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“You are Coming with Me”:
A Phenomenological Exploration of Urban Speech-Language Pathologists

by
Audrey Michelle Farrugia-Bernard

Dissertation

Submitted to the College of Education
Eastern Michigan University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY
Educational Studies
Concentration in Urban Education

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October 25, 2016
Ypsilanti, Michigan
Dedication

This dissertation is dedicated to my children, both my biological children, Theodore and Nora, as well as all my children I have worked with in the public schools and private practice. Know that you have inspired this journey. This dissertation is completed in the hopes of understanding our little corner of the world a little better.
Acknowledgments

I have been asked countless times how I was able to complete a doctoral degree while working full-time (and then some) with two small children. My answer has unwaveringly been the support I receive from my family and friends. People may see me as the graduate, but what they do not get to see is all the people who stand behind me. I’d like to use this space as a way to make their support transparent for all to see.

My husband has selflessly given of himself so that I could follow my dream of pursuing a doctoral degree. This includes but is not limited to making countless meals, staying home with our children, and decreasing his own school load. It also includes being my sounding board and thesaurus. This man has listened to me talk for hours on end. Thank you is not enough so I am glad I get to spend a lifetime showing my gratitude to you in other ways as well.

My son Theodore was born on the first day of my quantitative research course in the very beginning of my doctoral program and my daughter Nora followed 18 months after. Thank you both for listening to my bedtime stories of social justice and education, for allowing me to bring my laptop to many plays sessions, and for giving me a constant reminder of why I must engage in critical research in education—it is all for you. You have all of my love.

My mother, Denise Farrugia, could probably pass a comprehensive examination in educational studies. Thank you for talking to me after every class and engaging me in conversations that pushed me out of my comfort zone. Thank you also for always being willing to watch the kids for me, Busia. Most of all, thank you for Sunday Dinners. They gave me the energy (and leftovers) I needed to fuel countless projects.
My Dad, Reno Farrugia, and I have a very special relationship. It may appear as if we are arguing but that is just how we talk to each other. Thank you for teaching me how to speak my mind and for engaging in countless debates about the world. About five years ago you told me I deserved to be happy. So, whatever I wanted I needed to put on thick skin, forget (ok, it was another F word but still) what other people think, and go after it. You’ll never know how much that conversation meant to me, but I hope you can see that I took it to heart.

My sister, Rachel Masserant, is the only person that can make me scream, laugh, and cry in a matter of two minutes. Thank you for all the texts, sister nights, and for watching the kids. Thank you also for being a positive force in the field of education. Ella and Eric, I did not forget about you. Thank you for being wonderful role models for Theodore and Nora. I love you both.

I’d be remiss if I did not mention the professors in the Educational Studies program who have supported, pushed, and inspired me beyond measure, especially my dissertation committee members, Dr. Polakow, Dr. Robbins, and Dr. Cupples. I am honored to have been able to study under each and every one of you and hope to carry the torch to future generations of students. My cohort members, especially Heather Nicholson-Bester, Nigora Erkaeva, and Katja Robinson, are an amazing group of women. Thank you for late class nights and sharing the joy and pain of this process with me.

Finally, my deepest thanks to my dissertation chair and mentor, Sarah Ginsberg. You have been an inspiration to me from the beginning. Thank you for all your time and effort, for seeing my potential and believing in me when I did not believe in myself, and for being a
leader in the field of speech-language pathology. You are the reason I am here. Thank you for simply being you.
Abstract

Using phenomenology and symbolic action theory as a theoretical framework, this qualitative study explored the experiences and practices of urban, school-based speech-language pathologists (SLPs). The study focused on the assessment, certification, and service of students in urban schools, a majority of whom are members of minority groups in light of the disproportionality of students of color in special education. This study aimed to capture the urban SLP’s point of view and illuminate the power that they may use or abuse in a school system.

The understanding of the lived experiences and practices of 11 White, female SLPs practicing in urban schools in Michigan was sought through semi-structured, in-depth interviews as well as follow-up interviews for data clarification between December 2016 and April 2016. Ethnographic data gathering methods, in the form of observations, were also conducted which allowed for the understanding of the participants’ constructions of reality. Using phenomenological data analysis techniques, the interviews were transcribed, coded, and explained.

From the participants’ narratives, five common themes collectively emerged: lack of preparation, medical-model mindedness, trapped, culture of care, and burnout. The findings from this study revealed that the SLP participants were not adequately prepared to work in urban schools. As a result, the models and approaches employed by the participants to assess, certify, and treat students of color were ineffective and at times, detrimental to the urban students. Once placed in special education, the urban students were trapped in the system and rarely escaped. While the SLPs extended care to the students that they served, the care was embedded in deficit perspectives and disregarded the urban students’ parents and
communities. Due to the demands and complexities of urban school practice, the SLPs were burning out and contemplated leaving the urban setting or the field of education all together. As a result of the information gathered, implications for speech-language pathology preparation programs, organizations, and research were discussed.

*Keywords:* Cultural and Linguistic Diversity, Disproportionality, Medical-Model of Disability, Special Education, Speech-Language Pathology, Urban Schools
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Chapter 1: Introduction

The field of speech-language pathology severely lacks diversity, yet speech language pathologists (SLPs) serve an increasingly diverse population in schools. According to the American Speech-Language-Hearing Association (ASHA); (ASHA, 2016a) in 2015, only 7.7% of speech language pathology affiliates across the country self-identified as a person of color. A person of color can be defined as an individual who is not White or of European descent. This can be compared to 23% of the U.S. population that had self-identified as a person of color (U.S. Census Bureau, 2014b). In the state of Michigan, an overwhelming 94% of SLPs self-identified as White during the 2015 year (ASHA, 2016b) compared to 20% of Michigan's population that self-identified as a person of color (U.S. Census Bureau, 2014a). This cultural mismatch between SLP and client is not likely to be addressed in the coming years. During the 2014 - 2015 academic year, 24.5% of undergraduate students of color and 17.1% of graduate students of color were enrolled in speech-language pathology programs across the country (CAPCSD & ASHA, 2016). However, only 22.2% of undergraduate students of color and 13.5% of graduate students of color were awarded degrees in speech-language pathology (CAPCSD & ASHA, 2016). In Michigan, the statistics regarding diversity in speech-language pathology programs are especially bleak. During the 2014 - 2015 academic year, 8.4% of undergraduate students of color and 5.7% of graduate students of color were enrolled in speech-language pathology programs while 7.1% of undergraduate students of color and 5.4% of graduate students of color were awarded degrees in speech-language pathology (CAPCSD & ASHA, 2016).
**Problem Statement and Background**

The demographic statistics represent a significant discrepancy between the national and state number of SLPs of color and the number of people of color in the United States as well as in Michigan. This cultural mismatch is especially important to examine considering the majority of SLPs, 64% in Michigan, worked in school settings (ASHA, 2016b) and 30% of surveyed school-based SLPs reported that they worked in a metropolitan urban area (ASHA, 2014). Furthermore, in 2014, students of color outnumbered White students in public schools in the United States (U.S. Department of Education, National Center for Education Statistics, 2014). However, high concentration of students of color in urban schools is not a new phenomenon. Urban schools have been "minority-majority" for quite some time with approximately two-thirds of students in urban schools classified as students of color (Kincheloe, 2007).

The racial and/or cultural mismatch that students of color often experience with their SLPs and teachers in school is problematic for a variety of reasons. Villegas and Irvine (2010) presented three core reasons that the education workforce should be diversified: teachers of color serve as role models for all students, teachers of color are more likely to work in high-need urban schools, and teachers of color have the potential to improve school experiences and academic outcomes for students of color. Connected to the improvement of academic outcomes is one of the most serious ramifications of this mismatch—that students of color are more likely to be labeled as special education students. In its 37th annual report to Congress on the implementation of the Individuals with Disabilities Education Act, the Office of Special Education and Rehabilitative Services (OSERS); (2015) reported that in 2013, Native American and African American children between the ages of 6 and 21 were
1.5 and 1.4 times, respectively, more likely to be certified as special education students than students in all other racial groups combined. The risk ratio for Native American students ages 6 - 21 was larger than the risk ratio for students in all other racial groups combined for all disability categories except autism and orthopedic impairments. African American students accounted for the highest percentage of students identified in the emotional disturbances and intellectual disabilities certifications.

African American students were 2.1 times more likely to be identified as a student with an emotional impairment and 2.2 times more likely to be identified as a student with an intellectual disability than all other racial groups combined. Looking at the area of speech and language impairment specifically, Native American students, Latino students, and African American students between the ages of 6 and 21 were 1.3, 1.06, and 1.02 times, respectively, more likely to be certified as having a speech and language impairment than all other racial groups combined. In 2015, 27 school districts in the state of Michigan were cited as being significantly disproportionate by race in special education, with African American students being the group that was overrepresented in 25 out of the 27 districts (Michigan Department of Education, 2015b). The state of Michigan followed the national trend of overrepresentation with African American students being the highest represented racial group for the emotional and intellectual disabilities certifications (U.S. Department of Education, 2012).

In addition to being overrepresented in special education in terms of certification, students of color were also more likely to be segregated from their general education peers (Donovan & Cross, 2002). In 2013, African American special education students in the state of Michigan and nationally, represented the largest group educated in "other" environments
such as separate schools, residential facilities, hospital facilities, and correctional facilities (OSERS, 2015; U.S. Department of Special Education, 2012). Nationally, African American special education students also accounted for the second largest group, slightly behind Native Hawaiian or Pacific Islanders, to spend the least amount of time in the regular education classroom, less than 40% of the day (OSERS, 2015).

**Justification and Significance**

While *Brown v. Board of Education* (1954) provided the basis for educational desegregation in public schools by race, segregation by perceived ability was still allowed. In fact, it is argued that special education was and remains a means of continued, legal, racial segregation in the post-*Brown v. Board of Education* era (Ferri & Connor, 2005). However, the question of the disproportionality of students of color in special education has been under scrutiny for nearly 50 years since Dunn (1968) first reported on this issue. Yet, today students of color are disproportionately represented in special education, especially in three of the four disability categories that are subjectively determined: emotional impairment, cognitive impairment, and learning disability (U.S. Commission on Civil Rights, 2009).

Disproportionality refers to the over or under representation of a group of individuals in a specific category. As such, each state must collect and analyze data in order to determine if disproportionality, based on race or ethnicity, is occurring with respect to the identification of students with disabilities, the placement of students in particular educational settings, and the disciplinary actions occurring for students. Each state has the discretion to define what constitutes disproportionality for the state (OSERS, 2007). In addition, it is important to note that the federal government now makes a distinction between disproportionate representation and significant disproportionality with a monetary penalty only for those districts identified
as having a significant disproportionality in special education (Michigan Department of Education, 2015a). School districts in Michigan are considered to have significant disproportionality when the risk ratio is calculated to be greater than 3.0 for two consecutive years for any racial/ethnic group across all disabilities or within a single disability category (Michigan Department of Education, 2014).

While many researchers have documented the occurrence of the overrepresentation of students of color in special education (Artiles & Trent, 1994; Donovan & Cross, 2002; Fuchs, Deshler, & Reschly, 2004; Muller & Markowiitz, 2004), a limited number have examined how professionals contribute to this disproportionality by examining clinical reasoning and practices (Harry & Klingner, 2014; Harry, Klingner, Cramer, & Sturges, 2007; MacMillan, Gresham, & Bocian, 1998; Mercer, 1973). After rigorous reviews of the literature in databases including but not limited to ERIC and ASHA publications, it appears that no one has examined SLPs’ perspectives on the overrepresentation of students of color in special education, particularly in urban schools. Understanding SLPs experiences and perspectives on working in urban schools is essential for forming and shaping special education policies and practices that will allow for the just education of urban students of color. As such, this project is an important, unique addition to the small but growing body of literature on cultural and linguistic diversity in the field of speech-language pathology.

Purpose and Objectives of the Study

The purpose of this dissertation was to describe the experiences and practices of urban, school-based SLPs in order to better understand and illuminate the daily lives of SLPs in urban schools as they assessed, certified, and serviced students, a majority of whom are members of minority groups. Beyond merely presenting their experience, it was my goal to
explore the practices of SLPs in order to examine preparation and policy in special education. It is by studying individual lives that we can begin to better understand systems in society. Using phenomenology as a primary research mode and symbolic interaction theory as a theoretical framework, this study aimed to capture the urban SLP’s point of view and illuminate the power that they may use or abuse in a school system.

**Research Questions**

This dissertation investigated urban, school-based SLPs’ practices and perspectives on working with students of color in special education. Four core research questions guided the work:

- How do the participants describe their daily experiences and clinical practices in urban schools?
- What are the participants’ clinical judgment processes with respect to the prevention, identification, and labeling of disability?
- How do the participants construct disability?
- How do the participants articulate and demonstrate cultural competency?

These research questions examined broad ideas related to the assessment, labeling, and treatment of students of color in urban schools by SLPs.

**Theoretical Framework: Symbolic Interaction Theory**

Symbolic interaction theory, a theoretical framework that is used to examine micro-level social interaction and symbol use (Blumer, 1969), was utilized to understand the day-to-day thought processes and decisions the participant SLPs employ in assessing, certifying, and servicing students of color in special education (Bogdan, 1974). Symbolic interaction theory has been found to be useful for inquiries in the field of special education. The theory
is based on the notion that the self is a social emergent (Mead, 1934) that facilitates an individual’s interaction with her environment (Osborne, 1994). Meaning, then, is the result of the ways in which an individual interprets the environment as a result of interacting with it (Blumer, 1969). As such, meaning is both personally and socially generated.

**Premises.** Mills (1940) theorized that motivation for behavior is rooted in social interaction, not as part of human nature. The vocabularies of motivation for action that guide behavior are based on past experiences and are therefore learned. Merleau-Ponty (1962) expressed this idea when discussing the value of studying the “sense experience” where he shares the example, “The light of a candle changes its appearance for a child, when after a burn, it stops attracting the child’s hand and becomes literally repulsive” (p. 52). In this way, experiences, both negative and positive, can transform meaning for individuals. Individuals will explain the motives for their actions to themselves and others; however, the analysis of action cannot end there because the reason an individual cites as a motive also serves a purpose and is deserving of analysis. Individuals most often choose an action because of expected consequences. For example, the SLP may choose to qualify a student for special education because she knows the result will be a smaller class and individualized services. However, this type of thinking may confine people to the status quo, doing things the way they have always been done. If someone were to choose a novel action, she could not predict the outcomes. Furthermore, socially acceptable motivation for action varies depending on the context. What may be an acceptable action for a teacher in one school may be unacceptable in another. We learn what actions are accepted and how to appropriately verbalize our motives for these actions so we are less likely to be questioned. Using the example given, the SLP may know that students of color are disproportionately and inappropriately placed in
special education but can properly justify her actions to do so by stating that the student benefits from a smaller class size and individualized instruction—a socially acceptable reason. To be aware of and examine the SLP participants’ vocabularies of motives is paramount because as Greene (1967) stated, a teacher

must be ready to take the risk of making decisions without support and, frequently, without hope of justifying them in any final sense. At the very least, he must make decisions authentically and sincerely; he must take responsibility for every act which he performs. (p.4)

In conjunction with this theory of motive, Blumer (1969) explicated the three basic premises needed to examine society from a symbol interactionist perspective. The first premise is that the action that individuals take depends on meaning. While many disciplines in social science acknowledge that humans’ actions are based on given meanings, this premise is the major focus for symbol interactionists. The second premise is that individuals assign meaning through interactions. Symbolic interactionists view meaning as products of socialization. The third premise is that meaning can change as the result of social interactions. Meaning emerges via an interpretive process and as such undergoes revisions.

**Root images.** Along with the three basic premises, symbolic interactionism draws upon several basic ideas. Blumer (1969) stated that the symbolic interaction theory is based on six basic tenets which he refers to as “root images” (p. 6): the nature of human groups/society, social interaction, objects, humans as actors, human action, and the interconnection of action. Together, these root images are the basis for the examination of society from a symbolic interactionist perspective.
**The nature of human groups/society.** A society forms when individuals come together to form groups. Within these groups, the individuals engage in action, which can be defined as the activities that individuals within a group take part in as they come in contact with one another. Action can be completed on an individual or collective level. Individuals can also act as a representative from a group. From a symbolic interactionist point of view, the ongoing actions of individuals and groups in interactions define the society and act as a focal point of examination.

**The nature of social interaction.** Individuals must interact with one another in society. These interactions occur as a result of or in connection to previous interactions and can be considered non-symbolic or symbolic. Non-symbolic interaction can be defined as interaction that takes place as a direct response to another’s action without reflection or interpretation. For example, a SLP asks a student to follow her down the hall. If the act of walking behind the SLP is not an action that is thought about but merely completed, it is non-symbolic. A symbolic interaction is the response that comes about after reflecting on the meaning of others’ actions. Using the same scenario, if the child questions what it means to follow the SLP down the hallway or why he needs to follow the SLP, the action would be considered symbolic. An individual’s social interactions and the social interactions of others in society play an essential role in forming the behavior and action of individuals. While individuals experience both non-symbolic and symbolic interaction in society, the majority of interactions are symbolic and serve as the focus of inquiry when using a symbolic interaction framework.

**The nature of objects.** Symbolic interactionists believe that an individual's environment is made up of objects that come to be as the result of social interactions. An
object can be defined as anything that can be named. In symbolic interaction theory, objects can be placed into three categories: physical objects, such as a book or a pencil, social objects, such as a parent or a teacher, or abstract objects, such as ethical principles or the idea of sympathy. The individual that uses an object sets its meaning and is influenced by the people with whom individuals interact. Therefore, an object may have a different meaning for different individuals. For example, a book may signify bonding time to a toddler yet to a child struggling academically, it may denote hardship. Furthermore, an object's meaning is not static. A person may believe that teaching is a gratifying, fulfilling profession...until she receives a failing evaluation. After the evaluation, she may believe teaching is demeaning and frustrating.

**The nature of humans as actors.** Humans have the ability to possess a self, which means that the self can be the object of an individual’s own actions. For example, one could perceive of herself becoming a SLP. Like all objects, the self comes to be an object through the process of socialization. In order for the self to become an object, humans must see themselves from the outside. Mead (1934) described this process as role taking, where individuals take on the position of others. The fact that the self can be an object means that an individual can interact with herself. Examples of an individual interacting with herself include reminders to complete a task or being proud of one’s self.

**The nature of human action.** Individuals must interpret situations in order to act. When confronted with an interaction, an individual must engage in a process of acknowledging and contemplating various matters such as needs, wants, goals, available resources, anticipated actions and reactions of others, and self-image. At any point in this process of reflection an individual can commence or cease action. In order to understand the
actions of individuals, researchers must understand the complex process of interpretation that the individual engages in.

**Interconnection of action.** The intricate interconnection and juxtaposition of interactions among individuals in society create joint action. Joint action is the organization and compilation of multiple, diverse actions of various individuals. It has a distinct character that cannot be defined by any one act within its organization. An example of joint action can be found in education. We can talk about the institution of formal education without having to break it down into the separate and discrete acts that make it up. Social sciences are primarily concerned with investigating joint action and the acts and actors which compose it.

**Discussion: Framework and mode together.** Symbolic interaction theory and phenomenology, the chosen qualitative research mode of this dissertation, which will be explored in-depth in Chapter 3, are complementary approaches that, when used together, have the potential to provide a well-rounded presentation of the experience of urban, school-based SLPs as they assess and label students of color in special education. Osborne (1994) delineated three ways in which phenomenology and symbolic interaction theory are similar and therefore compatible. The first similarity is that both phenomenology and symbolic interaction theory assert that an individual cannot be examined without also considering her environment. This idea of contextualizing the experience and meaning of the participant SLPs will be essential to this dissertation. The next similarity is that both phenomenology and symbolic interaction theory view language as the primary manner to share meaning. People use language to express their actions and motivations (Mills, 1940). As such, I closely and critically analyzed the language of the participant SLPs. The third similarity between phenomenology and symbolic interaction theory is that both see meaning as dynamic.
People, ideas, objects, and situations only have the meaning that people ascribe to them (Bogdan & Biklen 1998). With this idea in mind, the label of a disability cannot be viewed as static. Lewis (2003) asserted that racialization is “an ongoing process that takes place continually…and involves questions of who belongs where, what categories mean, and what effect they have on people’s life chances and opportunities” (p. 285). I maintain that the same is true of labeling another with a disability. It is up to the professionals who refer, assess, and label students of color as special education students to continually define and redefine disability in urban schools. This is why it is imperative to examine their experiences. The aim of phenomenology is to understand a lived experience from the participants’ perspectives (Barritt et al., 1983). Symbolic interaction theory seeks to examine social interaction and symbol use (Blumer, 1969). When these two approaches are combined, the researcher is able to make meaning of the whole experience, inside and out. Thus, both phenomenology and symbolic interaction theory methods are needed in this dissertation. While phenomenology and symbolic interaction theory represent forms of micro-analysis, an implicit strength is the potential to link to macro-analysis (Fine, 1993). It is through studying individual lives that we can begin to better understand systems in society. Finally, phenomenology and symbolic interaction theory capture an individual’s point of view, illuminating the power each individual has in society.

**Dissertation Organization**

This dissertation is organized into seven chapters. Chapter 1 provides an introduction to the issue of the disproportionality of students of color in special education and the resulting cultural mismatch between SLPs and urban special education students. Chapter 2 provides a review of relevant literature surrounding disproportionality in urban schools.
Chapter 3 discusses the qualitative research methodology and the chosen research mode, phenomenology. Chapter 4 introduces the 11 participants as well as a typical day in the life of an urban SLP. Chapter 5 focuses on the themes that emerged from the narratives and observations: lack of preparation, medical-model mindedness, trapped, culture of care, and burnout. Chapter 6 analyzes and grounds the themes in current research. Chapter 7 brings forth additions to the literature as a result of the study. Finally, Chapter 8 discusses information on assessment practices that was missing from the participants’ narratives as well as the implications of the research and provides recommendations for preparation of SLPs, professional organizations, and research.
Chapter 2: Review of Literature

In order to examine the experiences and practices of SLPs working in urban schools, it is essential to examine many diverse bodies of literature about disproportionality in special education, difference and disorder in the field of speech-language pathology, the development of cultural competence, the special education process, urban education, and the models of disability. In addition, a definition of terms has been developed in order to identify the meanings of concepts central to the experiences and practices of SLPs working in urban schools.

The Disproportionality of Students of Color in Special Education

In 1979, the National Research Council was charged with the task of investigating the factors that cause the disproportionality of students of color in special education and identifying practices that could help remediate the issue (National Research Council, 1982). Today, 37 years later, the Office of Civil Rights continues to monitor the disproportionate number of students of color in special education with particular focus on three of the four “judgment categories,” cognitive impairment, emotional impairment, and learning disability (OSEP, 2007). States are required to report data on special education certifications by racial group and are penalized if disproportionate numbers are found. SLPs are integral members of special education assessment and certification teams and provide services for students within all disability categories, not just those students who are certified with a speech and language impairment. As such, SLPs are able to impact educational classification, access to special education service, and the overall trajectory of many students.

Researchers have speculated on the causes of significant disproportionality and several factors have been identified as possible causes such as referral (Mehan, Hartwick, &
Meihl, 1986; Harry, Klingner, Sturges, & Moore, 2002), lack of highly qualified, experienced educators (Darling-Hammond, 2004; Skiba et al., 2006), and behavior management (Hosp & Hosp, 2002; The Council for Children with Behavioral Disorders, 2012). Another heavily documented factor is standardized testing for special education qualification. Shortly after the passing of the Education for All Handicapped Children Act (EAHCA); (1975), the courts famously decided that the intelligence tests used to certify students with a cognitive impairment were biased against African American and other children of color and resulted in the disproportionate number of students of color in special education (Larry P. v. Riles, 1979).

The judicial system was not the only agency investigating assessment issues in special education. In a prominent study, Mercer (1973) examined the process of disability labeling by school psychologists. She found that many African American children who were able to effectively and successfully participate in their community scored low enough on standardized tests of intelligence to be certified with a cognitive impairment in schools and were recommended by the school psychologist for placement in a self-contained special education classroom. Male students of color and those students from lower socio-economic backgrounds were overrepresented in these referrals. Mercer’s study was of utmost importance because it brought issues of disproportionality to the forefront and blatantly challenged the validity of standardized intelligence tests. More recently, researchers have examined assessment as a cause of disproportionality in special education with a special focus on children that are English language learners (ELL) and/or from culturally and linguistically different backgrounds (Sullivan, 2011; Valencia & Suzuki, 2000). In the field of speech language pathology, cultural and linguistic diversity refers to a group’s variation from
the dominant culture in terms of language, thoughts, communications, actions, customs, beliefs, values, and institutions (ASHA, 2016d). Examples of culturally and linguistically diverse (CLD) groups would be African Americans, Arab Americans, Asian American, Latino/as, and Native Americans as well as individuals who identify as part of the LGBTQ (Lesbian, Gay, Bisexual, Transgendered, and Queer) community. The assessment instruments that special education professionals use to qualify students contain content and measure skills that are not reflective of diverse cultures. This is especially true of speech and language assessments (Campbell, Dollaghan, Needleman, & Janosky, 1997; Pena, Iglesias, & Lidz, 2001), which rely heavily on knowledge of dominant culture experiences and may contribute to the overrepresentation of students of color in special education.

**Difference vs. Disorder**

While there has not been research conducted on SLPs’ perspectives on disproportionality, the notion of difference versus disorder is well documented in the field of speech-language pathology. A common example of difference versus disorder can be found in the use of dialects. ASHA (2016c) defines dialect as a set of systematic differences, regular across all linguistic parameters, that differs from the standard usage of mainstream culture. Dialectal language is not impaired language. However, the use of African American Vernacular English (AAVE), a rule-governed, cultural dialect with distinct phonological, syntactic, morphological, semantic, and pragmatic features is often viewed as inferior and as a result students may be referred to special education when it is used (Harry & Anderson, 1994; Saad & Polovoy, 2009). Notably, Labov (1972) and Wolfram (1969) studied the use of AAVE in Detroit, Michigan, and found that AAVE is a full language system and not the result of language impairment or impoverishment. Still, in 1979, the *Martin Luther King*
Junior Elementary School Children v. Ann Arbor School District Board case was decided. The case questioned if children from a lower socioeconomic background who spoke African American Vernacular English and were retained and getting special education services because of perceived academic deficits were receiving an appropriate education. The judge ruled that because the school district did not take into account the linguistic, social, economic, and cultural factors of the students in educational practice, they were violating the right to an equal educational opportunity. This case set a powerful precedent for the way that speech and language variations are accepted in public schools (Baugh & Smitherman, 2002). Yet, despite this seminal ruling and research, as well as continued research (Wilcox & Anderson, 1998; Coles-White, 2004), the use of AAVE often still results in referral for special education (Seymour, Bland-Stewart, & Green, 1998; Oetting & McDonald, 2001). Thus, one essential task of SLPs working with students from culturally and linguistically different backgrounds is to accurately distinguish between language disorders and language differences.

A language disorder can be defined as a significant deficit in language skills in comparison to what would be age and/or developmentally appropriate. A language difference is a rule-governed language variation that differs from the standard language usage of the mainstream culture (Paul, 2006). SLPs provide clinical service intervention to those individuals with a language disorder. No intervention from SLPs is to be performed for a language difference, unless the individual elects service (ASHA, 2016c).

Cultural Competence

In order to differentiate a language disorder from a language difference, SLPs must become culturally competent. The development of cultural competence is especially crucial
for those SLPs working in diverse settings. Cross, Bazron, Dennis, and Isaacs (1989) proposed a model, which ASHA has endorsed (ASHA, 2015a), in which cultural competence is on a continuum with six stages: cultural destructiveness, in which thoughts and actions that are destructive to the culture are demonstrated; cultural incapacity, in which individuals do not choose to be destructive to cultures but lack the ability to help; cultural blindness, in which individuals believe in no bias and that everyone is the same; cultural pre-competence, in which individuals possess an awareness of their own culture; cultural competency, in which individuals are not only aware of their own culture and others but also possess a sensitivity and respect for all cultures; and cultural proficiency, in which individuals not only respect all cultures but also seek to add to culturally competent practices. In addition, Dixon (2014) described seven strategies for the development and application of cultural competence for SLPs: know your cultural identities and beliefs, get to know the community where you work, get to know your students’ families, set the stage for information exchange, gather other professionals into a professional learning community, know your students, and use ASHA resources.

As important as the development of cultural competence is for SLPs (Leadbeater & Litosseliti, 2014), SLPs often report that their preparation programs did not address cultural competency nor did they adequately prepare them for diverse, urban schools (Hammer, Detwiler, Detwiler, Blood, & Qualls, 2004; Kohnert, Kennedy, Glaze, Kan, & Carney, 2003; Roseberry-Mckibbin, Brice, & O’Hanlon, 2005). Conversely, while SLPs may not feel they are receiving enough multicultural training, researchers have found the majority of speech-language pathology preparation program directors do. The majority of speech-language pathology program directors across multiple studies felt that their programs adequately...
prepared SLPs to work with individuals from CLD backgrounds (Caesar, 2013; Hammond, Mitchell, & Johnson, 2009; Stewart & Gonzalez, 2002).

ASHA requires that graduate programs in speech-language pathology “must be specifically designed to prepare students for entry into professional practice and provide curriculum (academic and clinical education) that reflects current knowledge, skills, technology, scopes of practice, and the diversity of society” (ASHA, 2015b, para. 1). However, the methods for accomplishing these tasks are left completely up to each individual speech-language pathology program. This has resulted in a large variety of multicultural preparatory practices. The two major approaches for incorporating multicultural content into speech and language programs are known as infusion and foundational course approaches (ASHA, 2015c). The infusion approach involves embedding content about CLD populations into one or more courses across the curriculum. This is the approach most speech-language pathology programs utilize (Stewart & Gonzalez, 2002; Stockman, Boult, & Robinson, 2004). The foundational course approach involves the creation and implementation of one or more courses dedicated solely to multicultural content. ASHA maintains that the best method for multicultural preparation involves a combination of both the infusion and foundational course approaches (ASHA, 2015c). Despite coursework and the push for cultural competence, only 8.6% of surveyed school SLPs felt very qualified to address cultural and linguistic influences on service delivery and outcomes and 5.9% felt not at all qualified (ASHA, 2014).

It was not until the early 1980s that researchers in the field of speech-language pathology began investigating issues of cultural and linguistic diversity (Saad & Polovoy, 2009). While the research that began at that time was revolutionary for the field, racial
groups such as African Americans were researched as a homogenous group with little regard for the ways that speech and language varied amongst gender, social class, and geographic location (Saad & Polovoy, 2009). Revitalized and continuous research on cultural and linguistic diversity is imperative in order to provide effective speech and language services for all people of color. In recent years, ASHA has recognized the dire need to provide its members information regarding the appropriate service of culturally and linguistically diverse populations (ASHA, 2015a).

**The Special Education Process**

Due to the fact that this dissertation detailed the special education process, an explanation of special education policies and procedures in the state of Michigan is imperative. The following is an outline of the initial special education process (Michigan Department of Education, 2013b). See *Figure 1* for a graphic representation of this process. Students may be referred for a special education evaluation by a parent or a teacher. Once a request for a special education evaluation is received, involved professionals have 10 calendar days to hold a meeting, called the Referral/Review of Existing Evaluation Data (REED). The purpose of this meeting is to identify the suspected disability, the professionals that will be performing evaluations, and what types of evaluations will be performed as well as to review any existing data available on the student. Both the parents and involved professionals must sign the REED. Once the REED is signed, the identified professionals have 30 school days to complete their evaluations. On or before 30 school days from when the REED was signed, a multidisciplinary evaluation team (MET) meeting must be held. At the MET meeting, the professionals that evaluated the child share the results of their evaluation(s). The team then comes to a decision as to if the child qualifies for special
education or not. If the child does qualify, the team must also decide what special education certification is most appropriate for the child. Only the professionals that evaluated the child sign the MET to indicate whether or not they agree with the certification. Directly after the MET meeting, the individualized education program team (IEPT) meeting takes place. The purpose of the IEPT is to plan the services and supports the child needs to be successful. The parents must sign the initial IEPT to put the document into effect. SLPs play an active role in all parts of the special education process not only for students that are certified with a speech and language impairment but for all those for which speech and language support services are needed.
Figure 1. Overview of the initial special education process in Michigan.

A student with a disability must be categorized and placed into one (or more) of the 12 special education certifications: autism, deaf-blindness, emotional disturbance, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairments, other health
impairments, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment. There may be some variability in how each state names or classifies the special education certifications. For example, in the state of Michigan, 13 special education certifications exist: autism spectrum disorder, cognitive impairment, deaf-blindness, early childhood developmental delay, emotional impairment, hearing impairment, other health impairment, physical impairment, severe multiple impairment, specific learning disability, speech and language impairment, traumatic brain injury, and visual impairment.

However, the label of a disability is not static. No clear distinction exists between a student that has a disability and one that does not, there is a wide continuum of academic ability (Donovan & Cross, 2002). Furthermore, Mehan et al. (1986) presented the idea that labeling a child with a disability greatly contributes to his or her social identity. In this way, special education evaluation is not merely a report of the student’s abilities but a catalyst for educational, professional, and social stratification. Similarly, Harry and Klingner (2014) reason that “determining children’s eligibility for special education is anything but a science. Rather, it is the result of social forces that intertwine to construct an identity of ‘disability’ for children whom the regular education system finds too difficult to serve” (p. 13). This is why it is imperative to examine the experiences and practices of special education professionals, like SLPs.

What is Urban Education?

The focus of this dissertation is on SLPs working in urban schools. As such, it is essential to define urban schools; however, a consensus on an exact definition of urban education does not exist. Consequently, two definitions of urban education (Kincheloe, 2007;
Milner, 2012) are presented in an effort to center and contextualize the information introduced in this dissertation.

For many, urban education has become synonymous with negative characteristics such as violence, low achievement, drugs, and decrepit buildings. In order to create a realistic perspective, Kincheloe (2007) outlined 12 characteristics of urban schools: Urban schools operate in areas with high population density; are bigger and serve more students; function in areas marked by profound economic disparity; have a higher rate of ethnic, racial, and religious diversity; experience factionalized infighting on school boards over issues concerning resources and influence; are undermined by ineffective business operations; are more likely to work with students who experience health problems; experience higher student, teacher, and administrator mobility; serve higher immigrant populations; are characterized by linguistic diversity; experience unique transportation problems; and employ teachers who are less likely to live in the poor communities surrounding the schools than teachers in suburban and rural systems.

Milner (2012) offered three conceptual frames to define urban education: urban intensive, urban emergent, and urban characteristic. Urban intensive education describes those schools situated in large, densely populated, metropolitan cities. Urban emergent schools are located in cities that are not quite as large or populated as the ones found in the urban intensive category but share the challenges, such as lack of resources. Urban characteristic schools are not located in large cities but experience some of the challenges of an urban environment such as an increase in English language learners. These details are helpful in framing the complex conditions of urban education.
The high rate of poverty has significantly affected schools in Michigan. In 2004, Michigan’s child poverty rate was 22.6% (Children’s Defense Fund, 2015). Michigan had the sixth highest poverty rate in the country for African American children of color with 47.2% (Children’s Defense Fund, 2015). During the 2015 - 2016 school year, 46% of all students and 51.6% of special education students were eligible to receive free or reduced lunch in the state of Michigan (Center for Educational Performance and Information, 2016). Education in Michigan urban schools today is especially bleak. High-stakes standardized testing demands much of the teachers’ and students’ attention (Segall, 2003). Adherence to zero tolerance policies has excluded students, especially students of color and those with a disability (Baiyee, Hawkins, & Polakow, 2013; Zweifler & De Beers, 2002). The number of charter and for-profit schools has significantly risen, eroding the sense of community. In 1995, charter schools first received authorization in Michigan and 38 schools opened. By 2010, 297 charter schools had opened their doors to students, with the majority located in urban areas (CREDO, 2013). The Educational Achievement Authority, a type of “emergency management” appointed by the governor resided in power over several schools (Mason & Arsen, 2014). Teacher unions have been weakened and the profession of education degraded (Boyd, Plank, & Sykes, 1998). However, people are banding together to fight back against systems of oppression. While this dissertation is being completed, place-based educators are engaging students in knowledge of their community and the natural world (Lowenstein, Martusewicz, & Voelker, 2010). Urban farmers have reclaimed abandoned lots to provide food for thought and nutrition to the community (Sugrue, 2014). Parents are opting their children out of taking standardized tests (Kohn, 2001). Educators, parents, and students in Detroit Public Schools have staged sick-outs to protest the unsafe conditions of buildings and
the possibility of educators not being paid full teaching salaries (Carter Andrews, Bartell, & Richmond, 2016). The state of urban education, both the negative and the positive, in Michigan is essential to consider when examining this dissertation.

Models of Disability

There are two major models of disability used to define impairment and the approaches implemented to meet the needs of disabled people: the medical-model of disability and the social model of disability.

The medical-model. The medical-model of disability posits that intrinsic, biological factors are the cause of impairments (Forness & Kavale, 2001). Under the medical-model of disability, an individual is in need of services, such as speech and language therapy, to rid her of disability and restore her to able bodied and minded normalcy (Kauffman, 2007). Disabled people are viewed as inferior and as a result, exclusion and segregation is justified (Artiles, 2013).

The medical-model of disability guides special education teacher preparation programs (Routel, 2013) and thus the practice of school-based SLPs. Special educators are required to label students under special education categories according to flawed factors within the child and then treat the child with services in order to fix her so she is academically successful and, consequently, normal (Marks, Lemley, & Wood, 2010; Tillman, 2009). The disabled person must rely on the expert opinion of these service providers in order for progress to be made toward normalcy. The disabled person’s opinion and insight is not considered because her deficiencies make her an unreliable source (Linton, 1998). If the expert opinion of the professional is not followed, the disabled person should
not be rewarded with educational, social, or work opportunities granted to able bodied and
minded individuals (Crossley, 1998).

While the medical-model of disability has been heavily criticized, it remains the
standard practice among the vast majority of school-based SLPs and special educators
(Bailey, 2005; Gartner & Lipsky, 1987; Triano, 2000). Researchers argue that
disproportional numbers of students of color in special education persist because of the
continued practice of the medical-model in public schools and the larger arena of society
with no recognition of the ways in which the school and societal environments disable
children (Artiles & Trent, 1994; Bell, 2011; Marks et al, 2010; Mercer, 1973). To this point,
Skrtic (1991) delivered a critique of the special education system, which he believed
functions as a safeguard to exclude and contain those students who display differences that
do not fit the mainstream. Skrtic, like Labaree (1997), argued that the school system’s
primary goals are to prepare citizens, train workers, and increase social mobility. In order to
accomplish these goals, children are sorted, by cognitive, intelligence testing, into categories.
Those students who do not fit the mainstream in any way, whether it be by race, ability,
socioeconomic status, religion, etc., are placed into special education.

The social-model of disability. Individuals who engage in critical disability analysis
reject the medical-model of disability and instead adhere to a social construction (Gabel,
2005; Marks et al., 2010). The social-model of disability posits disability as a form of
oppression that is produced socially, economically, and discursively in an effort to exclude
and marginalize identified individuals (Barnes, Mercer, & Shakespeare, 1999). The thesis of
the social-model of disability was pronounced in 1975 during the disabled people’s
movement in the United Kingdom by the Union of the Physically Impaired Against Segregation and the Disability Alliance with a joint statement:

In our view, it is society which disabled physically impaired people. Disability is something that is imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group. It follows from this analysis that having low incomes, for example, is only one aspect of our oppression. It is a consequence of our isolation and segregation, in every area of life, such as education, work, mobility, housing, etc. (p. 4)

The American version of the social-model of disability, also known as the minority group model, began in the late 1970s as an offshoot of the civil rights movement’s assertion that non-dominant culture group members experience exclusion, marginalization, discrimination, and stigmatization as a result of their assignment to social group(s) (Gabel, 2005). The social-model of disability was fully outlined and expounded in 1980, by Finkelstein. However, since that time researchers have reinterpreted this model within the field of critical disability studies. As such, in 2001, Finkelstein suggested the use of the term “social interpretation of disability” to better account for the multiple and varied perspectives of researchers within the critical disability studies field.

Definition of Terms

There are several important terms essential to understanding the work of this dissertation. Each term is defined in this list as well as throughout the body of this study.

Clinical Fellowship Year (CF/CFY). In the field of speech-language pathology, the clinical fellowship year is the period between the completion of academic coursework and
field experiences and professional employment for speech and language services. The CFY is a mentored professional experience that each clinician must complete before receiving a certificate of clinical competence (CCC); (ASHA, 2016e).

**Contract employee versus district employee.** School-based SLPs can be employed as contract employees where a third-party company places employees in schools, often on a short-term basis, and manages employment or as a direct employee of the school where the SLP reports directly to administration in the school district.

**Cultural competency.** While a variety of definitions of cultural competence exist, ASHA defined it as the awareness, understanding, appreciation, and sensitivity towards those individuals from diverse backgrounds (ASHA, 2015a).

**Culturally and linguistically diverse students.** Culturally and linguistically diverse is a category and term used by the United States Department of Education to denote students who are not proficient in or possess a limited proficiency in the Mainstream American English (MAE) language and/or come from diverse social, cultural, or economic backgrounds (Gonzalez, Pagan, Wendell, & Love, 2011).

**Difference versus disorder.** Paul (2006) defined a language disorder as a significant discrepancy in the language skills of a child, based on of her age or developmental level. In contrast, Paul asserted that a language difference is the use of a rule-governed language form that differs from the standard language usage of the mainstream culture.

**Disability.** IDEIA (2004) defined a child with a disability as a child with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (referred to in this title as “emotional disturbance”), orthopedic impairments, autism,
traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

**Disproportionality.** Disproportionality can be defined as the degree to which group membership affects the probability of being certified and placed in a special education category (Oswald, Coutinho, Best, & Singh, 1999).

**Push-in and pull-out service delivery models.** The pull-out method involves the SLP removing the student from their classroom to work individually or in a small-group setting specifically on speech and language goals. The push-in method involves the SLP joining the student in their classroom to work collaboratively on speech and language goals in the context of classroom curriculum.

**Special education.** Special education is defined as “specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability” (IDEIA, 2004).

**Students of color.** A student of color is defined as a student who is not Caucasian or of European descent. Furthermore, Vidal-Ortiz (2008) described a person of color as having “a social relationship among racial and ethnic minority groups…that allows for a more complex set of identity for the individual--a relational one that is in constant flux” (p. 1037).

**The judgment categories.** The special education certifications that are based more heavily on clinical judgment than on hard, biological data (Harry & Klingner, 2014) are referred to as the judgment categories. The judgment categories include cognitive impairment, emotional impairment, learning disability, and speech and language impairment.
Chapter 3: Methodology

In qualitative research, great responsibility is bestowed on the researcher as she is the research instrument responsible for both collecting and analyzing the data. With this responsibility, a multitude of critical decisions must be made. Essential to any successful project is the careful selection and rationale of research methods. This chapter will discuss qualitative research, highlighting the rationale for existential phenomenology as the chosen research mode for this study, as well as the various study design components from data collection, to analysis, and interpretation of themes.

Qualitative Research

Qualitative research is a broad, complex umbrella term that encompasses many different research approaches such as ethnography, grounded theory, and phenomenology. All qualitative research presents with the overarching goal of better understanding the human experience. Qualitative research in the field of education has been heavily influenced by the Chicago School, which produced seminal, qualitative research pieces in sociology, focused on the urban environment (Denzin & Lincoln, 2011). Bogdan and Biklen (1998) identified five features that define qualitative research in education: naturalistic methods, descriptive data, concern with process, inductive reasoning, and decoding meaning. In the field of special education, qualitative studies detail descriptive and/or procedural knowledge about individuals with disabilities, their families, the general public and those professionals that work with them, as well as educational contexts and strategies (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005).

While quantitative data has been presented on the representation of students of color in special education (Donovan & Cross, 2002; Heller, Holtzman, & Messick, 1982; OSERS
2007; OSERS 2015), the numbers cannot speak to the everyday experiences and clinical judgment processes that SLPs utilize when labeling children of color as special education students. As such, qualitative research was my chosen method for this dissertation project in order to give voice to urban SLPs and better understand the ways they viewed and experienced the disproportionality of students of color in special education.

**Phenomenology: The Chosen Research Mode**

The purpose of this dissertation was not to merely describe the experiences and perspectives of urban, school-based SLPs but to better understand and illuminate the daily practices of SLPs in urban schools as they assessed, certified, and treated students of color in special education. As such, I chose to employ a phenomenological perspective. Phenomenology is a qualitative research approach that seeks to understand a lived experience from the participants’ perspective (Schram, 2006). The phenomenological paradigm employs a constructivist approach in which individuals construct their own distinct perspective of the world (Glesne, 2006). Phenomenological inquiry is not done with the intention to generalize the results but rather to yield interpretive understanding, based on the examination of the experiences and perspectives of individuals (Brantlinger et al., 2005).

**Basic assumptions.** Schram (2006) highlighted some basic assumptions of phenomenology. First, phenomenologists believe that human behaviors occur and are therefore comprehensible only in social contexts. Thus, in order to understand the life-world of a participant, one must come to know how the individual perceives and acts in social situations. Next, it is essential to note that reality is defined by an individual’s consciousness of it, not by an objective agreement. So, two people can experience the same event in different ways and no one way is the “real” or “right” way. Instead, reality is the perception
of what is experienced by each individual. Finally, humans use language as the primary means to form and express meaning in reality. Therefore, through conversation and reflection, the participant unveils meaning. Roche (1973) maintained that while each individual phenomenologist creates a different definition of phenomenology, the one universal theme believed by all phenomenologists is “to be true to the phenomenon” (p. 1). In order to be true to the phenomenon, each participant's experience should be explained using Husserl's concept of to the things themselves (1901). This means to understand and impart the reality of the experience as it is created by the participants, not via preconceived beliefs. Merleau-Ponty (1962) expounded on the importance of this notion by stating “All my knowledge of the world, even my scientific knowledge, is gained from my own particular point of view” (p. viii).

**Key concepts.** While there are numerous key concepts in the phenomenological research tradition, several are of utmost importance to this dissertation and require careful consideration. Brentano, considered the father of phenomenology, explicated the concept of intentionality of consciousness (Brentano, 1890; Roche, 1973). Intentionality, the defining characteristic of consciousness, refers to the ability of humans to form representations of objects or events in the world. These events or objects possess an “aboutness” of a phenomenon (Vandenberg, 1971), which leads to a representation in consciousness. For example, when a school-based SLP sees a standard score from an assessment, she is thinking of or about the number and its relationship to special education eligibility. Intentionality asserts that consciousness is always conscious of something (Vandenberg, 1971). In this way, humans create representations of objects or events so as to gather its sense or essence. According to Brentano (1890), there are three classes of intentionality: representation,
judgment, and affectivity. Representation intentionality is the mere awareness of something, judgment intentionality is the belief that an object is true and exists or is false and not real, and affectivity intentionality is the affinity for an object. When asked about their experiences, the participants’ intentionality of students of color in special education was explored.

Husserl elucidated the idea of the natural attitude, which means to accept certain objects, people, ideas, and events as real in the ordinary, everyday life without questioning their existence (Roche, 1973). The natural attitude is deeply embedded in humans and as such, many facets of the world are often unquestioned (Munhall, 2007). The phenomenological tradition implores that as a researcher, I must challenge the natural attitude in order to examine disproportionality in urban schools. I cannot merely accept it as a fact; instead, I must question and reflect on the experiences of my participants.

Husserl also described the epoché, or using the process of reduction so that one reaches the essence of an object (Husserl, 1901). Schram (2006) stated that the epoché is arrived at through a process called bracketing in which the researcher suspends the preconceived meaning of objects associated with the natural attitude. For phenomenologists, true meaning is derived from an individual’s experience not from predetermined assumptions. Subjectivity should be closely monitored in order to successfully engage in bracketing and suspend judgments to reach epoché and describe the event exactly how it is experienced by the participants.

First described by Husserl, Merleau-Ponty (1962) expanded on the concept of the life-world, *Lebenswelt*. The life-world is the backdrop of our day-to-day experiences and actions. It is made up of an individual’s everyday life experiences—all actions and interactions with people and objects, as perceived by individuals. The life-world is pre-
reflective, meaning that it exists before we think and talk about it. Thus, it is shared by all individuals and serves as a fundamental basis for phenomenological research. The life-world focuses on the intersection of the personal and social world in which we live, not on an introspective, private world, “there is no inner man, man is in the world, and only in the world does he know himself” (Merleau-Ponty, 1962, p. xi). Phenomenologists look to describe social interactions and experiences, which both form and give subjective meaning to the life-world of the participants (Schram, 2006).

Heidegger’s (1927/1962) emphasis is on the existential, relational view of humans which posited that because humans take part in interactions, driven by language, which make-up the world, to be human is to be-in-the-world. Heidegger’s (1927/1962) interpretation of phenomenology, existential phenomenology, is concerned with ontological questions and seeks to understand and describe the experience of existence in the world (Vandenberg, 1971). In this view, an individual does not exist unless she is amongst other people and actions. A person and her life-world co-constitute one another. Phenomenologists cannot explore the meaning of an experience by studying the participant in an isolated context; we must research our participants in-the-world. Heidegger asserted that in the phenomenological tradition, an emphasis is placed on language as it causes experiences. In this way, language both creates and limits the life world of humans (Munhall, 2007).

**Phenomenological Inquiry Method**

In order to articulate a method for phenomenological inquiry, Munhall (2007) outlined seven steps: immersion; coming to the phenomenological aim of the inquiry; existential inquiry, expressions, and processing; phenomenological contextual processing;
analysis of interpretive action; writing the phenomenological narrative; and writing a narrative on the meaning of your study.

**Immersion.** Munhall (2007) suggested that in order to become immersed in phenomenological inquiry, one must describe the philosophical underpinnings and concepts pertinent to phenomenology. The goal of immersion is a comprehensive understanding of the phenomenological research mode and its history. As a result, immersion is an on-going process. Phenomenological research cannot be conducted without understanding its philosophical roots. Without this background information to guide the work, the researcher is merely storytelling, not engaging in a scientific research process.

**Coming to the phenomenological aim of the inquiry.** Munhall (2007) proposed four activities to focus on the aim of a phenomenological study: articulate the aim of the study, distinguish the experience that is part of your study, decenter yourself and come to “unknow,” and articulate the aim of the study in the form of a phenomenological question. The researcher must clearly articulate what is to be accomplished by conducting the study. In doing so, the experience that will be examined should be fully explained, including the situated context in which the experience takes place. Once the aim of the study has been described, the researcher must come to “unknow.” In order to “unknow,” the researcher must reflect and analyze her own beliefs, assumptions, motives, and biases in an effort to decenter and understand the experience as the participant lives it, not from her own worldview. While many questions about the experience will take place throughout the study, one overarching question is helpful to propose.

**Existential inquiry, expressions, and processing.** In this step, Munhall (2007) stated that existential or ontological information is gathered from the participants. This information
would be about the nature of being, reality, and what exists (Glesne, 2006). In order to gather this information, Munhall (2007) suggested the researcher listen to self and others, reflect on personal experiences, and provide experiential expressions from the participants, others engaged in the experience, and the research literature.

**Phenomenological contextual processing.** It should be noted that this step and the previous step, existential inquiry, expressions, and processing, should occur simultaneously. In this phase, the researcher presents the analysis of the situated contexts, day-to-day contingencies, and life-worlds of the participants. Contingencies can be defined as the motives for our actions, decisions, and changes, or lack thereof (Munhall, 2007). Greene (1967) asserted that “Doing, acting, choosing—these are the watchwords of existential thinking and existential education” (p.152). Finally, a researcher must present a detailed description of the life-world of the participants. In the immersion step, the life-world is described as an individual’s everyday life experiences. Munhall (2007) presented four interconnected, existential life-worlds of humans: spatiality, or the environment, corporeality, or embodiment, temporality, or time, and relationality or social relationships.

**Analysis of interpretive action.** Munhall (2007) called for three steps in the interpretive interaction analysis phase: integrate existential investigation with phenomenological contextual processing, describe expressions of meaning, and interpret expressions of meaning as appearing from integration. In order to present meaning, it must be contextualized in terms of both phenomenological theory and the historical, political, cultural, and social conditions of the participant. Furthermore, even if the participants shared the same historical, political, cultural, and social conditions, that does not mean they experience it in the same way. It the job of the phenomenological researcher to depict the
unique verbal and non-verbal behaviors that the participants engage in, which generates meaning while integrating the essential existential phenomenological inquiry of understanding what it means to be human and thus to be-in-the-world.

**Writing the phenomenological narrative.** Once the intersubjective themes are identified, the next task is writing the phenomenological narrative. Munhall (2007) recommended five measures for writing the phenomenological narrative: choose a style of writing that will communicate an understanding of the meaning of this particular experience; write inclusively of all meanings, not just the “general” but the “particular”; write inclusively of language and expressions of meaning with the interpretative interaction of the experience of the situated context; interpret with participants the meaning of the interaction of the experience with contextual processing; and narrate a story that at once gives voice to actual language and simultaneously interprets meaning from expressions used to describe the experience.

**Writing a narrative on the meaning of your study.** Discussing the meaning of the study is an important final phase of the project. Munhall (2007) suggested that in this phase, the researcher should summarize the answer to the phenomenological question with breadth and depth; indicate how this understanding, obtained from those who have lived the experience, self-reflect and or/system reflect; interpret meanings of these reflections to small and large systems with specific content; and critique this interpretation with implications and recommendations for political, social, cultural, healthcare, family, and other social systems.

**The Present Study**

This study was informed by the philosophical underpinnings of phenomenology and designed using Munhall’s (2007) steps for phenomenological inquiry. Using these methods,
the experiences and practices of urban, school-based SLPs as they assessed, certified, and serviced students of color were explored.

**Positionality.** During my time as a school-based SLP, I came across a case that sparked my interest in disproportionality. I was invited to an IEPT for a young, Latina girl named Maria. When Maria had entered the school district two years prior, she did not speak much English. She was quickly referred to special education by her teacher over speech and language concerns. She was evaluated, in English only, and her standard scores on both the intelligence tests and speech and language tests came out in the low 50s, indicating a severe impairment. The multidisciplinary evaluation team (MET) certified Maria as a special education student in the area of cognitive impairment and placed her in a cognitively impaired self-contained classroom with speech and language and English language learner (ELL) support services. She attended that classroom with very limited access to her general education peers for two years.

Maria was tested again to update her scores before entering middle school. This time, her standard scores came out very differently. In both the intelligence and speech and language evaluations, Maria’s standard scores were in the 90s, indicating average performance. The SLP rejoiced over all that she had taught her, citing herself as the reason Maria made so much progress. The meeting I attended was to tell her mother that Maria no longer qualified for special education. Maria’s mother did not speak English and so a translator was present. I watched Maria’s mother’s face wrinkle with confusion as the translator reported the news that Maria would no longer be receiving special education services of any kind. A million questions and emotions ran through my mind—Why was she not evaluated in her native language? Why did the SLP fail to see Maria simply learned
English? How was Maria, coming from such an intensively serviced environment, going to cope in middle school with no special education support?

After leaving that meeting, I wrote my thoughts down and decided I had to take action. I was working in the school as an SLP and felt in that role, I could do little to change the situation that Maria and countless other students of color who were wrongly placed in special education faced. Instead, I turned to my role as researcher in a doctoral program where I felt I had the ability to impact policy and practice in special education. That day, I named the examination of SLPs working in urban schools with students of color in special education as my dissertation topic.

*Indigenous-insider.* In this study, I identify myself as an indigenous-insider who upholds "the unique values, perspectives, behaviors, beliefs, and knowledge of his or her indigenous community and culture and is perceived by people within the community as a legitimate community member who can speak with authority about it" (Banks, 1998, p. 8). I identify this way because I am a practicing SLP; however, I do not have a plethora of experiences practicing in urban schools. Furthermore, I concur with Fay (1996) that simply having membership within a group is not adequate for being able to truly know the individual’s experience. There are clear advantages to being an indigenous-insider. The participants and I shared many characteristics as we were all White women with master’s degrees. I was familiar with the terminology and structure of the school setting, so the participants did not have to explain background information and could focus on the experience and practice. However, being an indigenous-insider also meant that it was difficult to keep a critical distance from the participants as I felt an allegiance to my colleagues and profession.
Due to these circumstances, I had to do a considerable amount of work to bracket or “unknow” the experiences of the urban, school-based SLPs. In bracketing, my own meanings and interpretations were suspended in order to truly understand the life-world of the participant (Hycner, 1985). I engaged in critical reflexivity where I carefully examined my research process, including the chosen methods, and my own subjectivity, or biases and perspectives (Glesne, 2006). While it is not plausible or beneficial to rid oneself of subjectivity, I carefully monitored mine through the use of a research journal (Watt, 2007) and attention to the six subjective I’s of qualitative research (Peshkin, 1988). In doing so, I was able to effectively analyze and articulate my positionality and how it may have affected my dissertation.

**Study location and sampling.** School-based speech-language pathologists, with a certificate of clinical competence (CCC) granted from the American Speech-Language-Hearing (ASHA), working in an urban school district in Michigan were eligible for the study. Participants were between the ages of 24 and 60. The snowball method of recruitment was utilized in this study. Known SLP colleagues were recruited as participants via email (See Appendix A) who were working in urban school districts. When one participant was successfully recruited, she passed along the researcher’s business card with her contact information to other SLPs that may be interested. Interested parties then contacted the researcher to further discuss the study and set up an initial interview.

All interviews were conducted in Michigan between December 2015 and April 2016. I started with a larger sample group of 13 individuals to conduct initial interviews. I then chose 11 participants to focus on for this dissertation study. The two participants that were excluded were completing their clinical fellowship (CF) year. It was difficult to determine
how inexperience in the field of speech-language pathology impacted their responses, and as such, I chose not to include their narratives in this dissertation study.

It is important to note that phenomenology, the chosen method for this dissertation, seeks to understand and present an individual’s unique lived experience, not to generalize findings (Brantlinger et al., 2005). Glesne (2006) suggested, “For in-depth understanding, you should repeatedly spend extended periods with a few respondents and observation sites” (p. 36). As such, it was my goal to authentically present the rich experiences of the participants, not to have a large sample of participants.

**Data gathering and analysis.** Semi-structured, in-depth interviews that made use of a three-part process of focused life history, details of the experience, and reflection on meaning (Seidman, 2006) as well as follow-up interviews for data clarification were utilized. I chose to conduct interviews because of the focus on language in the phenomenological tradition as well as the fact that I believed that the participant SLPs could best share their information and experiences in a verbal format. During the course of the interviews, I was present and attentive to what the participant was expressing.

Ethnographic data gathering methods, in the form of observations, were also conducted which allowed for the understanding of the participants' constructions of reality as well as the opportunity to recognize "patterns in their perspectives and behaviors" (Glesne, 2006, p. 9). Observations of IEPT meetings and/or treatment sessions, which made use of what Geertz (1973) has termed thick description, were also completed. Thick description refers to the detailed account of participant action, fully explained in context, intent, and meaning (Emerson, Fretz, & Shaw, 2011; Geertz, 1973). Thick description moves beyond
precise narrative transcription and includes rich description of the paralinguistic and nonverbal cues as well as the environment.

While the aim of this phenomenological study was to explore the existential life-worlds of the participants, what actually emerged from the interviews and observations were their perceptions of work in urban schools, framed by a medical-model and vocabulary of motive (Mills, 1940). The participants had a difficult time separating their professional experiences and practices from their personal beliefs. As a result, the participants were guarded in the information they shared about their life outside of their work, which narrowed the scope of this study to the system (Habermas, 1984).

When analyzing the situated contexts, I expounded on the present moment historical, cultural, and familial contexts in which the participant and I both live. Given the present moment, perhaps the most important concepts to examine are the reasons for education. Greene (1967) postulated three purposes for education: to develop natural, individual talents, to cultivate a select set of culturally valued talents, and to expose individuals to a wide range of experiences and arts. Similarly, Labaree (1997) proposed three goals of education: to prepare citizens, to train workers, and to progress in social class. Both authors acknowledged that the purpose of education shifts with each new generation. It can also be argued that the goals for education may also shift depending on the demographics of the student. The goals of education for White, upper middle class children may greatly vary from the goals of education for students of color from low socioeconomic backgrounds.

Those professionals working in the field of education are charged with the complex task of assisting and guiding youth as they create themselves. As such, those educators are constantly confronted with the need to act and to make choices—to exist. Greene (1967)
commented about a teacher saying, “He is bound to move into himself from time to time—exploring his own consciousness of what it is to choose, to act, to be…he is bound to be drawn to some existential mode of thinking” (p. 4). In this study, there were participants who made difficult choices, who were decisive in confronting and standing up to abstruse social issues. By choosing, these individuals affirmed their existence. There were also participants that did not choose, who were passive to students and issues. These individuals blindly followed policy and blended into the crowd of education professionals (Greene, 1967).

In the data analysis phase, I followed the data and allowed myself to be open to what was presented. I followed a modified version of Hycner’s (1985) steps for phenomenological data analysis as follows: transcription of interviews, bracketing (unknowing), listening to the interview for a sense of the whole, delineating units of general meaning, delineating units of meaning relevant to the research questions, eliminating redundancies, clustering units of meaning, determining themes from clusters of meaning; summarizing each interview, modifying themes, identifying general and unique themes for all interviews, contextualizing of themes, and creating of a composite summary.

The research summary typically takes the form of a case study or composite. In this study, I used a composite approach. A composite approach refers to organizing the narratives of the study’s participants by themes. The themes should reflect common experiences of the participants and impart the “essence” of the phenomenon (Creswell, 2013). I chose to employ a composite approach because it was the most effective and efficient way to illuminate the participants’ various responses, both those that were similar and different, while also protecting their confidentiality.
Confidentiality and protection. As the existential data that was gathered is both sensitive and personal, every effort was made to protect the participants and provide confidentiality. The University Human Subjects Research Committee (UHSRC) approved this study (See Appendix B) and all guidelines were followed to ensure the participants were protected. The interviews were conducted and audio recorded in a private, mutually agreed upon space. The audio recordings and field notes were kept in my possession at all times. Transcription was completed from a reputable, professional transcription service. All identifying information was removed from recordings, labels, and transcriptions. Pseudonyms were chosen for the participants, their school districts, schools, and any names used throughout the interviews in order to protect anonymity. The transcriptions were locked in a password-protected file on a password-protected computer. When printed, they were placed in a locked filing cabinet in a key-locked office. The participants may have been at risk of experiencing concerns when talking about their experiences that may have resulted in critical examination of clinical practice. The participants were notified via the informed consent form that they may contact the researcher’s dissertation chair, Dr. Sarah Ginsberg, regarding any concerns (See Appendix C).

Authenticity

There is often debate about the merit of qualitative research, especially in the field of speech-language pathology where the quantitative research paradigm has been accepted as the gold-standard since the field’s inception (Hammer, 2011). Where quantitative research uses validity and reliability to exemplify its authenticity, qualitative research applies triangulation, referential adequacy, consensual validity, and structural corroborations (Eisner, 1991). In order to illustrate the value of this qualitative study as well as qualitative research
methods in a broader perspective, I employed the process of triangulation on two levels. Triangulation is the process of strategically utilizing and combining multiple methods. Glesne (2006) stated that while multiple methods of data collection is the most common form of triangulation, it is not the only form. While I used multiple methods of data collection (interviews, observations, and any other form of communication that the participant wished to express), I also used multiple theoretical perspectives/methods (existential phenomenology and symbolic interaction theory). In addition, I used referential adequacy, consensual validation, and structural corroboration as sources of evidence for authenticity. Referential adequacy is achieved by using multiple resources, both within and outside of the discipline of speech-language pathology in order to make the emergent themes apparent. Consensual validation is met when there is agreement among readers that presented themes are appropriate and believable, in other words when intersubjectivity is accomplished. Structural corroboration is heavily reliant on data triangulation, where the ultimate goal is overall coherence. Eisner (1991) stated that by providing evidence of referential adequacy, consensual validity, and structural corroboration, qualitative research can meet standards of credibility.
Chapter 4: The Participants and Setting

Throughout interviews and observations, 11 participants shared their thoughts on and experiences working with students of color in urban schools. This chapter will introduce Rachel, Allison, Casey, Abby, Blair, Caroline, Erin, Anna, Jennifer, Stacey, and Jenna who have shared their stories of working in urban schools. In addition, the urban school environment will be defined and described in order to give context to the participants’ experiences.

Rachel: “For the most part, I enjoy what I do. The frustrations can be left on the wayside but I love the kids.”

Upon graduation with a Master’s degree in speech-language pathology, Rachel, a candid White, Canadian SLP in her late 40s, could not find work near her home community in Canada. After months of looking, she jumped at the opportunity presented to her by one of her graduate school advisors to complete her clinical fellowship (CF) as a long-term substitute in a suburban school in the United States. Rachel felt her CF was a great place to get my feet wet because I had a solid core group around me: the social workers, the resource teacher, psychologist, TC [teacher consultant] over there.

I thought it was a really excellent first experience just coming out of school. Much to her dismay, when her CF school year was up, she was let go and left to find a new position. Rachel explained that in Canada, job prospects for SLPs were bleak. While she was disheartened to not be able to find work in her own community, she enjoyed the plentiful and varied opportunities for employment in the United States. She applied for several positions in other suburban schools in the United States but could not land a job, likely because of work visa issues. Rachel’s Canadian citizenship made finding work in the United States difficult:
“It is costly to have a work visa for the United States and it’s the employer’s responsibility.”

So, Rachel was limited to the companies that were willing to sponsor her. With some hesitation, she took a job with a contract company that was willing to sponsor her so that she could work in the United States. The contract company placed her first in a skilled nursing facility for three months. Rachel stated this experience was frustrating because “They expected that I knew what I was doing and I really didn't because all I had was text book learning regarding the population.” Following the skilled nursing facility, the contract company then moved her to an urban intensive school district. Rachel has preferred the school setting to the clinical one and has stayed at the urban intensive school for two years.

Rachel had a lot of opinions and ideas about working in urban intensive schools and was extremely straightforward throughout the interview and observation. After a particularly long rant about her frustration with the deteriorating physical state of the school, she broke her intensity to take a sip of water. She slyly smiled, and said, “I am a good talker.” Rachel’s passion to work as an SLP means that she drives about an hour and twenty minutes to get to her urban intensive school. While the commute could be difficult at times, Rachel admitted that she was used to it for the most part as she attended graduate school in the United States. Her family, consisting of her three children and husband, were not always understanding of the long days and drive home. Rachel explained that they often urged her to stop working in the United States—even if that meant she did not work as an SLP at all. The struggle of being away from her home community and being a part of the urban intensive environment has already taken a toll on this early career clinician. As she pondered the future of her employment in the field of speech-language pathology, she stated, “For the most part, I enjoy what I do. The frustrations can be left on the wayside but I love the kids.” She went on to
explain, “‘Is it going to be speech forever or do I want more school?’...I feel like I would like to specialize...I don’t know. I am a little undecided some days.” The thought of going back to school to focus on a single area of expertise in the broad field of speech-language pathology was something that really interested Rachel but the financial implications were daunting: “Education is not inexpensive...I am going to be 47 next month. If I am going back, I am going to have to do it pretty soon because I want to start settling down and not incurring debt.”

Allison: “I didn’t expect to be working here with these kids.”

Allison, like Rachel, was contracted to work in an urban intensive school. She quietly walked to her make-shift speech office created by moveable room dividers. As she walked, she smiled slightly at the students and teachers that passed; they did not acknowledge her or even seem to know she was present. Allison attributed her lack of connection with staff and students to her personality, she explained, “It’s probably just me and my personality. I think I am a quiet, inside, home-body type of person.” The young woman in her late 20s seemed drained as she settled into her chair to talk. She explained that during her student teaching for her bachelor’s degree in education, she found the field of speech-language pathology and fell in love with the profession. She then completed a post-bachelor degree program in speech-language pathology at a large urban university before being accepted into the graduate program there. While she always knew she wanted to work in the schools, working in an urban school was not part of her plan: “I didn’t expect to be working here with these kids.”

With her report softly spoken, Allison appeared meek and timid while interacting with other professionals in the individualized education plan team (IEPT) meeting observation. She presented her evaluation data and even used a visual aid to help explain the
scoring to the parents but just like in the hallway, her remarks seemed to be glossed over. In contrast, she was actually very articulate and outspoken in the interviews. She even commented on the way she was treated because she was a White woman in an interview: “I’m treated definitely treated differently by the parents and the students. There was definitely a level of disrespect towards me from the males at the high school, especially.”

Allison expressed some of the struggles she has encountered working as a contract employee in an urban intensive school for three years such as high caseloads with low service times and incorrect special education student certifications. She emphasized the isolation she felt with being a contract SLP in the school:

I think because of the way my job is, because I am contract, I think if I worked directly for the school, I would feel differently but right now, basically I can't really do anything about it. I’m not really apart of the classes…I don't push-in, I don't do read alouds, I don’t do group lessons, I don't do anything like that.

In addition, she described the discomfort of being one of about 50 White people in the kindergarten through Grade 12 school, with a total enrollment of about 1,450: “I get stuff from the African American girls because they want to touch my hair or comb my hair. I have had kids say before, ‘You are White and I am Black’ or ‘Why are you so White?’ ” She jested that the African American culture had rubbed off on her: “I find myself talking differently at home; using different terms or maybe my grammar gets pretty funky at times.” She attributed this change in her behavior to her students: “I have been with these kids for way too long! Why am I talking like that? But I feel pretty immersed in it now.”

Allison lived at home with her mother and father in a small suburban city. She stated that the differences between her home community and the urban school that she worked for
were alarming. Despite the immersion in her school, Allison would like to move into a suburban district as soon as possible: “A big part of picking jobs for me has been the safety aspect…My mom was paranoid about my safety…So, the location is really important to me but it doesn’t make a difference to me who I am working with.”

**Casey: “I didn't know I was going to end up in the schools.”**

Unlike Rachel and Allison, Casey, a bubbly, young White woman in her early 30s, first started working directly for her urban intensive school three years ago which was “very different than anything I grew up with, it was a significant learning experience…I didn’t have anything in the schools before I worked at Cadillac Schools because I didn't know I was going to end up in the schools.” While she did not have urban school, or any school experience, she attended large urban universities for both her undergraduate and graduate schooling. She loved the urban environment so much, she decided to move and live on her own in an urban city where many diverse, young people settled. This is where she resided at the time of the interviews.

Casey initially felt very uncomfortable working in urban schools:

But being a CF, I had a mentor who helped with all of it…I think I probably started out in more of a disadvantage having not been in the schools before but I don't think it makes a difference at this point.

Due to a pay freeze and poor working conditions, after working for two years as a direct employee of her urban district, Casey decided to join a contract company. By moving to a contract company Casey was able to negotiate a higher, hourly pay as well as better benefits. As luck would have it, her contract company then placed her in Cadillac Schools—the exact same urban intensive school district in which she was previously working. While the school
district remained the same, her role changed. This year she was “only assigned to one school and last year I was at six.” In addition, she spends the vast majority of her time evaluating students instead of treating them.

Casey was not able to gain permission from her schools for an observation due to the fact she was (a) a contract employee and (b) did not have regular contact with students, as she was primarily an evaluator. This appeared to be a source of conflict for Casey as she expressed the desire but inability to take on student observers and interns. Casey explained,

I have about 10 Head Starts that I am assigned to, but I don’t do the therapy there, just evaluation…I spend the morning evaluating at Head Starts and then I head over to my base school. I get requests for observations all the time and I have to turn them down.
I hate that.

While Casey spoke very positively of her urban intensive school district, when asked if she planned to return next year, she replied, “Honestly, I go back and forth…I think it has been a really good experience. I have learned a ton and have had very good supervisors and support but I just don’t know.” The school setting was an unexpected journey for Casey, and she stated she was eager to return to the medical field if and when the opportunity arose.

Abby: “I would have a culture shock going back to a suburban school. I love it here.”

Abby looked as though she has stepped off the pages of a magazine. Her hair and make-up were perfectly in place and her clothes and jewelry were stylish. This young woman walked and talked with an air of purpose, confidence, and professionalism. Abby explained that together, she and her twin sister went to large, urban universities to pursue undergraduate and graduate degrees in speech-language pathology: “We did a bunch of campus visits and
we just kind of fell in love with it [The urban university they attended].” They both always wanted to work in urban schools and that is where they both ended up.

Abby shared that the one thing that was different about her and her sister’s experience was her clinical fellowship (CF). Abby completed her CF with a contract company in an urban school, and as she stated, it was “a horrifying experience.” Abby went on to explain, “I had no guidance. It was just awful.” In contrast, her twin sister had a wonderful, supportive mentor who helped effectively orient her to her urban school. Yet, despite her negative CF experience, Abby has continued to work in urban schools for eight years, although she did switch to a new contract company. Now, she is even a special education director for her current contract company. Abby has made it her mission to provide positive, urban CF and work experiences for clinicians: “I have sworn that I will never train any CF or worker that I come in contact with the way I was treated.”

Abby cited her students as the main reason she has chosen to stay working in urban intensive schools: “You become a part of these kids’ families, especially in the urban community…they are the poorest of the poor and so it just means a lot to me that I was able to give back.” In fact, Abby could not see herself working in any place except for an urban intensive school: “I would have a culture shock going back to a suburban school. I love it here.” Her love for the students and the school came across clearly in the observation. She chatted with her student, asking him questions like, “How are your mom and sisters?” and “Did your car get fixed?” clearly indicating she knew him past a surface level.

Abby explained that she has tried hard to establish mutual respect with her urban students. She pointed out that sometimes, that is difficult because “these kids have had such a negative experience with White people.” As a result, she was often called “a White bitch” by
her urban students, but the majority of them have merely pointed out physical differences: “They love my yellow hair. But the other thing is too that any other White teacher that I meet, they think we are sisters and we look alike. Well, we look alike because we have the same color skin.”

Despite the respectful relationship that Abby tried to establish with her students, it was apparent that she separated herself from the urban community in which she worked. She worked hard at her school and loved the students during school hours but gave the distinct impression that once she punched out her job was done:

I’m not required to show up at like basketball games or the talent show but I do try to show up once a year. I would extend my role in the school…but I’m not showing up at people’s houses and stuff.

**Blair: “I need to be a voice for the students.”**

Blair’s smile could put anyone at ease. The outgoing clinician in her early 30s had both students and staff laughing in the halls that once intimidated her. Blair spent all of her personal and professional life in a small suburban town and was not exposed to much diversity of any kind:

It wasn’t even really until middle school where I saw some students who were maybe more Middle Eastern or of a Spanish descent or Mexican descent. Then in high school we had two students that were Black and that was it really…I would say at my college, it was still predominately White. I would say it was not very diverse.

Coming to work directly after graduation at an urban characteristic district stunned Blair: “I don't want to say it was a culture shock but it is very different and you are learning all those
cultural differences and the way people speak.” With eight years under her belt, Blair now feels more confident working with students from diverse backgrounds:

I don’t feel like I was always an outspoken person but I feel over the past couple of years here that I need to be a voice for the students. My IEP team may not always agree with what I have to say but I would have no problem attaching a dissenting report on IEPs, stating why I don't feel things are appropriate.

When Blair works with students on language, she effectively teaches code-switching to her eager and impressionable students. She utilizes Mainstream American English (MAE) in direct lessons; however, in conversation, dialectal language is celebrated. For example, during the observation Blair was working with a young boy who spoke African American Vernacular English (AAVE). The boy was to ask and answer WH-questions appropriately. During the task, Blair would correct his usage: “I have been skating, not I been skating.” However, the boy told a story above and beyond his question and answer task where he said, “I done been doing that since I was two!” and “You know my granddad? He be livin’ right around the corner.” Blair did not correct his grammar or translate it into Mainstream American English (MAE); she only responded enthusiastically to his active participation in the session.

That enthusiasm was contagious to everyone that came in contact with Blair. Students smiled and giggled their way through sessions, often forgetting that they were doing work. Staff members popped in to say hello and grab some chocolate from her emergency stash, which was available for any colleague in need. Blair seemed to be a key member, vital to the success of her urban school. However, like Abby, Blair’s service did not extend outside of school hours:
We are required to participate in two after-school events in terms of reading nights or science nights a school year…I try to do more and sometimes it just doesn't work out because I have a second job and with my family.

The mother of one young child revealed she was expecting again, and so she wanted to spend her time with her family in the community where they live: “I need to make decisions not necessarily for my career but more for my home life and how it would be affecting my home life more.”

**Caroline: “If I wasn’t here, I would like to be in another district like this.”**

Caroline, like Blair, works as a direct district employee. The young, White woman in her mid twenties recently returned to work at her urban school from maternity leave. Pictures of a young baby lined her desk. In spite of all the changes in her personal life, Caroline presented herself as a calm and collected young professional. Her classroom was inviting, lit not by harsh fluorescent bulbs but by soft lamp lighting. Student artwork decorated her carefully themed room that changed with the seasons. One corner of her room highlighted global diversity with people from various cultures and sayings in different languages. During the interview, Caroline reflected on the diversity she experienced in college:

I think there was a lot of diversity with the campus in general, but I lived in the dorms for two years and honestly, there was very little at all. Most of the kids that were there were kids that looked like me, that came from a kind of similar background. And honestly, my classes also. Especially once I got past the undergrad classes. There was probably a lot of diversity in the undergrad general classes but once I got into the education classes and SLP classes, there was not a lot of diversity. This is a distinct difference to the urban school where Caroline now works, “I think close to
half of our district now is English language learners (ELLs), especially on this end because it is an early elementary building.”

Caroline noted that her urban school district has provided intense training on working with ELLs for its employees. While these professional development workshops have been helpful for the urban school workers, Caroline has observed that some people have been resistant to implementing the practices promoted:

I think people are very challenged because they already have so much going on within their classroom and so you add the extra layer of a whole other set of kids and to meet their needs. So, I think there is a bit of resistance to it. Most people, at their core, they want to help kids, that is that they are here for but because it is such a big focus in our district, I think every single PD since I have been here has been about English Language Learners, I think people in general in the building do wish that there was something different in addition to it.

Caroline explained that perhaps the district is focusing too intensely on the issue of ELLs, “There are lots of other issues to focus on, like parent education and involvement, but raising ELLs test scores is the only thing we talk about.”

Urban education is in Caroline’s blood as both her parents were teachers in urban schools. She recalled that they were very invested in their urban schools as they lived in the community in which they taught. Caroline wished she could be more involved with the urban community outside of school hours, just as she was as a child, but her family life has taken priority:

We have, I think, six hours a year in our contract that we are supposed to put in so coming to concerts or reading programs, any sort of after-school activities. I try to
come to as much as I can to the fun stuff after school. Before I had my daughter I was exceeding that time, now I am just barely meeting it.

Despite the challenges associated with working in an urban school, Caroline plans on staying: “I would like to stay in an urban district. I really like working with kids who have a lot of needs…If I wasn’t here, I would like to be in another district like this.”

**Erin: “No one cares about me anyways here, I am just the speech therapist.”**

Erin, a clinician in her late 30s presented with a no-nonsense personality. Her room, small and simple, stood in stark contrast to Caroline’s room and contained only an old wooden table and chairs. There was no artwork or motivational posters adorning the room, which made our voices during the interview seem to reverberate off of the yellowed concrete walls. Erin began the interview asking if it was a full moon because so many students were acting up. She looked around the room, shrugged her shoulders, and dryly stated, “Nice, right?” Though she shared her story in a straightforward manner, throughout the interview process she often interjected sarcasm.

Speech-language pathology was a second career for Erin. Prior to graduate school, Erin worked full-time for a trucking company in Detroit, “so lots of diversity there.” She echoed Caroline’s sentiment about the lack of diversity in her higher education experiences with both students and faculty:

I don't even remember learning about or caring about other people’s problems. You focus on yourself. I mean the people that surrounded me were just (pause) were there any Black people in the program? I don’t think so. I think there was one homosexual male and he works in this district too. Other than that, just a bunch of White women. Erin noted that she felt the SLPs in her urban school district are very disrespected:
I always say we are the doormat of the district. They [teachers] think we don't do anything, we have the easiest jobs, until they meet us and then all of a sudden we are important.

She made no qualms about expressing how ill-prepared she felt working with the students in her urban school. She noted that the majority of the students that attend her school district are Arab American and yet only two out of the 30 SLPs employed in the district are also Arab American, the rest are White, like her. She termed this as “White. Ghosts.” This presented Erin and many other SLPs with a huge learning curve to get accustomed to Arab American culture, but she felt it was a great one: “90% of the world thinks Muslims are crazy terrorists and once you work with 80% of the population here in Mustang Schools, you know they are not…It’s nice to educate it forward, like paying it forward.” However, she also noted, “I don't think anyone can be culturally competent unless you are in that culture. How can you really know everything? You can know some things but not all. There is no way.” Erin explained that two Arab American colleagues from social work took her under their wings to ensure she felt comfortable and successful in the school district. She felt she would have been lost and likely would have left the school district without them. She often deferred to their opinion throughout the interview and even introduced them on the day of the observation.

Erin stated that she was not really a part of the urban community outside of school hours both because her home community was so far away, “about 45 minutes one way,” and because she felt she was not really a vital member of the community. She explained this by saying, “I am not involved in the community. I would if I lived closer, I wouldn't mind but not driving 45 minutes. No one cares about me anyways here, I am just the speech therapist.”
Anna: “As years keep going by, that is a fear of mine of not getting another job.”

Anna, a radiant young White woman in her late 20s, was constantly on the go. She carried a large, designer-brand leather tote that was filled to the brim and allowed her to navigate between her jobs with ease. Not only does Anna work directly for an urban school district, she also works for a private practice five days a week after school hours until about 8:00 in evening. Every moment that Anna was not at work was spent planning her upcoming wedding and making decisions about her new home that was being built in a small, affluent suburban city.

Anna completed her master’s degree out of state and, upon moving back to Michigan, accepted a position with a contract company where she was placed in two skilled nursing facilities. Much like Rachel, she described the struggles of working in a skilled nursing facility: “You have to be 90% productive which is virtually impossible to be ethical and be that productive. It was a tug between just having a job and knowing what you were doing was not proper.” Anna left the skilled nursing facility after six months and began working directly for the urban characteristic school where she is currently employed. She felt that the school hours and atmosphere would be more conducive for a long-term career and personal life.

Throughout the interviews and observation, it was not what Anna said about her urban characteristic school and students but what she did not say that stood out. She would often start in on a racially charged topic but then hold back for fear of being politically correct or not saying the right thing to a researcher interested in social justice. Early in the interviews, Anna was hesitant to even say the word Black. There was always a pause and an eye shift toward the floor before quickly whisper-mumbling, “Black.” For the most part, she
avoided the word Black and instead used terms like “diverse” or “colored.” At one point in an interview, Anna began to talk about how students in the hallways and in the lunch room intimidate her. She appeared as though she was going to go further into this dynamic but stopped short:

I don’t know if it has to do with the culture being louder but in the morning when there are groups of students blaring the music loud and they do dances. I don’t feel (pause) I don't know. I do feel a lot of times not safe. There are more students than there is staff. It doesn't take much for bad things to happen. I feel…(silence).

When asked, “Can you think of a specific time you felt unsafe?” Her response was, “Oh I don’t know. I honestly think I might be more scared of having a police officer there than they are, truthfully.” In response to being asked about the differences between her all White, suburban school and her current school, Anna replied, “You wouldn't see as many kids in the hall…Maybe a little quieter? I don’t think you would see a police officer within the building with his own office. I don't know.”

Anna has no plans on staying at this or any urban school. She shared multiple reasons for finding a position within a suburban school district: “Here salaries are way low…lack of materials, lack of testing…and you reach a lot of struggles on a daily basis of contact with parents, lack of getting paperwork signed.” For now, Anna is working on mustering through her third year in her urban school district. However, she feels that with each year that she works in an urban school she is being pegged as an “urban SLP”: “As years keep going by, that is a fear of mine of not getting another job.”
Jennifer: “I just think it has changed the face of the population here.”

Jennifer is a soft-spoken White woman in her early 50s. As she walked down the halls to her “classroom,” a repurposed coat room with no work table or chairs in between two kindergarten classrooms, several students stopped to say hello, to hug, or to high five her. She carefully and kindly smiled then acknowledged each student, never failing to forget a name. Jennifer explained that SLPs:

play a significant role as a special education staff, whether it’s speech or a different disability that we are trained to work with but I just think we play a significant role in just making a difference in kids and what they experience within the school environment.

During the interview, Jennifer reflected on the changes she has noticed in her school district of 18 years: “I think that in Camaro Schools when I first started, we literally had one or two families that were not Caucasian. Now, I think that we have a lot more diversity, even just walking down the halls you will see so many different kids.” She paused for a moment in thought and then went on to say,

The economic piece has changed too…I think that being an open enrollment school that some of the less-advantaged socioeconomic status students are coming here for a better chance at education or just perhaps for a safer environment and I just think it has changed the face of the population here.

She explained that her school district has mandated that the teachers get involved with the community, “We have done things where we are passing out water or just integrating with the families or, “Blessings in a Backpack,” things like that. It’s more for the parents than for the kids.” She is also in charge of creating parent workshops: “This year I did writing and the
year before I did vocabulary.” At times, this is difficult for Jennifer because, “I have a 45 minute commute and children of my own.” As Jennifer reflected on the changes in her district, the sense of desire to return to what she considered “simpler times” became apparent.

However, despite the changes to her urban school district, Jennifer stated that she could not imagine working any place else. She pointed out how she has adapted her practice over the years to fit the needs of her students, a point of pride for this experienced educator and clinician. Indeed, the only change in employment that she could anticipate was retirement, which she was just beginning to see on the horizon.

**Stacey: “I feel like I haven’t had enough experience with it. I am struggling.”**

Stacey’s smile lit up her school. The clinician in her late 20s seemed to know just what to say to put someone at ease, whether it was a student, parent, or colleague. She seemed to provide an endless supply of encouragement and praise to all who crossed her path. As she walked, she filled the halls with, “I can’t wait to see you later!” “Your hair looks beautiful today!” and “You did such a great job leading that meeting.” To no surprise, her classroom was as cheerful and comforting as her personality. The décor was school themed with shiny apples and school bells. There was even a cozy corner with a beanbag and pillow.

Stacey originally majored in kinesiology and physical therapy, but, she said “in my senior year, I was doing one of my internships and part of it was observing OTs and speech therapists and I realized I liked speech therapy more.” Stacey ended up graduating with an undergraduate degree in kinesiology but decided not to continue with a master’s degree in the field. Unsure about her future, Stacey took some time off and moved out state to think about what career she should pursue. She took some prerequisite classes to “try out speech-
language pathology” and fell in love with field. With the prerequisites under her belt, she moved back to Michigan and began a graduate program in speech-language pathology.

Like Jennifer, Stacey spoke of the changes to her urban characteristic school district. Stacey commented that as her school district and community have changed, she has needed to acquire more information on working with students of color. As a result, Stacey often seemed unsure of herself with regards to serving students of color in her urban school. She would often look to me asking, “Is that what you are looking for?” or “I’m sorry, I’m just not quite sure that's right.” Her self-doubt seemed to stem from her own White, monocultural upbringing with a lack of experience with individuals from diverse backgrounds. Stacey noted that her own K-12 education and personal experiences had been devoid of diversity. Additionally, like Caroline and Erin, Stacey felt that even in the higher education institutions she attended as an undergraduate and graduate student, which she described as “big melting pots,” she still did not have many multicultural experiences: “[University] has lots of different students but still I would say my experiences with them were minimal…I am trying to think of my actual graduating class—it was all female, all White.”

Stacey is trying to keep up with the changes to her urban emergent school in order to best serve the ever-increasing number of students of color. She noted the need for professional development courses to address “working with Hispanic populations and students that English is their secondary language.” She identified assessment of English language learners (ELLs) as a specific area of weakness: “I feel like I haven’t had enough experience with it. I am struggling.” She added, “We really do have a very nice ESL [English as a second language] teacher and I can talk to her about things but still it is just not enough.”
Jenna: “I hope it keeps evolving.”

Jenna, a youthful looking White woman in her late 40s, was a presence in her school. She could be heard laughing and talking with students before she could even be seen. Similar to Jennifer, Jenna has many years of school-based speech-language pathology experience—she has been an employee of her urban school for 20 years. Jenna has been in every building in the district, worked with students in every certification category, and every grade level. In addition to her experience, Jenna brings a wealth of education to her district: a bachelor’s degree in education and two master’s degrees, one in speech-language pathology and the other in autism spectrum disorders.

Like Jennifer and Stacey, Jenna commented on how the diversity in her district has changed over her 20 years of work: “I had a lot of diversity in my younger years, especially growing up and attending college in Detroit, my student teaching was definitely diverse…When I came to Explorer Schools it was 99.9% White. That was a change.” Jenna went on to explain that as the economy in the area changed, so too did the diversity in the schools. Unlike Jennifer, Jenna believed that the increased diversity in the school district was positive:

I hope it keeps evolving because the kids are benefitting from knowing everybody from the diversity I had growing up. I am seeing it starting to happen here so that is just a benefit to them. I hope it continues.

Adding to the diversity is the fact that her school district is a “school of choice,” meaning that individuals that do not live within the school district can apply to attend with no cost to them. Jenna commented on the school of choice lottery process by saying, “I think the people who desperately need to come to this school might not have the resources or might
not even know about it. I wish we could be truly more accepting.” Jenna told a particularly
interesting story of a young boy who came to the district through school of choice:

He is the only Black boy in the class and so the kindergartners started treating him
like a toy and they say, “It’s my turn to play with James.” This would be great
if they really wanted to play with him as a friend but they want to play with James
because he is a novelty and he is not like everybody else…He is like a new toy
who is sitting on a shelf rather than a human who is their friend sitting next to them to
learn.

Jenna has been a leader in educating others about diversity in this changing district, and
despite Jenna’s years of experience, she still upheld the attitude that she has more to learn.
For this reason, she takes student interns and observers as much as possible in order to “keep
up to date with our ever-changing field.”

Jenna does not live in the same city as her urban school and while she is not obligated
to, she is very invested in the community: “I participate in all the activities for my school. I
go to their bowling fundraisers and art expos and what not. I even volunteer with the PTA
[parent teacher association].” Jenna did acknowledge that a big reason for her involvement in
the community outside of school hours was because, “I have a daughter who goes to school
in this district.” However, Jenna quickly followed up that statement by saying, “But even if I
didn’t [have a daughter in the district] I can't imagine not being involved! It’s just who I am.”

**In common: Lack of diversity and community involvement.** While each
participant brought a different perspective to this study, two common factors prevailed: lack
of diverse experiences and involvement in urban communities. All of the participants were
White women who spoke of very limited experiences with individuals from diverse
backgrounds in their personal lives and education, as previously noted. This lack of diversity seemed to scare the participants away from work in urban schools, as none of the participants actively sought jobs in urban education. Rather, they came into work in urban schools due to not being able to find work in the medical setting, such as in Casey and Anna’s case, mandatory placement from their contract company, like Rachel, Allison, and Abby faced, not being offered a job in a suburban school, which was Blair, Caroline, and Erin’s situation, or demographic changes to the community where they have worked for an extended period of time, as Jennifer, Stacey, and Jenna experienced. Furthermore, none of the participants lived in the urban community in which they were serving. The participant that lived the closest, Jenna, lived about 20 minutes from her work; Rachel, who lived the furthest away, lived about an hour and twenty minutes from her work. This seemed to significantly impact their membership and role in the community as they often did not feel compelled to serve the community that they worked in past school hours.

**Difference in employment: Contract vs. school district.** While all of the participants in this study were urban school-based SLPs, their employment status differed. School-based SLPs can be employed as contract employees, where a third-party company places employees in schools, often on a short-term basis, and manages employment, or as a direct employee of the school district, where the SLP reports directly to administration in the school district. Duffy-Sherr (2014) described the pros and cons of contract and school district employment. The pros for contract employees were listed as ability to relocate easily and find jobs in a variety of states; potential flexibility in work settings, for example, private clinics in the evening and school sites throughout the week; and the possibility of professional society dues and continuing education costs paid for by the contract company.
The cons for contract employees were said to be hourly pay, less paid sick and personal days, and placement tends to be in less desirable and difficult-to-fill positions. On the other hand, the school district employment pros included various options for retirement, including state retirement programs and 403b options; more paid leave and personal days per year; salary pay; and union representatives to advocate on your behalf. The school district employment cons mentioned were school district is not likely to pay professional society dues or continuing education costs and offer less flexibility in the type of work setting (preschool, elementary, secondary, post-secondary).

The participants in this dissertation voiced many pros and cons about contract and school district employment, such as when Abby stated,

There are a lot of benefits to working contract, the pay is higher than a lot of my Friends that are working directly for a district, I don’t have to do bus duty and lunch duty, our benefits are really good and there is no negotiating with the union so that I have to have a pay freeze and all of these concessions. There is none of that so I appreciate that because it give me a lot more autonomy and I can leave when I want. I can come and go which I like. I wouldn’t work directly for a district because I have seen all the benefits of working for a contract company.

Casey, who worked for her urban school district as both a direct employee and a contract employee explained,

Working for the district was great. I loved my building and colleagues. I didn't even mind the staff meetings but they wouldn't budge from moving us all from step I because there was a huge pay freeze. With the contract company I was able to
negotiate a higher hourly pay that was way better than working for the district so it was purely for that, nothing else.

The participants also spoke of the exclusion they experienced in their urban schools. The contract employees in this study often felt excluded more from their urban schools than the direct school district participants. Casey stated, “Especially being contract now, we are there seven hours a day and we are not supposed to be there any more than that.” Allison explained that she “wanted to be a part of a school…but being contracted, I feel like I am disconnected.” Rachel expressed that she felt she would be more included working directly for a school district: “In the future, I am hoping that if I can get into a school, I could be there long-term and build relationships. I’d like to be a part of everything.” However, it should be noted that even the participants that worked directly for an urban school district at times still felt disengaged with the school and community as they were “only ancillary staff” and as such were often excluded from the school staff, as Jenna proclaimed. Erin even went as far as to say that no one would care if she was at the school: “All the ancillary staff in this district is like that: The OTs, the PTs, we don't have a voice.”

**Urban Schools**

Milner (2012) argued that schools are often labeled as urban because of perceived negative assets and deficiencies. However, not all urban schools provide students with low quality education just as not all suburban schools are outstanding. In order to move toward a more standard definition of urban education and help frame realistic discussions around it, Milner proposed three categories of urban education: urban intensive, urban emergent, and urban characteristic. Urban intensive education describes those schools situated in large, densely populated, metropolitan cities. The large number of people living in the city face
factors such as housing challenges, poverty, and transportation issues, which negatively affect education. Examples of urban emergent school districts are Los Angeles Public Schools and Chicago Public Schools. Urban emergent schools are located in cities that are not quite as large or populated as the ones found in the urban intensive category but share similar challenges. The communities surrounding urban emergent schools have issues akin to urban intensive cities but lack the complexity. Examples of urban emergent schools are Detroit Public Schools and Cleveland Public Schools. Urban characteristic schools are located in rural, suburban, and smaller urban cities that are beginning to experience some of the challenges of an urban intensive or emergent environment such as an increase in English language learners (ELLs). Examples of urban characteristic schools are Ecorse Public Schools and Davison Public Schools. As such, the school districts the participants worked for were placed into one of the three categories Milner described. A description of the urban schools and field notes from the observations follows in order to contextualize the participants’ urban school experiences.

**Urban intensive.** Rachel and Casey worked for the same urban intensive school district located in southeastern Michigan. Allison and Abby both worked for charter schools situated within a large urban intensive school district in southeastern Michigan. While Milner (2012) stated that urban intensive school are typically located in cities with a population of one million or more, no cities in Michigan have that high of a population. As a result, the most densely populated cities in Michigan were considered to be urban intensive. The students that attended all of the urban intensive schools were predominately Black, followed by a small number of Latino/a students. All of the participants that worked in urban intensive schools, Allison, Casey, Rachel, and Abby, worked for a contract company. In addition, the
majority of the urban intensive school participants had the least amount of experience (between one and five years). This is often the case in urban intensive schools as they have the highest rates of teacher shortage and turnover (Howard, 2003).

From the exterior, the urban intensive schools appeared intimidating. The large dilapidated buildings showed their wear and the turmoil of the city. One of the urban intensive participants, Rachel, commented on the state of the school community:

But look at the community. They are slowly tearing down houses. They tore down about five to six houses in the fall around here…This used to be the high school and there is a building behind us that used to be the middle school; it is boarded up and it has been closed for a long time. This school used to be full, bursting to the seams.

Inside, the walls were bare, exposing the dirty cinder block. Children in uniforms of navy blue pants and solid colored shirts filled the halls, talking loudly with their friends, bringing a sense of energy and life to the neglected buildings. Upon visiting one school, I stood in a line with parents, students, and other adults waiting to have my bag checked by the security guard and to go through the metal detector. While waiting, a security guard flagged me over to his table and asked what I needed. I told him it was my first time in the school and I would be visiting the speech-language pathologist. With a smile, he told me to follow him and he would show me to the office. I extended my bag for him to check, but he waved at it, politely stating, “Just follow me M’am.” I walked through the metal detector, setting it off as I had forgotten about my keys in my coat pocket. The security guard turned quickly and once he saw it was me that set it off, he laughed and told me, “M’am, you really didn’t have to walk through there. Just follow me.” I walked as quickly as I could but I could not escape the
stares of the children and adults in the line behind me, my privilege surfacing with every step.

**Urban emergent.** Anna, Blair, Caroline, and Erin all worked for different urban emergent schools in southeastern Michigan. True to Milner’s (2012) definition, these cities all had housing challenges, poverty, and transportation issues although they were not as intense or complex as the ones in the urban intensive category. The student population was extremely diverse with no clear racial majority.

From the exterior, the urban emergent schools appeared large and run-down. Pot holes lined the streets around the schools; paint was peeling from the walls. However, the most prominent feature of the urban emergent schools could not be seen on the outside. Upon entering the schools the first thing one might notice is the sheer number of students. Compared to both the urban intensive and urban characteristic schools there seemed to be many more students in the building. You could see them standing in lines as they traveled the hallways and you could hear them in their classrooms learning. You truly felt the presence of so many students in the school. The next thing one might notice is the diversity. The urban intensive schools had many students of color but they were predominantly Black. The students in the urban characteristic schools were mostly White. Here, in the urban emergent schools, there was not a clear racial majority. Walking down the halls you could see Black, Brown, and White students. Blair commented on this diversity when she said, “I love going into the building and nobody cares about the color of your skin or if you are wearing a hijab or whatever. Nobody really sticks out here.”

**Urban characteristic.** Stacey, Jenna, and Jennifer were all employed in different urban characteristic schools located in southeastern Michigan. All three of the urban
characteristic schools were in suburban cities (Milner, 2012). The vast majority of students that attended these urban characteristic schools were middle-class and White, but there were an increased number of English language learners and students receiving free or reduced lunch, common characteristics of urban characteristic schools. All of the participants that worked in urban characteristic schools worked directly for the school district and the majority of the participants in this category had the most experience—Jenna with 20 years of experience and Jennifer with 18 years of experience. These two participants were also the most involved with the urban community in which they worked.

The urban characteristic schools stood in stark contrast to the urban intensive schools previously described. Drop off was lively; students exited school busses and parents’ cars where they were greeted by staff and ushered into the school. There, they stood in line not waiting to pass through a metal detector but to play and converse with their classmates. The buildings were full of windows and light. Student work lined the halls, demonstrating a sense of pride in the school and community. Upon arrival at each school, I was given a nametag and happily escorted by a student to the SLP’s office, instead of by a security guard.

The emphasis on standardized testing was apparent in the urban characteristic schools. One school had a large wall showcase entitled, “Accountability Wall” for all to see, which highlighted all of the tests taken by every grade level and the areas of strengths and weaknesses. In another school, the teacher’s lounge was covered with tips for improving scores and data figures on the state standardized test. Jennifer shared that all of the professional development hours this school year in her urban characteristic school have focused on raising standardized test scores. She stated that in a recent meeting her principal made the comment that the schools test scores may be down because “the students coming
here are becoming poorer and poorer.” Jenifer felt that was significant to say because she believes that socioeconomic status impacts “how we are trying to educate students given their disadvantages coming into the school environment.”

Table 1

<table>
<thead>
<tr>
<th>Participant Demographics</th>
<th>Urban Intensive School Employee</th>
<th>Urban Emergent School Employee</th>
<th>Urban Characteristic School Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 years of experience in urban schools</td>
<td>Allison</td>
<td>Casey</td>
<td>Anna</td>
</tr>
<tr>
<td></td>
<td>Rachel</td>
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<tr>
<td>6-10 years of experience in urban schools</td>
<td></td>
<td>Abby</td>
<td>Caroline</td>
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<td></td>
<td>Erin</td>
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<tr>
<td>11+ years of experience in urban schools</td>
<td></td>
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<td>Jenna</td>
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*Note.* Direct employees of school districts are italicized.
Chapter 5: Themes From Participants’ Narratives

Over the course of interviews and observations, the 11 participants shared their perspectives about assessing, certifying, and treating students of color in urban schools. The prompt of, “tell me about a typical day or week here in your school” led to fruitful discussions about what it is like to be an urban, school-based SLP. Although each participant’s experience varied greatly, five common themes collectively emerged: lack of preparation, medical-model mindedness, trapped, culture of care, and burnout. An examination of these themes follows to better understand the SLPs’ experiences with and perspectives on working with students of color from diverse cultural and linguistic backgrounds in urban schools.

Lack of Preparation

In order to comprehend the participants’ current perspectives on the disproportionality of students of color in special education in urban schools, it was essential to understand their past by gathering their life histories. The participants detailed their educational journeys, often choosing to start with undergraduate work and the reasons they were drawn to the field of speech-language pathology. Despite the variations in the stories, each participant talked in-depth about multicultural coursework, clinical practica, and internship training, and how, ultimately, they felt these core educational experiences failed to prepare them for practice in urban schools with students of color.

“Trying to get us to learn about other cultures.” The participants reflected on multicultural coursework during their higher education degrees. While the amount of multicultural coursework varied among the participants, they all felt strongly that the academic coursework pertaining to multicultural information did not adequately prepare
them for practice in urban schools where cultural competence is a necessity for successful practice. None of the participants remembered taking multicultural courses or receiving information about communities of color as a part of their undergraduate degrees—at least not in the speech and language pathology major courses. There were a couple of participants that did recall taking a multicultural course as a part of requirements for an undergraduate major outside of the field of speech-language pathology or for general education requirements. Allison and Caroline, who both attended urban universities and majored in elementary education for their undergraduate degrees, recalled that a multicultural class was mandatory as part of their teacher education requirements. Allison stated, “I don't know if it was an anthropology class or something but they were trying to get us to learn about other cultures.” She was conflicted about the usefulness of that multicultural anthropology course because she completed her student teaching in a “mostly Caucasian” school, and so, she stated, “I mean I guess it was useful except I didn't use it. Even in my student teaching.” Abby, who majored as an undergraduate in speech-language pathology at a large urban university, was required to take one multicultural course as part of her bachelor’s degree but recalled that “It really wasn’t a great course. We read a book about the Hmong culture, and we did some Latin stuff but obviously it didn't stick.”

As Jenna revealed, it was “not until graduate school in speech pathology that the issue of diversity was directly addressed.” This was the case for the majority of the participants who had completed a sole course dedicated to multicultural topics in speech-language pathology. However, the participants did not feel that the multicultural course was particularly useful for their clinical practice. The single multicultural course was, as Stacey stated, “pretty much the only mention of diversity in school.” Stacey explained, “Dr. Ford
taught the one multicultural class and that was pretty much the only class I had where I was looking at language and multicultural English.” Many of the participants made comments that the one single class on multicultural issues in speech-language pathology, without any other mention throughout the curriculum, was not helpful in preparing them for practice in urban schools. Anna commented disdainfully on the usefulness and practicality of the course: “We did have a multicultural class. We did talk about dialects and differences based upon different races but I don’t know how much experience I actually got…it was all just out of a book.” Similarly, Blair explained that the “classes kind of give the foundation for what to expect” but did not provide relevant experience for future practice.

Interestingly, Allison pointed out that her course about cultural diversity was not very diverse at all: “I think we had a class called cultural diversity but all we talked about was mostly African American Vernacular English. Nothing else really.” Allison felt that the course should have been inclusive of more cultures and topics to be truly useful. Erin too felt frustrated with the relatively narrow definition applied to diversity and multicultural topics in her course: “We didn't really learn anything about the difference between language impairment and the kids that just don't speak our language.” As she reflected on her current position, she felt information on English language learners (ELLs) would have been extremely beneficial.

Conversely, Abby, Casey, and Rachel, “didn’t really have any courses on cultural competence,” as Rachel stated. Instead, multicultural information was worked into existing traditional courses, such as a course on language disorders, and simply infused into lectures at appropriate times. Casey explained her experience by stating, “I don't feel like we had a whole class on it [cultural competence]...I definitely remember several lectures on the
subject but I don't remember ever having an actual class.” Similarly, Abby recalled, “We had a professionalism course in conjunction with our fifth semester placement and we talked about it [diversity] a little bit but we had nothing of significance that I can recall.” Abby, Casey, and Rachel felt that this approach did not give them adequate access to multicultural information, which negatively impacted their preparation for working in urban schools.

Jennifer pointed out that multicultural coursework was a relatively new addition to curriculum. When Jennifer was in graduate school 20 years ago, multicultural information was not “in favor” as she explained, and it was certainly not required: “That was so long ago, I know I took [a multicultural] class but I think it was a choice. It was some kind of multicultural something, I don't remember for sure but I do remember taking just one class.” When Jennifer began her career, almost all of the children she served were White and from middle-class backgrounds, and so she felt at that time, a multicultural class would not have been helpful. However, since the demographics and dynamic of her school district has changed, Jennifer has taken “a couple of online courses looking at multicultural information” to supplement her knowledge and practice.

“Clinicals.” The participants began their clinical and internship experiences where they practiced their skills servicing clients without adequate preparation from coursework for working with individuals from diverse cultures. Clinical practica experiences typically lasted for a short period of time and focused on one or two clients whereas internship experiences typically lasted a semester and included assessment and treatment for a full caseload. The switch from bookwork to working with real people was difficult for many of the participants. Erin commented, “I don’t think [University] prepared people for real life.” She went on to say, “like that aphasia person I had who has been coming to the clinic for 12 years and is 12
years post stroke. Isn’t that something we learn, that nothing is going to change?” She added, “Why did I treat them? What did that prepare me for?” The difficulty transitioning to working with clients was compounded when the participants were placed in urban schools for their clinical and/or internship experiences. These placements were often, as Jenna explained, “probably my first real experience with diversity” and thus vastly different from what the inexperienced clinicians had been exposed to throughout coursework and earlier field experiences and observations as well as their personal lives. Rachel struggled with the diversity in her clinical experiences, “I come from a town of 4,500 people so it is a small community. When my kids were growing up, there was one little Black girl who was adopted in the town. That’s it.” This was a distinct difference from what Rachel experienced in her clinicals as she explained, “All of the clients at the school were Black and then one little boy was Arabic. But for the most part they were Black.” Allison too talked about how “Basically everyone I was working with was African American. It was a total switch.” As a result, the participants felt unprepared and ineffective in their internship experiences.

It was not just the students’ race that was different for participants. Rachel stated, “it’s language structures and behaviors. Like culturally what you see here, between parents and their kids, are different than what you see where I live.” Allison recalled struggling with appropriately assessing and treating students who did not speak Mainstream American English and feeling frustrated with the lack of help she received from her supervisors. She commented, “They would tell me there is a section in the PLS [Preschool Language Scales] that you can look at it and it would say something about dialect but that was it.” One of the biggest differences that the participants commented on was the low socioeconomic status and resulting environment of the urban schools. Jenna remembered, “Many of my classmates
were reporting to their clinicals and saying, ‘Oh my gosh, you are never going to believe where they put me! I am too scared!’” Rachel too was “very uncomfortable” with her urban internship placement because “it is like a war zone. It looks like a bomb went off there, you know, burned up buildings, knocked down buildings, abandoned everything and then two blocks over, opulence.” Rachel went on to explain that “We were told when we went on those placements, we needed to be aware at all times.” Jenna poignantly reflected on the difficulty she experienced in her urban school placement:

They would put me in very diverse settings and here I was the young White girl and expected to have people accept me…I felt that was really a challenge and people weren’t always trusting. It took a lot of work to get that personal relationship happening before we could even help the kids.

Some participants had school-based internships but they did not take place in urban schools. Blair, who completed her internship in a suburban school, commented on the distinct cultural differences she experienced in her all White school internship versus her multicultural work experiences in her urban characteristic school: “I don’t think there was ever a time where I had to worry about culture or offending someone in my internship. Ever.”

Caroline too talked about the lack of diversity she experienced in her school internship placement: “very little diversity there. Very, very little. Probably the least of any place I have ever been.” Similarly, Anna, who completed graduate school out of state at a small rural college, noted that diverse internships simply were not available in the rural region she attended school. Thus, for Anna beginning work in an urban environment was “mind-blowing.” Blair, Caroline, and Anna expressed regret over not being professionally exposed to students from diverse backgrounds earlier.
Even though Blair, Caroline, and Anna lacked urban school experience, they at least completed fieldwork in the public school system. Abby commented that “We didn't have a lot of school placements, unfortunately. There were a lot more down the medical path. I had a really short one in a suburban district but that was pretty much it.” Casey, on the other hand, chose to complete all of her fieldwork in clinical, non-school settings: “I didn’t have any experience at all in the schools before working at Cadillac Schools, I didn't know I was going to end up in the schools, I initially didn’t plan on that.” Casey articulated how difficult it was to complete her clinical fellowship (CF) with no experience at all in a school setting. On top of this, Casey’s first exposure to the schools was in an urban intensive school, which presented her with significant challenges. Casey stated that “It [Cadillac Schools] was very different than anything I was ever exposed to.” Casey reflected on how “rough” that school year was and how many times she thought about leaving.

“Culture shock.” With or without urban school experience as part of their graduate education, the participants began their professional work in urban schools. Virtually every participant told stories of the significant culture shock they experienced in their urban school jobs. Allison felt out of place and unprepared from the second she arrived at her school: “It was shocking pulling into the parking lot and seeing people wearing full hijab… I didn't realize the Middle Eastern population was so high. One of my schools was a 100% Arabic speaking population.” She felt embarrassed at her lack of preparation and for not knowing more about the students’ culture: “I didn't know any of these things [cultural norms] until I was at the school and people were telling me.” Erin, instead, was taken aback by her inability to acknowledge the differences within a culture. She found what she thought she knew about the Muslim culture was not generalizable to all of her urban emergent students: “I found out
that Muslims come in all shapes and sizes. They are scarfed or not scarfed, they speak Arabic or they don’t, it is all different.” She wished she had spent less time preparing for her students as a homogenous group and more time thinking about them as individuals.

Blair explained that the urban characteristic schools she worked for just did not fit her schema of what she has known schools to look and sound like: “It was a culture shock, you are in the schools and it is very diverse. Equinox Schools has a huge Mexican background and it is very common to be walking in the halls and hearing Spanish spoken.” Likewise, Casey and Anna noted just how dissimilar their urban school jobs were from their own school and life experiences. Casey explained, “Cadillac Schools is very different from anything I grew up with and so it has been a very significant learning experience.” Casey was most alarmed about the lack of parent involvement in her urban intensive school district, “I think to me the biggest shock of starting here was how difficult it is to get ahold of some parents. I could be wrong, but I feel like in more suburban districts it is not quite as big of an issue.” She went on to explain, “There are such different family dynamics and circumstances. It’s very different here from the suburbs. Kids will be absent 30 - 40 days a year…I was so rigid about all that when I first started, I just didn’t understand the culture. I wasn’t prepared for it.” Similarly, Anna expressed, “The whole experience of working in the district that I do is beyond eye-opening and it bursts my little bubble that I have lived in. There is some crazy stuff that these students go through on a daily basis.” She too was distressed by and unprepared for interactions with parents from the urban characteristic schools: “probably the craziest thing was that you can never get ahold of the parent. Their phones are constantly in and out of service on a regular basis and it was incredible that they just wouldn’t show up.” She persisted, “The way I grew up, if you made an appointment, you kept an
appointment…But, I learned that it is not the easiest for them to come in because of transportation issues.” Anna seemed particularly conflicted. While she understood that for the parents it was more complicated than just wanting to show up, the behaviors were so far removed from her own personal experiences that it was difficult to accept.

Even those participants, like Abby, who had experience with urban cities still felt shock working in urban schools:

My mom worked in the city so I would always come down here and spend time with her and do stuff downtown so it wasn’t that I was not exposed to it, but it was definitely in a different context…It was really a culture shock working here.

Similarly, Caroline commented on the fact that she felt confident enough in social situations with the urban students and families, but professionally, she felt insecure: “From a cultural perspective, I feel like I understand and feel comfortable…but in terms of being an SLP with them, I don’t feel prepared.” Jenna ruminated on the struggles she experienced as a result of the responsibilities of working in an urban school setting as an early career clinician: “To be faced with that much diversity on your first job on top of everything else and learning to fit in and what is an okay thing to say to someone…it’s a culture shock.” To this end, Stacey lamented, “Maybe if I had done an internship in a different location, I might have been more prepared. It’s been challenging.”

Rachel was the one participant that was not particularly challenged by the cultural differences in her urban intensive school: “It was comfortable for me because the expectations that I had for the kids were what I would have for any kid. I don’t change my expectations because of the cultural differences here.” However, she did acknowledge that because of this comfort and confidence, she became the go-to person for some other SLP
colleagues in the district that struggled with how to take the cultural differences into account during assessment and treatment:

There is a young lady that is working here in the building…initially, at the beginning of the school year, she said, ‘I just want to make sure if it is not a correct use of African American Vernacular.’ I would rather you ask me and then we can go over it together. Like just the other day another young lady texted me a sentence and asked, ‘Is this okay? Is this just vernacular?’ The CELF (Clinical Evaluation of Language Fundamentals) has that nice information at the back of the book regarding vernacular changes and stuff like that, which is appropriate but it doesn't give you every example. So, if the kid throws a sentence out of left field that doesn't show up in the book, it could still be correct. I’ve become the sounding board for that stuff.

“Baptism by fire.” Thus, with their lack of multicultural coursework or diverse field experiences, the participants disclosed that they had no other choice than to step up to the demands of their urban school jobs and learn by trial and error. While the participants expressed frustration at not being adequately prepared for work in urban schools, many of the participants questioned if any amount of coursework could have prepared them. As Allison said, “I have gotten more experience from actual jobs than from any coursework.” Erin, too, expressed this notion when she stated, “I feel like where I learned the most is actually working. The coursework is good in theory but I think you learn the most when you are working.” Similarly, Blair mentioned, “I feel like coursework is good and everything but you really get your meat and potatoes of learning on the job.” To this end, Casey argued that immersion is the only way to really learn the skills needed for urban school employment: “I think I learned the most just hands-on, working in the community.”
In addition, the participants expressed the difficulty of being the only SLP in the building and thus not having other SLPs available to support their growth during this on the job learning. Abby, in particular, detailed the difficulty she faced: “My clinical fellowship [CF] was a horrifying experience. I had no guidance. My CF supervisor came out the mandated three times and that was it…So, I had to teach myself really everything.”

Similarly, Rachel pointed out that due to the nature of school-based SLP positions, these professionals are often forced to learn on their own. Rachel was the only SLP in her urban intensive school. On top of this fact, school administrators often do not have knowledge of the roles and responsibilities of SLPs to really assist in assessment and treatment decisions. Rachel felt that she had no one to go to for support. She explained, “With my administrator last year and my new principal this year, I have to have a lot of autonomy. I have to make decisions based on my professional judgment and training when it comes to my little people. No one else knows.”

However, outside of profession specific decisions, the participants still had to learn about the urban school culture through trial and error. For example, Allison explained that in her school, cultural norms had to be followed that she was not aware of: “basically, I had to learn on the spot…I walked in and the faculty was telling me, ‘This is how you put groups together. You can’t put boys with the girls.’” She explained that even something as simple as scheduling became a complex task in the urban school environment. Similarly, Blair shared the story that,

I had a parent come to me during the IEP that said they were “Jehova’s witness and we don’t celebrate holidays” and so the last worksheet I had sent home was holiday-
related and you cannot send that home. So I apologized. The last thing you want to do is offend somebody. So it was just one of those things you learn.

Blair was embarrassed by her lack of knowledge and preparation but chalked it up to being new to the urban school environment. Abby summarized the idea of the importance of on-the-job-learning when she maintained that “It’s really baptism by fire. Just being thrown into the situation and having to figure out how to handle it…it is not something that you learn in school. You have to get the experience working in an environment.”

Several participants did express the desire for a more formal form of on the job learning, such as professional development. Their rationale was that instead of trying to anticipate during college what settings and cultures they might experience, once they are in their place of employment, professional development could focus on specific needs and experiences. Casey stated that in her urban intensive district, “We definitely have a lot of professional development and they are rarely about speech and they are usually more social work related so that brings up a lot of cultural issues.” While she would have liked more professional development on speech-language pathology specific cultural issues, she acknowledged that she felt lucky with those professional development seminars that she did experience. Jenna revealed that she wished she would have more professional development on diversity specifically: “Look at our teacher population—we have all White teachers…so the kids aren’t truly seeing and feeling the diversity.” Jenna felt that if information was presented to school employees on diversity and working with students in the urban environment, it would provide the proper support for SLPs to be successful and feel comfortable working in urban schools.
Medical-Model Mindedness

As the participants were describing their graduate education in speech-language pathology, the types of courses required and the clinical experiences they participated in, it became clear that they were all trained under the medical-model of disability. This medical-model mindset carried over into their professional practice in urban schools. While the location, setting, and schedules of the participants differed, they all participated in the medical-model of disability, where their day-to-day work revolved around finding differences in students, labeling those differences, and attempting to fix them.

“My cognitively impaired students.” Without exception, every participant described the students on her caseload not in terms of grade, gender, or even race, but by their prescribed disability certification. Anna declared, “I have eight students that are speech and language impaired. A handful are specific learning disabled and probably the biggest majority of mine are cognitively impaired.” When talking about her caseload, Abby effortlessly ran through the list of the students she services, quickly reciting, “I have specific learning disabled, cognitive impairment, ASD [autism spectrum disorder], EI [emotional impairment], HI [hearing impairment], VI [visual impairment], everything, the whole shebang on my caseload.” Similarly, Stacey described her caseload by stating, “I would say most of the kids I work with SLI [speech-language impaired] is secondary. I would say they are either OHI [otherwise health impaired], LD [learning disabled], CI [cognitively impaired], ASD, and then SLI is just kind of secondary or the support service.” If by chance a participant did not use special education certification to reference her students, she would still use a category created with deficit in mind. For example, when Caroline commented on the fact that “I am just starting to get more ELL [English language learner] kids on my
caseload,” and Blair mentioned her “Title I kids.” The disability labels were so important to the participants that they always placed impairment at the forefront of their stories. Rachel told the story of her first clinical experience and started with, “My very first client, he had a syndrome, I can’t remember which one it was but it caused developmental delays.” Similarly, Anna began a story with, “My cognitively impaired students…” Before any other details were given, the listener knew of the student’s special education certification whether it was relevant to the story or not.

Beyond just identifying the urban students by a disability label, many of the participants would also make an ability level distinction. The participants wanted to note the difference between being mildly, moderately, or severely disabled in any special education certification. For example, Rachel described her school’s ECP (early childhood program) classroom. She began by saying, “We’ve got mostly global delays and ASD.” She paused for a moment to emphasize the situation before adding, “They are a handful, really severe, like ping-pong balls all day.” When describing her preschool evaluation process, Anna stated, “These speech kids are pretty severe, nonverbal, not doing appropriate play, just real low functioning all around.” As Caroline explained the resource room teacher’s role, she said, “She sees the kids and works with mostly the LD kids but also the really low CI kids.” In these cases it was not enough for the participants to merely describe the student by their disability label, the severity rating was also needed to qualify that label affixed to the student.

These special education and/or ability labels were extremely important to the participants, as they were the key factor in identity for the students they serviced. Two participants even expressed outrage at the idea of mislabeling students. Abby shared, “We just had a kid who qualified as ECDD (Early Childhood Developmental Delay) and he
qualified for speech. Well of course he qualified for speech, he is five years old.” She continued, “But I wanted ECDD because we have to reevaluate then. It’s not speech only.”

Erin declared,

They will do what is good for numbers. So, if they have an ASD classroom that might not be full, they will throw a bunch of CI kids in there…If it were me, I would be upset if I had a CI kid that was shoved into an ASD classroom.

It was as if the label itself affected the type of education the child received and that the students should be segregated, educated only with those that share the same label.

“I focus treatment on disability.” The disability label given to the students not only shaped their identity, but it also drove the treatment approaches the participants employed. The majority of participants expressed that they did not give any consideration to cultural factors and instead only focused treatment on the type of disability. Rachel explicated, “I don’t change my expectations because of the cultural differences here…articulation is articulation. It doesn’t matter what vernacular you use to speak with.” Anna insisted that culture should not be a factor in treatment: “I can't say I really do anything different, I don’t feel like I do. I don’t think it [culture] really affects things within my therapy realm. I focus treatment on disability.” Similarly, Jennifer stated, “Whether Destiny is African American and Blanca is Hispanic, I don't know that I did anything specific…I still did the same therapy but I tried to target specific curricular vocabulary words that possibly impact their success in the classroom.” She did not see how culture, beyond dialectal difference, could impact treatment. She maintained, “Any student that I am coming across is just a student with a set of strengths and weaknesses and that is how I am going to approach them.” She went on to explain,
The only time I look at my therapy or my testing results differently is if knowing there is a dialect or something that I perhaps shouldn’t be looking to change. That is the only time that it really matters to me or I feel like I need to differentiate for a specific case.

Erin explained that she tries to avoid major aspects of culture all together in her treatment:

“For instance, I never bring religion into school. I try to keep it more about trees and snowflakes and snowmen, the commercial side of it anyway. Other than that, I don't really do anything different to account for their culture.” Similarly, while Casey did not go as far as to say culture should not be considered in treatment, she noted that she does not go out of her way to include culturally appropriate material. She voiced, “I feel like my therapy is culturally appropriate but I can't think of a specific way it is.”

Conversely, Jenna and Abby were the only participants that spoke of the way culture can be disregarded. Jenna reflected on the danger of dismissing culture in treatment when she said, “Other speech pathologists in this district rely heavily on standardized testing and miss out on the impact of it [culture].” Abby, too, mentioned, “I always use my own judgment” when it comes to treatment. She further explained, “I get really irritated when I see, especially within this community, when SLPs are marking the F and TH wrong. I just mark those right and keep moving. Some of the pictures are super biased too.”

“**You see there are differences or difficulties.**” When speaking about the students whom they serve, the participants were quick to highlight deficits. In fact, in the nearly 20 hours of interviews completed, none of the participants shared stories about their students’ strengths. Instead, they seemed to focus solely on impairment, as Anna did when she stated, “You talk with teachers and you can't believe how low this student is and even though they
didn't have speech at their previous school, they would probably qualify.” Jennifer shared “I think now we work with so many kids that, again, I think are showing weaknesses” that it is easy to point out deficits. Anna was observed during a MET (multidisciplinary evaluation team) meeting where the preschool-aged child that was being evaluated was present for the meeting. Each professional, including Anna, went around and reported on the weaknesses that the child exhibited throughout evaluation sessions. Throughout the pages and pages of the IEP (individualized education plan) and MET paperwork, there is only one space for recording “student strengths/preferences.” When this section came up, Anna, who was leading the meeting, stated, “I don't know her well enough. Does anyone else have a strength or preference to share?” While she did not know the student well enough to share a strength, she did know her well enough to share nearly an hour’s worth of perceived weaknesses.

Searching for weaknesses seemed to be especially true when the participants discussed assessment. It appeared that the majority of the participants approached assessment with the intent to only expose student weaknesses. Stacey explained that she always begins with an observation and “If I see any red flags, I test.” While Blair noted, “If I am not really sure where the underlying problem is, I like to give something that is a bit more diverse in terms of making sure that it is hitting on a lot of areas.” She explained that if she tested as many areas as possible, there would be a greater chance of the student qualifying for services.

Many of the participants shared that they were so familiar with the test instruments that they knew exactly what or what not to give in order for students to qualify for special education. Jennifer explained that “As sad as it is, I particularly tailor the tests that I use to have lots of kids qualify based on lower scores.” Similarly, Caroline shared, “I have found
recently that the newer versions of the test seem to be not qualifying kids quite as much.” As such, Caroline explained that if she wants a student to qualify, she will pick a test she knows will expose student weakness. Likewise, Casey stated,

That one [Clinical Evaluation of Language Fundamentals-Preschool, 2nd Edition (CELF-P2)] I don't feel like is quite as appropriate for the preschool kids…I don't want to say it’s too hard, but it looks a lot at more morphological structures that kids aren’t hearing from their parents or their teachers and so they are not going to use them.

By giving the CELF-P2, Casey could almost be assured that the urban student would qualify for special education services.

For this reason, several participants explained that they do not just rely on standardized test scores alone when determining if a student qualifies for special education. To better take cultural differences into account, Allison explained that she adds components to the evaluation process to account for the cultural differences the students may be exhibiting:

I observe, I have to get input from the teachers and parents, and I always do a speech and language sample. I feel like I can get a lot from a language sample. I look at their grades. their NWEA (North West Evaluation Association) numbers, what other support services they are getting. I look at everything.

Similarly, Abby stated,

I always do an observation, sit in the classroom for about a half hour and then I get written input from the parent, input from the teacher, and I always like to consult with the parent to see if they are seeing the same stuff at home.
However, the participants did not report asking the teacher or parent about the strengths the student may have. By inquiring only about weaknesses, the participants may have made the teacher or parent look for and name weaknesses because they felt forced to respond to the professional. Stacey discussed how she takes a deficit approach to assessment:

You tell them [teachers and parents], “This is what I would be testing for, this is what I would be looking for. Do you think that is the problem?” I really talk to the teacher about what their true weaknesses are and seeing how that carries over into the curriculum.”

Jennifer asserted that teachers and parents alike want to focus on the student’s deficits. She claimed, “I think they just want to hear that you see there are differences or difficulties and that you are willing to help.”

The participants not only focused on the deficits of students on their caseload, but they also spoke of academic weakness in their urban schools in general. Abby commented that “A lot of our kids aren’t even at grade level across the city. We are way behind.” Similarly, Anna stated, “I have noticed that a lot of times even though I am working with high schoolers, sometimes their reading levels and everything have to be so much lower.” She continued, “Sometimes you are dealing with students that have a kindergarten to first grade reading level. In high school.” Rachel shared a story of her supervisor encouraging her to find students to add to her caseload by talking to the teachers about referrals: “My caseload was low at the beginning of the year…so my supervisor said I needed to take some kids. And then I said, ‘Where am I taking them from?’ He threw out referral ideas…” In addition, every single participant stated that if she were able to test every student in her school, far more students would qualify for special education. Rachel, very seriously
asserted, “I could almost bet you between speech and language, if you tested every kid in this school, I don't think I would be very off to say 75% of the school would qualify for services.” Similarly, Anna matter-of-factly said,

If I was given the opportunity and was able to evaluate my building, I am sure you could qualify so many students because they are just low learners. And that is a struggle where you can’t pick up 100 kids, but you know that they could benefit from services.

So, while students of color are already overrepresented in special education, there is the distinct possibility this issue could be exacerbated if every student were tested. Jennifer explained, “If I gave them a couple of subtests, particularly of the CELF, I am sure I could qualify lots of kids.” Blair added, “I feel like I could probably walk into those classrooms and really test everybody and I wouldn't be surprised if a lot of them were to qualify in some way.” Jenna reflected on a reason that more students are not referred for special education evaluation:

I think there would be more [that would qualify for special education], I do, because I think there are some kids who, like my daughter, would sit there quietly and as long as she is in the box behaving and doing what she is supposed to on paper (pause), but that doesn't mean there aren't issues that could be addressed!

“They want us to fix them.” The participants often expressed their opinion that they alone held the expert knowledge needed to “fix” the students on their caseload. Anna discussed how she felt SLPs were experts in education and so often “They get the medical diagnosis and then the pediatrician says that we recommend you go to your school district and get a comprehensive evaluation done there.” Many of the participants revealed that
getting their service time in was of utmost importance to the child’s improvement. They believed that their treatment was more important than time in the classroom, evidenced by Rachel’s statement: “There are chronic absentees. So if I see them, physically lay my eyes on them in the building, I am like, ‘Let’s go! I don't care where you are, you are coming with me.’ Because, yes, service times are impacted.”

The majority of participants articulated that they felt their knowledge and skills were especially superior to the parents. Rachel pointed out that she often had to be very straightforward with parents. She explained how she has said, “Mom, listen. This is the deal, your kid needs some speech. I have heard the child speak and he needs speech but I can’t get a hold of Dad.” Stacey, too, expressed the idea several times that parents do not have the skills to help their children. She disclosed,

They [parents] just don't have an understanding of what is really normal or typical and some parents might be impaired themselves. I feel like some parents too just don't know any better and they don't have the means or the ability to take off work or whatever or they are not quite truly understanding the impairment. Even though we give them ideas, they are not really quite sure how to help. I do believe that, that they don't really have an understanding. Lack of knowledge.

In addition, the participants alluded to the idea that the parents’ lack of skills and knowledge about speech and language created impairments. Casey asserted, “I think parent involvement from the very beginning would reduce so many kids on our caseload because just knowing how to talk to your kids. Parent involvement is just super important.” She later came back to this idea and explained, “I think the biggest thing is lack of exposure and it is just what I see
so much and parents who don’t talk to their kids or know the right ways to talk to their kids.”

Similarly, Rachel professed,

I think our jobs would be much easier and less necessary if we would get to the parents when these people are little and let them know how important verbal interactions are, how important reading to your kids and spending time with them is.

Anna shared a story about how upsetting it is when she makes a recommendation that parents do not follow:

For example, the 10th grader eval that the parents wanted that full eval and we started providing services, ‘we’ meaning the social worker and myself, and the student had a complete shut down. Did not want to participate, “You cannot pull me from class.” So, we called the parents and the parents said, “You know what, if he is just not feeling it, then we are not going to make him do it.” So then it comes to the point where you want this full eval, we told you that what he qualifies for, and we are now obligated to provide him these services that he needs and a lot of times we hear, “Well, I don't want my kid to be special ed” or I don’t want my kid to be pulled from class.” That is the biggest obstacle. It takes place pretty regularly, especially in the high school.

Likewise, Allison too felt frustrated with parents not following her directives. She pointed out, “With me being a female, me being Caucasian, they [parents] didn’t necessarily think they had to listen to me.” Rachel and Allison felt that all others, particularly parents, teachers, and other professionals, should respect and follow the opinions of the SLP regarding treatment if they truly want the child to “get better.” However, Abby found that the parents she works with respect her treatment and advice, almost to a fault:
I do not have to argue with parents about service time. They trust me. And I don't know if they just blindly trust me because they don't know any better or if they are just thankful I am providing a service to their child. Conversely, Jenna has observed other SLPs approaching treatment in an authoritarian way and warned of the danger in doing so:

They try to use all their big speech words and don’t ever really get their point across to parents so they are kind of in a daze and they just think you are an authority figure. Especially, I think people from more diverse backgrounds are scared because we have a bunch of letters after our name and a name tag and we walk around the school like a boss so I think people are intimidated somewhat by our field.

The participants felt that it was their primary job to provide speech and language services in order to improve or cure deficits so that the students would be more like their normal, typical peers. Abby declared, “To catch kids up to their peers, catch them up to where they need to be” was the fundamental purpose of special education. Anna expressed concern over the responsibility of curing a child: “It could be behavior, it could be speech and language, it could be they are just not doing well in school and we don’t know what is going on. So what are we going to do to help them?” Jennifer presented another concern: the idea that, even when normalcy is the ultimate goal, for some students, it may never be obtained:

I don’t know that we can but we obviously try to fix/cure/change a student depending on their disability. A child with Down’s syndrome? I can only take them so far and help them have some functionality. Can I make them the same as their peers? Never,
or unlikely. Can I expect that they are going to be dismissed from special ed?

Probably not.

Erin, too, recognized the limits of educational speech and language therapy when she stated, “A half-hour once or twice a week is not going to fix them…They [teachers] want us to fix them but they don't want to let them out of class.” When this is the case, the participants expressed the need to stop services. Rachel shared a story where during her clinical fellowship, she dismissed a child from speech and language services because she feared he was too low cognitively to make any real progress:

I remember saying to my supervisor, I don't think it is fair to keep driving him out here twice a week because this is it, we know his cognitive ability and we know his speech and language ability so I can’t do anything for him.

With some participants, it seemed like speech and language therapy was a reward students had to earn. If the student, parent, or teacher did something that the SLP participant felt was not conducive to their treatment plan, then the SLP would often remove the student from service or suggest segregating her from peers so that the student could possibly receive speech and language treatment with SLPs who specialize in center-based education. Rachel shared a story about a boy who experienced emotional outbursts often in class. She felt it was inappropriate for him to remain in the general education school and receive her services: “He is not fine. He is laying on the floor, spinning around in circles and grunting to himself. He does no academic work whatsoever. It is not appropriate.” Erin also felt that students with severe deficits should not be included in the general education classroom: “If they are CI or LD they need a co-teacher or a resource room or something.”
Early intervention was very important to the participants, and the later that a child was identified as having a disability, the harder it was for the participants to justify services. Allison shared, “We have those kids that I don’t find out about them until fourth grade and then I feel bad because what am I going to do with them now?” The participants often cited absence as a justifiable reason for dismissal from services. Erin declared, “It’s hard to get kids to come to school…I just dropped him because he is never here and when he is here, the teacher won't let me have him.” Abby questioned whether a real impairment, requiring speech and language therapy, existed for some of her students or if it just appeared that way because of other factors: “You missed X amount of days of school, is that why they are so low? I don’t know. Can their parents read? I don't know. There are so many different gaps.”

**Trapped**

The participants revealed that for their urban students, special education certification seemed to be a subjective, complex process. The participants told stories of the primary way that students enter the special education system—through the SLI (Speech and Language Impaired) certification. Once in, the students’ certification may change but they often receive special education support throughout all of their K-12 schooling. Special education was presented as the only pathway for the urban students, although the even participants questioned its necessity in many situations.

**“Gateway drug.”** The participants all reported that the majority of students on caseload were introduced to the special education system under the label of speech and language impairment (SLI). As Abby stated, “Speech and language is a bottomless pit for eligibilities.” The participants explained that many students are haphazardly thrown into special education with a SLI certification merely as a starting point to their special education
journey. Casey affirmed this when she stated, “I think I have probably done 25 evaluations at least at the Head Starts so far this year and maybe only three have not qualified [with SLI].” Allison stated, “I feel like a lot of times it has nothing to do with me. They will say this kid can't read or he can't do math and I tell them I will take a look…If they qualify, it’s usually with SLI.” Allison was observed during a MET (multidisciplinary evaluation team) meeting. Prior to the meeting, she explained that she had a strong feeling that the student being evaluated had a cognitive impairment (CI). However, because he was only in kindergarten, the team, with a strong push from the school psychologist, opted to qualify him for special education under the area of SLI. After the meeting, in her interview, Allison looked dismayed as she stated, “I know he needs help but it is not just speech and language.”

Blair commented, “I kind of feel like for speech and language, it can sometimes be the ‘gateway’ drug…you know the one you start with that leads you to harder certifications.” Much like the severity labels explained previously, it was clear that the participants believed in a hierarchy of special education certifications, where SLI was viewed as a mild impairment, specific learning disability (SLD) as moderate, and CI as severe. Anna stated, “A couple of them [preschoolers] are severe speech and they didn't meet that half chronological age for that early childhood delay so we put them in as that [SLI] just to start.” Jenna explained that the reason for beginning with a SLI certification was because parents, and even some professionals, often view speech and language services as more mild and easier to accept. Many do not even understand that it is truly under the umbrella of special education. She went on to clarify, “I think disabilities do often morph because for the parents’ and families’ sake, identifying your child as having a speech and language impairment is a lot easier to take in the beginning.”
This notion of beginning with speech services to soften the blow of special education was met with frustration by the participants. Caroline commented that in her urban characteristic school district, unless it was a severe disability that was blatantly obvious or previously identified, the only choice for special education certification at her early childhood building was SLI: “Most of them are speech and language impaired, some are ECDD [early childhood developmental delay], but most every kid starts with a SLI cert here.” Similarly, Anna stated that in her urban characteristic school district, other special education professionals would pressure her into taking students onto her caseload for fear they would not be eligible for special education services at all: “The fallback always comes to speech. “Well you can carry them, they will qualify for you right?” It made Anna feel as if she did not qualify students for special education with a SLI certification, they would not receive help. It put pressure on her to not only find speech and language deficits but also label students as SLI. Erin expressed similar concerns when she sarcastically voiced the fact that “People will say, ‘Oh, if they can’t qualify for CI or LD [learning disabled] we will just make them speech.’ Like that is going to fix everything.” Allison found the SLI certification to be a default just in case a student did not qualify for other “harder” certifications: “I know they will test kids here for LD or CI or POHI [physically or otherwise health impaired] and then they don't qualify and then they pass them along to speech…You tested them for those things and now you are handing them to me.” In reflecting on how students are pushed in to special education with a SLI certification, Jenna declared, “It [early SLI certification] seems like a Band-Aid to me.”

“Stuck with SLI.” The SLI (speech and language impaired) certification Band-Aid that Jenna mentioned appeared to stick to students for an extended period of time—at least
until considering another special education certification was deemed appropriate. The participants unanimously stressed the point that it is only a matter of time before many of their students will move from SLI to a different, more severe special education certification. To this end, Casey commented, “I definitely have usually at least a handful of kids who I feel like down the road may qualify for something else.” Anna shared, “We have students that are on that borderline IQ where they are not CI and they are showing too many strengths and weaknesses to be a specific learning disability and then the fallback sometimes comes back to speech.”

The participants shared that special education certifications, such as cognitive impairment (CI), autism spectrum disorder (ASD), and specific learning disability (SLD or LD), are often not allowed to be considered until around second or third grade, when academic skills are addressed more in the general education curriculum and can be better assessed. Until that time, students are forced to remain with the SLI certification, often receiving inappropriate and reduced services. Allison explained, “I am seeing kindergarten and first graders where I see something else going on but where they are just stuck with SLI for this point. Then we wait until third grade to qualify them for something else.” Likewise, Caroline mentioned that “Any other certification [other than SLI] was almost never on the table until second grade” in her urban characteristic school. Abby recounted that it was not until “probably around third grade, in my own experience, is where we see them diving off to a different eligibility.” Anna shared that, at times, she observed students who were in high school and certified as SLI yet exhibited moderate to severe cognitive deficits. She felt these students should have been labeled as CI, instead. Anna contemplated the appropriateness of the continuing the SLI certification into high school when other deficits are present: “But is it
appropriate to have speech eligibility as a primary for a student in a cognitively impaired cross-categorical classroom? Or a certificate of completion program? There have been those cases that have really made me scratch my head.”

The most common certification that the participants reported students changing to from SLI was SLD, as Stacey stated: “We have kids that start off as SLI only and then maybe they eventually turn into more of an LD type of student.” Jennifer hypothesized that students may be certified SLI from a young age because that is the only deficit the professionals are sure of, “It just seems that they are very delayed, and they make them SLI because they are going to either be SLD eventually for their learning disability or they are going to show some kind of cognitive impairment that is a little more sure as they get older.” She elaborated further on this thought when she said, “I think the younger students tend to qualify first for speech because they are not going to look at a learning disability until second through fourth grade, so I think a lot of times they qualify for language first.” As the student gets older, more is expected academically, especially in the area of reading. As a result, the participants expressed the need for a more academically intensive special education certification that would allow for resource room support services. However, even if a student was showing signs of a learning disability, for example, because the criteria for SLD requires that the student to not make sufficient progress to meet age or state approved grade level standards, the urban school professionals will start the student out with SLI and then switch to another special education certification at a later time, if/when it is appropriate. Rachel illustrated this point when she stated, “I have a little guy in the fourth grade, he cannot read. So we changed his eligibility from SLI to SLD.”
“Cranked through the system.” With a change in certification, the participants reported that students often continue in special education for the remainder of their K-12 education. Jennifer even went as far as to state that it is very common for students to enter special education at the age of three, or even earlier, with a SLI certification and stay in special education until they graduate: “I just think they kind of stay special ed and certainly those kids in ECP (early childhood program) pretty much stay in special education throughout.” Allison expounded on the idea that students are often trapped in special education once they enter as well, “I think that there are a lot of kids on my caseload too that they have just been cranked through the system, like they just keep giving them services even if they are in 11th grade.” She went on to ponder the cause of this capture: “I don’t know why that happens, if it’s a money thing or if people do not know the process or what.” Conversely, Anna shared that she was a proponent of extending special education services as long as possible. She explained, “I have even picked up students that were dismissed three to four years ago and they come into high school and I’m like why would they not be getting speech?” Similarly, Abby maintained that she advocates for and provides special education services for as long as possible. She noted, “I will not drop a student if I think there are some academic concerns…I have a very hard time just letting kids fall.”

The only examples the participants gave of students successfully exiting special education occurred when speech, particularly articulation, was their sole area of impairment. Stacey elucidated, “I would have to say if they are something other than SLI as their primary, most of them stay on. They might even test out of speech and language but not necessarily the cognitive, academic side of it.” A language impairment was viewed to be more pervasive, prompting a change in certification and causing students to persist in special education.
Jennifer remarked, “I think when kids are just SLI in its purest form…yes you can see dismissals, especially in articulation. In language, they may dismiss out of SLI but they would transition to an LD certification.” To this end, Abby explained, “It would be hard for a student to be a language impaired student in like second grade and then just graduate from special education.”

Many of the participants questioned the idea of holding students in special education throughout their educational journeys. Allison stated, “I feel like there are quite a few kids on caseloads now that shouldn’t be.” As a result, Allison has “really been trying to get kids off my caseload this year, like really looking at their test scores, how they are doing in class, and getting with their teachers.” However, Allison’s actions have not been met with approval by everyone: “My special ed director is afraid because of the numbers.” Erin too experienced backlash in her attempt to “cleanup” her caseload: “If I tried to say no, they [administration] would just make you pick them up.” Despite her administration’s disapproval, Erin felt strongly about carefully deciding which students remained on her caseload for continued service:

I really just try to make sure I have kids that need it and not just pick them up because I feel bad for them. It’s a crutch. Why are you going to say a kid has a disability when they don’t? It is not appropriate.

Rachel pondered if the mandated low service times are meant to keep students in special education. She felt she could dismiss more students if she could work with them more:

We are not allowed to put variables. So, we cannot say 4-8 times, we can't say 2-5 times. It is three times, 30 minutes a month. That is stamped in stone. NO variables! Don’t leave it open for interpretation. I don't think it’s appropriate.
The approval for the use of response to intervention (RtI)/multi-tiered system of supports (MTSS), a tiered approach to identifying and supporting children struggling with academic or behavioral skills in schools, to reduce the number of students entering and/or remaining in special education was also split amongst the participants. On one side, some participants felt that the approach benefitted students by not trapping them into special education. To illustrate this point, Jenna stated, “I think MTSS is a step in the right direction because I think so many kids get pigeon-holed as having a disability when it could be addressed at like Tier II [Targeted intervention stage of MTSS/RTI].” On the other side, some participants felt that the approach, though different in name, was still a form of capture and detainment for students. Jennifer emphatically articulated,

The little girl I was going to have you see, they looked at her for SLD a couple times. She didn’t qualify. Her teachers think it is terrible that she is not identified.

Will she be identified in fifth grade? Possibly. Probably at the middle school level but the design of RTI is not to be a lifer! I feel like we have done her a disservice.

Erin too explained that her urban characteristic school district wanted to move toward using an MTSS approach because

Since I have started in Mustang Schools six years ago, they have been saying that we have the highest number of kids on our caseload in all of the county. Mustang schools has the most special education kids and we need to discontinue.

However, she questioned if MTSS would truly help to reduce the number of students requiring special education services, “Does that [MTSS] really work?”
Culture of Care

Throughout the interviews, the participants described the day-to-day practices in their urban schools—paperwork, meetings, the assessment process, and treatment. While some of the attitudes about these practices seemed to be universal to school SLPs, the participants revealed that in urban schools, social issues such as poverty and violence often plague students and add to the complexity of school-based practice. Thus, in order to be effective in urban schools, great care must be extended to the students throughout these practices. As the participants described, this care, although important, was not always an easy task to carry out.

“Every child needs comfort.” The participants were adamant that caring for the children that they worked with was an essential aspect of their job. Many participants expressed the importance of encouraging their students with positive language, especially because they are often surrounded by negative comments in school and the larger society. Jenna stated, “Every child needs comfort, every kid seeks praise. It’s an innate thing in us. Everyone wants to be told they are doing something well, so they love when I do that. They don’t hear it enough.” Blair noted that while all children need and deserve love, the students in her urban characteristic school often needed more: “They don’t always have dads or siblings building them up. They really need teachers to.” Rachel has noticed the effects of positive reinforcement: “Most of the kids will do whatever I want them to if I just tell them they are doing a good job and to keep it up. But they don’t get a lot of that.” Jennifer was observed putting this idea into practice. Throughout the observation, Jennifer encouraged her student, frequently using terms of endearment: “Trust yourself, honey…You know this,
sweetie, you know this.” With every affirming phrase, it appeared the student’s engagement and confidence grew.

More than just kind words, the participants strove to develop a safe, comfortable space for the students. In an effort to create an inviting, supportive environment for her students, Allison disclosed that she worked hard to establish a fun learning environment because she wanted her “kids to like coming to speech.” She postulated that this effort and the resulting personal relationships she has formed with her students have increased their performance: “I think a big thing that has helped me is just trying to develop a relationship or a rapport with them, making them feel comfortable in here.” Allison’s school had a prison-like atmosphere—virtually no windows, dirty cinderblock walls, and litter lining the hallways. While her “classroom” was made of wall dividers, it was welcoming. Colorful signs hung around the room, a large library of children’s books created a reading corner, and a plush rug lay on the floor. Similarly Jenna’s classroom boasted many colorful visual aids, toys, and a sensory relaxation station outfitted with a beanbag, fidget toys, snowglobes, and a metronome to aide in calming students. Children wanted to stay, play, and talk in these rooms past their speech time and even visited during lunch, recess, or free time. Conversely, Erin’s room was lackluster. A single table and chairs filled the small room. No therapy materials lined the shelves, no student work hung on the wall.

Mutual respect was viewed as paramount to the participants and flaunting power was not the way to achieve this with the urban students. Erin stressed that “You have to give respect to get respect.” She went on to assert, “I have seen a lot of people try and push their authority and I watched it blow up in their face.” Abby too has noticed the detrimental effects of emphasizing power instead of care, especially as a White woman: “So many White people
walk in and try to be an authority figure and then it just ruins these kids’ impressions of what White people are so I try really hard not to do that.” The participants did not just think of themselves as the students’ SLP, as Abby explained, in the urban school environment, “You become part of these kids’ families.” Rachel felt frustrated with the portrayal of educators, especially lately. She believed that people hold a very slanted view of teachers, especially urban teachers, as lazy and greedy. She emphasized that: “There are some really good, caring people willing to go the extra mile here, but people don't see that.” Stacey maintained that caring about the students was the most important part of working as an urban SLP—more important than being the smartest or most skilled SLP: “I feel like if you just really care about the students that you work with, I think that is the biggest thing. I feel like everything else can come with that if you just care about the kids.”

“On their level.” One of the ways that the participants developed personal relationships with their students was by physically getting down to eye level with them. By doing so, the SLPs were able to truly gain their students’ perspective and make them more comfortable with the situation at hand. Rachel shared,

I am very much down on the kids’ levels and I talk to them, not at them…They respond much better to positive reinforcement…So when I get down on their level, all of a sudden, all the kids in the room hear me.

During the observation Caroline not only got down at her students level, squatting or kneeling while they worked at small table, she also provided physical contact with a pat on the head, a touch on the shoulder, or gentle hand-over-hand instruction. The students responded positively to the care and attention that Caroline exuded. They worked continuously and consciously throughout the session. Jenna revealed a story about a young
student, new to the school, who spoke very little English. The teacher asked her to come in and help because the student was crying and disrupting the class. Jenna recalled, “I squatted down and she climbed into me and took my arms and put them around her and I thought, you found your safe place.” Stacey was observed adapting her positioning to calm and connect with one of her students. Stacey was seated at a table at the beginning of a treatment session while the preschool child was on the floor. When Stacey was unable to engage the child in an activity at the table, she got up from her chair to sit on the floor. Immediately the child’s demeanor changed. The young girl began to smile and animatedly gesture to a toy on the shelf. By sitting on the floor, Stacey and the child shared the same perspective and were able to engage in joint attention, the shared focus of an object or event by two individuals, which is an essential component of effective communication. Furthermore, when Stacey followed the child’s lead, the young girl became more relaxed and as a result actively participated in the session.

“The way that they speak.” The way the participants spoke to their students also impacted the type of relationship formed. Abby explained,

I speak to them in their own language and the way that they speak. They have much higher respect once they realize they can relate to you, the relationship that you can form is profoundly different. Because of this, they respect me in a way that they don't respect other people.

Jenna highlighted the need to converse with students in a way they can relate to: “I just talk to everybody like they are a human and hopefully at a level that is easy to understand.”

Likewise, Jennifer stated her overall goal of forming relationships with the students was to
“make them feel a little more successful or a little bit more comfortable in who they are as individuals.”

In an effort to form a positive relationship and set the students at ease, Abby, Blair, and Jenna were observed allowing their students to code-switching freely between Mainstream American English (MAE) and African American Vernacular English (AAVE) during treatment sessions. During her observation, Abby was working with a second grade boy on producing “V” in the initial position of words in sentences. As he made up sentences with “V” words in them, he often said “wif” for “with” and “dey” for “they,” common dialectical differences in AAVE. Abby never once corrected his use of AAVE, instead, she focused only on providing cues and prompts to properly articulate the “V” sound. Jenna and Blair were both observed working with students on asking and answering “WH” questions. Similarly to Abby, during the lesson Jenna and Blair modeled then corrected word forms only when it pertained to the goal of the session. However, no attention was brought to AAVE dialectical differences during any conversation or storytelling that went beyond the task. The validation this gave the students was evident by their active participation and their willingness to share. They knew they could enter Abby, Blair, and Jenna’s room and talk without hesitation. However, the care for the urban students’ language, exemplified by the acceptance of the use of AAVE or other dialects in the urban schools, varied greatly, not only from school-to-school but also teacher-to-teacher and SLP-to-SLP. Allison explained that she expects her urban students to speak MAE at all times. She stated:

I have a friend and we are always getting into arguments because she is working with an African American population too and she is always arguing with me about, ‘You shouldn’t be working on that with those kids.’ I was talking about verb tenses. She
says ‘It is not a disorder, it is a difference.’ But here, there is an expectation for them to talk a certain way. The teachers are teaching grammar and these are your verb tenses. So, I feel like because the teachers are doing it, I feel that it has opened the door for me to.

Similarly Anna was against encouraging the use of AAVE or any other dialectal difference in her urban school:

I am not trying to change the way they talk but I feel like they need to know it [MAE]. It sounds bad but like this is what academic language is…It doesn't matter if you are African American or Caucasian or whatever, it’s the rules of grammar.

Rachel explained that in her urban school,

It depends on the teacher. Dr. Chase is the English language teacher up here and she is very adamant that you will learn to do this correctly….Then there is Mrs. Door. Her idea is if you are giving it back to me in your vernacular, then I know you understood it because you can convert.

“Don't shun them for being who they are.” While the participants expressed the need for caring in the profession, many acknowledged it was not always an easy task. The hardships of living in an urban environment took a toll on the students and thus the type of relationship they formed with educators. Rachel shared that many of the professionals at her school shied away from caring for the students because “they are gross.” She hated the idea that some students did not receive the love and care that others did and commented,

I know that some of these kids have lice, some of these kids have bed bugs, we know that. Take your clothes off when you get home, do what you need to do but don’t
shun them for being who they are. You can’t be disgusted with a five year-old. That is not appropriate.

Jenna noted that in the teacher’s lounge she has heard many teachers make unnecessary comments about students, “I would hear them say, ‘Did you smell him? I couldn’t even walk by his desk. I was praying he wouldn’t raise his hand’ and then they would laugh.” For that reason, Jenna has avoided the teacher’s lounge.

Casey brought up the fact that physical factors, like hygiene, were not the only reasons SLPs and other educators may not care for a student. The student’s behavior also impacted the relationships that were formed. She cautioned,

You have to be open-minded. And if you are mad at a kid for behaving poorly, you don't know what is going on at home. Talk to the teachers and find out more. They could be hiding or they could be in a homeless shelter.

Jenna and Blair both explained that they bring food to school to feed their students during treatment sessions. During the observation, they both showed off a food drawer where students know they can get a snack if they are hungry. Jenna believed that other teachers in her building do not understand that the students come to her room for more than speech, they “don’t realize I give those kids breakfast every day when they come in.” Conversely, Anna admitted that the students’ behavior impacts her ability to care and even incites fear. Anna disclosed, “When there are groups of students blaring the music loud and they do dances, I don't feel (pause) I don't know. I do feel a lot of times not safe.” She explained beyond seeing them for treatment in her classroom, she would not approach or acknowledge her students.

For this reason, while she could conduct social skills therapy during lunch time, a popular
and common time for pragmatic treatment amongst SLPs, she does not, out of fear: “Lunch time and in the morning are probably the most uneasy times for me.”

Abby expressed that while she did care for students, she had to draw a line: “There is some stuff I will go out of my way to do, but I’m not showing up at people’s houses and stuff.” It was very clear that all of the participants, with the exception of Jenna who attended every afterschool function and was a member of as many school organizations as possible, viewed their responsibilities to the school and surrounding community to only be during school hours. They did their job and they did it well, but once their contractual time was served, they were done. Many participants expressed that they had no desire to live in or be more a part of the community. Blair expanded on this when she said,

I just feel that it is like a double-edged sword; I love working here but there is a lot of stuff going on in the community in terms of break-ins and drugs and not saying that is not in my community, I know it is everywhere but I don't feel it is as predominant. And for my family, I just don't feel like that would be the best choice.

**Burnout**

The participants felt inundated with the growing day-to-day roles and responsibilities that urban SLPs must uphold and, as a result, reported burnout. The participants expressed that with high special educator turnover rates, decreased funding and budgets, and lack of support the special care that is needed to effectively perform their duties in an urban environment was overwhelming. The feelings of burnout the participants described often contributed to a desire to discontinue employment in urban schools and, at times, the field of special education all together.
“The number of bodies is decreasing consistently across the disciplines.” Many of the participants spoke of the challenges of working in an urban school district. Jenna passionately exclaimed, “It is an over burdened system and there is not any sight that it is changing any time soon.” Perhaps one of the biggest strains of working in an urban school environment reported by the participants was the lack of qualified personnel and commitment to staying. Anna explained that in her district, “We have huge turnover.” Her district is constantly hiring new special educators, including SLPs. Anna went on to explain that within the speech department, “We had four positions that went open throughout the last summer and the middle of this school year alone.” With 12 SLP positions for the whole urban characteristic school district, this meant one third of the department was vacant. Similarly, Stacey spoke of a high turnover for SLPs in her district as well. She reported frustration with constantly hiring and training new people every year. She explained that clinical fellows (CFs) will take a position in the urban emergent district, but as soon they get the opportunity to, they leave: “Because of that you start back at square one every year.” In addition, Caroline stated how hard it was to find people to fill long-term substitute positions in special education. She explained that it was particularly hard to fill her maternity leave, “It’s hard enough to find people that want to work here let alone just fill-in for a couple months.” If school districts cannot find a person who is willing to work for the length of the leave, they must go through a contract company. Contract companies are avoided by school districts because of the high cost. Jenna too talked about how difficult it is to find people that will cover long-term substitute positions in her urban emergent school. She explained that, recently, her district had a difficult time filling a maternity leave and until they could appoint someone to the position through a contract company, the workload was just split amongst the
SLPs that worked in the district: “It was a mess. The girl going out on maternity was sick with guilt that either her students would not be serviced or that she would be adding work for her colleagues that were already stressed with their own caseload.” Rachel noted similar problems even when a substitute is only needed for a day or two, like when a teacher calls in sick. She explained that other teachers, including the SLPs, have to cover for them due to the lack of individuals interested in subbing for urban schools:

If we have a teacher phone in sick, we can’t get a sub so they take those kids and put five of them here and five of them there. And then the teacher who got the kids is like, “I already have 26 kids in here today! What am I supposed to do with them?”

Similarly, Casey stated,

The teacher that has that CI room over here, her aid went out in September on medical…they haven't replaced her because she is out on medical so that means they don't have to replace her. So, the CI teacher is over there with 14 kids by herself every day.

Rachel attributed the shortage of teachers to anxiety for and/or burnout from the extreme conditions of urban school work: “Workloads are increasing and the number of bodies is decreasing consistently across the disciplines. The school psychologist, she is just exhausted right now. She says, ‘I am done. I cannot keep doing this.’ Likewise, Casey noted the depletion of special educators and its effect on student services: “So many people have left the district and so there seems to be not enough of us for special education.” She went on to explain:
Everyday there is another psychologist that leaves or resource teacher that leaves or social worker. It is so hard to come together and talk about a student and refer and evaluate in a timely manner because there are so few people that stay.

One way urban districts have attempted to fill teacher vacancies is through organizations that recruit recent college graduates from top universities to work in low-income urban environments for short periods of time, typically two years. Abby expressed that when employed, this approach actually caused more issues because the young men and women that enlist often do not come from education backgrounds, are not properly certified, and are not dedicated to the community that they are placed in, so they often leave before their agreed upon time: “There is a lot of Teach for America and inconsistency here so these people would panic when they would get into the classroom and leave. I don't know what they thought they were signing up for.”

“You feel like you are being spread so thin.” Anna clearly and concisely articulated what many of the participants expressed during the interviews as possible reasons for the urban educator shortage and burnout of current special education professionals:

You reach a lot of struggles on a daily basis, no contact with parents, lack of getting paperwork signed, salaries are way low, lack of materials, lack of testing. I feel like we get lower funding…You fight for space you fight for supplies, you fight for appropriate testing materials. You feel like you are being spread so thin.

As Caroline simply put, “People are overwhelmed.” Rachel noted that the lead SLPs in her district also experience burnout and it affects the level of support she gets:

The supervisors, like the speech supervisors, are all overwhelmed a bit I think. There are 100 plus clinicians in the district and between two supervisors they try to manage.
That is overwhelming. My supervisor does a pretty good job but every once in awhile you can just tell when he has problem after problem piling up on his desk, and he doesn’t really want to talk with my about my problem.

One of the biggest challenges of working in urban schools that the participants cited was high caseload numbers. Michigan’s maximum caseload for school-based SLPs is 60 students (ASHA, 2016i; Michigan Department of Education, 2013a). This includes students receiving treatment or being evaluated for school-based services. Casey explained that her contract company keeps her right at 60 students but even still, it is difficult to maintain that schedule: “I felt like I was getting burnt out having a caseload of 60 and I know that is just kind of the norm in any district to have at least 60 students but it’s hard here.” If she goes over caseload, those students will be moved to another SLPs caseload that might not have as many students. However, not all districts or contract companies were as contentious of caseload numbers. Several of the participants reported their caseload numbers to be well over 60. Jennifer revealed, “I am at 64. And I probably have 15 pre-referrals.” Caroline disclosed, “I have a caseload of at least 60. I will start the year at 60 and then it will grow from there and kind of fluctuate. I’m usually between 60 to 70 kids.” Erin explained, “I manage a caseload that bounces between 62 and 63 kids.” Stacey commented, “I have about 65 and I am currently working with three preschoolers too.” Similarly, Rachel said, “Right now, I am at 58. And I have three evals. I am going to blow my cap in the next couple of weeks.” When asked what happens if they are over caseload, no participants really had an answer. Jenna laughed and said, “Is there something they can do? If so, they haven’t done it.”

The amount of paperwork was another struggle that the participants frequently discussed. Casey commented, “All I do is paperwork, at least that’s how it feels. I wrote so
many reports and IEPs and then we bill Medicaid for every student…I probably spend about
40% of my time doing paperwork.” Rachel explained that a daily treatment note and monthly
progress report must be filled out for every child on her caseload. This meant she spent hours
everyday completing paperwork:

Every child gets billed Medicaid in the district, whether they get it or they don’t we
have to record it. On my caseload, not all of them receive Medicaid but every child
gets billed anyways. That takes up so much of my time…The paperwork we generate
in this district is amazing. We do manifestation determination reviews all the time. A
CF (Clinical Fellow) texted me at 9:30 at night and says she has a question about the
paperwork. Why is she working at 9:30 at night on Saturday?

Erin stated that her paperwork load has actually increased this year. She stated that now the
paperwork from evaluations alone was difficult to manage:

Now they are making us do all our own evaluations. They used to have a team that
did all of the ASD (Autism Spectrum Disorder) evals but now because they are so
overwhelmed they are making us do it on our own. Because we don't have enough to
do.

Stacey revealed that the amount of paperwork she had to complete was so large, it affected
her treatment time: “I would have to cancel sessions to get it [paperwork] all done.”

After stating her frustration with the paperwork required in special education, Caroline
disclosed,

It seems like the district and special ed directors are more concerned about having
your paperwork done versus how you are doing with your kids or what progress you
are making. I can see how burnout happens when so much attention is directed to the paperwork and procedures and not working with the kids.

With all of struggles of urban school work, the participants felt it was critical to set boundaries in an effort to avoid burnout. For Allison, this was a lesson she had to learn the hard way. She shared,

Last year was very rough. I was working late into the night, always on the weekend. So this year, I have kind of just shut that piece down and I work at school and then I go home and do my own thing. I felt like this year I needed to make a switch for my own mental health and well-being.

Conversely, Caroline separated herself day one from work. She explained,

My parents are teachers and I feel like that really fed into making sure that I had my own life and then my work life. So, I know a lot of people take stuff home and work until they go to bed but I just don't. From the first day, that was something that was important to me that I wasn’t going to do. I set that boundary.

Rachel stressed the idea that “If you are burned out, you are good to nobody. You can’t do everything.” To emphasize this point, she divulged a story in which she was counseling a young SLP, brand new to the field and to urban schools:

She says, “But these kids need me.” And I say, “You feel free to want to be here for these kids but it is not your responsibility to save every one of them. You can’t. And you certainly can’t do anything if you burnout. I appreciate your passion and that is fantastic, but you have to take care of yourself too.”

“My ideal situation.” Amid the named struggles of working in urban schools, the participants were almost evenly split on choosing to stay in an urban school or not. Some
participants, like Anna, were dead set on leaving and “definitely would transfer districts if another opportunity came about.” Allison was concerned about her personal safety if she chose to remain in an urban school district but acknowledged that she is ultimately “at the mercy” of the contract company that she works for. Some of the participants, like Erin, simply wanted to avoid a long commute and “get a job closer to home. That would be the ideal situation.” Casey was worried about the future of her urban district. She declared, “I don't know if it [Cadillac Schools] is going to exist next year so honestly the biggest factor is I don’t know what is going to happen to the district.” Rachel shared that she simply was “Not the kind of person who just stays 30 years in a school.” She wondered whether or not she would even practice in a school setting at all in the future.

In contrast, some participants, like Abby, could not picture themselves any place but an urban school. Abby exclaimed, “I would be so bored working in a suburban school at this point…I’d have culture shock going back to a suburban school.” Similarly, Caroline and others stated that they would like to stay in an urban community, but they may not be at the school they are currently working at: “I would like to stay in an urban district. I really like working with kids who have a lot of needs…If I wasn’t here, I would like to be in another district like this.” Blair even went so far as to say that working in an urban school has inspired her to expose her children to more diversity: “[It] makes me want to bring my kids to a district like this, where it is more diverse.”
Chapter 6: Analysis of Themes: A Return to the Literature

The themes of lack of preparation, medical-model mindedness, trapped, culture of care, and burnout emerged from the participant narratives to tell the story of what it is like for these White women to be urban, school-based SLPs in Michigan, assessing, certifying, and treating students of color. To continue the analysis, these themes were contextualized with current research from the fields of teacher education and speech-language pathology in order to both deepen and broaden the understanding of the information presented.

Lack of Preparation in the Literature

In reviewing the narratives, it was clear that the participants felt unprepared to work in urban schools with students from culturally and linguistically diverse backgrounds (CLD). Lack of preparation appeared to stem from several factors: SLP candidate characteristics, insufficient multicultural, academic coursework, and lack of experiences with urban schools and communities. This lack of preparedness resulted in a decrease in confidence for working in urban schools with students of color.

Demographics. Haberman (2002) stated that 80% of the issue of the lack of preparedness to teach in urban schools was due to teacher candidate selection. Haberman (1991) asserted that teacher educator programs would not be able to effectively prepare teachers to work in urban schools with students of color until they recruit, select, and retain quality teacher candidates. Haberman (2002) explained that traditional means of teacher candidate selection including, compositions on “why I want to teach,” grade point average, letters of reference, or basic skills tests are irrelevant criteria. Instead, teacher candidates should be given platforms to present and demonstrate characteristics that have been shown to increase success in urban education such as identification as a person of color, having been
raised in or current residence in an urban community, attendance in urban schools, extensive work experiences in a variety of fields, the experience poverty, the ability to multi-task for an extended period of time, and out-of-school experiences with children from diverse backgrounds (Haberman, 2005). Haberman (2005) explained that teacher education programs often exclusively accept traditional teacher candidates that are

Middle class, White, monolingual, late adolescent females who graduated from suburban, small town and parochial schools, who were full-time undergraduate majors in education, with little or no work or life experiences, without families or child-rearing experience, and/or who lack commitment or roots in the particular urban area. (para. 4)

These traditional teachers are frequently hired in urban schools, yet quit and/or are not effective in educating the urban children (Haberman, 2005).

Haberman’s (2005) definition of traditional teachers matched the descriptions the participants in this study shared of themselves. All of the 11 participants in this dissertation identified as White women with little to no diversity in their academic, graduate school cohorts. In addition, almost all of the participants’ personal, educational, and professional histories were void of experiences with people of color and individuals from culturally and linguistically diverse backgrounds.

**Coursework.** Ladson-Billings (2000) emphasized that faculty from teacher education programs ultimately have the responsibility to properly and effectively educate and prepare prospective teachers to work in urban schools regardless of the characteristics they may or may not possess. She believed this could be accomplished through academic experiences that explored the teacher candidate’s culture, other cultures, and the ways in which culture
functions in education and society. Most general education teacher preparation programs utilized a foundational course approach for including multicultural content in the curriculum (Grant & Secada, 1990; Ladson-Billings, 1995b; McAllister & Irvine, 2000; Zeichner, 1992) while speech-language pathology programs utilized the infusion approach (Stewart & Gonzalez, 2002; Stockman, Boul, & Robinson, 2004). The foundational approach has been found to be problematic in that it does not adequately develop the cultural competence needed by future educators to teach in urban schools.

Cultural competency is defined as the awareness, understanding, appreciation, and sensitivity towards those individuals from diverse backgrounds (ASHA, 2015a). Instead of merely adding more multicultural courses to the curriculum, which label culturally and linguistically diverse (CLD) students as other, coursework should be reimagined to focus on the problematizing of teaching and the education system so that future teachers can critically question and explore the goals of education, curriculum, student-teacher relationship, and society (Zeichner, 1992). However, teacher educators have reported that when many of the traditional teacher candidates in education programs are presented with information about social inequities and anti-racist frameworks of teaching, they reject it (Grant, 1989; Haberman, 1991; King & Ladson-Billings, 1990; Zeichner, 1992). Therefore, Ladson-Billings (2000) suggested a more systemic, comprehensive curriculum for teacher education programs that includes autobiography studies, restructured field experiences, situated pedagogies, and expert urban teacher input and observations in order to increase the likelihood of cultural competency and effectively prepare professionals for work in urban schools with CLD students.
In an effort to better prepare SLPs to work with culturally and linguistically diverse (CLD) individuals, academic programs with a multicultural/bilingual emphasis, such as the one in New York, New York detailed by Walters and Geller (2002), were created. While 29 of these CLD intensive programs exist, only six focus on multicultural preparation while the others have a bilingual or specific cultural group emphasis (ASHA, 2015d). However, no speech-language pathology programs in the state of Michigan have a multicultural/bilingual emphasis. None of the participants in this study attended a CLD intensive program. While multicultural emphasis programs may be effective in training SLPs to work with CLD populations, the limited number of them may make access to them for aspiring SLPs difficult.

The participants in this study did not feel that they were given an adequate amount of multicultural coursework, whether it was via the foundational course or infusion approach. Approximately half of the SLPs experienced the foundational course approach to multicultural content while the other half experienced the infusion approach. The participants that experienced the foundational course approach distinctly remembered the course format and content associated with the class, whereas the participants who experienced the infusion approach recalled much less of how and what multicultural content was presented. For example, while Abby remembered that she had a professionalism course in conjunction with a clinical placement near the end of the program that addressed cultural competence in a superficial way, she commented that there was “really nothing of significance that I can recall.”

**Practice teaching.** Educators have reported that no amount of coursework alone could have truly prepared them for teaching in the urban classroom (Ladson-Billings, 1994).
Faculty in speech-language pathology preparation programs must be cognizant that while multicultural academic course work can be an important step toward cultural competence, true cultural competence amongst professionals does not merely come from academic knowledge of speech and language differences but also from experiences with people from diverse backgrounds (Laing & Kamhi, 2003). The participants expressed this idea clearly throughout the interviews. To this end, Jenna made the analogy that “Just like learning a foreign language, being hands-on in a situation is going to be a better experience than learning from a book.” One distinct and important way to gain these diverse experiences is through internships in urban schools. ASHA-accredited speech-language pathology programs were required to provide multicultural academic content in 1994, though it was not until 2005 that pre-service clinical experiences with diverse populations were mandated (Hammond, Mitchell, & Johnson, 2009). Despite this mandate, many speech-language pathology program directors reported that providing students with clinical experiences with diverse populations was very challenging, especially in rural locations (Stewart & Gonzalez, 2002). Quality internship placement has been found to be essential. Means (2009) found that more than 90% of surveyed programs’ students completed an internship in a school setting. These student SLPs were highly influenced by their pre-service experiences. Casey represented the rare case of a person that did not complete an internship in the schools, as she did not anticipate working in an educational setting. All 10 of the other participants completed at least one internship in a school setting and explained how important and influential, for better or worse, their experiences were.

Students tend to enter academic programs viewing experiences from their own cultural perspective and have limited opportunities to engage in experiences with diverse
cultural groups to build cultural competence (Hancock, 2011). Internship experiences in schools, particularly urban schools, can create the cognitive dissonance needed to progress toward cultural competence. Bucher (2004) theorized that cultural competence can be developed by pre-service clinicians through critically examining themselves and the world, increasing their knowledge of others’ experiences, becoming a witness to social injustices, and committing to action. By professionally interacting with individuals whose cultures differ from their own during pre-service experiences, speech-language pathology students may experience challenges to their belief system and move beyond viewing experiences from their own cultural perspective, a necessary skill for working with CLD populations and progression toward cultural competence (Walters & Geller, 2002). Furthermore, research has found that providing pre-service students the opportunity to practice teach in urban environments improved their levels of comfort and confidence in serving CLD students and increased their interest for employment in urban schools (Hampton, Peng, & Ann, 2008; Koh, 2009; Schaffer, Gleich-Bope, & Copich, 2014). Only three of the 11 participants in this dissertation completed an internship in an urban school. Rachel, Jenna, and Abby all discussed the benefits of completing a pre-service experience in an urban school for their employment.

Beyond gaining rich practice teaching experience in urban schools, successful teacher preparation programs have restructured field experiences to include immersion in urban communities (Coffey, 2010; Gallego, 2001; Mahan, 1982; Ladson-Billings, 2000). Urban community experiences have aided future educators in the ability to truly understand the realities of urban students, in context. Without the structure of the school, the potential urban employees are able to authentically witness the weaknesses, such as poor health care
facilities, decreased and or delayed police and fire protection, and neglected play areas, and
strengths, like the ways in which organizations such as churches support the community
members, of the urban community (Ladson-Billings, 2000). Abby and Jenna were the only
participants that spoke of experiences in the urban community outside of schools, although it
should be noted these experiences were their choice and not a part of their SLP graduate
school program.

Confidence in serving CLD populations. With little to no pre-service or internship
experiences in diverse settings, the SLPs in this study lacked confidence in serving students
from CLD backgrounds in the urban school setting. Casey, who did not complete a school
internship, recalled how uncomfortable she felt working in urban schools with students of
color, commenting that the first year especially “was rough.” However, even those
participants that did complete a school internship often did not complete it an urban school
and thus still lacked confidence in servicing students of color. Several participants who
completed internships in predominantly White, suburban schools, commented on their lack
of confidence in serving the urban students.

The participant narratives were consistent with current research on confidence in
servicing students from diverse backgrounds. A 2014 study of school-based SLPs found that
only 9% felt “very qualified” to provide services to multicultural populations and 6% felt that
they were “not at all qualified” to do so (ASHA, 2014). These numbers do represent a small
increase in confidence servicing students from CLD backgrounds from 2012 where it was
reported that 7.2% of surveyed SLPs felt very qualified to provide services to multicultural
populations and 8.5% felt they were not at all qualified to do so (ASHA, 2012). The increase
in confidence may be attributed to ASHA addressing issues of cultural and linguistic
diversity through resources and support created by the Office of Multicultural Affairs as well as through continuing education courses on multicultural topics (Guiberson & Atkins, 2012; Hammond et al., 2009). One area of weakness in urban school practice is the treatment of students that have limited English proficiency. The participants time and time again questioned their clinical judgment in cases where the child’s first language was not English. This appeared to be a common area of weakness for the greater population of SLPs as well. Researchers have found that the vast majority of SLPs are not comfortable or confident in assessing and treating bilingual students (Hammer, Detwiler, Detwiler, Blood, & Qualls, 2004; Kimble, 2013).

While it is valid that the speech-language pathology preparation programs that the participants attended seemed to do little to prepare them for work in urban schools with students of color, it could also be argued that placing the blame for this lack of preparedness solely on the programs was an act of defense. It is a more accepted vocabulary of motive (Mills, 1940) to claim that you are unprepared to teach students of color in urban schools because an academic program did not adequately address cultural competence than it is to admit that you have little to no experience interacting with individuals from diverse backgrounds. While the participants were eager to fault their graduate programs for not preparing them, they did not seem to believe their school districts or contract companies were responsible for ensuring that they received ongoing, proper training to be effective in the urban school environment.

Completing professional development in the area of cultural competency is one way to ensure learning and development will continue across a clinician’s career (Tomoeda & Bayles, 2002). However, several of the participants complained that none of the district-
sponsored professional development pertained to special education, let alone speech. Many expressed the desire to have professional development on issues surrounding multicultural speech-language pathology so that they could build their cultural competence and not have those days be “a waste of time,” as Jenna stated professional development days so often are. Despite the increase in confidence over the years, the fact remains that the vast majority of SLPs still do not feel confident in providing services to children from CLD backgrounds, an important skill for working in urban schools.

**Medical-Model Mindedness Critique**

It was clear that all of the medical-model was deeply engrained in the practice of the participants in this study. The participants viewed themselves as the authority on educational decisions for the children on their caseloads. As such, the participants infused medical-model and deficit theory perspectives to label children with a disability, which often defined their academic and social futures.

**Disability defined.** Historically, SLPs have been trained to practice in the medical-model of disability, which focuses on the assessment, diagnosis, and eradication of impairment through treatment (Llewellyn & Hogan, 2000). While the medical-model allows for a deep understanding of communication on a biological level, it does not take into account the social and historical aspects of communication impairments. Furthermore, use of the medical-model allows for serious ramifications for urban students.

In his seminal work, Oliver (1990) posited that the choices that individuals can make are limited to the structure of society. For example, a child that uses a wheelchair can only access buildings with ramps. Erin and Caroline both commented on the need for special classrooms for children with certain special education certifications (e.g., autism spectrum
disorder or cognitive impairment). If a designated classroom did not exist in their school, the student was “shipped out,” as Erin stated, to a different building. Using this idea, it can therefore be argued that the type of school that an individual with a disability attends, as well as the model of treatment the professional employs, has a profound effect upon how the student experiences his or her life as well as how they are perceived by others. The way that disability is conceptualized is heavily influenced by the organizations and professionals who have been given the power to create and enforce definitions (Haegele, & Hodge, 2016), in the case of this study the organizations/organizers would be special education, the American Speech-Language-Hearing Association (ASHA), educators, and SLPs.

The way in which disability is defined is important to examine because under the medical-model, disability becomes the defining characteristic of an individual and the discourse that people use to describe individuals with disabilities has been found to influence their expectations of them (Brittain, 2004; Fitzgerald, 2006). When SLPs in schools refer to students by their certification eligibility, it creates the expectation of an inferior, challenged student not capable of succeeding in school or society. Furthermore, by referring to a student by a perceived deficit category, it establishes the SLP as the superior in charge and rationalizes all the decisions they make because they know what is best. For example, Caroline talked about her “ELL students,” which can elicit a racial and class bias as well as and learning connotations that are detrimental to the student and posits her as a master the English language. The medical-model breaks an individual into pieces; so one cannot help to focus on only one aspect of an individual—disability, race, gender, sexual orientation, or social class-- instead of seeing the student as a whole (Artiles, 2013). This could be
particularly damaging for urban students, where the interplay of disability, race and a host of other factors have been ignored historically in the school system and greater society.

In addition to viewing disability as an intrinsic problem in need of fixing, the participants also employed deficit thinking toward the students of color that they served. The cultural deficit theory is closely aligned to the medical-model of disability and attributes students' lack of success in school to cultural characteristics (Delpit, 1995). Deficit thinking blames the marginalized and oppressed for their own victimization and discrimination by referring to negative stereotypes and assumptions about cultural groups and/or communities (Valenica, 1997). Haberman (2003) asserted that in the case of urban schools, society has the tendency to blame the victim, so instead of urban school students receiving the educational assistance they need to succeed, they are held personally accountable for the failure of the public school system. Similar to the medical-model, the deficit perspective does not acknowledge the social causes of oppression and places the problem only within the student and/or community. As a result, diversity in language and culture is viewed as a weakness rather than a strength (Ladson-Billings & Tate, 1995). Many of the participants in this study exhibited a dangerous combination of deficit and medical-model thinking. For example, Stacey commented,

I have a lot of kids that just aren't motivated. Maybe it’s for a couple of reasons, one of them might be because there is not a big emphasis on school, there is no support at home, they are not being read to, there is no help to complete tasks.

Stacey made the assumption that her students of color were unmotivated because their parents did not value school and were not involved. Similarly, Rachel described an exchange
with a parent in which she assumed that the cause of a child’s language delay was due to the fact that the parent had an Ipad that the child enjoyed using. She explained,

I said, “One thing I am going to encourage is actual communication.” The parent was holding an Ipad in his hand so I pointed to it and said, “A lot of times today we are caught up in that and technology becomes the communicator. It’s not interactive and does not require him to do anything other than move his finger around.”

Rachel held the dangerous belief that the parent did not communicate with the child effectively at all simply because he was in possession of an iPad. Rachel went on to explain that the parent got upset when she said this to him: “He said defensively, ‘He can show me stuff on here I didn't even know was there!’” To which she condescendingly replied, “I’m sure he can. But does he talk to you?” With this statement, Rachel dismissed the skills the parent referenced the child having because the child was not talking.

With Mills (1940) vocabularies of motives in mind, it could be argued that Rachel felt entitled to speak to an urban parent in a demeaning tone and rationalized her decision to do so because the child was not displaying adequate communication skills to her standard. Her conversation may have differed or it may not have been viewed as justified if the context was different. If they were in a suburban district, would she have questioned the parent’s possession of an Ipad? If the child was talking more, would she be impressed by his or her technological skills? Brice-Heath (1983) asserted that culturally and linguistically diverse (CLD) students’ skills are often dismissed in the classroom if they do not fit traditional school structure. For example, in her study, CLD students were able to communicate and function effectively in their homes and communities but had a difficult time answering the standardized recall questions so often asked in school. As such, they were viewed as
academically lacking. As Harry and Klinger (2007) asserted, “When a habit of looking for intrinsic deficit intertwines with a habit of interpreting cultural and racial difference as a deficit, the deck is powerfully loaded against poor students of color” (p. 19).

The participants exhibited lower levels of cultural competence as a result of deficit and medical-model thinking. Due to this perspective, the participants failed to understand the opportunity gap experienced by many urban school students. The opportunity gap is defined as the disparity in access to out-of-school resources as well as school-related experiences including disparities in access to preschool, adequately resourced schools, assistance with academic work outside of school, high academic expectations, opportunities for family involvement, and well-paid, certified, and experienced teachers (Gorski, 2013). The participants often attributed the urban students qualification for special education services to an achievement gap because of low performance on standardized tests without questioning or understanding the students’ lack of access to educational and community resources which build and promote academic success—resources the participants all had the privilege of experiencing in their own educational and personal lives.

**Academic and social trajectories.** By employing the medical-model of disability and deficit thinking, the SLP is viewed as a professional who holds the knowledge and therefore the power to make choices for a child with a disability (Humpage, 2007). The medical-model and deficit theory then, allows for the justification for the decrease or total elimination of speech and language and other special education services at the discretion of the professional. Erin, Rachel, and Jennifer, who all described how they decreased or entirely cut service time for students based on their expert knowledge of how students should have progressed, exemplify this idea. Jenna, in particular, expressed how she worried her students’
academic performance would affect her evaluation. Success, under the medical-model, is only achieved when the professional is able to treat the student so that society views the disabled child as normal (Kauffman, 1993; 1999).

In labeling a child, and providing treatment in order to normalize them, SLP professionals have great power in determining a student’s educational as well as social trajectory. The participants all unanimously thought that a student could only benefit from being placed in special education. Thinking about Mills (1940) vocabularies of motives theory, it was easy for the participants to rationalize and speak about their decision of qualifying a child for special education. The participants believed that they were benevolent in their actions and decisions by providing help for the child via special education services. Furthermore, they wanted people to know that it was not that they were dismissing the students’ culture, it was that they were giving them access to the skills they were lacking in order to be successful in an academic setting. While it is widely accepted that special education services can have a positive impact on a child’s education (Forness, Keogh, MacMillan, Kavale, & Gresham, 1998), this is not always the case. In fact, recent research has shown that special education for some students may actually have minimal or negative impacts to academic performance (Bussing et al., 2012; Kavale & Forness, 1999; Morgan, Frisco, Farkas, & Hibel, 2010; Sipperstein, Wiley, & Forness, 2011). Unfortunately, post-academic outcomes are also bleak for those students labeled with a special education certification. Studies have found post-secondary outcomes to include poverty, high unemployment, poor health care, isolation, and high risk of violence and abuse (Blackorby & Wagner, 1996; Newman et al., 2011; Wagner, Newman, Cameto, & Levine, 2005). In addition, the special education-to-prison pipeline (Bird & Bassin, 2015; Wald & Losen,
2003; Togut, 2011) is yet another consequence that has been heavily researched and represents a serious ramification for urban, special education students.

There is conflict between what is taught in preparation programs and therefore practiced in schools by professionals—the medical-model of disability, and what is examined and theorized by scholars in research—the social-model of disability. Surprisingly, there is a paucity of research on this tension in education (Goe, 2006; Hale; 2013; Routel, 2013). Routel (2013) argued that if a critical disability and/or social-model of disability framework were utilized more readily in teacher preparation programs, educational professionals would no longer view student differences as deficits in need of a label. Instead, educational decisions would be driven by the needs of the student. As such, variation in student ability would be celebrated and supported and better post-secondary life outcomes could occur. Similarly, Law, Reilly, and Snow, (2013) claimed that SLPs need to be exposed to several different models in order to effectively respond to the needs of all individuals instead of applying the one size-fits-all approach that is the medical-model. This tension between what is taught and practiced and what is theorized is particularly profound for many special educators in that they may personally believe in the social-model of disability but are made to practice the medical-model of disability professionally (Skiba et al. 2006).

**Trapped: The Numbers Behind the Stories**

The participants expressed their thoughts on the disproportionality of students of color in special education. The idea of underrepresentation, particularly in early childhood, as well as overrepresentation was discussed. Throughout the interviews the participants maintained that once placed in special education, the student was trapped and could not escape—unless it was by means of suspension/expulsion or graduation.
**Early childhood education.** The Office of Civil Rights has chosen to focus monitoring on three of the four special education “judgment certifications” that rely on clinical judgment instead of biological data—cognitive impairment (CI), specific learning disability (SLD), and emotional impairment (EI). The only judgment certification not monitored is speech and language impairment (SLI). This is due to the fact that the SLI certification has been found to be only slightly, not significantly, racially disproportionate (Harry & Klingner, 2014). The participants confirmed this idea when they explained that their urban students of color are captured under the SLI certification initially, changed to other certifications, and held in special education. In order to better understand this cycle, a closer look at the data in the literature on disproportionality must be completed.

Analysis of special education data prior to elementary school entrance revealed a different story than the commonly cited statistics for children ages 6 - 21. During early childhood education, minority groups are actually underrepresented in special education (Rosenberg, Zhang, & Robinson, 2008; Samson & Lesaux, 2009). In 2013, from birth through two years of age, children of color were actually less likely than their White peers to receive special education services (OSERS, 2015). In 2013, African American infants and toddlers, with a risk ratio of 0.9, were slightly less likely than those children in all racial/ethnic groups combined to receive special education services. Hispanic/Latino infants and toddlers, with a risk ratio of 1.0, were as likely to receive special education services as the children of all other racial/ethnic groups combined (OSERS, 2015). In 2013, SLI was the most popular special education certification in early childhood. Nationally, nearly half of children ages 3 - 5, 44.4%, were certified as SLI. In the state of Michigan, SLI certification for children ages 3 - 5 was even higher, at 63.2% (OSERS, 2015). In addition, White children
remained more likely to be certified with a disability in this age group than all other racial/ethnic groups combined. African American children ages 3 - 5, with a risk ratio of 1.0, were as likely to receive services as the children ages 3 - 5 in all other racial/ethnic groups combined. Hispanic/Latino children, with risk ratios of less than 1.0, were less likely to than children ages 3 - 5 in all other racial/ethnic groups combined (OSERS, 2015). This information is reflected in the narratives of those participants that worked in early childhood settings. For example, Anna declared, “I don't know what the actual statistic is but I would have to say it is more White students within that setting [preschool].” She contrasted this directly with her high school caseload and stated, “My caseload is at 53 for the high school and most of them are males and students of color.” Similarly, Allison that she has a very limited number of White students on her caseload, “about two or three out of 60,” but all of those students were preschool aged.

Ahmed (2015) found that preventative strategies for children of color 5–13 years of age were rarely used. Low socioeconomic status has been cited as a reason families of color did not access services and are therefore underrepresented in special education (Morgan, Farkas, Hillemeier, & Maczuga, 2012). Children of color are more likely to be living in poverty than White children (Children’s Defense Fund, 2014) and poverty greatly increases the risk for developmental disabilities (Aber, Jones, & Cohen, 2005; Emerson, 2007; Fujiura & Yamaki, 2000). Meyers, Brady, and Seto (2000) found that approximately a quarter of families in California who were receiving welfare or recently existed the program had a child with a disability. The high cost for diagnosis, treatment, and care for a child with a disability is a reason families of color do not seek services. About 45 percent of families reported that they incurred extra costs for specialized care for a child with a disability such as special
clothes, special foods, transportation, medicine, or health care, and a child with a disability has also been found to impact the parents’ ability to work (Meyers, Brady, & Seto, 2000). In addition, health care disparities have also been found to result in children of color being less likely to attend or receive quality well-child physician visits where a disability evaluation, diagnosis, and subsequent treatment would take place (Shi & Stevens, 2005). The participants spoke of the low socioeconomic status of their students when discussing the high amount of children that were Medicaid eligible on their caseloads. The Medicaid program allows for the school reimbursement of certain special education services, including speech and language evaluation and treatment, to children with a disability from low-income families (ASHA, 2016j). Rachel estimated “it’s pretty high, it’s got to be about 75%.” Similarly, Casey estimated “it is probably 70% of my students.” Abby stated, “Probably about 85% of my caseload is Medicaid eligible, if not higher.”

The absence in or underuse of early childhood education services has also been reported to explain the underrepresentation of students of color in special education from ages 3 to 5. Referrals from teachers in early childhood education programs represent a prominent way that young children are identified as having a disability (Odom & Wolery, 2003). Casey, who primarily served Head Start programs, attested to this as she explained that there are so many referrals for special education from early childhood teachers that in her urban district that there are several referral coordinators: “There are referral coordinators and they receive the referrals from all the Head Start teachers and pass them on to the disability coordinators. The disability coordinator filters. There are just too many for us [SLPs] to deal with.” However, parents living in poverty often do not have access to quality early childhood education programs (Polakow, 1994) and therefore are less likely to receive
referrals for special education services. Additionally, the ways in which school systems value and promote dominant culture communication, language, and academic performance has been found to favor native English-speaking students and therefore dissuade culturally and linguistically different (CLD) students from attendance (Blanchett, Klingner, & Harry, 2009). Caroline observed this to be true in her urban school district as the majority of her preschool-aged students were walk-in students. Walk-in speech students are those children ages three to five that are not enrolled in a school-district program but are still eligible for special education services under the federal law IDEIA (2004). She stated, “They [parents] don't assume there is any education need. They assume they need English.” If CLD students are in education programs, professionals may be reluctant to refer or identify children of color for fear of being accused of racial bias (Hibel, Farkas, & Morgan, 2010; Skiba et al., 2006). Erin explained that she felt teachers in her urban district shied away from special education referrals for CLD students because they have been cited for disproportionality in the past, “So every year they [administrators] sit down at our meetings and say, ‘We need to make sure they qualify.’” Cultural differences in beliefs about disability may also stop families from CLD backgrounds from seeking special education services (Danesco, 1997; Pena & Fiestas, 2009). For example, within the Mexican culture, there is a stigma associated with disability as it is seen as punishment for bad behavior from God and so there is shame associated with seeking treatment (Rodriguez & Olswang, 2003).

**School-age special education.** In complete contrast to early childhood education, school-aged children of color have been found to be overrepresented in special education (OSERS, 2015). In looking at the speech and language impaired (SLI) category specifically, during 2013, 17.9% of children receiving special education services nationally and 24.9% in
the state of Michigan were certified as SLI (OSERS, 2015). SLI was the second or third most prevalent category for special education students ages 6 - 21 in every racial/ethnic group (OSERS, 2015). This can be compared to specific learning disability (SLD), the category the participants in this dissertation felt that many of their students converted to, where 39.5% of children were receiving special education services nationally and 31.5% in the state of Michigan were certified as SLD (OSERS, 2015). Data for each age/grade level was not available on the national or state level but would be essential to corroborate the special education trapping the participants detailed: starting off at a young age certified as SLI; morphing into a different special education certification as they age, often SLD; and staying in special education for the length of their academic careers.

**Escape?** While the participants asserted that once a child was placed in special education they were unlikely to be dismissed unless their impairment was in the area of articulation, research shows there are other forms of escape for special education students. One way students with a disability escaped the special education system was by being excluded from education all together. Zero tolerance policies became law in 1994 with the passage of the Gun Free Schools Act, in which mandatory and pre-determined consequences for infractions are enacted. Many urban schools have enacted the zero tolerance policies, which disproportionality discipline, suspend, and expel students of color and low socioeconomic status (Fancher, 2009; Robbins, 2008; Zweifler & De Beers, 2004). In the event that a school cannot carry out the discipline of the infraction, students are sent to be judged by the criminal justice system. Since the enactment of zero tolerance policies there has been an increase in the militarization of schools (Robbins, 2008). Many schools operate in a similar way to juvenile detention centers by herding students into buildings, searching
them and making them pass through metal detectors, and enacting extreme discipline measures (Askew et al., 2012; Robbins, 2008). About half of the urban schools in this study had metal detectors and entrance check-points for the students. Students who are excluded from school via out-of-school suspensions or expulsions also have a difficult time returning to an education and are more likely to enter in to the criminal justice system (Fancher, 2009). In Michigan, schools are not required to provide alternative education programs to excluded students. Suspended or expelled students in Grade 5 or lower are able to petition for reinstatement after 60 school days, but students in Grade 6 or above must wait at least 150 school days (Zweifler & De Beers, 2004). This leaves children without educational instruction or special education services for an extended period of time—a clear violation of the Free and Appropriate Public Education (FAPE) provided to them in their individualized education plan (IEP); (National Council on Disability, 2015).

The numbers of children and students ages 3 - 21 who received special education services and who were suspended out of school or expelled for more than 10 days during the 2012 - 2013 school year per 10,000 children in the 50 states that data were available, ranged from 1 to 232 (OSERS, 2015). African American students are more than 3 times as likely than White students to be expelled or suspended (United States Department of Education, Office of Civil Rights, 2012). African American preschool students were 3.6 times more likely to receive one or more out-of-school suspensions than White preschool students (United States Department of Education, Office of Civil Rights, 2016). In 2013 - 2014, African American children represented 19% of preschool enrollment but 47% of preschool students receiving one or more out-of-school suspensions (United States Department of Education, Office of Civil Rights, 2016). The state of Michigan had 156 special education
students ages 3 - 21 removed to an interim alternative educational setting and suspended or expelled for more than 10 days per 10,000 children during 2013 (OSERS, 2015). African Americans represented the racial/ethnic group with the highest rate of disciplinary removals followed by Native Americans, in the state of Michigan (OSERS, 2015).

Students with disabilities are more than twice as likely to receive an out-of-school suspension than students without disabilities (National Council on Disability, 2015). Students with an IEP represent 25% of students subjected to a school-related arrest, even though they are only 12% of the overall student population (National Council on Disability, 2015). The statistics are even grimmer for students of color with disabilities. The National Council on Disability (2105) reported that 27% of African American male students with disabilities and 19% of African American female students with disabilities received at least one out-of-school suspension during the 2011–2012 school year. African American students with disabilities represent 18.7% of the students receiving special education services, but 49.9% of students with a disability in correctional facilities (National Council on Disability, 2015).

Erin noted this type of disproportionality in one of the urban school settings she served:

The middle school I am at is mostly the LD and CI kids are African American and I have heard disproportionality being thrown around a lot there because they are behavior issues and a lot of the African American kids are getting suspended more than anybody else even though I think they are only like 10% of the school.

Stacey too mentioned disproportionality: “We were actually flagged by the state because we house the emotionally impaired program and we have a lot of African American students that are labeled as special ed and get suspended so much because of their behavior problems.”
Interestingly, Anna talked about how her students who have a certification of physically or otherwise health impaired (POHI) are accepted in the high school she services due to the long-standing history and inclusive nature of the program. However, she shared a story about how those same “accepted” students are excluded from lunches:

We do have a lot of fights that take place. We have a full police officer within the building and three security guards. There have been numerous times where there are fights within the lunchroom and I know firsthand that the POHI students don't get to eat lunch in the lunch room then because it is not safe because you could not get all of those students in wheelchairs out of there safely if a fight did break out.

It should be noted that it is only those students in wheelchairs that are excluded from the general lunch period out of fear for their safety. All other students with invisible disabilities, or impairment that is not outwardly apparent, are made to attend general lunch periods and take part in the conflicts described by Anna that has resulted in the disciplinary action of suspension and/or expulsion.

Graduation represented another opportunity to escape the special education system. The national graduation rate for a child with a disability in 2011 was 52%. This can be compared to a 74% graduation rate for all students (OSERS, 2015). In the state of Michigan in 2013, 66.6% of special education students graduated while 26.9% dropped out of school completely. Nationally, in 2013, 76% of students certified as speech and language impaired (SLI) graduated with a regular high school diploma. This can be compared to 70% of students certified with a specific learning disability (SLD) who graduated with a regular high school diploma. In the state of Michigan, a regular high school diploma is only awarded for those students who have met all of the requirements of the Michigan Merit Curriculum.
Many special education students receive a certificate of completion, which allows for curriculum modification. Anna explained that some of the students on her caseload return to the district after graduation with a certificate of completion to complete vocational training, but those special education students that do graduate with a regular diploma are often left completely on their own to navigate higher education and/or the community. To this end, Anna stated,

They can come back to earn vocational skills up until 26 years old…We have a lot that do that but for the ones with regular diplomas that just go out into the community, I really have no idea what they are doing or not doing.

**Culture of Care for Urban Students**

Throughout the interviews and observations, it was noted that care was extended to the urban students of color from the participants. However, this care appeared to be confined to the educational setting, never extending outside the school day or walls. While care was extended to the students, the participants exhibited a lack of caring for the parents of the children they serviced, often blaming parents and their respective culture for impairment.

**Control and care: Two approaches to serving students.** The approach that educators take to working with students can impact the student’s education. Two approaches to working with students that have been identified in the literature are control and care. In the educational environment, control can take many forms, including but not limited to, exerting dominance, authority, or influence over another person as well as physically holding a person in restraint (Reitzug & Patterson, 1998). Student control is common practice in urban schools and can be evidenced in the excessive rate of school exclusion (Skiba et al., 2006). Rachel and Abby both spoke about urban teachers that use the control approach with students;
however, both participants felt that it was detrimental to the urban students’ success. Rachel shared, “I am not authoritarian…They respond much better to positive reinforcement. But a lot of teachers use that heavy-handed grab you by the collar thing.” Conversely, care in the educational setting can be defined as providing students with appropriate academic experiences while supporting them emotionally (Noddings, 1992; Rolon-Dow, 2005). This can be accomplished by developing a personal connection with students, honoring voice, showing personal concern, connecting individuals to their communities, and seeing alternative possibilities (Reitzug & Patterson, 1998). Care has been found to be especially important for children in urban schools. Rivera-McCutchen (2012) maintained that creating a caring educational environment provided students who have historically been underserved with the additional academic and emotional supports needed to be successful in the academic arena. Furthermore, research has shown that a caring educational environment provides the base to offset negative outcomes statistically more likely for urban students in the larger society, outside of school, such as underemployment and/or poverty, drug use, and incarceration (Ancess, 2008; Antrop-Gonzalez & De Jesus, 2006; Rivera-McCutchen, 2012).

**Beyond surface care.** The participants voiced care for their students. For example, in an effort to make a personal connection, Allison talked about creating a comfortable, fun space for her students at school. Abby and Blair honored the students’ voice, when they respected students’ use of African American Vernacular English (AAVE). Jenna and Blair showed personal concern when they talked about having food in their rooms for hungry students. However, some researches have asserted that in urban schools, this type of care is not enough. Researchers have posited that in order for urban educators to truly exhibit care, they must come to know and understand the social, cultural, and political factors in the urban
community that impacts their students’ lives (Rivera-McCutchen, 2012; Rolon-Dow, 2005). An understanding of urban education history and current context is essential for urban teachers employing the care approach (Anyon, 2005; Kozol, 2005). By doing so, urban educators take on the role of the “warm demander” that pushes students to succeed and conveys unconditional care and support (Bondy & Ross, 2008). Ladson-Billings (1995b) conducted a study in which she found that the urban teacher participants cared deeply for their students. However, this care was not necessarily demonstrated in the form of affection. Instead, their care was rooted in their concern for the ways that their teaching would impact the students’ lives, the urban community, and the social climate of the country. The participants in Ladson-Billing’s research believed their work did not stop when the bell rang. Instead, they had a responsibility to prepare the students for the realities of society and nurture their students beyond the classroom walls.

The participants in this study did not embody the type of care that Ladson-Billings (1995b) found amongst her urban teacher participants. Instead, they cared for their students on an individual basis by asking about their families as Abby did or providing snacks like Jenna and Blair did, but did not feel the need to extend that care to the greater community or to prepare the students for the inequalities they may experience both in and outside of school. For the most part, the participants projected a surface level of care for their students, void of any real understanding of the urban community in which they worked. While diversity, in some sense, was covered in the participants’ speech-language pathology preparation programs, the information was not contextualized to urban education. So, for example, the participants may have been taught about common characteristics of AAVE, like so many participants recalled, but they were not taught about its significance or use in urban schools.
and communities. Without understanding the ways in which the urban environment affects how a student may engage academically and socially in school, an educator’s ability to care for their students is limited (Ladson-Billings, 1995a; Larson & Ovando, 2001; Rolon-Dow, 2005).

Parent care. While the participants expressed some level of care for the urban students, even superficial care was not extended toward urban parents. The participants commented frequently and disdainfully on the parents’ lack of punctuality or attendance at meetings as well as the lack of care and attention they gave to their student’s education. For example, Abby stated, “A lot of our parents fill out their social security paperwork but they won’t come to the IEP…It makes us a little cynical.” Special educators asked to speculate as to the reason for overrepresentation in their district hypothesized that the reasons included low-income status, lack of books at home, lack of belief in education among students and parents, “ghetto” culture, and linguistic diversity (Ahram, Fergus, & Noguera, 2011).

Similarly, Skiba et al. (2006) examined educators’ perspectives on overrepresentation and found that teachers’ perceptions about students’ ability contained cultural and racial bias and were based off of deficit notions. This research illustrated that educator’s perceptions about a student’s parents can influence opinions and decisions about academic ability. The participants in this study often employed a deficit perspective and blamed their students’ disability on the family’s culture and/or race, such as when Rachel stated, “We have kids who come in here who have never seen a book before, never picked up a pencil before…culturally it is very different. I don't understand but they don't seem to have self respect or take pride in themselves.”
While some participants shared stories of actual relationships with parents in an effort to legitimize their perceptions, others stated they never actually interacted with the parents and were just going off of hearsay and stereotypes. Gonzalaz and Ayala-Alcantar (2008) suggested that teachers using the care approach take the initiative and time to develop a personal relationship with their students’ parents. By doing so, the educator can maximize the positive influence in both the academic and home environments. Alder (2002) found that students note the type of relationship between their educators and parents and if their parents are being shown respect and care. Failure of the educator to create a positive working relationship with the parents has been found to negatively affect the way that students view their teacher and ultimately their behavior and performance (Alder, 2002). It seemed as though the participants were able to distance themselves from their students by not actually living in the community in which they worked. They appeared to be aware of the academic needs of students and care for them in the school environment without knowledge of or understanding for their home life and culture. Casey was the only participant that talked about how community and family life could impact school performance and behavior: “The biggest thing to get used to is all the different family dynamics and understanding what is going on at home with these kids and how that affects them in the classroom.”

Research has suggested that the type and extent of caring an educator gives depends on their own personal cultural frame of reference and experiences (Gomez, Allen, & Clinton, 2004). Therefore, it is likely that the participant’s cared for their urban students in the way that their educators cared for them. However, approaching care in this way may not be best suited for the urban students of color, as they may need a very different type of care living and being educated in the urban environment.
Special Educator Burnout

Throughout the interviews and observations the participants detailed the burnout they felt as a result of the demands of work in urban schools. These feelings of burnout made some of the participants contemplate leaving urban schools or education all together. Mentorship was identified as a necessary support mechanism to cope with the urban school SLP responsibilities.

**Burnout syndrome.** The term burnout is used to describe the consequences of severe stress and unrealistic expectations of people working in helping professions (Evers, Tomic, & Brouwers, 2004). There are three hallmark symptoms of burnout syndrome: exhaustion, or the feeling of being emotionally overextended; depersonalization, or the feeling of negativity and detachedness toward the people an individual works with, and reduced personal accomplishment; or the negative self-evaluation of job performance (Evers, Tomic, & Brouwers, 2004; Leiter & Maslach, 1988; Schaufeli, Maslach, & Marek, 1993). While burnout has been well documented in the field of education in general (Hakanen, Bakker, & Schaufeli, 2006; Schaufeli, Maslach, & Leiter, 2001), there is also research to support even higher rates of burnout in special education (Brunsting, Sreckovic, & Lane, 2014; Fore, Martin, & Bender, 2002). Researchers have proposed several causes of special educator burnout including stress due to job design, lack of support, and poor teacher work conditions such as increased paperwork, lack of planning time, and decreased pay (Fore, Martin, & Bender, 2002; Gersten, Keating, Yovanoff, & Harniss, 2001; Gong, Zimmerli, & Hoffer, 2013). The participants cited lack of support, increased workload, and decreased pay as causes of stress and burnout; however, many participants felt these conditions were indicative of working in an urban school, not special education in general. For example, both
Allison and Anna shared that they would leave their urban school to work in a suburban one. Anna explained this was because, she felt “like, whether this is accurate or not, in the suburban communities that parent involvement would be a bit higher, better funding, just all of that stuff.”

**Shortage.** With such a high degree of burnout, some SLPs choose to leave the profession. Burnout has been identified as a key reason for the critical shortage of school-based SLPs (Edgar & Rosa-Lugo, 2007). In 2007, ASHA conducted a survey to obtain information on unemployed SLPs. Results revealed that those who left their last SLP position due to job conditions identified systemic factors such as high caseloads, too much paperwork, and inadequate salary/benefits as the reason for leaving their position. The vast majority of participants planned on staying in the field of special education for the foreseeable future. In fact many of the participants, like Caroline and Abby, not only wanted to stay remain in special education, they wanted to continue working in urban schools. Rachel was the only participant that expressed the desire to possibly pursue other fields.

Burnout is especially prevalent in the field of education. According to data collected by the National Center for Education Statistics during 2004 - 2005, within the first three years of teaching, approximately 25% of public-school teachers leave the profession (U.S. Department of Education, 2007) and after five years, between 40% and 50% of all teachers leave the education profession (Ingersoll, 2007; National Commission on Teaching and America's Future, 2003). Similarly, it has been found that approximately 40% of beginning special educators leave the field within five years (Council for Exceptional Children, 2000). In fact, special education has been found to have one of the highest turnover rates (Boyd, Lankford, Loeb, & Wyckoff, 2005). For urban education, this exerts a blow to an already
strained system with a critical shortage of urban educators (Ng, 2003). The teacher shortage has serious implications for urban students with disabilities including reduction of services, increased class size, and inadequate educational experiences (Billingsley, 1993; Darling-Hammond & Sclan, 1996).

**Mentorship.** In order to prevent special educator burnout, and thus special educator shortages, proper support must be established. Whitaker (2000) conducted focus groups with beginning special educators who identified emotional support, system information related to the school or district, system information related to special education, materials and resources, discipline, curriculum and instruction, interaction with others, and management as needed supports, imperative to their success. One of the most successful strategies to provide these supports has been mentorship (Whitaker, 2001). When implemented with fidelity, there has been documented success with mentorship programs, most notably Bridges to Success: The Oregon special education recruitment and retention project (Irinaga-Bistolas, Schalock, Marvin, & Beck, 2007) and Project ReSpecT: Retaining Special education Teachers (Marshall et al., 2013). Both programs achieved 70 - 80% retention rates for the first year special education teachers who participated in the mentorship programs.

For SLPs, mentorship is built into the first year of professional work by way of the clinical fellowship (CF). ASHA has outlined the roles and responsibilities of the CF supervisor to be mentoring and feedback; assisting the clinical fellow in developing independence, formal evaluations of performance; and direct supervision (ASHA, 2016f). Some of the participants, like Casey, expressed the positive impact her CF supervisor had on her:
I had a mentor who helped me with all of it. There was a whole group of us who were CFs so we all relied heavily on each other…It was so nice to have each other, a CF mentor, and then just our supervisors there that were really helpful. However, not all participants had positive experiences with their CF mentorship. Allison, Erin, Anna, and Abby all discussed how negative their CF mentorship experiences were. For example, Abby explained, “I had no guidance. My CF supervisor came out the mandated three times and that was it. So, I had to teach myself really everything.”

Public school districts have reacted in various ways to meet the problems of special education teacher shortage and attrition. Some of the strategies districts have adopted are promoting alternative certification programs for paraprofessionals and other non-traditional students interested in pursuing a career in special education, recruitment of special educators from geographic locations that have higher numbers of certified special education teachers, and various financial incentives (Duffy & Forgan, 2005). However, Merrow (1999) brought up the valid point that perhaps it is not recruitment but rather retention that we need to focus efforts on. Even if successfully recruited, the special educator teacher shortage will not be solved if people leave within a few years (Ingersoll, 2007). The mentorship of beginning special educators represents a promising solution to the shortage and attrition issues that professionals in the field of special education are currently facing. Currently, 48 states have mentorship requirements, (Sindelar, Heretick, Hirsch, Rorrer, & Dawson, 2010); however, there is no standardization of mentorship programs which leaves great variability in the effectiveness of the mentorship experience, as evidenced by the vast differences experienced by the participants in this dissertation. In addition, a major assumption of the mentorship
model is that there will be appropriate mentors available. Currently, special education teachers are not staying in the field long enough to be effective mentors.

The themes that emerged from this study allow for the understanding of how the participants experienced working in urban schools with students of color. The theme of lack of preparation provided the background story for the educational and clinical experiences of the participants and explained the ineptness the participants felt in the urban school setting. The pervasiveness of the medical-model approach that guided the participants’ clinical practices was explored through the medical-model mindedness theme and provided the background for the explanation that the urban students entered the special education system, often under the speech and language impairment (SLI) certification, and remained there through graduation in the trapped theme. The contradiction between the care that the participants exhibited toward their urban students of color and the disregard they shared for the urban families and communities were analyzed in the culture of care theme. Finally, the demands of urban education that led many of the participants to feel worn down and question whether they wanted to remain in an urban school or the educational setting all together were explored in the burnout theme.
Chapter 7: Implications for Current Research and Practice

This study’s themes of lack of preparation, medical-model mindedness, trapped, culture of care, and burnout have both concurred with previous research and contributed new information to the current body of literature on urban, special education by adding new perspectives and results. The findings of this study uniquely contribute to best practices and policies for the creation and maintenance of speech-language pathology preparation programs, as no previous studies have specifically explored urban, school-based SLPs’ experiences and practices. This study has also contributed new knowledge to the research in the fields of teacher education and special education on the dangers of the implementation of the medical-model of disability by presenting new data to support cultural reproduction theory and the ways in which it manifests in special education as well as the disproportionate representation of students of color in special education.

SLP preparation

While a multitude of research has been conducted on how to prepare teachers to work in the urban environment (Anderson & Stillman, 2013; Darling-Hammond, 2006; Weiner, 2000), there is virtually no information on how to do so for SLPs. The narratives from this study give valuable information for speech-language pathology preparation programs as to what may be missing from curriculum and internship experiences. While all of participants were exposed to multicultural coursework in some way, none of them had the opportunity to directly connect that information to the local, urban communities in which they would be employed. The concerns-based adoption model (Hall & Hord, 2005) stated that when individuals are presented with new information or strategies, such as information about urban, culturally and linguistically diverse (CLD) communities, they follow predictable
stages. At first, the new information is not used. Next, a general awareness of the new information is acquired. After time, the information is mastered and applied consistently. Finally, the knowledge is not only adopted but also shared with others. The speech-language pathology programs that the participants attended did not seem to take heed of this model as each one expected the students to independently apply general information about culturally and linguistically different (CLD) groups to urban students once employed. While it may not be feasible to create a separate track for SLP students considering employment in urban schools, the present findings suggest that speech-language pathology programs would benefit from making urban education coursework readily available.

Some programs have found creative ways to make this happen such as revamping courses to specifically address common challenges in local, urban schools, hiring professional consultants for faculty development, or collaborating with professionals across the campus who share an interest in urban education (Carter, Rudebusch, & Lougeay, 2016; Walters & Geller, 2002). In terms of internships, partnerships with local, urban school districts appeared to be the key to both provide experience for SLPs in an urban school setting where they can apply the information learned throughout coursework as well as to ease the burden of the urban SLP shortage (ASHA, 2016g; Carter, Rudebusch, & Lougeay, 2016; Walters & Geller, 2002).

Despite the clear indications from previous research that improvements need to be made in order to better prepare SLPs and other educators to work in urban schools (Haberman, 1996; Ladson-Billings, 1999; Sleeter, 2001), the participants in this study presented the idea that no amount of coursework or internship experiences could have truly prepared them for work in urban education—a concept not previously explored in research.
This information suggested that in addition to preparation changes, more support is warranted for SLPs working in urban schools during their clinical fellowship (CF) year and beyond. In this way, urban SLPs could apply the principles and strategies from coursework and internship experiences while receiving structured, focused support during “on the job” learning. The findings present the thought that preparation to work with individuals from CLD backgrounds and preparation to work in urban schools with students of color are really two different ideas and thus should be addressed as such throughout higher education coursework and internship experiences.

**Adding Perspectives to Established Theories**

Not only did this study contribute new information to existing literature in the field of speech-language pathology, it also extended the theories of cultural reproduction and the underrepresentation of students of color in special education.

**Cultural reproduction theory.** This dissertation has extended the field’s knowledge of disproportionality by bringing the danger of implementing the medical-model of disability to the forefront. The narratives of the urban SLP participants showed that although not always deliberate, by utilizing the medical-model, SLPs do contribute to the overrepresentation of students of color in special education. Blair commented,

> It’s not like we say, “Oh, you are Black, you are coming to special ed!” I know I can't speak for everyone in the district but I feel like that doesn't matter. It doesn't matter what color you are, if you need the services, you need the services. What can you do? While the participants were not only looking at color as a means to put someone in special education, they were using disability as a seemingly justifiable reason to segregate and exclude students. Racial assumptions were masked by the ways in which the participants
discussed disability as the only identification of the child. With their skillful use of professional language and their ability to default to special education law, the participants were able to use disability as an acceptable way to ignore racial, cultural, linguistic, and class-based differences of children in the urban schools. In this way, cultural reproduction was maintained (Bourdieu & Passeron, 1990). Cultural reproduction is a theory used to explain how schools, through institutional and individual actions, legitimize the perpetuation of racial and class-based inequalities. Lower-class students are kept away from knowledge of the dominant culture, known as cultural capital, which the education system possesses in order to maintain a hierarchy in society. The withholding of cultural capital from students is often legitimatized in the stratification of the special education process. Schools promote the idea that achievement is based on effort (Bowles & Gintis, 1976). So, when students are placed in special education, it is acceptable to think they are low achieving, and it exonerates the school of the responsibility to provide access to cultural capital, which maintains cultural reproduction. Ladson-Billings (1995b) argued that one of the implicit practices of teachers and administrators in education was to force students labeled as other due to their race/ethnicity, language, or social class into a hierarchical structure. However, from the participants’ narratives it could also be argued that perceived ability is another factor that is used to portray students as other. In urban schools many of these factors, race/ethnicity, language, social class, and perceived ability, intersect for students placed in special education which contributes to the proliferation of cultural reproduction.

It is important to note that cultural reproduction is often not a deliberate choice, instead institution or individual actions may occur out of habit, without conscious awareness (Skiba et al., 2006). Thus, in order to understand the underlying intent of the professionals in
the school, an analysis of day-to-day operations is essential (Fergus, 2016). The participants did not seem to fully realize the discriminatory practices that have been built in to the medical-model of disability and thus special education policies and procedures to only accept the White, middle class way of being. In the participant narratives as well as in other research, examples of bias in referral, invalid assessment measures, and subjective eligibility decisions can be found (Coutinho & Oswald, 2000). As a result of certification decisions as well as severity of disability, the participants shifted their expectations to match socially constructed norms of ability and race and therefore participated in the reproduction process, a common finding (Fergus, 2016; Oates, 2003; Shim, 2004). The findings of this dissertation contribute to the field of education’s understanding of overrepresentation by giving voice to SLPs that work in urban schools in order to better understand their perspective on the intricate topic of disproportionality and extends the work of researchers to examine how cultural reproduction manifests in special education (Mehan, 1992; Oakes, 1982; Skiba, Bush, & Knesting, 2002; Skiba et al., 2006).

**Overrepresentation or underrepresentation?** This study focused on SLPs’ perspectives on the overrepresentation of students of color in special education as the Office of Special Education and Rehabilitative Services (2015) reported that in 2013, Native American and African American children between the ages of 6 and 21 were more likely to be certified as special education students than students in all other racial groups combined. At the time of the study’s conception, the overrepresentation of students of color in special education was the leading theory in the literature concerning disproportionality. However, recent research has suggested that students of color may actually be underrepresented in special education. While it has long been acknowledged that students of color are
underrepresented in gifted and talented programs, (Coleman & Shah-Coltrane, 2015; Hopkins & Garrett, 2010; Milner & Ford, 2007) recent research has also indicated that students of color are underrepresented in other special education categories such as specific learning disability (SLD), cognitive impairment (CI), and speech and language impairment (SLI); (Hibel, Farkas, & Morgan, 2010; Morgan et al., 2015; Morgan, Farkas, Hillemeier, & Maczuga, 2012; Shifrer, Muller, & Callahan, 2011). While the underrepresentation theory of disproportionality is new, it bears consideration when investigating the experiences and practices of urban school professionals.

Some scholars have argued that changes in the rates and usage of special education categories account for the variability in disproportionate representation. For example, there has been a significant reduction in the use of the CI certification and a marked increase in the SLD certification (Harry & Klingner, 2014). This has suggested an ambiguity and volatility in the definitions of special education categories. Collins and Camblin (1983) have argued that the very definition of certain special education categories has rejected students of color due to environmental exclusionary factors, including poverty, which has created underrepresentation. However, it should be noted that a reason for the shifts in definition of special education categories is because they are social constructs, dependent on social context and only exist if a community endorses them. Furthermore, Sleeter (1986; 2010) and Ferri (2004) have claimed that a hierarchy has been discursively created in special education where White, middle-class students are given the less stigmatizing certifications, such as SLD, and students of color are subjectively placed lower in the special education hierarchy with certifications such as CI, which has created an underrepresentation for students of color in special education. To this end, MacMillan, Gresham, and Bocian (1998) maintained that
the certification of SLD has been used inappropriately in school districts to avoid disproportionate citation, especially in the area of CI.

There are two leading theories as to why underrepresentation of students of color in special education may exist: the “frog pond” effect and constrained access to special education services. The “frog pond” effect can be described as the tendency for children that attend under resourced, urban schools to be less likely to be certified as special education students because their academic or behavioral skills do not stand out as atypical in that environment (Delpit, 1995). Only those students that display extraordinarily aberrant academic and social behaviors, compared to the other urban students, are referred to special education (Hibel, Farkas, & Morgan, 2010). Several socioeconomic, linguistic, and/or cultural factors have been identified as obstacles for families of color to receiving special education services. For example, people of color may prefer academic and behavioral support from family and the community instead of the education system (Coll, Crnic, Lamberty, & Wasik, 1996), the stigma associated with disability may prevent urban families of color from seeking special education services (Zuckerman et al., 2014), and language barriers may interfere with and deter communication with special education professionals (Flores & Tomany-Korman, 2008).

The “frog pond” effect appeared to be happening in the urban schools where the participants were employed as so many of the participants grappled over whether or not the urban students of color actually qualified for special education services or if they were just all academically low-achieving. For example, Abby simply articulated, “I think almost every kid would qualify in this school.” In addition, the vast majority of participants did not believe overrepresentation of students of color in special education was even possible in their
majority-minority urban schools. Abby stated, “I can’t really say disproportionate because most of the kids here are African American, about 98%, so it would be hard for me to say that it was disproportionate because everyone here is African American for the most part.” Skiba et al. (2006) experienced similar responses from participants when investigating perspectives of urban educators on disproportionality. This seemingly contradictory data on underrepresentation is essential to acknowledge.

According to constant federal investigation and monitoring, there continues to be a disproportionate, overrepresentation of students of color in special education. The findings of this study were consistent with the research that has posited that overrepresentation has occurred because of discriminatory practices in education which have contributed to institutionalized racism in urban schools (Codrington & Fairchild, 2012; Skiba et al., 2005). Schools most often adhere to academic and behavioral standards aligned closely with White, middle-class values in which children of color’s behavior are often considered abnormal and problematic and has resulted in special education identification (Blanchett, 2006; Coutinho & Oswald, 2000; Lorsen & Orfield, 2002; O’Connor & Fernandez, 2006).
Chapter 8: Conclusions: Discussion and Implications

The main aim of this study was to describe the experiences and practices of the participants in order to better understand and reveal the daily lives of SLPs in urban schools as they assessed, certified, and serviced students, a majority of whom are members of minority groups. The themes of lack of preparation, medical-model mindedness, trapped, culture of care, and burnout emerged from the narratives and were analyzed and contextualized within the literature from the fields of teacher education, special education, and speech-language pathology. In doing so, it became clear that there were gaps in the urban SLP participants’ practice related to best practice, particularly in the area of assessment. In order to address this, the missing pieces to the special education assessment process are discussed. In addition, the study’s limitations and delimitations as well as recommendations for practice, policy, and research are delineated.

The Missing Pieces: Prevention and Assessment

Throughout the interviews, the participants shared their process for evaluating students for special education services. Each participant presented slight variations on evaluation procedure; however, the process typically entailed two main components: observation and standardized testing. Missing from these narratives was any mention of the prevention of speech and language disorders in the urban community as well as measures to reduce cultural and linguistic bias in the identification and assessment of speech and language disorders.

Prevention. While the participants carefully detailed their experiences with the children attending the urban schools they worked at, prevention of speech and language disorders was missing from their practice. This may be due to the fact that in order to engage
in the prevention practices recommended by ASHA in 1998, including presentation of primary prevention information to groups known to be at risk for communication disorders and other appropriate groups; early identification and early intervention services for communication disorders occurring at any time during the life span; and dissemination of prevention information to various public sectors including health care professionals, social service professionals and extended families, SLPs have to be involved members of the community, present after school hours. Despite prevention being a major responsibility of school-based SLPs (ASHA, 2010), it was missing from the participants’ practices as they focused solely on identification and treatment.

**Assessment.** Many of the participants talked about the need to exercise clinical judgment in certification decisions. Erin brought up the point that “Speech is so subjective anyways” that even with standardized scores, clinical judgment is still needed in nearly every case. Jenna echoed this same sentiment when she stated, “The scores are helpful but I do feel it’s my clinical judgment and teacher’s input” that are the biggest factors in certification decisions. Clinical judgment is especially necessary when working in urban schools with students from culturally and linguistically diverse (CLD) backgrounds because most standardized tests fail to take into account bilingual language development or differences in cultural experiences (Munoz, White, & Horton-Ikard, 2014).

**Standardized tests.** The primary purpose of administering a standardized test is to determine if a child is significantly disordered from her peers in the areas assessed by the test (Paul, 2006). However, there are issues when using standardized tests for children from CLD backgrounds. Standardized tests rely on mainstream cultural knowledge. It is imperative that SLPs understand that children from CLD backgrounds are often unaccustomed to the culture
of standardized testing. This can negatively impact their standardized testing scores. Therefore, the use of a standardized test alone is not sufficient for determining the presence of a speech or language impairment (ASHA, 2015b).

When standardized tests are administered to children from CLD backgrounds, adaptations may be necessary. Adapting standardized tests for CLD children is a recommended practice in order to gain important information about the child’s speech and language proficiency (Battle, 2002; Goldstein, 2000). Carter et al. (2005) outlined several guidelines that should be followed when adapting standardized instruments: include native speakers of the home language/dialect in the development of the instrument; pilot-test the assessment on a representative sample of typically developing children from the home community; pilot-test any pictures by asking typically developing children from the community to identify them; pilot-test instructions to identify deficits in the home language/dialect; if whenever possible, have the assessment administered by native speakers; use material familiar to children from the community; and for children who are unfamiliar with the testing situation, consider giving extra practice items. Making modifications to a standardized test invalidates the standardization and thus, an SLP would not be able to use the test to see if the child was significantly different than her peers. However, it does give valuable information about the speech and language of the child that can be used as a criterion-referenced measure (Paul, 2006). Caroline noted this in her interview when she described her process with standardized testing for students who are English language learners: “Well, you can’t do a standard score. So, for kids who have some English, I will do a standard score and kind of put an asterisk in there that it is not reliable.” She went on to explain, “For the kids who have no English, I don't even do a score at all and it is based on
what I am feeling myself so in my report I am just writing things that I have noticed and observations.”

**Dynamic assessment.** Dynamic assessment represents an alternative to standardized testing in which the goal is to identify the speech and language skills the child currently possesses as well as her learning potential (Pena, Gillam, & Bedore, 2014). Through the highly interactive test-teach-retest method of dynamic assessment, cultural bias can be minimized due to a focus on learning instead of static knowledge, which is often replete of cultural and linguistic bias (Hasson & Joffe, 2007; Laing & Kamhi, 2003). Dynamic assessment is a powerful tool in determining difference from disorder. If during the dynamic assessment period, the child is able to make significant gains in short sessions, a difference is likely. In contrast, if the child is not able to improve and incorporate changes, a disorder is likely (ASHA, 2015b). Dynamic assessment would have been helpful for Erin, who described a situation in which a young child, in his first school experience and whose first language was not English, demonstrated knowledge that was lost in the standardization process: “When giving him the CELF, it was like, ‘Here the bird eats, here the bird…’ and he’s supposed to say flies. He would say, ‘Is flying,’ which isn’t wrong, but it isn't following the pattern.” As a result, his language scores fell in the impaired range. Had Erin used dynamic assessment, the student’s language skills would have been acknowledged, resulting in truer representation of his language ability.

While there is no one, correct way to perform a reliable evaluation, the most recent literature suggested that employing a diagnostic framework, complete with a pre-evaluation phase where cultural dynamics are considered and an evaluation plan is created, is the most effective safeguard against cultural bias in assessment for SLPs (Gillam & Hoffman, 2001;
Lewis, Castilleja, Moore, & Rodriguez, 2010; Munoz, White, & Horton-Ikard, 2014). Similarly, dynamic assessment can have powerful implications for the intervention of children from CLD backgrounds. SLPs are able to analyze the child’s response to mediated learning experiences and model service, if warranted, after successful dynamic assessment practices (ASHA, 2015b; Pena, Gillam, & Bedore, 2014). Despite this evidence, none of the participants referenced making use of a diagnostic framework or dynamic assessment with the urban, CLD students. It seemed to be a missing piece of their urban practice.

**Limitations and Delimitations**

Several decisions were made to establish boundaries for this work. An important choice to examine is the study’s focus: urban SLP’s perspectives on the disproportionality of students of color in special education. The focus on overrepresentation specifically, was established in light of the mandated federal monitoring on the overrepresentation of students of color in special education, as no school districts are penalized for underrepresenting students. Throughout the informed consent the aim of the work was stated to be on disproportionality in special education and not overrepresentation specifically. However, all of the participants as well as the researcher verbally acknowledged the assumption that urban students of color are overrepresented in the state of Michigan. Towards the end of data collection, research on the underrepresentation of students of color in special education was discovered (Hibel, Farkas, & Morgan, 2010; Morgan et al., 2015; Morgan, Farkas, Hillemeier, & Maczuga, 2012; Shifrer, Muller, & Callahan, 2011). While not the focus of this study, the underrepresentation of students of color in special education represents a rich area for future research.
Three specific choices were made in regard to participant characteristics and
purposive sampling that need to be explored: SLP participant employment setting, status, and
certification. SLPs working in all urban education settings were able to participate in this
study. The various education settings require specific roles and responsibilities. For example,
an urban SLP working in a preschool setting will likely focus on evaluation as well as direct
treatment and thus her role will vary greatly from a SLP servicing high school students who
is likely to concentrate efforts on consultation and transition. The decision to consolidate
SLPs from all educational settings into one group of participants was due to the fact that
SLPs often service multiple educational settings in a single caseload. Focusing on one
educational setting would greatly limit the participant pool. Similarly, SLPs of either
employment status—contract and district employed—were eligible to participate in this
study. Due to the shortage of SLPs in urban schools, many school districts have to contract
SLPs from third party companies to service students. While the decision to include both
contract and district employed SLPs increased the number of potential participants, it did
impact access to observations. Observation could not take place for Casey because she was
not able to gain permission from her supervisor due to the fact that she was not a direct
employee of the preschool educational setting in which she worked. Finally, the decision was
made to not include clinical fellows (CF) in this study. The rationale for this choice was that
CFs are still practicing their clinical skills and a deeper understanding of urban special
education processes and procedures was desired. However, the choice to not include CFs also
limited the participant pool as urban school districts often employee SLPs with less
experience.
**Future Directions and Transformation**

It is not enough to tell the participants’ stories. It is also necessary to provoke action amongst researchers, participants, and readers alike (Polakow, 1985). As such, future directions for speech-language pathology preparation programs, professional organizations, and future research are proposed in order to improve the experiences of SLPs working in urban school and the students that they serve.

**Future directions for speech-language preparation programs.** From the participant narratives as well as the research presented, it is clear that preparation for servicing individuals from diverse background is imperative for success in working in urban schools. The students admitted to speech-language pathology programs, the subsequent coursework, and internship experiences they receive in their graduate programs affect the type and quality of treatment they practice once employed. In addition, it is also ideal for school districts to provide professional development activities related to cultural and linguistic diversity in order to keep employees apprised of current information to better serve students and keep SLPs moving toward cultural competence.

**Diversification of the speech-language pathology profession.** There needs to be an increase in the number of successful students of color in communication science disorders programs (CSD). ASHA (2015e) outlines vital elements for successful recruitment and retention of diverse students to speech-language pathology programs: early and extended awareness programs, outreach efforts, use of media to communication information about CSD studies and careers, admission process adaption/flexibility, collaboration by institutions, and recruitment from special programs. However, once a student of color is recruited, efforts must also be made to retain that student. The specific retention elements to increase diverse
students to CSD programs cited are curricular modification, expanded faculty roles and responsibilities, mentoring and tutoring assistance, professional networking opportunities, and utilizing college/university resources (ASHA, 2015e). Despite attempts, the efforts to increase diversity by ASHA have been largely unsuccessful. Recruitment and retention of diverse students begins at the level of the higher education institution. The policies and procedures of the university should both promote and respect cultural diversity.

Achinstein and Ogawa (2011) outlined the demographic and democratic imperatives for diversifying the education profession. The demographic imperative highlights the problem that public school students primarily experience White educators who are more likely to uphold and reinforce dominant culture practices (Villegas & Irvine, 2010). The democratic imperative focuses on the failure of schools to meet the complex educational needs of students of color. Diversification of the teacher workforce has been shown to increase the success of students of color in terms of academic performance, absenteeism, high school dropout rates, and higher education enrollment by engagement in culturally responsive practices (Dee, 2004; Hess & Leal, 1997; Klopfenstein, 2005; McIntyre & Pernell, 1983). It should be noted that the imperatives to diversify the field of education do not dismiss the effectiveness of White teachers in urban schools nor does it assume that all teachers of color will be successful in the urban setting with students of color. Rather, by addressing the demographic discrepancy, students of color are exposed to a variety of different individuals and pedagogical practices and thus have an increased chance of academic success.

Related to this, there also needs to be an increase in the number of faculty of color working in SLP preparation programs. Extrapolating from teacher preparation literature,
Ladson-Billings (2000) noted the first or only experiences with people of color for prospective teachers are with students as subordinates in pre-service fieldwork. Faculty of color can help to breakdown the stereotypes and preconceived notions that future professionals may have about people of color. In addition, faculty of color may serve as a source of support for students of color pursuing a degree in the field of speech-language pathology.

**Increased and improved coursework and clinical experiences about and with the urban community.** Speech-language pathology programs need to provide students with more coursework and pre-service clinical experiences with diverse populations in urban settings. Based on the concerns-based adoption model (Hall & Hord, 2005), increased multicultural coursework and pre-service clinical experiences are imperative for knowledge about and strategies for working with students from CLD backgrounds to be mastered and adopted. Several researchers have found that the combination of specific training and diverse cultural experiences appear to increase the confidence and competence of SLPs servicing individuals from CLD backgrounds (Caesar & Kohler, 2007; Kritikos, 2003; Roseberry-McKibbin et al., 2005). However, it is essential that the coursework and experiences be directly tied to urban education in order to properly prepare future SLPs to work in urban schools. Core urban education concepts such as asset/deficit perspectives, connections with families, social justice, high learning expectations, and contextualized teaching and learning must be connected to the multicultural coursework and experiences (Rigoni, Pugach, Longwell-Grice, & Ford, 2013). Simply knowing about the speech and language features of a group does not translate into cultural competency.
Another effective, innovative approach to addressing multicultural coursework and real world experience is shared action learning. Shared action learning stems from participatory action research (Freire, 1970; Whyte, 1991) and asset-based community development learning (Mathie & Cunningham, 2003) with the goal of facilitating cooperation on projects between academics, communities, and stakeholders. Shared action learning projects provide all parties involved with dynamic learning opportunities and often results in focused action plans and tangible community results (Jiusto, McCauley, & Stephens, 2013). An example of a relevant shared action project on disproportionality in special education would be embedding a foundational multicultural course from a speech-language pathology preparation program in an urban district that has been cited for overrepresentation of students of color in special education. The students, professor, district employees, and community members could work together to investigate the disproportionality and create a plan for change. Class meetings could take place in the urban district and content and discussion topics could focus on the findings of the investigation. Shared action learning has been found to be effective in higher education and presents a promising approach to SLP preparation in higher education (Curtin, 2016; Lizzio & Wilson, 2004; O'Hara, Webber, & Reeve, 1996; McGill & Brockbank, 2004). It is not enough to study the features of urban education and disproportionality in an isolated context but to understand how these concepts work in a complex, urban society.

It is not just that there needs to be more information on working with individuals from CLD backgrounds incorporated into preparation programs, greater care also needs to be taken with the content that is shared. While researchers such as Horton-Ikard, Munoz, Thomas-Tate, and Keller-Bell (2009) have outlined best practices for teaching a multicultural
course in speech-language pathology, no one has identified content that is critical for preparing SLPs for working in urban schools with students of color. From the findings of this dissertation it is clear that other models and theories besides the medical-model of disability need to be shared with the students, such as intersectionality (Crenshaw, 1991), the emic approach to evaluation (Berry, 1989), cultural competency (Cross, Bazron, Dennis, & Isaacs, 1989) or the International Classification of Functioning, Disability, and Health model (World Health Organization, 2001) in order to adequately prepare them for successful, effective careers in urban schools.

By implementing these preparation changes in higher education, not only will SLPs be better prepared to work in urban schools, but it could also significantly impact the shortage of urban, school-based SLPs. If SLPs had coursework and experiences that connected multicultural and urban information, interest in working for urban schools could be stimulated. In this way, beginning SLPs could stop seeing urban schools as a place to get experience before leaving for a suburban district and start seeing urban education as a legitimate, long-term career setting.

**Future direction for professional organizations.** Aside from the mandates guiding practice, the role of the professional speech-language pathology organizations, the American Speech-Language-Hearing Association (ASHA) and the Michigan Speech-language Hearing Association (MSHA), was not clear to the participants. These organizations have the ability to provide great support to the urban SLPs, particularly through mentorship programs.

**Mentorship.** The participants brought to light an important piece that seems to be missing from urban education work for SLPs—mentoring. While all SLPs experience a mentoring component during their clinical fellowship (CF); (ASHA, 2016f), there is a great
need for mentoring during the CF and beyond that focuses specifically on managing the complexities of practicing in an urban school. While ASHA has developed mentoring programs such as S.T.E.P (Student to Empowered Professional); (ASHA, 2016h), where mentors and mentees communicate to address professional goals and concerns via email, social media, or face-to-face meetings, no programs focusing on urban SLP practice has been developed to date. By developing an urban SLP mentoring program, ASHA and/or MSHA would have the ability to forge connections with their members by fulfilling a professional need. Mentorship programs have been found to be effective forms of professional development for both the mentor and mentee (Holloway, 2001), which the participants in this study voiced their desire for. Mentorship programs in the field of education have been found to lead to reflective practice, professional renewal, psychological benefits, collaborations, and contributions to educational leadership and scholarship (Huling & Resta, 2001). In this way, an urban school SLP mentoring program could give the much needed support to SLPs to thrive and remain in urban schools, relieving the SLP shortage and positively impacting the success of urban students.

**Future directions for research.** While this study illuminated the lives of the urban, school-based SLP participants, it also posed many questions about speech and language services in urban schools with students of color. More research is needed to better understand the complexity of practice in urban schools in order to influence special education policy and improve the experiences of SLPs and urban students. In light of the current literature addressing students of color in special education, research that adjusts for individual, family, and school level variables is imperative. Sullivan and Bal (2013) conducted a study where they took into account individual and school variables on disability risk ratios. The
Researchers found that risk for special education certification was the highest for Black male students who received free or reduced lunch. However, risk for special education certification was not significantly different between Black and White students in poverty. For both groups, one in four students were identified for special education (Sullivan & Bal, 2013). Similarly, Skiba, Poloni-Staudinger, Simmons, Renae Feggins-Azziz, and Chung (2005) collected district level data to examine if poverty can explain disproportionality in special education. Results indicated that poverty alone made an inconsistent and weak predictor of special education identification. Instead, suspension and expulsion was found to be a consistent predating factor for special education (Skiba, Poloni-Staudinger, Simmons, Renae Feggins-Azziz, & Chung, 2005). Future studies should investigate local education agencies’ enactment of policies, practices, and monitoring of disproportionality. For example, the assessment components for linguistically diverse students within an urban school could be explored. With the information yielded from this study, researchers could examine the number of students of color in an urban school district that are certified as speech and language impaired in each grade and how that certification may change over time. Additionally, the underrepresentation of students of color in special education should be explored. Qualitative research on underrepresentation, complete with student voices, would be particularly helpful in understanding the disproportionality phenomenon. However, it is not just that research on urban special education needs to be contributed; careful consideration must be given to the frameworks and approaches used in the research.

**Intersectionality.** The story of disproportionality really becomes more about the intersection of cultural and linguistic diversity (CLD) and disability in the school system than about either of the issues separately. While many scholars have noted the need to critically
examine the ways in which CLD and disability intersect, few theories available have supported this analysis as traditionally, disability studies has largely ignored race (Bell, 2006; Blanchett, 2006). As a result, some critical disability scholars have begun to employ intersectionality to examine the issue of the disproportionality of students of color in special education (Erevelles, 2011; Ferri, 2010). Intersectionality (Crenshaw, 1991) is a broad framework that critically examines the simultaneous and multiple intersections of oppressions. The concept of intersectionality has its base in feminist sociology and arises from the notion that feminism cannot adequately explain the experiences of all women, especially women of color and women in poverty (McCall, 2005).

Intersectionality has greatly improved our understanding of the concept of the overrepresentation of students of color in special education; however, due to the broad scope and overuse of the term intersectionality (Davis, 2008), the meaning and focus of the framework has become ambiguous and diluted (Gillborn, Rollock, Vincent, & Ball, 2016). Delgado (2012) has cautioned that identity categories can be endlessly separated, creating fabricated realities and destroying the possibility for authentic analysis. Furthermore, scholars often privilege one set of identities in their studies over others (Bhopal & Preston, 2012). For example, a scholar may choose to focus more heavily on the identity of being disabled than on being Black.

**DisCrit.** In light of these critiques, scholars interested in critically examining the ways that race and disability intersect have created the hybrid theory of disability studies and critical race theory, also called DisCrit. Annamma, Connor, and Ferri (2013) outlined the seven major tenets of DisCrit: DisCrit focuses on the ways that ableism and racism work together to create and maintain the stigmatization and marginalization of people (students) of
color; values multidimensional identities and problematizes singular identities; highlights the idea that race and ability are socially constructed in Western civilization; values and focuses on the voices and stories of marginalized communities, not typically represented in research; emphasizes how race and disability have been historically used to legally deny rights to citizens; recognizes that Whiteness and ability are forms of property and that marginalized groups have gained as a result of interest convergence; and requires activism, connection to communities, and the support of all types of resistance. DisCrit is a valuable theoretical framework that possesses the potential to deepen our understanding of the connection between race and ability and thus the overrepresentation of students of color in special education to reveal what has been “missed, dismissed, hidden, or purposefully unacknowledged with educational research” (Connor, Ferri, & Annamma, 2016, p. 29). Future researchers interested in investigating the overrepresentation of students of color in special education should consider employing a DisCrit framework to keep both race and disability as the focus.

**Conclusion.** The majority of research on disproportionality in special education is quantitative. There is a desperate need for qualitative research on disproportionality that shares more perspectives—administrator, parent, and especially student. We so often study the speech and language of cultural groups rather than try to understand what it means to be a member of that cultural group while navigating the special education system from a first person perspective (Preis, 2013). In doing so, we have dismissed the perspectives of those individuals who may contribute to the understanding of disproportionality in special education.
This study has called attention to the injustices that urban school students face and the responsibility of SLPs to take action. As demonstrated in the participant narratives, SLPs hold great power in shaping the lives of their students. The effects of SLPs words and actions extend far beyond the classroom to impact the urban students’ lives in the way they are viewed and treated by members of their community and greater society.

Throughout this study, five major themes emerged: lack of preparation, medical-model mindedness, trapped, culture of care, and burnout. While these themes arose out of the experiences of the participants and are unique to their practice, they are also intersubjective and therefore can be applicable to other SLPs working in urban schools. This is one of the reasons why qualitative, phenomenological studies are essential to conduct—to unveil the experience so that change can take place. We have been monitoring the numbers of disproportionality in special education for 37 years; it is time to focus on the stories in order to transform theory and practice.
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Appendices
Appendix A: Recruitment Email

Dear [insert name],

My name is Audrey Bernard and I am a student from the Department of Teacher Education at Eastern Michigan University in the Educational Studies: Urban Education program. I am writing to invite you to participate in my dissertation research study about urban speech-language pathologists’ perspectives on the disproportionality of students of color in special education, entitled The Urban Speech-Language Pathologist: Perspectives on Disproportionality.

You're eligible to be in this study because you are a school-based speech-language pathologist, with a certificate of clinical competence from the American Speech-Language Hearing Association, working in an urban school district in Michigan.

If you decide to participate in this study, you will participate in:

• One audio-taped interview, 1-2 hours in length in which the investigator will ask questions about experiences with evaluating, certifying, and servicing students of color in special education. The interview will take place in a private, mutually agreed upon space and time.

• Additional interviews may be requested, lasting 15-30 minutes in length for further questions and clarification on experiences evaluating, certifying, and servicing students of color in special education. These interview(s) will also take place in a private, mutually agreed space and time.

• Observation of evaluation, Individualized Education Plan meetings, and/or treatment sessions, lasting approximately 1 hour in length will also take place. The purpose of the observations will be to observe your practice. No Family Educational Rights and Privacy Act related information will be collected. If you agree to observation during an IEP meeting, a parental informed consent procedure will be followed prior to completion of the observation. If you agree to observation of
Appendix B: UHSRC Approval

RESEARCH @ EMU

UHSRC Determination: FULL BOARD INITIAL APPROVAL

DATE: December 10, 2015

TO: Audrey Bernard
   Eastern Michigan University

Re: UHSRC: # 822519-1
   Approval Date: December 10, 2015
   Expiration Date: December 9, 2016

Title: The Urban Speech-Language Pathologist: Perspectives on Disproportionality

Your research project, entitled The Urban Speech-Language Pathologist: Perspectives on Disproportionality, has been approved in accordance with all applicable federal regulations.

This approval includes the following:

1. Enrollment of 20 subjects to participate in the approved protocol.
2. Use of the following study measures: ASHA Cultural Competence Checklist: Policies and Procedures; ASHA Cultural Competence Checklist: Service Delivery; ASHA Cultural Competence Checklist: Personal Reflection; Semi-Structured Interview Questions
3. Use of the following stamped recruitment materials: Recruitment Email
4. Use of the stamped: Child Assent Script; Parental Informed Consent

Renewals: This approval is valid for one year and expires on December 9, 2016. If you plan to continue your study beyond December 9, 2016, you must submit a Continuing Review Form by November 9, 2016 to ensure the approval does not lapse.

Modifications: All changes must be approved prior to implementation. If you plan to make any minor changes, you must submit a Minor Modification Form. For any changes that alter study design or any study instruments, you must submit a Human Subjects Approval Request Form. These forms are available through IRBNet on the UHSRC website. Please note that major modifications will require Full Board review and should be submitted at least 30 days in advance to allow for the UHSRC monthly meeting schedule.

Problems: All major deviations from the reviewed protocol, unanticipated problems, adverse events, subject complaints, or other problems that may increase the risk to human subjects or change the category of review must be reported to the UHSRC via an Event Report form, available through IRBNet on the UHSRC website.

Follow-up: If your Expedited research project is not completed and closed after three years, the UHSRC office requires a new Human Subjects Approval Request Form prior to approving a continuation beyond three years.

Please use the UHSRC number listed above on any forms submitted that relate to this project, or on any correspondence with the UHSRC office.

Good luck in your research. If we can of further assistance, please contact us at 734-487-3090 or via e-mail at human.subjects@emich.edu. Thank you for your cooperation.
Appendix C: Consent Forms

Assent Script

Introduction
• My name is Audrey Bernard and I am doing a research study to learn more about how your speech teacher works with students like you. Research studies help us answer questions and learn more about things we don’t know.
• I’m going to tell you a little about my study. You can ask me questions about the study at any time. After I tell you about my study, you can let me know if you want to be a part of it.

Study Procedures
• I am going to watch you and your speech teacher work together. You may see me write some things down, that’s because I want to remember them later. There is nothing else you have to do besides work with your speech teacher the way you always do.

Risks/Confidentiality
• I will do my best to make sure that the information for this study is private. No one will know you were a part of the study because I will not be sharing information about you do but people might find out some information about your speech sessions like what you are working on and what types of activities you do.

Voluntary Participation
• It is your choice to let me watch you and your speech teacher work together. You can say “Yes” or “No.”
• No one will be mad or unhappy if you say “No.”
• You can say “Yes” and then say “No” later if you want to stop.
• You can say “No” at any time.
• You can ask me any questions at any time about this study.

Assent
• Do you have any questions right now?
• Would it be ok if I watched you and your speech teacher work together?

Signatures
This script will be signed by the participant speech-language pathologist and investigator as verification that assent was obtained from the student.
Informed Consent Form

The purpose of this research study is to understand the daily experiences of speech-language pathologists in urban schools as they evaluate, certify, and service students of color in special education.

Participation in this study involves

- One audio-taped interview, 1-2 hours in length in which the investigator will ask questions about your experiences with evaluating, certifying, and servicing students of color in special education. The interview will take place in a private, mutually agreed upon space and time.
- Additional interviews may be requested, lasting 15-30 minutes in length for further questions and clarification on your experiences evaluating, certifying, and servicing students of color in special education. These interview(s) will also take place in a private, mutually agreed upon space and time.
- Observation of evaluation, Individualized Education Plan (IEP) meetings, and/or treatment sessions, lasting approximately 1 hour in length will also take place. The purpose of the observations will be to observe your practice. No FERPA related information will be collected. No audio recording will take place, only observational notes will be taken. If you agree to observation during an IEP meeting, a parental informed consent procedure will be followed prior to completion of the observation. If you agree to observation of services delivered to a student, a parental informed consent and child assent procedure will be followed prior to completion of the observation.
- The total time of participation in this study (interviews and observations) will span approximately three weeks.

I would like to audio record you for this study. If you agree to be audio recorded, sign the appropriate line at the bottom of this form.

What are the anticipated risks for participation?
You may experience concerns when talking about your experiences that may result in critical examination of clinical practice. You may contact the investigator’s mentor, Dr. Sarah Ginsberg, regarding any concerns.
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Parental Consent Form

The person in charge of this study is Audrey Bernard, M.A., CCC-SLP. Audrey Bernard is a doctoral student at Eastern Michigan University. Her faculty adviser is Sarah Ginsberg, Ed.D., CCC-SLP. Throughout this form, this person will be referred to as the “investigator.”

Purpose of the study

The purpose of this research study is to understand the daily experiences of speech-language pathologists in urban schools as they evaluate, certify, and service students of color in special education.

What will happen if my child participates in this study?

Participation in this study involves

- Observation of your child’s Individualized Education Plan (IEP) meeting or a treatment session.
- The purpose of the observation will be to observe the Speech-Language Pathologist’s (SLP) practice, not your child.
- No Family Educational Rights and Privacy Act (FERPA) related information will be collected. FERPA is a federal law that protects the privacy of student education records such as report cards, disciplinary records, family information, class schedules, etc.
- No audio recording will take place, only observational notes about the SLP’s assessment and treatment decisions and approaches will be taken.
- The observation will last as long as the IEP meeting or treatment session, usually approximately one hour in length.

What are the anticipated risks for participation?

There are no anticipated physical or psychological risks to participation.

Are there any benefits to participating?

You and your child will not directly benefit from participating in this research.

This research may present an opportunity for SLPs and other special education professionals to reflect on their perceptions and experiences evaluating, certifying, and servicing students of color in special education.

Approved by the Eastern Michigan University Human Subjects Review Committee
UHSC Protocol Number: 822519-1
Study Approval Dates: 12/10/15 – 12/09/16