that they need for optimal language and literacy development. Some parents may be working too many hours or are too exhausted from low-paying work that is physically demanding and/or emotionally draining, and because of that they are not as able to be as consistently physically or psychologically “there” for their children. This causes the potential in some situations for lesser degrees of attachment and the potential for other learning issues for developing children.

Izard (2016) created a handbook for teaching individuals who have experienced trauma and poverty. Izard noticed many behaviors that led the children of poverty to not achieve as well in their classrooms as children without the stressors of poverty. Poverty can cause social and emotional difficulties, intense and persistent stressors, delays in cognition, and other issues in health and safety (Izard, 2016). Evidence of brain-based behaviors are present in individuals experiencing poverty. Izard (2016) stated these effects: “Poverty’s impact on the brain is especially seen in the student’s executive function skills: attentional skills, working memory, ability to prioritize, and ability to self-regulate” (p. 13). These executive function skills are important to children’s ability to learn language and literacy. Children trying to learn literacy skills need to be able to focus and need to be able to store knowledge about printed language in their working memories. It is hard for these children to learn when they are under all the stress that poverty causes. Children who are undergoing poverty tend to have lower scores on standardized tests, have worse grades in school, and have lower educational achievement (Hair et al., 2015).

Perkins et al. (2013) showed how poverty affects areas of the brain that have to do with language development. Low socioeconomic status (SES) had a positive correlation to the left inferior frontal gyrus, which is activated when young children perform language tasks, which showed that language functioning, specifically in the left hemisphere, may have decreased specialization in children from low SES backgrounds.

COVID-19's Impact on Poverty

The COVID-19 pandemic has affected people in poverty in multiple ways. Those in poverty remain firmly at that income level, and others who prior to the pandemic earned higher wages have slipped into poverty. Many people are losing their jobs due to businesses closing or downsizing. Obtaining unemployment benefits has been challenging. Lack of income can be a constant fear because people who receive unemployment benefits are aware that this money could potentially stop being available to them. However, it can be even worse for those individuals who were living in poverty pre-pandemic and who see no prospects for getting out of poverty during the pandemic. Students from low SES backgrounds are less likely to have access to an environment that is favorable for remote learning. For example, children in poverty may not have a quiet place without distractions to do schoolwork or may lack high-speed internet, electronic devices of their own, and parental help or supervision (Dorn et al., 2020). Low SES students are more at risk for learning deficits that are brought about by environmental disparities. Dorn et al. (2020) explained that some predictions show that the average amount of learning that students who are being educated by remote learning are projected to lose is estimated to be equivalent to about seven months of schooling, but those individuals living in poverty may fall behind by more than a year. Overall, the COVID-19 crisis has increased the effects of poverty on students and their learning and is likely to produce more detrimental effects on children in poverty than among children with greater economic resources (Thomas & Rogers, 2020; Walker, 2020).

War

It is important to understand the implications of war, as there are many individuals experiencing war every day. Among four important considerations are, first, how war impacts individuals and the experiences that they go through during a war; second, the effects of war on children's development; third, the impact of war on learning, language, and literacy; and fourth, the political unrest and detention of migrants at the United States southern border and how this crisis was affected during the COVID-19 pandemic.

Impact of War on Individuals

The impact of the violence of war can be devastating and have long term effects on individuals' lives. War is constantly going on throughout the world. Wars can go on for multiple years, which leads to constant psychological trauma for every individual who is having to go through the experience of these long wars. There are certain traumas that victims of war experience every day, which include combat fire and bombing, homes and schools being destroyed, the separation from or the disappearance of loved ones, witnessing violence and/or death, being under constant danger and fear, and having to perform dangerous tasks, sometimes undertaken daily to merely meet their survival needs. Some people may experience sexual assault, torture, incarceration, or detention (Kaplan et al., 2015). Going through these traumatic experiences, possibly more than once, may lead to issues in children's development. According to Bragin (2007), the effects of war are twofold: many types of loss, and exposure to extreme violence. Children of war lose their possessions, culture, and language; they lose the places in which they live, and they lose the people to whom they are close (Bragin, 2007). Children of war can experience extreme violence by witnessing it, by actively having violence inflicted on them, and by being someone who inflicts violence on others (Bragin, 2007). These experiences are common for victims of war, and for those who escape from war. Also, when war is long term, because students are living through constant war, they are not able to experience educational opportunities. Time and resources are not devoted to schooling. During the war in Uganda, children were not in the classroom learning language and literacy skills like their peers who were not affected by the war, but these children were learning the tactics of war and the skills to survive (Willis & Nagel, 2014, p. 38). This further adds to the problem, because children who become soldiers go through adult-like experiences that are potentially going to change them for the rest of their lives.

Effects of War

The effects of war can be life-changing, long-lasting, and devastating. Children in warring countries may have to separate from their parents or they may experience the loss of their parents, forcing them into some different type of housing and a different family setting, or perhaps into institutional care, sometimes for extended periods. This can drastically affect the children experiencing this. Wilkinson (2016) explained that the anxiety and fear that these children of war face, along with the disruption of their relationships with their primary caregivers, can have a drastic impact on their social skills, their physical and emotional health, and, ultimately, their futures. War may inflict poverty on the citizens of the warring countries, so that the effects of poverty can be added to the effects of war.

Effects of War on Language and Literacy

Children in a warring country may not have the ability to attend school and can fall behind in their learning. However, even if children can attend school while a war is going on, the quality of schooling may not be sufficient. Information is available on the effects of interrupted schooling for immigrant children; for some of these children, war is one reason for their immigration. To extrapolate, evidence on inadequate schooling shows the ELLs (English Language Learners) who are immigrants and who had their education disrupted in their home countries exhibit a delay in academic achievement for each year of schooling that was lost when compared to classmates who are native English speakers (Kaplan et al., 2015). In Ohio, there are 55,222 ELLs in Ohio schools (3.3% of all enrolled), based on the 2018-2019 school year data (Ohio Department of Education, 2020). It is not reported how many of these children came to Ohio as refugees from war. Kaplan et al. (2015) stated that special education classes are more likely to have disproportionately high rates of ELLs, refugees, or postwar immigrants. Some may bring their traumatic experiences into the classroom. Due to the psychological damage that war causes, children of war tend to carry their experiences of war and trauma into their education (Gökhan Ulum & Tuğrul Kara, 2016).

Bragin (2002) explained a real-life example of a child who experienced the trauma of war and how it affected the child's attention span and learning in the classroom:

I came to learn that Deng could not sit still in school, where like many of the teens, he was placed in a class for beginning readers and writers. He could not concentrate at all, his mind either alighting on the screams of victims and murderers alike during the past years or wandering off to the grasslands in a desperate effort to avoid the flashbacks (Bragin, 2002, p. 207).

Moreover, what about those children of war who are removed from their homes? What happens to those children? If they are not at home, that certainly means that they most likely cannot attend school. Willis and Nagel (2014) showed an example of this in Uganda, where villages, schools, and families were forced to relocate and many of the children were not able to attend school or there were no schools to even attend. Overall, the experience of war creates detrimental effects on individuals, especially affecting those youths who are in the learning process.

Political Unrest and Detention at National Borders

Political unrest is an important topic in our society. The United States is currently detaining children at its southern border who tried to cross over into the United States, often to escape political unrest. However, due to the COVID-19 pandemic, the United States presently is varying the numbers of people being detained. For example, In March of 2020, ICE (U.S. Immigration and Customs Enforcement) detained 18,528 people, which was lower than the usual 23,000 a month. At the end of the month, ICE had 35,671 people detained on a typical day (Owen, 2020). Information is sparse on the educational impact of children being detained. Detention could affect these children in some of the same ways as war. Separating children from their loved ones may harm them in multiple ways. For example, Fox (2018) interviewed the American Psychiatric Association's Dr. Altha Stewart, who stated, "Any forced separation is highly stressful for children and can cause lifelong trauma, as well as an increased risk of other mental illnesses, such as depression, anxiety, and post-traumatic stress disorder." Detention of children at the border is a traumatic experience that is actively hurting these children. It is disheartening that it is happening in the United States when it does not have to continue in the same manner.

Comparing the Three Types of Complex Trauma

Domestic violence, poverty, and war all are types of complex trauma, and they can continue for a long period of time in children's lives. All these traumas can keep people in continuous fear for their lives, may make them move to different places, and can leave them in a constant state of uncertainty. In all three circumstances, children can experience physical and mental pain, food insecurity, and inconsistency in housing and places to live, and they may witness loved ones being physically harmed. While each of these traumas are different in origin and means, they all may cause significant changes to developing children.

Speech-Language Pathologists' Interventions

It is important for speech-language pathologists and other professionals to have intervention strategies to help children who have experienced traumatic life events. Two main considerations influence intervention approaches: trauma-informed care and behavior management strategies that can help limit the behaviors caused by trauma. Both intervention approaches are designed to help children focus on learning.

Trauma-informed Care Approaches

Recommendations for interventions for children of trauma center around trauma-informed approaches. Trauma-informed care has the potential to impact individuals who have experienced trauma. The trauma-informed approach is defined as "one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers" (NCTSN, n.d-b.). Programs, agencies, and professionals that use the trauma-informed approach implement trauma awareness, knowledge, and skills in every aspect of their services. They interact with everyone who is involved with the child by using the best available resources, to help maximize the child's safety, help in their recovery, and support them so they have the ability to continue to grow and develop (NCTSN, n.d-b.). A trauma-informed approach means that instead of disciplining children or trying to correct behaviors, professionals focus on what happened to the child and why the behavior is happening. Instead of immediately thinking about what is wrong with the children, professionals think about what happened to them (McInerney & McKlindon, 2014). By doing this, it allows people to not automatically judge a child based on the behaviors that are most likely due to their trauma. Being trauma-informed involves understanding the specific symptoms of trauma and then assessing and treating that trauma. It also helps to not retraumatize these children, which might possibly make it even harder for them to pay attention and learn. SLPs would do well to recognize and use trauma-informed care to better assist their clients.

Behavioral Intervention Strategies

Behavior management strategies can limit the behaviors that traumatic experiences seem to cause and can help to enhance children's focus on learning. One strategy that can help would be for the clinician to avoid showing any type of strong emotions, both positive and negative, as this can be retraumatizing to the individual who experienced trauma (Blackburn, 2020). The best thing to do is for adults to remain calm. Another strategy would be to slowly make interpersonal connections with these children and not rush into bonding with them, as it can take weeks or months for them to trust adults (Blackburn, 2020). These children need consistency, so adults listening to them and actively "being present" can get these children to trust and want to have a relationship with adults. It is important to note whether the behaviors the children are expressing are associated with their traumatic experiences (Blackburn, 2020). Understanding that these behaviors are out of their control makes it easier to know how to react to the behaviors. It is also important to set boundaries and ground rules, but to allow these to be adapted according to the individual's needs (Blackburn, 2020). These children are struggling, and adults have to adapt to what the children need. The last thing to keep in mind when working with these children is to change adults' specific views of success, as there are smaller achievements that are just as important as the main goal that a child needs to reach (Blackburn, 2020). These children are not used to recognition for their achievements or for doing something correctly. They are used to getting punished or being behind, so to focus on just letting them achieve one thing, even if it seems small, can mean the world to them. Blackburn (2020) stated, "find something, anything, you like about a student, and focus on that as a starting point for approaching each session" (p. 43). It is not always about just correcting what is wrong but building a relationship with the student. Overall, an SLP can use these strategies to help children who have undergone trauma.

Conclusion

In conclusion, trauma affects children in multiple ways, including their ability to learn language and literacy skills. Everyone can experience trauma, but for children, it can be especially harmful. It is important to understand the implications so that SLPs can better serve individuals who experienced traumatic life events. ♦

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CLEVELAND STATE UNIVERSITY

Not available for CEUs:

Responding Is Not Active and It Means You Are Missing a Lot

Sarah Robso & John W. McCarthy

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Financial – Is pursuing a graduate degree in Speech-Language Pathology at Purdue University in West Lafayette, Indiana. Was recipient of scholarship from National Black Association for Speech-Language and Hearing (NBASLH) and DotCom Therapy.

Nonfinancial – No relevant nonfinancial relationship exists.

John W. McCarthy Ph.D. is a professor at Ohio University in Athens, Ohio.

Financial – Is a Professor and Interim Dean in the College of Health Sciences and Professions at Ohio University in Athens, Ohio. Has received grant monies to address provider bias and cultural competency.

Nonfinancial – No relevant nonfinancial relationship exists.

Much has changed across our world, and Ohio University, since this piece was originally written and submitted; however, the overarching theme of our message remains the same – to emphasize the need for higher education to have continued conversations that will enable them to become more active in addressing diversity.

During the past 18 months, both OHIO and the College of Health Sciences and Professions (CHSP) have learned and grown by having tough discussions about race and found ways to hear and respect difference points of view with civility and grace. There's still much progress to be made, but we're getting there – by working collectively each day to help make all people within our community feel visible and valued by uplifting diverse identities, cultures, experiences and perspectives.

Since December 2020, I've had the opportunity to not only continue to work on my own efforts, but also directly impact diversity across CHSP in my new role as interim dean of the college. Shortly after starting my new position, I participated in a group on the Art of Hosting and an extended discussion of racial issues in my community. I also have had a chance to meet with college leadership to review curricula for cultural and linguistic diversity. Most importantly, as a leader within our college, I've worked hard to ensure that my words truly translate to action; it's an ideal that I strive to embody each day while working with others to celebrate diversity and create more inclusive spaces across our community.

The past 18 months have also served as a pivotal time across our university, and I've watched OHIO refocus its core strategic priorities to ensure increased access, inclusion and success. There are a growing number of initiatives on campus designed to help students know they have a place of support, and to highlight the voices of people from various backgrounds, including gender, race, LGBTQ+ identity, and religious and spiritual beliefs, along with others. I'm proud to see such efforts gaining national attention; however, that's not why we're doing it – our goal is to help make our campus community a more welcoming, inclusive and empowering space for all.

There are critical discussions nationally on the issue of systemic racism. This article describes the experiences of an undergraduate student underrepresented in the field of Communication Sciences and Disorders (CSD) and a faculty member who lacked awareness. It's too easy to think there isn't a problem when a person is not used to discrimination or inequality. In sharing this story, the hope is to emphasize the need to have continued conversations and for faculty members to become more active in addressing diversity.

Sarah's Story

As an undergraduate student at Ohio University, I took advantage of study abroad opportunities, served as a peer mentor for first generation students, participated in various organizations, and even co-founded one myself. I built rapport with amazing faculty, met life-long friends, and made memories that I will always hold close to my heart.

Unfortunately, the sole disconnect I felt while at Ohio University was in the place where I spent the most time, namely my Communication Sciences and Disorders (CSD) courses. I studied CSD as an undergraduate, with aspirations to become a speech-language pathologist (SLP). As a first year CSD student, it stood out that I was the only Black student in my major. I initially surrounded myself with other first years in the major; however, I felt isolated. I suffered from imposter syndrome and felt like I did not belong in this career path. I questioned my ability to succeed in this field as I did not know one SLP of color. I was constantly fighting to push those feelings aside and decided to continue along this journey.

In an attempt to find other Black students involved in the CSD major, I frequently searched the internet and one evening during my sophomore year I stumbled upon the National Black Association of Speech Language and Hearing (NBASLH). This organization helps connect Black SLPs and AuDs. NBASLH is large organization with chapters at higher education institutions. I wanted to create an NBASLH chapter at OU and eagerly reached out to a faculty member. Unfortunately, I was discouraged when my efforts to create this organization was greeted with comments like, "That would be very difficult", "There may not be enough people involved" and that there were already plenty student organizations in the department that I could join. I was disheartened at the lack of support and put the idea behind me.

As I continued in my undergraduate training, I had professors skip over topics on multicultural issues in CSD and African American Vernacular English, which were topics I was interested in learning about. These are topics that my predominately White-American peers also needed to be learning about if they were going to be working in the field of speech-language pathology. If a faculty member skips over a topic on dialects and multicultural issues, these topics may appear unimportant to students. Cultural competency was rarely talked about in my courses. My response was to push these thoughts to the back of my head and focus on my goal of getting accepted into graduate school. I reasoned that I would address these issues of diversity and racism in the future.

After my graduation, the horrific murder of George Floyd, and the revolutionary Black Lives Matters protests in May 2020, I decided that I could no longer stay silent, and I needed to address these issues with the department chair and staff members of the CSD department at OU. Systemic racism had been the talk of the summer and I was determined to address the issue at my previous university. As the only Black student in the major at OU at the time, I felt that it was my responsibility to discuss the feelings of isolation and lack of support I encountered as a minority in the department. I wrote an email asking what was being done to combat systemic racism within the CSD department; What efforts were being made to bring more minorities to this institution, and; How would OU ensure that CSD students were educated on multicultural differences? My email was met with a genuine heart-felt response from my undergraduate advisor. He shared with me the different changes being made in regard to admission standards and that his own course does indeed discuss linguistic differences; however, the curriculum can vary from professor to professor. He shared that the department would reach out to outside resources on campus about ways to increase diversity and inclusion.

John's Story

I have been a faculty member at Ohio University for over 15 years. One of my duties is advising approximately 30 undergraduate students per year. Most of the advising work centers on helping students find ways to meet graduation requirements or apply to graduate school. Less frequently advisees want to talk through potential major changes or are struggling academically and need help. Rarely do students request advising to discuss issues that require patient listening and usually a referral for other services.

Sarah was one of my advisees and was the only Black student in her CSD cohort. Sarah was an excellent student and I felt like I was responsive to her questions and concerns. I always looked forward to our advising meetings because she was prepared, and we had conversations about her future academic career. The problem, as I found out later, was that I only responded. I failed to initiate conversations about her experiences as a diverse student in the major. Sarah was a very successful undergraduate student and was admitted into a good graduate school and these were the typical measures of success for me as an advisor.

After graduation, Sarah shared with me that her time at OU was not idyllic. She felt isolated and she witnessed that opportunities to explore Black culture were glossed over in her classes. She did not feel supported in efforts to organize a Black student association. She wasn't sure whom to ask about minority scholarships and was confused about the various support offices on campus. She also asked me what I personally planned to do, not only in response to her issues, but to admission standards.

In responding to Sarah's requests, I described changes to our admissions process and an expanded relationship to some of the diversity support organizations on campus. I explained that discussions related to African American Vernacular English (a topic of interest to her) is included in a class I teach, but then had to recognize that not every instructor of the course shared the exact curriculum. Sarah appreciated the information but challenged me to share these efforts proactively citing that it is important to make people aware of these efforts.

I recognized that I needed to be informed about resources on my campus, and to either advertise them if they are effective or fix them if they are deficient. It is no secret to me that my campus diversity score is average overall and below the national average in ethnic and gender diversity. Very importantly, I have to remember that my experience is NOT Sarah's experience. I can't rely on my history as a college student or as someone who is a part of the university. In fact, I should be more wary given the much higher likelihood that I did not experience the same disconnect. Knowing this, it would be better to initiate this conversation with advisees rather than waiting for them to express their concerns. Sarah said she would have welcomed such actions.

Joint Reflection

Both of us recognized familiar but flawed patterns of response. For Sarah the pattern was a resignation to a suboptimal situation of isolation. For John the pattern was a failure to initiate conversations about isolation, and diversity with students of color. Instead, John chose to focus only on familiar markers of academic success. As a person without a history of discrimination, John was actually surprised to hear about Sarah's experiences. Sarah was surprised at how casually topics of diversity were omitted from her instruction. She did not understand why others could not see these areas of concern. A focus centered on academic success created a kind of illusion. John perceived that Sarah was achieving academically so why would there be any challenges to address?

The illusion continued for John by thinking that Sarah's problems would have been apparent. For example, if Sarah had faced challenges academically, John would have likely prescribed options like tutoring, visiting office hours, troubleshooting of concepts and a focus on the "academic side" of the problem and failing to explore the impact of diversity.

For Sarah, her emotions shifted from her initial doubt about pursuing speech-language pathology to focusing on the grades she needed to attend graduate school. She continued to feel isolated in the program but pushed those feelings aside to make it through and achieve her goals. She connected with a few peers and faculty in the department who understood how she felt and utilized them as a support system. This is what made keeping quiet about these issues easy at the time.

Sarah did not know what to expect when she initially reached out to the head of the CSD department regarding her feelings of isolation due to the lack of minorities and discussion of cultural issues during her time at OU. However, she knew it was what had to be done for the future minorities who enter this program. John met Sarah with genuine

concern, and questions regarding how to be a better ally. John never pretended to know everything, or that the issues Sarah addressed were nonexistent.

In order to move forward John admitted that there was more that could be done. Sarah made time to continue the conversation despite graduating from OU, moving, and starting her graduate program. The following are the key actions we have taken so far to address systemic racism in our program.

- *It is important to tell students and the wider community what efforts are being made to address racism. It is better to be seen as a program taking action rather than as a program either trying to hide problems or one that outright ignores them.*

John said, “I do think we have started in some small ways. Working with our graduate students, we wrote to ASHA after they put out a lukewarm statement about police brutality and the murder with George Floyd. In that letter we stated our commitment, but the letter was not shared outside of our correspondence with ASHA. We can do more.”

Sarah said, “I was unaware that the faculty worked with the graduate students to send a message to ASHA regarding their initial statement. These small acts towards change are good; however, it is important to be a visible ally for OU Black students and students of color. I believe it is important to make your stance and move towards a more inclusive program known to the student body, so that students like myself are aware that faculty in the program stand by us and for us..”

Sarah noted that there is a lack of public statement from the CSD community about systemic racism and what will be done. John has worked with the college to create a statement of belief but it is critical that the members of the CSD program put the statement into action.

- *It is important to know and use available resources.*

John said, “There are people at the university who are truly amazing and inspiring. There are efforts in the College of Health Sciences and Professions to actively increase diversity and inclusion discussions, but CSD could do more to actively engage students and faculty in the efforts of the Diversity and Inclusion Committee. We care about our Black students, but we don’t know their experiences or know what can be most helpful. We will reach out to our resources here and hope that you will continue to provide ideas if you want or call us out if we move too slow.”

Sarah said, “I think it is a great idea to reach out to the Diversity and Inclusion Center and the Office of Multicultural Student Access & Retention (OMSAR) for more ideas on how to actively support minority students. I would love to see topics like language and culture, **African-American Vernacular English (AAVE)**, and different dialects, become a requirement for students to learn about in the CSD curriculum.”

Nationally there are scholarship opportunities for underrepresented students in CSD that John was not aware of. John noted “I knew about doctoral students from my program in ASHA’s Minority Student Leadership Program (<https://www.asha.org/Students/MSLP-Award/>) but didn’t know that Sarah could have applied as a senior.” Sarah had to search for resources on her own rather than receiving guidance from CSD faculty advisors.

- *It is important for each individual to take action.*

John noted : When people are not sure how to act, they may choose to do nothing rather than “making a mistake.” John’s experience in talking with Sarah revealed just how important it was to start the conversation. Sarah noted that change needed to take place. Talking about race and the adversities that Black students and other students of color battle can be an uncomfortable topic, but that is not an excuse for avoiding topic. It is a privilege to be able to choose to not speak on issues like Black Lives Matter, police brutality and systemic racism.

John’s advice to faculty is that we have the responsibility to acknowledge our own biases, incorporate an inclusive environment in our classrooms, and educate students and ourselves on these issues. Reach out to organizations that focus on diversity training and do the work to be better. We are all in a constant state of learning and we must be honest and hold ourselves accountable for what we know, what we think we know, and what we have yet to learn. ASHA provides knowledge and skills acquisition standards for linguistic and cultural diversity in the graduate curriculum, but the undergraduate curriculum is less prescriptive. It is important to make a continued and concerted effort to cover issues of diversity that includes people of color in discussions.

- Finally, it is important to recognize our own shortcomings.

Earlier, John talked about how Sarah was an important voice in letting him know that he was not doing enough. It is important to actively ask other people from a variety of backgrounds how we are doing. Our own estimates of success may not match that of others. In 2014, Janice Wright, an OU faculty member wrote an article in *eHearsay* called, “A question of race: The elephant in the room.” The faculty read it and praised Janice for addressing the issue, while failing to heed the advice provided. John notes, “I didn’t really get the idea of cultural humility until I interacted with Sarah. I realized that I need to look around at bias that is implicit and explicit and at the systems that are creating it. Then I need to work for change.

These positive actions described here came through an ongoing discussion with Sarah and John. We hope our discussions inspires other CSD programs to do the same.

Never doubt that a small
group of thoughtful,
committed citizens can
change the world; indeed, it's
the only thing that ever has.

Margaret Mead

Not available for CEUs:

Postscript

Janice M. Wright M.A. CCC-SLP

Janice M. Wright M.A. CCC-SLP is a professor at Ohio University in Athens, Ohio.

Financial – Is an Assistant Clinical Professor in the College of Health Sciences and Professions at Ohio University in Athens, Ohio.

Nonfinancial – No relevant nonfinancial relationship exists.

When Sarah asked me about contacting faculty after she graduated, I was pleased to assist her in developing a letter to send to our faculty to express her concerns about the lack of diversity and her concern about faculty's seemingly lackadaisical attitude towards diversity issues. I had met Sarah her last year in our undergraduate program and while I had mentored Black undergraduate students when I taught undergraduate classes I had not taught undergraduate classes in three years and therefore no longer knew how many Black undergraduate students were in our program. I also have had the privilege of mentoring the three Black graduate students we have had since I started at Ohio University (yes, I said, 3), but we have not had an individual who had identified as Black in our MA program in over 10 years.

After talking with Sarah, I was appalled that the same instances of bias were occurring in 2019 as they did back in 1999. Black students being counseled to consider another career as they were not "graduate school material", being discouraged to form a group that would address the lack of diversity in the field, the lack of faculty addressing diversity in their classes. I had thought that my over 20 years of work in the department, speaking up about the lack of teaching about diversity in our undergraduate and graduate classes, mentoring Black undergraduate and the three Black graduate students who have completed our Master's program, writing articles and presenting at numerous professional conventions about the recruitment and retention of students of color in our programs would have made a difference. In reviewing my curriculum vita, I realized that I had started presenting about diversity issues at the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) in 1986, so I was chagrined to learn that all of my work seemed to have not made a difference.

In doing this work, I have learned that I cannot be the only one spitting in the Grand Canyon, hoping it will fill up, when it comes to addressing issues of diversity.

There needs to be a concerted, active, and conscious effort to address issues of diversity in this field from all faculty in a department.

It cannot be just the one Black staff or faculty member of the department doing all of the work, attending all of the diversity initiatives on campus, mentoring all Black students and shouting from the roof tops that representation matters.

There needs to be recognition from admission committees that having a small number of Black students applying to your program is not a proud moment. It bothers me that our Black undergraduate students feel so disenfranchised from our faculty and the department that they do not apply to their own graduate program.

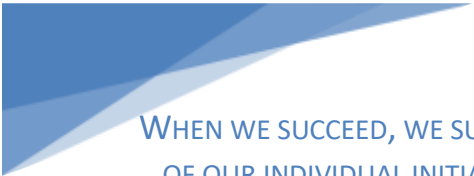
I am so proud of Sarah taking the initiative to take her concerns to our faculty and I am ecstatic that Dr. McCarthy responded to her recognizing his unconscious incompetence in dealing with the issues of diversity that need to be addressed.

I will end with the same question I made in my op-ed piece written in 2014 about the elephant in the room when discussing diversity. If we are going to deal with the issues of diversity (the elephant) in our field, we must be willing to be open and honest and deal with it head on.

So here is the question: ***How do you eat an elephant?***

The answer: One bite at a time and invite all of your friends and acquaintances to partake in eating the elephant with you.

Thank you to Sarah Robso and Dr. John McCarthy for starting the meal.



WHEN WE SUCCEED, WE SUCCEED BECAUSE
OF OUR INDIVIDUAL INITIATIVE, BUT ALSO
BECAUSE WE DO THINGS TOGETHER
Barack Obama



How wonderful is it that nobody need wait a single moment before
starting to improve the world.

Anne Frank



APPENDIX



Multicultural Resources

ASHA website resources

Office of Multicultural Affairs	https://www.asha.org/practice/multicultural/
ASHA Multicultural Policy Documents	https://www.asha.org/practice/multicultural/issues/pp/
Information for Students	https://www.asha.org/practice/multicultural/
S.T.E.P Mentoring	https://www.asha.org/students/mentoring/step/
Minority Student Leadership Program (MSLP)	https://www.asha.org/students/mslp-award/

National Black Association for Speech-Language and Hearing <https://www.nbaslh.org/>

Mentoring (student or early professional)	https://www.nbaslh.org/mentoring
Scholarships	https://www.nbaslh.org/scholarships

Websites

Multilingual Children's Speech Website <https://www.csu.edu.au/research/multilingual-speech>

- Is rich resource available to students, researchers, and practitioners.
- Is a comprehensive website with an overview to pages such as a position paper by the International Expert Panel on Multilingual Children's Speech
- Contains a listing of speech assessments as well as the freely available access to 60+ translations of the *Intelligibility in Context Scale*, a measure of functional speech.

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Continuing Education Questions

Directions: Choose the best answer for each question as you read each article. Then return to the [Member Continuing Education Page](#) for a link to answer the online assessment questions. A certificate of completion or ASHA continuing education units (CEUs) are available for a limited time.

Comprehensive Assessment for Multilingual Preschoolers: A Focus on the Jamaican Context

12. The International Classification of Functioning, Disability and Health- Child and Youth version (ICF-CY) is a biopsychosocial model that consists of two primary parts. Which component(s) comprise(s) the first part, 'Functioning and Disability'?
- Body Functions and Structures.
 - Activities.
 - Participation.
 - All of the above.
13. The _____ is an available language analysis tool that measures the linguistic complexity of children's language productions with documented utility in multilingual and bidialectal contexts.
- Focus on Outcomes of Communication Under Six.
 - Intelligibility in Context Scale.
 - Index of Productive Syntax.
 - School-Aged Language Assessment Measures.
14. Dynamic assessment is strongly encouraged in the comprehensive assessment process because it:
- Explores children's perceptions about their talking.
 - Adapts the testing approach to examine how children learn.
 - Compares children's performance to a monolingual standard.
 - Measures children's Body Functions and Structures.
15. It is critical to obtain information about concerns in _____ to obtain a representative sample of multilingual children's language functioning.
- All languages spoken by the child.
 - The child's home language.
 - The child's community language.
 - The child's dominant language.

Toward Equal Treatment in Higher Education: A Focus on Faculty and Administrators of Color

16. The Indian Removal Bill which Congress passed in 1830 was touted in Congress by some as:
- An appropriate bill for bringing more Asians, especially Indians into the United States.
 - An immoral bill.
 - An appropriate bill for sending Native Americans back to England.
 - An inappropriate bill as it did not include Latinos.
17. The twenty Africans a Dutch ship dropped off in Jamestown in 1619 as indentured servants eventually:
- Rose to become Dutch leaders of the colony.
 - Fled back to Holland as they did not like life in the United States.
 - Became slaves.
 - Became the first twenty military officers in the colonial army.

18. Among the problems people of color face in higher education are racial microaggressions; these are:
- a. Brief, commonplace, and subtle indignities that communicate hostile, derogatory, or negative slights and insults to a targeted person or people of color.
 - b. Aggressive behaviors among people of color that eventually affect their job performance.
 - c. Limited job performance behaviors that accumulate to warrant dismissal from jobs in higher education.
 - d. Appropriate job performances but generally unrelated to required or expected duties and therefore lead to dismissal from jobs.
19. As an educational process, deculturalization is aimed at:
- a. Ensuring the cultures of all cultural groups in society are maintained and respected.
 - b. Decoding cultural terms and expressions for the benefit of the general public as a means of ensuring harmonious co-existence of all groups.
 - c. Leveling the cultural landscape so no culture is regarded as better than others.
 - d. Stripping a culture of its identity to be replaced with a new culture.

A Pathway to Increase Diversity in Communication Sciences and Disorders

20. What is the current percentage of diverse CSD professionals certified by ASHA?
- a. 20.4%
 - b. 8.3%
 - c. 2.8%
 - d. 16.1%
21. What is the current percentage of diverse SLPs professionals in Ohio?
- a. 22%
 - b. 17.9%
 - c. 1.7%
 - d. 3.8%
22. When considering linguistic diversity, it is important to acknowledge which of the following?
- a. Being bilingual as the result of learning a second language in school is the same as being bilingual where the non-English language is associated with one's culture.
 - b. When one speaks a language associated with their culture, they bring knowledge of the culture to the CSD experience which is vitally important.
 - c. The profession needs translators that are not CSD professionals.
 - d. The most important second language CSD professionals should possess is Spanish.
23. This article emphasized that which of the following:
- a. Current attempts to increase diversity in the CSD profession have been successful.
 - b. More CSD programs need to offer a bilingual concentration.
 - c. Faculty need to examine the current climate of programs to dismantle beliefs and practices that prevent students from succeeding.
 - d. The main problem with increasing diversity in CSD programs is that diverse undergraduate students are not college ready.

Racial-Ethnic and Socioeconomic Audiologic Healthcare Disparities in Older Adults

24. What are the current limitations to studies examining the influence of racial/ethnic and socioeconomic factors in audiology?
- Limited research that examines effects of race, ethnicity, and/or socioeconomic factors.
 - Small sample sizes of underrepresented groups.
 - Confounding variables (i.e., race and socioeconomic status).
 - All of the above.
25. How can socioeconomic factors influence hearing aid adoption for patients in the United States?
- Affordability.
 - Type of Insurance.
 - A and B.
 - Neither A nor B.
26. What changes can health professionals expect in the upcoming years in the United States in terms of demographic characteristics for the older adult population (i.e., age 65 years or older)?
- A decrease in the number of older adults.
 - A decrease in prevalence of hearing loss in older adults.
 - An increase in racial and ethnic diversity in older adults.
 - A decrease in racial and ethnic diversity in older adults.
27. The process of ongoing self-reflection and learning in which health professionals work to provide patient-focused care and advocacy at the individual and institutional level refers to the concept of:
- Cultural Competency.
 - Cultural Humanity.
 - Cultural Awareness.
 - Cultural Humility.

The Effects of Childhood Traumatic Life Events on Development and Learning

28. Which of the following statements is true, based on the information presented in this article?
- Complex trauma affects adults, not children.
 - COVID-19 has impacted wealthy Americans more than those in poverty.
 - Not all children who experience traumatic events will have delays in development.
 - SLPs are not equipped to handle children of trauma on their caseloads.
29. What area of the brain is NOT affected by traumatic events, based on the information presented in this article?
- Hippocampus.
 - Pre-frontal cortex (PFC).
 - Primary somatosensory cortex.
 - Association cortex.
30. What can speech-language pathologists do to help students who have experienced trauma?
- There is nothing they can do to help children of trauma.
 - Use the trauma-informed approach, behavioral strategies, and individualized therapy.
 - Treat them like any other client.
 - Discipline them for what they are doing wrong and teach them the right way.

31. How has COVID-19 impacted school children's learning, based on the information presented in this article?
- a. By switching to remote learning, students are projected on average to lose about 7 months of schooling.
 - b. Students are not losing any school time; they are just attending school online.
 - c. Students may lose some months of learning due to remote learning but not more than 2-3 months.
 - d. Students have been documented to have thrived online compared to in person classes.





Dear Reader,

It is with deep regret and profound sadness that we inform you that eHearsay will no longer be published after this issue. While much time and talent has been invested in publishing OSLHA's journal (HearSay and eHearsay) through the years, professionals have not been taking advantage of the free opportunity to earn ASHA CEUs through eHearSay (only 5% of the membership have taken advantage of this CE opportunity). This is likely due to the multitude of journals (e.g., via ASHA Wire, Ohio Library and Information Network (Ohio LINK); PubMed®) and the availability of on-line continuing education service providers (including OSLHA's Learning Academy and CE Certificate Programs).

OSLHA first began publishing the print journal HearSay in 1986. It was published annually and mailed to the members.

In 2005, OSLHA's journal was transitioned to an electronic, on-line version called eHearsay under the auspices of Laura Kretschmer with the assistance of associate editor Monica Gordon Pershey. All of the issues from 2005 to 2021 are available for viewing on OSLHA's website <https://www.ohioslha.org/members-only/ce/>. Copies of the printed journal from 1986-2004 are available for viewing through Bowling Green State University Library, Center for Archival Collections.

OSLHA wishes to thank past OSLHA Journal Editors for their time and guidance in putting together quality journals through the years:

- Wayne Secord Ph.D. 1985 – 1990
- Jean Blosser Ed.D. 1990 – 1998
- Laura Kretschmer Ed.D. 1997 – 2010
- Monica Gordon Pershey Ed.D. 2010 - 2012
- Laurie Sheehy M.Ed. 2011 - 2021

I would like to offer many thanks to the authors, peer reviewers and editorial review board members though the years for their time, talents, and passionate commitment to our professions!!

OSLHA would also like to thank **YOU** (our dedicated member) for your service to our professions.

